

● Adolescent Health

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Q1. Adolescence age is between:

- a) 8-15
- b) 10-15
- c) 10-19
- d) 7-20




Q2. What is the adolescence population in Saudi Arabia?

- a) 10%
- b) 25%
- c) 30%
- d) 50%

Q3. What is the leading cause of death in adolescents?

- a) Smoking
- b) Injuries
- c) Early pregnancy
- d) Suicide



Q4. What is the most common mental health problem in adolescence?

- a) Anxiety
- b) Schizophrenia
- c) Depression
- d) Bipolar

Q5. What is the most common cause of obesity in adolescent?

- a) Hormonal
- b) Lack of physical activity and overeating
- c) Genetic
- d) Other

● **What Does Adolescence Mean?**

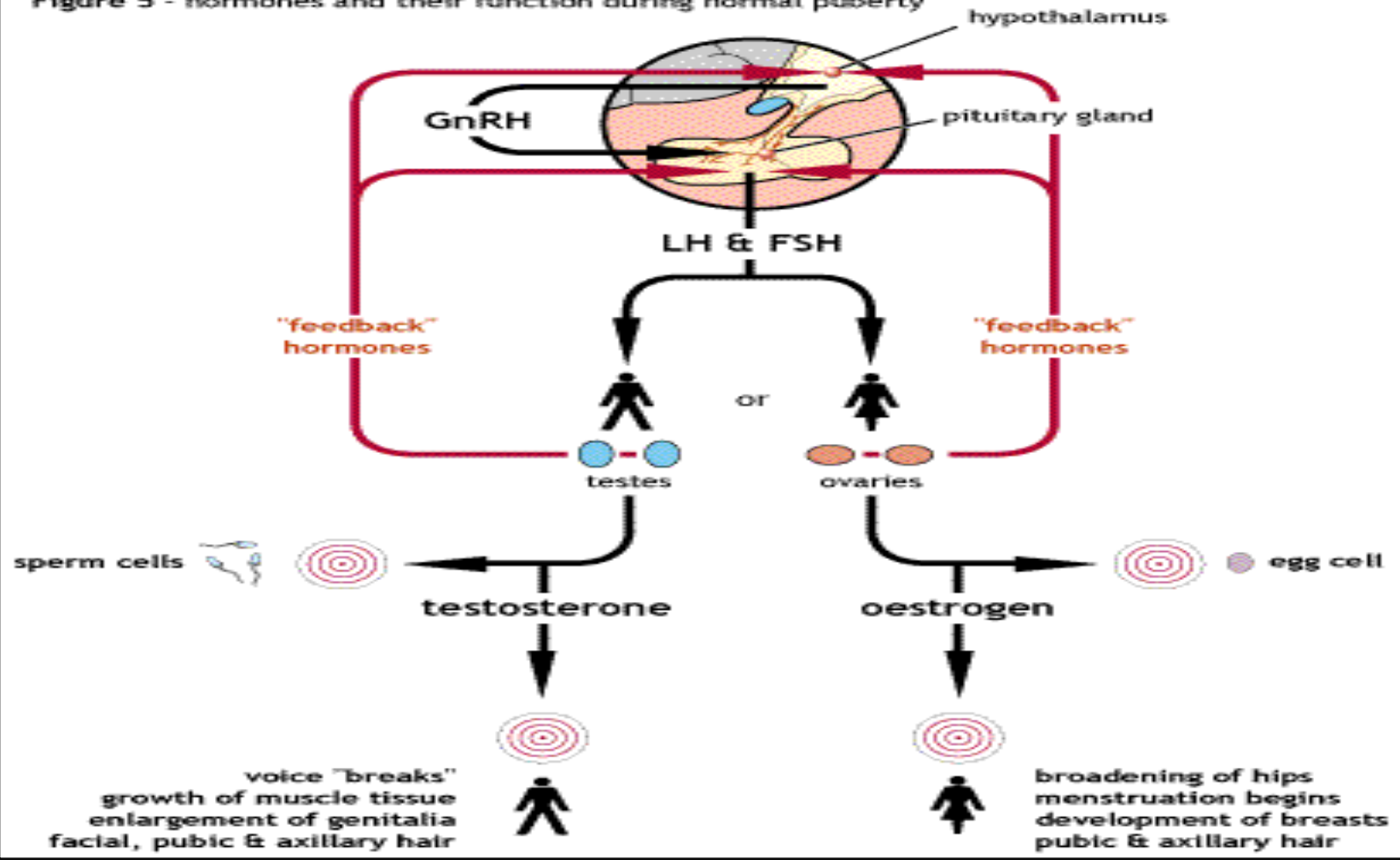
The transitional period between puberty and adulthood in human.

WHO defined the adolescent age as:

Transitional phase of growth and development between childhood and adulthood.

From
10 – 19

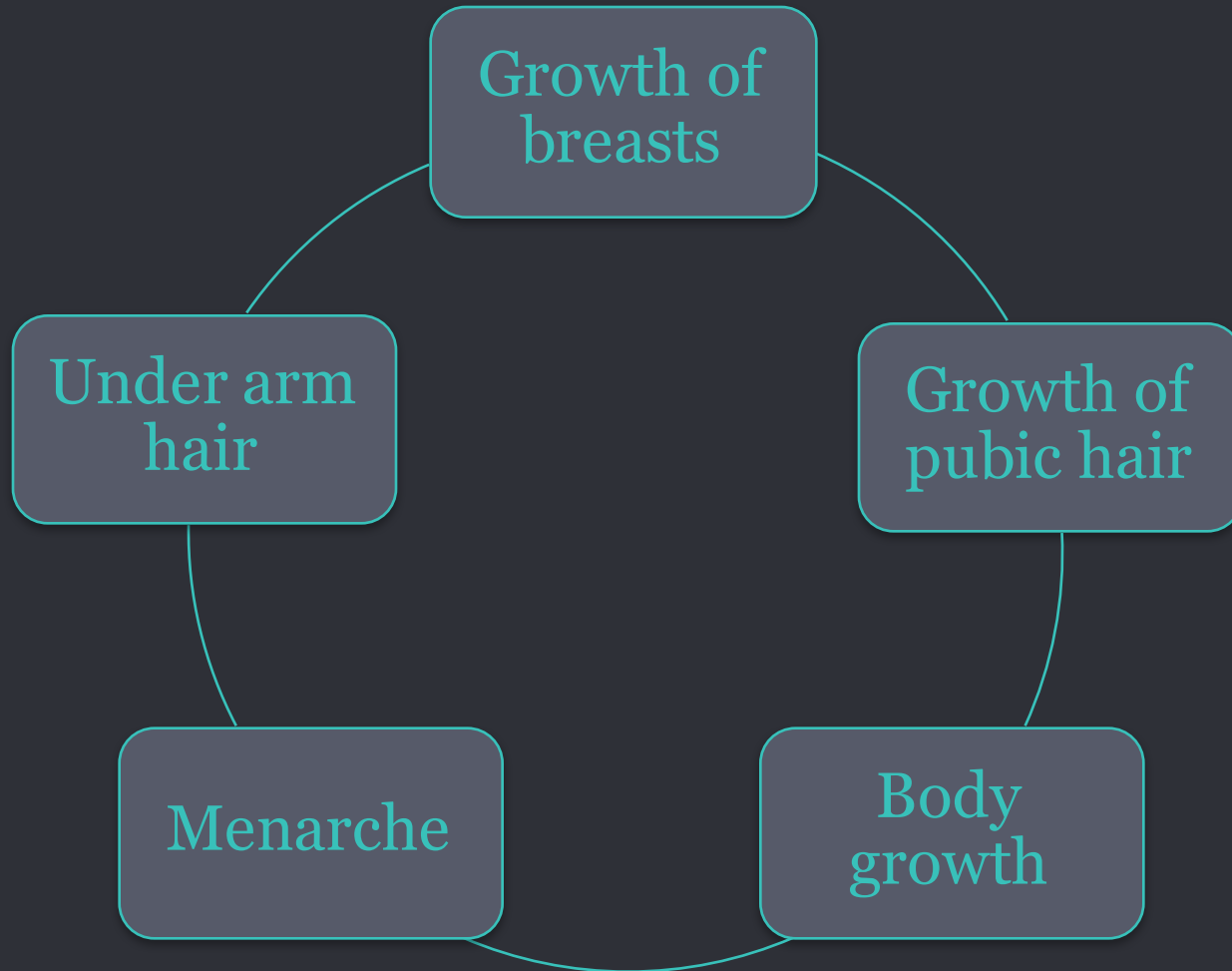
Figure 5 - hormones and their function during normal puberty



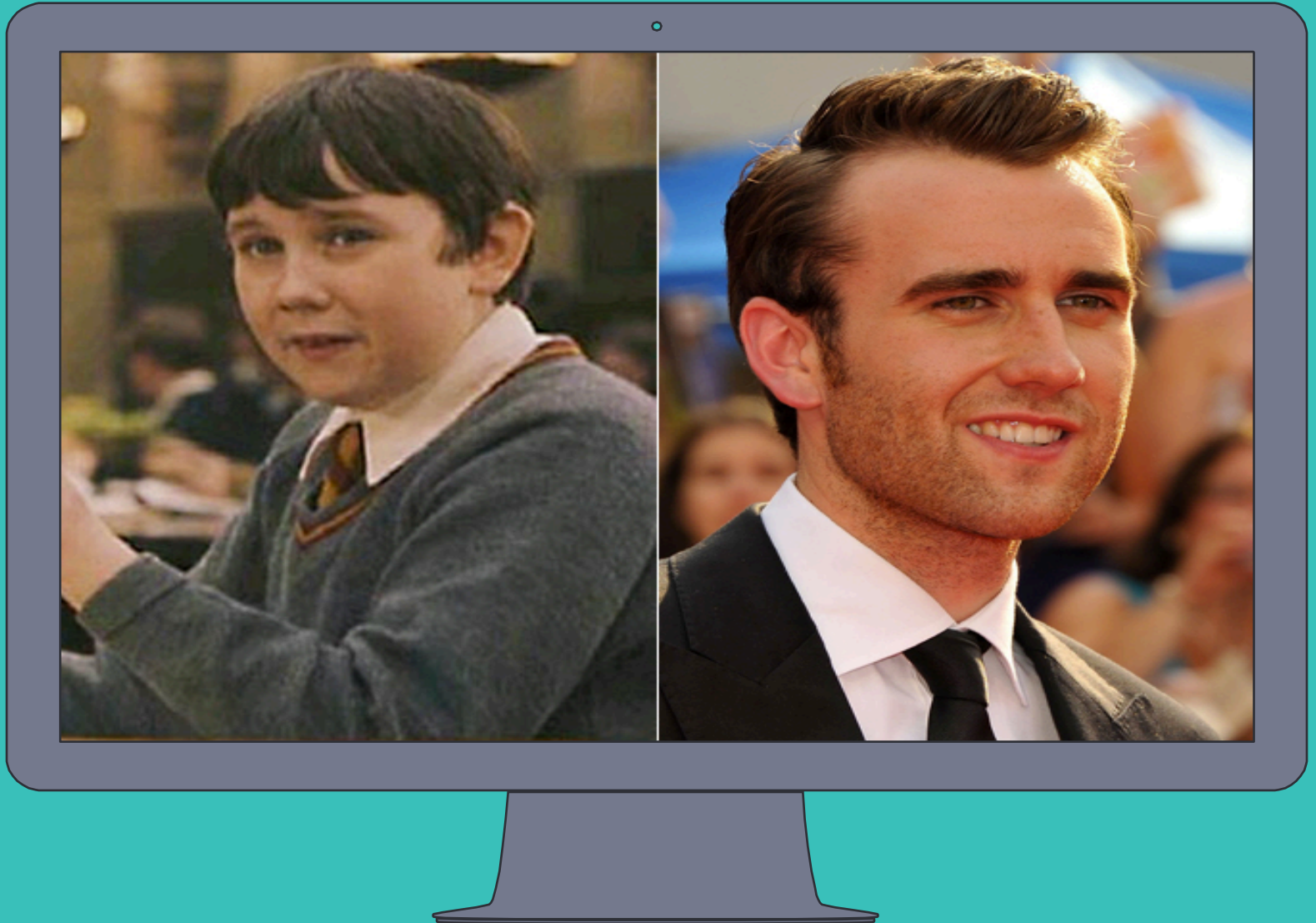
Adolescent physiological characteristics



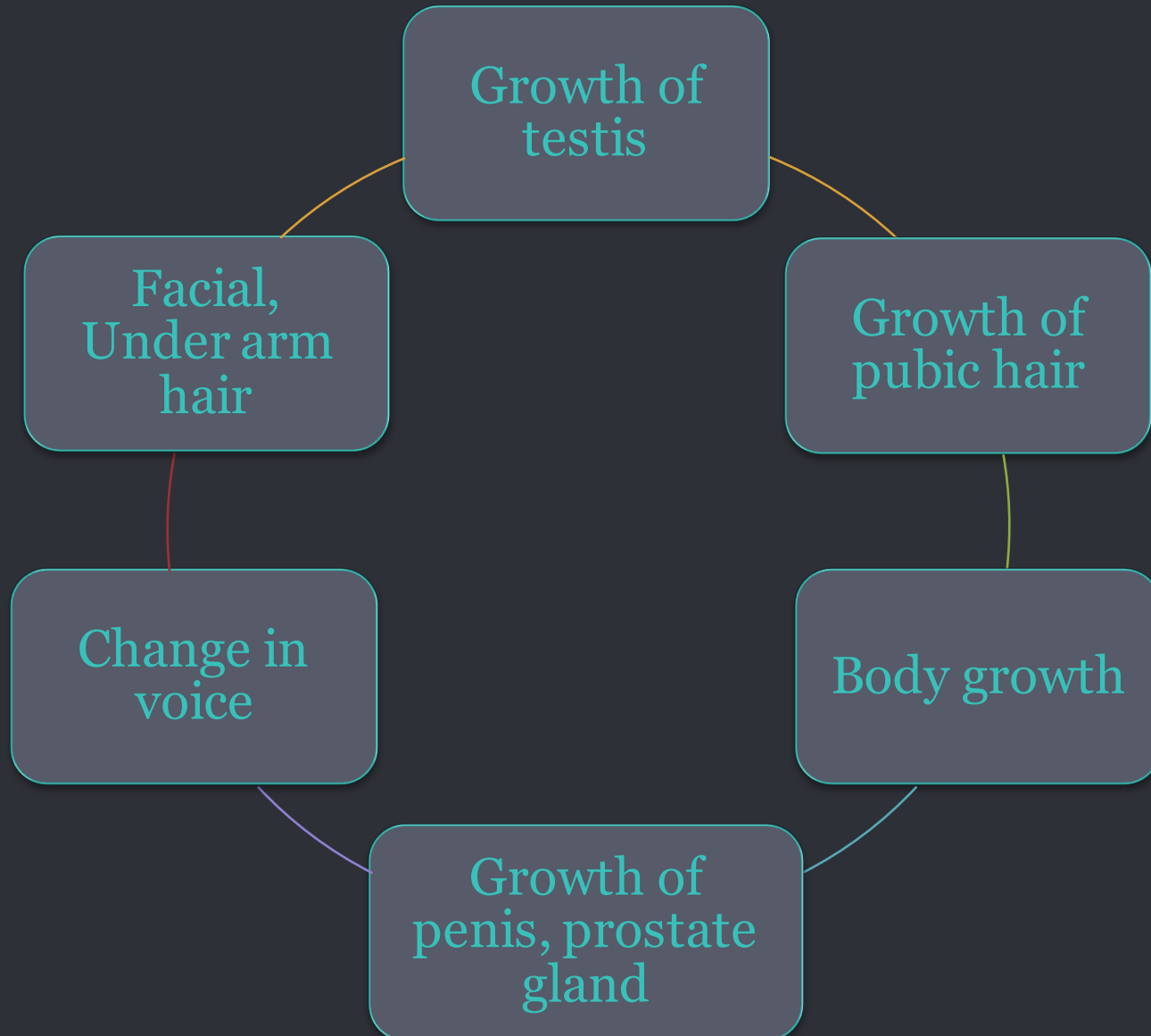
- **Adolescent physiological characteristics**



Adolescent physiological characteristics



● Adolescent physiological characteristics



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*Adolescence Influence on
Behavioral changes*

● Social Changes:

- ➤ Searching for identity.
- Seeking more independence.
- Seeking more responsibility.
- Looking for new experiences and engaging in more risk.

● Emotional changes:

- Show strong feelings and intense emotions.
- More conscious about physical appearance.



● Adolescent health importance

- - Adolescence is a period of life with specific health and developmental needs and rights.
- Adolescent health behaviors have a direct effect on immediate as well as long term health outcomes and quality of life.
- Adolescence health is a key ensure the boys and girls grow into healthy and productive men and women.

- *Adolescents problems*

HIV

More than 2 million adolescents are living with HIV. Although the overall number of HIV-related deaths is down 30% since the peak in 2006 estimates suggest that HIV deaths among adolescents are rising.

❖ Prevention?

1/ Using condoms

2/ Clean needles for those who inject drugs

VIOLENCE



- An estimated **180 adolescents** die every day as a result of interpersonal violence.
- Around **1 of every 3 deaths** among adolescent males of the low- and middle-income countries in the WHO Americas Region is due to violence.
- Globally, some **30% of girls aged 15 to 19** experience violence by a partner.

❖ **Factors Which Increase Risk of Violent Behavior:**

- 1- Being the victim of physical abuse and/or sexual abuse.
- 2- Exposure to violence in the home and/or community.
- 3- Genetic factors.
- 4- Exposure to violence in media (TV, movies, etc.).
- 5- Use of drugs or alcohol.
- 6- Presence of firearms in home.
- 7- Combination of stressful family socioeconomic factors.

❖ **What can be done?**

- Whenever a parent or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional.

● Mental health



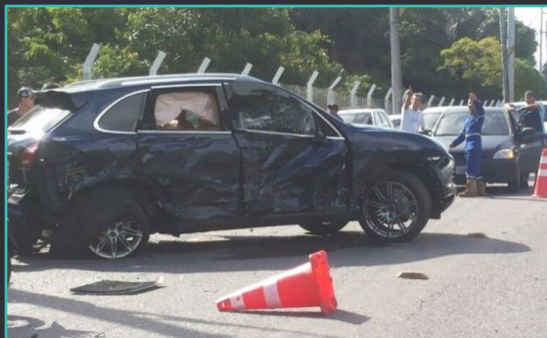
- Depression is the top cause of illness and disability among adolescents.
- Suicide is the third cause of death.
- Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems.

❖ Warning Signs and they need help:

- Often feels angry or worried.
- Can't sleep or eat.
- Is unable to enjoy activities any more.
- ➤ Isolation.
- Hurts other people.
- Smokes, drinks, or use drugs.
- Has thoughts of suicide.
- Hears voices.
- Harms her/himself, such as cutting or burning her/his skin.

Injuries

- Injuries are a leading cause of death and disability among adolescents.
- RTA, Drowning and Sport injury are the most common causes.
- In 2012, 120 000 adolescents died as a result of road traffic accidents, 60 000, drowned.



obesity

- The number of adolescents who are overweight or obese is increasing in both low- and high-income countries.
- Obesity is twice as common among adolescents as it was 30 years ago.
- most adolescent obesity results from a lack of physical activity and overeating.
- obese adolescents are more likely to have high blood pressure and type 2 diabetes.
- Other Causes:
 - Hormonal disorders, Genetics .



Tobacco use

- The vast majority of people using tobacco today began doing so when they were adolescents.
- At least 1 in 10 younger adolescents (aged 13 to 15) uses tobacco.



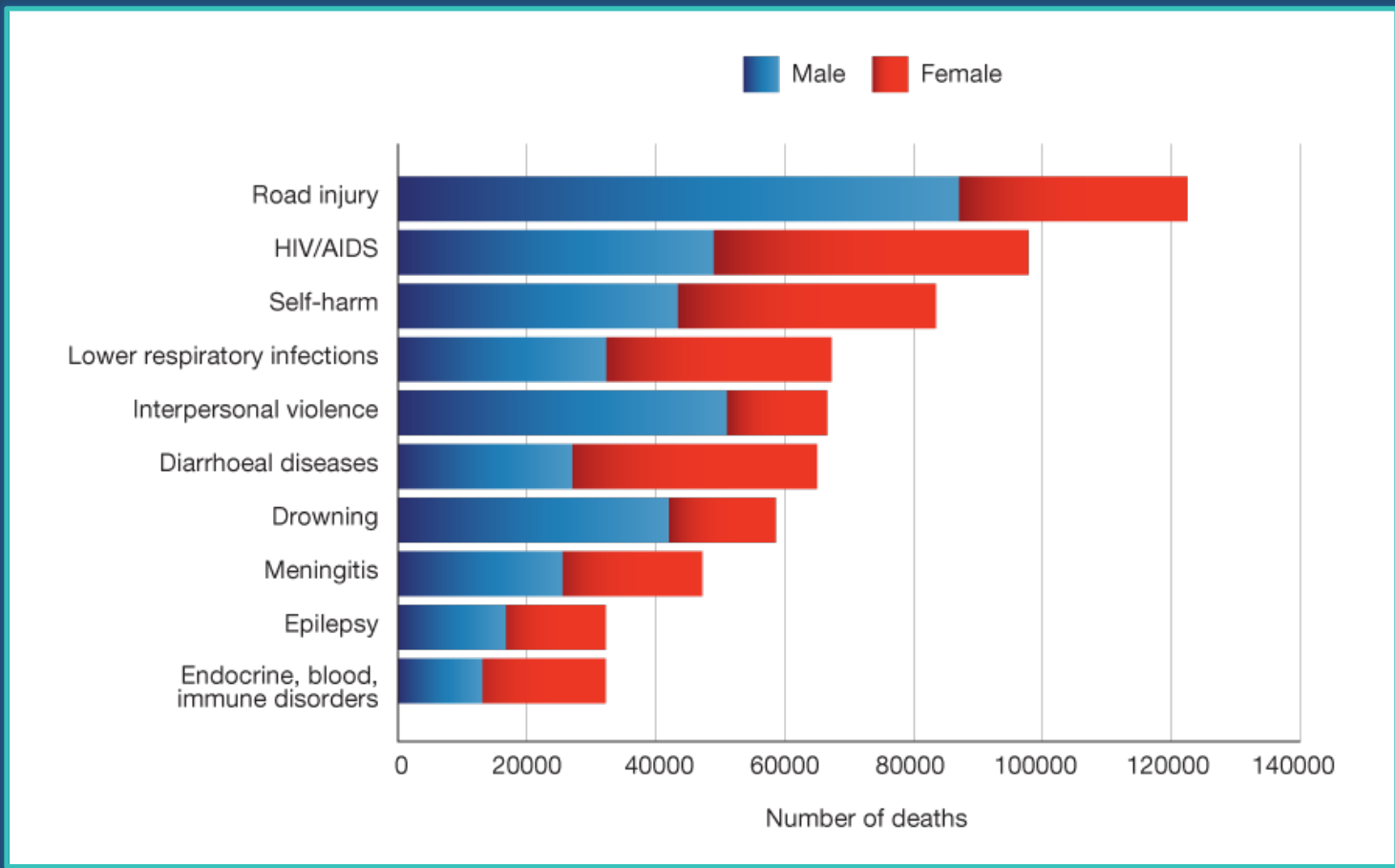
- Why they use it ?!

- - They have parents who smoke
 - Peer pressure
 - To show independence
 - Tobacco advertisements

● Early pregnancy and childbirth

- • Complications linked to pregnancy and childbirth are the second cause of death for 15-19-year-old girls globally.
- Some 11% of all births worldwide are to girls aged 15 to 19 years, and the vast majority are in low- and middle-income countries.
- Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young an age.
- Infants of young mothers (especially mothers younger than 15 years) are more likely to be born prematurely and to have a low birth weight.

Leading cause of death!



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Common adolescent health problems in Saudi Arabia.

25% of Saudi population are Adolescents

Common adolescent health problems in Saudi Arabia.

- Saudi society is different from western societies in many respects. It is conservative society with strong Islamic values. The pattern of adolescent's problems is expected to be different from that in the west. For example, illegitimate teenage pregnancies are common in western world, but do not exist in KSA.

Injuries:

A study to determine the incidence and pattern of injuries among children and adolescents <18 years old in Riyadh city was done in 2011. The study included 1650 children and adolescents. 22.2% reported having had injuries in the previous 12 months. The most common injuries were falls (40.4%), Road Traffic Accidents (RTA) (15%), food intoxication (8.8%). Males were more affected by injuries than females (26% vs. 18%).

Substance Abuse:

A study in Riyadh city among adolescents found that overall prevalence of cigarette smoking 12.7% (n=187) among the study sample, the habit is more common in males (19.0%) than females (4.0%). The most common reasons given for smoking were personal choice (50.8%) and the peer pressure from smoker friends (32.8%).

Two thirds of the smoking students wanted to quit smoking (63.2%), especially if suitable help was available, and 75.1% tried to quit. A third of the smoking students (36.8%) found it difficult to stop smoking in no-smoking areas.

Malnutrition and Obesity

A study was carried out with the aim of identifying the health risk behaviors and health status of adolescents in Saudi Arabia, in 2015. It was a cross-sectional, school-based study was in all 13 regions of Saudi Arabia with a total of 12,575 adolescents participated.

- 28% of adolescents reported having a chronic health condition
- 14.3% reported having symptoms suggestive of depression
- 30.0% were overweight/obese
- 95.6% were vitamin D deficient
- Almost half of all adolescents did not engage in any physical exercise. Females reported complete absence of exercise much more than males
- 42% spent at least 2 hours/day watching television.

HIV

- A descriptive analytic study in 2005 described the pattern and characteristics of HIV/AIDS cases in Saudi Arabia.
- As of 2003, 1743 Saudi nationals and 6064 non-Saudi HIV cases were reported. Males accounted for 1329 HIV infections (77%) with a male-to-female ratio of about 3:1.
 - 46% of cases infected through sexual activity.
 - Infection through blood transfusion declined with no reported cases since 2001.
- Most cases (67%) were registered in Jeddah, Riyadh and Dammam, while 33% of reported HIV seropositive cases had already died.



Mental Health

Mental health problems frequently start at this age group.

A study carried out in Taif Governorate, Saudi Arabia, revealed that most important problems were anxiety (13.5%), somatic disorders (12.2%) obsession (10.8%), aggression (8.1%), delinquency and depression (4.1%).

Approach to dealing with adolescents

- Primary care physicians are well situated to deal with adolescents and discuss risks and offer interventions.
- but some physicians are missing this key opportunities because:
 - 1. lack of data indicating what makes up an effective physician-adolescent conversation.
 - 2. physician and adolescent discomfort with addressing sensitive topics

❖ **Physicians can establish a productive relationship with adolescents through the following steps:**

1. Assess the individual adolescent's ability to understand the consequences of risky behavior.
2. Assess the role of the parent.
3. Meet privately and raise sensitive topics.
4. Use the physician-patient relationship to personalize risk-reduction messages.
5. Physicians should use empathic, personal messages to communicate with adolescents about these issues.

● Approach to common adolescent health problems.

we should take care about Environmental factors, including family, peer group, school, neighborhood, and social cause, because they can either support or refute young people's health.

❖ Smokin, substance abuse:

- Prohibiting the sale of tobacco products to minors.
- increasing the price of tobacco products.
- banning smoking advertising.
- ensuring smoke-free environments.
- counseling and explain the dangers of using illegal drug.(role of family,school and community)

❖ Mental health:

- Building life skills in children and adolescents and providing them with psychosocial support can help promote good mental health and reduce violence.

❖ Obesity and physical inactivity:

- Providing access to healthy foods and opportunities to engage in physical activity.
- Developing healthy eating and exercise habits at adolescents are foundations for good health in adulthood.

❖ Injuries:

- Young drivers need advice on driving safely.
- forbidding adolescents aged less than 18 years from driving.

Role of family

- Adolescents who have good communication and are bonded with an adult are less likely to engage in risky behaviors.
- Parents supervision and involved with their adolescents' activities are promoting a safe environment.
- The children of families living in poverty are more likely to have health conditions and poorer health status.

Role of school

- School environment and behavior of teachers play a major role in character building and personality development of adolescents.
- School health clinics for health education & counseling has important role.
- The school social environment affects students attendance, academic achievement, and behavior.
- A safe and healthy school environment protects against risky behaviors.

Role of community

- Antismoking program should be established including prohibition of the sale and use of cigarettes in public places.
- Application of firm traffic laws forbidding adolescents aged less than 18 years from driving.
- Raising awareness of health issues for young people among the general public and special groups.
- Supervision over media content because adolescents who are exposed to media portrayals of violence, sexual content, smoking, and drinking are at risk for adopting these behaviors.



TAKE HOME MESSAGE

- Adolescence is a very critical stage in one's life. It's where biological, physiological, and psychological maturation happens. Taking risks at this age without thinking of the consequences is common. Which may lead to serious illnesses, disabilities, and death.
- injuries are the leading cause of death among adolescence, and in most cases they're preventable.
- The health problems in adolescents globally are to some extent similar to those in Saudi Arabia. Such as the widespread of smoking, obesity, injuries, mental problems, physical inactivity.
- The efforts to prevent these problems from happening in the first place and the right approach to deal with them should be studied extensively.



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- **Thank you..**