



Adolescent Today



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ADOLESCENT HEALTH ACADEMY

A Subspeciality Chapter of Indian Academy of Pediatrics
Society Registration No. 02/42/01/14649/11

Dear AHA members and friends,

I'm very happy to know that Adolescent Today is into its 4th year of publication. Every past issue in the last three years, has articles which are precise, relevant to the current situation and give an insight into the topic beyond the textbook knowledge.

In the post covid era the onslaught of digital media has increased exponentially making our adolescents more vulnerable to its addiction and with it comes cyberbullying, depression, academic challenges, poor interpersonal communication, peer pressure, substance abuse etc.

I'm sure the editorial team under the leadership of Dr Shubha Badami with her enthusiastic Zonal Editors, will certainly deal with these problems in the coming year, empowering our pediatricians, and through them, the parents of adolescents making the journey of this exciting transition, from child to adult, as smooth as possible.

My best wishes to the team AHA

Dr. Upendra Kinjawadekar
National President
Indian Academy of Pediatrics



Dear Friends from AHA,

It is such a pleasure to associate with AHA in any manner which is one of the most vibrant, popular and awarded off shoot of IAP due its enterprising and enthusiastic members and stalwarts like Dr CP Bansal & Dr JS Tuteja who have nurtured and strengthened AHA by their visionary and continuous efforts.

Greetings and Congratulations to AHA team of 2023 for restarting 'Adolescent today' the e bulletin of AHA under the editorship of Dr Shubha Badami and vibrant team from the five Indian zones . The continuously evolving concepts in highly sensitive subspecialty of Adolescence will reach through this e bulletin to every member of IAP and even beyond which will immensely contribute to the care of teens of this country. I am sure this new edition of Adolescent today will be as popular as the previous one which was brought out by Drs Ashok and Usha Banga.

The current team of AHA under the chairpersonship of Dr Sukanta Chatterjee and chairperson elect Dr Geeta Patil is very dynamic and will certainly take AHA to greater heights by their hard work and innovative approach.

Warm Regards

Dr Vineet Saxena

HSG 2022-23



Dear friends and fellow IAP-ians,

It gives me immense pleasure to write this message for the first issue of Adolescent Today.

Adolescent Health Academy is a premier Subspecialty of our Indian Academy of Pediatrics and members are very dear to our hearts.

The E bulletin started in 2019 under AHA Chairperson Dr Preeti Galgali had taken flight under Drs Banga with excellence in compiling and presentation. It's now with a new pan -India team , under chief editorship of Dr Shubha Badami , that will work hard to bring members together in science and society .

This E journal apart from publishing scientific articles , will showcase many aspects of AHA work with members and target community and enhance competence , care and collaboration. IAP is with you,at all times.

My best wishes to Team AHA 2023 under president 2023 Dr SukantaChatterjee , secretary 2023 Dr RN Sharma , and president 2024 Dr Geeta Patil .

Dr GV Basavaraj
National President 2024
Indian Academy of Pediatrics



CHAIRPERSON'S MESSAGE

It's of immense pleasure to me to write the Chairperson's message for the Adolescent Today. All of you are aware that this publication of the Adolescent Health Academy of Indian Academy of Pediatrics is published every three month and this March 2023 issue is the first copy of the year. We are fortunate to have a very efficient and vibrant committee of Adolescent Today Editors with Dr Shubha Badami as the Chief Editor. I am fully confident that the Editorial Committee will do their best to serve the need of the members of the Adolescent Health Academy (AHA). The readers and our members are requested to submit their opinions and need freely to us for the improvement of the publication. We at Central AHA are in regular bidirectional contact with the editorial team to communicate the wishes and feelings of our members.

The Adolescent Today contains a mix bag of information of the AHA and its members along with scientific articles. The readers will find in the first copy of the year, the March issue, the AHA Theme of the year and the Chairperson Action Plan. All the CAHA Committees and the job assigned to them for the implementation of the Action Plan will also be available. New members' details, new branches formed and new activity reports from branches since last issue will be updated periodically, in each edition, as received. Names of CAHA and Branch office bearers are additional features. Upcoming AHA conferences, awards, competition, promotional activity, AHA secretarial announcement, membership form, useful links will be accommodated. Considering the importance and usefulness of information the editorial committee will publish many other components in consultation with the central secretariat.

All members are requested to submit their scientific write up to the Chief Editor for publication. It could be research article, review article, practice experience, case reports, and letter to editor which might be of interest among our readers. Members might contact AHA team [details in the journal and website] for technical help on how to write a proper scientific article or if they want Adolescent Health Orientation Program to enhance their clinical skill on adolescent practice. The CAHA will arrange them. In view of the dearth of medical council recognized qualification on adolescent medicine in India and adolescent health being a primary health care, let us join hands to upgrade our knowledge and skill through Orientation Programs and practice.

With regards

Prof. Sukanta Chatterjee
Chairperson AHA 2023



Dear Academician!!

Greetings from AHA secretariat!

It gives me immense pleasure in writing the message for Adolescent Today 1st issue E–Bulletin of IAP-Adolescent Health Academy 2023.

As you know our theme for this year is “Empowering Pediatrician on Adolescent Health” We have approved 3-point action plan for this year 2023.

1. Empower AHA by increasing its members.
2. Empower AHA by developing technical resources.
3. Empower AHA by research and publications.

We have formed 6 committees for implementation of this action plan. You all are requested to work for this action plan to achieve goal of AHA.

AHA is on Facebook / Twitter / YouTube , activated yet for wide connectivity to social media. We are trying to make our website interactive for adolescents and our members too.

I congratulate Dr Shubha Badami Chief editor and her team of Adolescent Today for bringing the first issue of E- Bulletin of Adolescent Today in very short time. Hopethis will enhance the knowledge of our members regarding adolescents’ health issues.

You are welcome to give suggestions for the betterment of adolescent health & AHA. Your active participation, Contribution and Suggestions are requested. Kindly write your suggestion on the official mail (ahaoffice23@gmail.com/secretaryaha2223@gmail.com) to express your views.

Wish you all a happy learning

Dr R N Sharma
HSG AHA 2022-23



It gives me an immense pleasure and a privilege in writing the message for the very first issue of Volume V of the E newsletter, Adolescent Today of the IAP-Adolescent Health Academy 2023.

I am very confident that the Editorial Committee of Adolescent Today will carry out the great responsibility meticulously, to share the articles related to Adolescent Health.

This will contribute in enhancing the knowledge of Pediatricians and serve as an excellent guide in office practice, to manage physical and mental health problems of Adolescents.

Wish you all a great scientific feast!!

Dr Geeta Patil

President Elect AHA 2023



EDITORIAL

Dear reader,

Wondering what a hundred-year-old disintegrating sepia tint print is doing on the AT cover?

Featuring two solemn, sweet-faced married teenagers, immersed in a serious household chore in the 1910s, it bears serious reflection, as one loves the classic art. [This photo was printed from a rescued negative of a glass slide daguerreotype, found in a great granduncles collection, courtesy my brother, himself a passionate photo archiver]

Had this young duo ever peeped into the future? Did they envision a whole army of adolescent specialists, who in a century on, would educate and empower, heal and help, and make their concerns and care their own? Not even in their dreams! In a cloistered rigid upbringing with uncertain medical access, a lot of them succumbed to ignorance, neglect and poverty, and very often with multiple childbirth related morbidity. For generations.

The reality is that change comes slowly but surely. Adolescent health, in India came of age in the last part of the 20th century with passionate advocacy and science by our mentors in certain cities and spread over the next few decades to the entire country. AHA now has 2840 members as on March 23rd 2023, and growing! Paediatricians who upheld keen knowledge now espouse wisdom in their practices! Prioritising adolescent health and harnessing the power of young change makers is the dire need of the hour. Act. Associate. Amend. Advocate. Apply our strengths and resources to make a difference to our adolescents and Young Adults. Join hands across the nation and overseas and extend a hand up to our patients. Leave no one behind. Only a legacy of caring.

We offer you the first issue of ADOLESCENT TODAY of Team AHA 2023 and invite your comments and contributions. Our zonal editors have all contributed to bring it to you.

In AHA service,

Jai Hind

Dr. Shubha Badami

Chief editor, AT



We invite your feedback and suggestions, academic and literary articles, and any thing you have created and want to share. We hope to keep the AT participatory and engaging with your help. The nine Editors are from all over the country and accessible to your local AHA chapter, do contact us for any information regarding contributions. AHA team 2023 is very enthusiastic about this E-Journal and we hope it meets their expectations.

Dr Shubha Badami -Chief Editor

South zone -Dr Somasekhar, Dr Deepa Janardhanan -

North zone -Dr Deepa Passi

West zone -Dr Reena Rathi, Dr Salim Hirani

Central zone -Dr Poonam Bhatia

East Zone -Dr Sraboni Choudhury, Dr Ritesh Singh, Dr Kaustav Nayek

EDITORIAL TEAM

NORTH



Dr. Deepa Passi

CENTRAL



Dr. Poonam Bhatia

WEST



Dr. Salim Hirani



Dr. Reena Rathi

EAST



Dr. Sraboni Choudhury



Dr. Ritesh Singh



Dr. Kaustav Nayek

SOUTH



Dr. Somasekhar



Dr. Deepa J

MESSAGE FROM OUTGOING EDITORS OF ADOLESCENT TODAY

Credit of bringing Adolescent Today into new format goes to Dr. Preeti Galagali, Chairperson AHA-2019.

Our team continued for 4 years since 2019. Adolescent Today is published as an online news-journal of AHA, reaching you and all IAPans through WhatsApp and adolescentindia@googlegroups.com, twice yearly.

This is meant for discussion among all AHA members on various issues, academy related news, learning on miscellaneous subjects and apprising all with the activities and achievements of our branches. For pure science, there was another journal of AHA.

Many stalwarts of AHA contributed their articles, Quiz, poems, book reviews and messages over the years. AT is an official billboard of AHA in addition to our website.

We are pleased to pass the responsibility of publishing AT to enthusiastic, energetic, and experienced team and are curious to see the unfinished agenda being taken care of.

I suppose, including adolescents from schools and colleges as writers as well as readers here may add more value to AT. A separate magazine for (and by) adolescents, edited and published by AHA may be even better.

Similarly, a section of AT (or a separate bulletin), that gives place to parents issues and concerns regarding their adolescents and then experts guidance, may be added.

Having these two sections separately or in one magazine, in public domain, will give public exposure to adolescent experts and will be of much help to the society as well.

Having one slot in AT for 'letter to editor' may open avenue for more writers and may bring newer ideas.

Having a separate bulletin, purely for AHA branch and individual activities may provide more space for newer topics in AT.

We wish the new team takes the project one step forward.

Our best wishes.



Ashok Banga & Usha Banga

KNOW YOUR TEAM AHA !



ADOLESCENT HEALTH ACADEMY OF IAP TEAM 2023



Dr. Sukanta Chatterjee
Chairperson



Dr. Geeta Patil
Chairperson Elect



Dr. Harish Pemde
Imm. Past Chairperson



Dr. R. N. Sharma
Hon. Secretary



Dr. Suhash Dhonde
Treasurer



Dr. R.G. Patil
Joint Secretary



Dr. Deepak Gautam
EB North Zone



Dr. A Chenthil
EB South Zone



Dr. Piyali Bhattacharya
EB Central Zone



Dr. Prashant Kariya
EB West Zone



Dr. Shamik Ghosh
EB East Zone

CHAIRPERSON –2023

DR SUKANTA CHATTERJEE MD FIAP -ex Prof HOD, Kolkata Medical College, IAP West Bengal president 2008, WHO expert on Adolescent Health, author of 32 publications and chapters in text books, chairperson GDBP IAP 2016-17, Org Chairperson of 1st Asian Congress on Adolescent Health, AHA, IAP 2022.

HON SECRETARY 2022,2023

DR R N SHARMA-President IAP Agra 2021, Chairperson AHA Agra 2020, EC member AHA 2019, org secy ADOLESON AGRA 2019

TREASURER 2022, 2023

DR SUHAS DHONDE

CIAP EX board member 2010,2019, state president IAP Madhya Pradesh 2014

CHAIRPERSON ELECT 2023

DR GEETA PATIL-FIAP, President IAP Bangalore 2017, EB CIAP twice, org chairperson ADOLESCON 2019 BANGALORE, org sec south zone pedicon 2020, 12 publications.

JOINT SECRETARY 2023

DR R G PATIL-past president IAP Nagpur, past president and sec AHA Nagpur, COMHAAD UK treasurer, gen IAP Community Pediatrics chapter.

-EXECUTIVE BOARD MEMBERS 2023

SOUTH ZONE -**DR A CHENTHIL**- Cuddalore , past president TNIAP , 2022 -23 EC CIAP

EAST ZONE -**DR SHAMIK GHOSH**- Org secretary ADOLESCON 2022 Kolkata

CENTRAL ZONE -**DR PIYALI BHATTACHARYA**- VP central zone CIAP 2023, past pres. UPIAP

WEST ZONE -**DR PRASHANT KARIYA**-22-23, EC CIAP, IAP STG team 2022

NORTH ZONE -**DR DEEPAK GAUTAM**-NEW DELHI, pastpres DELHI IAP

AHA MISSION / ACTION PLANS 2023

THEME OF THE YEAR "EMPOWERING PAEDIATRICIAN ON ADOLESCENT HEALTH"

AHA Executive Board Approved the following Mission/Action Plan 2023

1. Empower AHA by increasing its members

Slogan for the year each AHA member add another new member

2. Empower AHA by developing technical resources:-

- a) Develop AHA training module atleast one from each zone on central AHA given topic – peer review and finalization by AHA by three months (31st May 2023)
- b) Identify more national faculties from each zone through branches and local programmes, Give them 2nd changes at local level float them at National AHA Programmes.

3. Empower AHA by research and publications.

- a) Generate data by recording your hospital/Clinic experiences- publish it or take help of AHA
- b) Use AHA tools and information to help in publications.

The following core committees are formed for its implementation

Zonal Coordinators

- EZ Dr Atanu Bhadra, Dr Jaydeep Chaudhary
WZ Dr Shubhada Khirwadkar
NZ Dr Sunita Manchanda
SZ Dr Prema R
CZ Dr Mirza Beg

1. Advocacy Committee (Membership & New Branch Formation)

Coordinators: Dr JC Garg & Dr Vimochana K

Member

- WZ Dr Nischal Bhatt
EZ Dr Garima Saikia, Dr Champak das, Dr Indu Surana,
NZ Dr Satish Sharma
SZ Dr Laxmi Shanti
CZ Dr PV Arya

2. AHA Communication team

Coordinator: Dr Prashant Kariya (Web master)

Members

- CZ Dr Utkarsh Bansal
EZ Dr Sushant Das, Dr Shamik Hazra, Dr Vinay Asawa
WZ Dr Samir Shah, Dr Unmesh Upadhyay (Twitter)
NZ Dr Atul Gupta (YouTube)
SZ Dr Ranjit P

AHA MISSION / ACTION PLANS 2023

3. **AHA Scientific Committee**

Coordinators : Dr Atul Kanikar, Prof Kripashindhu Chatterjee, Dr Kalpana Datta

WZ Dr Shubhada Khirwadkar, Dr Shailaja Mane

SZ Dr Newton Louis, Dr RVijayarani

EZ Prof Chandra Mohan, Prof Tarak Nath Ghosh, Dr Ashim Ghosh

NZ Dr Harmains Bains, Dr Latika Bhalla

CZ Dr Naunihal Singh, Dr Rahul Pengoria

4. **Adolescent Today**

Chief Editor : Dr Shubha Badami

Editors

SZ Dr Deepa Janardhanan, Dr Somsekhar A R

NZ Dr Deepa Passi

WZ Dr Salim Hirani, Dr Reena Rathi

CZ Dr Poonam Bhatia

EZ Dr Kaustav Nayek, Dr Srabani Chakraborty, Dr Ritesh Singh

5. **IAH Week & IAP Adolescent Health Week NOV 2023**

Advisor Dr Piyali Bhattacharya

Dr Harinder Singh

Dr Preeti Galagali

Coordinators

WZ Dr Manjusha Giri, Dr Kalyani Patra

EZ Dr Prashant Saboth, Dr Bholanath Aich, Dr Amita Sinha Mondal,

NZ Dr Geeta Bansal, Dr D S Batth

SZ Dr Shibu K, Dr Sripriya

CZ Dr Ritu Gupta, Dr Preeti Nagraj

6. **AHA Research and publication committee**

Coordinators : Prof Maosumi Nandi, Dr Somsekhar R

Members

EZ Dr Gayatri Bezboruah, Dr Joshi Kerketti, Dr Subhendu Dey

WZ Dr Sushma Desai, Dr Kiran Vaswani,

NZ Prof Ravi Bhatia, Dr Gurmeet Kaur

SZ Dr Vijaykumar M

CZ Dr Sonia Bhatt, Dr Seema Jain

Chairperson In All Committees

Prof Sukanta Chatterjee / Dr Geeta Patil

Co-Chairperson in All Committees

Prof Harish K Pemde

Dr RN Sharma / Dr RG Patil

Installation Ceremony of New AHA Team 2023 at Gandhinagar, Gujarat

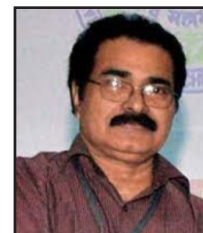


DOWN MEMORY LANE

AN EXCLUSIVE INTERVIEW WITH PROF DR. MKC NAIR- PART 1

By Dr Deepa Janardhanan, but in Sir's own words and inimitable style!

In India, the speciality of Adolescent Pediatrics has reached its Adolescence or even beyond!! It's the end result of years of toiling, planning and coordination of a few passionate and enthusiastic paediatricians who sowed the seeds, nurtured and developed the speciality to its present status. We are extremely privileged to have the visionary **Prof Dr. MK Chandrasekharan Nair, the Pioneer in Adolescent Pediatrics, teacher of teachers, with us today to share his inspiring story with us.**



When we think of Adolescent Pediatrics, the one name that comes to our mind is always Dr. MKC Nair's. He taught us. He wrote books. He developed the speciality. Sharing some memorable moments from his own adolescence, Dr. Nair said "Most people would have good and bad memories from their adolescence. In my case, good part is that we were a big family, I was the **11th child** in my family. So, I was pampered a lot. The best memory that I would like to share is what my father was. As a small child, I was a little scared of him. When I reached high school, I was not scared. When I reached Pre Degree, he started becoming a little more friendly. When I was a medical student, he started asking for my opinions and by the time I became a post graduate, he will not do anything without asking me. Thus, **my father made sure that there was a graded exposure to responsibility. What I learnt from my mother was that the poor and needy should be taken care of very nicely.**"

"The most important negative memory I have, which changed my life was that when I was in class 7, somebody came and put some powder on the white shirts of the students. They put it on everybody. I did not know what the powder was. After sometime we were called to the teachers' room and all were beaten up, for what, I do not know. Two things bothered me. Without telling me, what is happening, I was beaten. Secondly, I was beaten in public. I couldn't take it positively. Years later, when I was in Pre Degree, I met that teacher again with another teacher, I caught hold of his collar and shook him up like anything. The other teacher was shocked because I was always thought of as the most well-behaved student. The message I want to convey is that however much a child thinks he could tolerate, he will be burning inside. That is the reason why I started the child guidance clinic. Now looking back, I have no enmity with that teacher. I say, it was God's will. He was just an instrument for turning me to behavioural pediatrics. **I believe everything happens for the better.**" When I asked about the powder, he continued "Later on we came to know, it was sulphur from a nearby match factory. It is actually dangerous. But the point is that we were beaten without telling us why. That day I felt that a teacher cannot be a butcher. The teacher must be like a parent. **All my life I have been a parent-like teacher.**"

Shedding some light upon the early days of his career, he revealed "The best thing that happened in my life was getting admission for medicine in **CMC Ludhiana**. I left that institution 42 years ago, but every talk I give, I remember CMC Ludhiana. The institution gave me a lot of good things. There nobody ever advises anything. But the system was such that we imbibe good habits. For e.g. as medical students, we were told you remember only three points, but the three points should be in the order of importance. Do not give twenty causes. Give only three. If you write more than three, boss will cut it. So, focus... **Whenever I give a talk, I say 1, 2, 3.** The reason is prioritisation is important. Don't bother with too much of theory but with practical skills. Another

DOWN MEMORY LANE

thing I learnt from there is to respect women. Those days ragging was there. You can tell anything, but never touch a girl. Never misbehave with a girl. I was in CMC for 10 years. There was only one incident of a misbehaviour towards a girl and that was from a person who came to CMC for PG, not from a guy who got UG trained from CMC. In the middle of the night a girl can confidently approach you to accompany her to the railway station which of course is a culture of Punjab."

So now we know why Dr. Nair is such a focussed person and thus came his famous "three points." Speaking about his shift of interest and expertise from neonatology to the other end of the spectrum, he opened "**I had two areas of interest. One was neonatology.** I was staying near the labour room during internship and senior house surgency and was available 24 x 7. Thus, I got an interest in new-borns. I



worked in neonatology for a long time. **My second interest was child guidance.** In the seven storied building, I was staying in the 5th floor. Half of my floor was Psychiatry dept. I used to refer my patients with behavioural issues to psychiatry and when I go for lunch, I used to enquire about my patients. Thus, I got interested. Back in Trivandrum, I asked Dr. Elsie Philip that I want to be in Neonatology and thus the whole of 1980s I was in Neonatology. There was a child guidance clinic, but practically non-functioning. I took it up. So, both started almost simultaneously- one side behaviour pediatrics and the other side neonatology. I slowly started realising that I am not so keen on NICU care, but much keener on neurodevelopmental follow up. Thus, on **August 1st 1987, I started Child Development Centre (CDC) at Trivandrum.**"

"When I worked in my **child guidance clinic**, I realised that every kid with behaviour problems may have an intellectual component or he may be okay, but the expectations of the parents may be too high. Thus, I started a **developmental clinic** with Dr. Ashok Kumar who did MD thesis with me. Every child you see there, you feel bad, you get the feeling that I should have seen this child a little earlier. So within 7 years of my MD, I started the CDC. My focus shifted **to early child care, development and early stimulation. That led to the PhD, conclusively proving for the first time in the world, by a randomised control trial, of over 1000 babies, that low birth weight babies have lesser IQ than a normal birth weight baby and that it can be made as good as a normal weight baby by giving early stimulation. I followed these babies for 24 years and this work led to my Doctor of Science degree.** It was more on Barker's Hypothesis that IUGR babies are prone to metabolic syndrome and **now those babies are 36 years old and we are still following them up.**"

"I would also like to mention the person who taught me **Community Neonatology**- Dr. **Padma**. She taught me that what our babies need is quiet, clean environment, feeding and minimum disturbance and minimum medication. This may not be applicable to a 24-26 weeker, but most other new-borns need only this. So, what she did was that no unwanted injections, no unwanted lights, no unwanted noise and also if any procedure is planned, do it in the daytime, unless it is an emergency and let the mother feed the baby. Looking back, that reduced the mortality very much. She started it and I continued it. This is now what we call as **Developmental Supportive Care.**"

to be continued-in vol 2.

Embrace the differences

After what seemed like a very long wait, our son came into our lives. He was a very sweet, happy and quiet child. Always woke up with a beautiful smile on his face, which would light up our lives. He would neither be disturbed by any noise nor would cry for anything, not even to be fed. He normally slept deeply undisturbed hence we jokingly called him our little Kumbhakaran, not realising the reason behind that.



As he grew up, we started noticing that he wouldn't respond to most of sounds, specially verbal sounds. We consulted some doctors regarding the reason behind his behaviour but were labelled as over anxious parents. But as time passed, our worries kept growing, until finally one day doctors decided to test him for his hearing. And the result was something we could never have imagined. Piyush was diagnosed to be suffering from Congenital Deafness. To our knowledge, hearing loss happened with age. Had never heard of a child using hearing aids.

Post diagnosis by God's grace, we received good guidance as to how to address the deficit. It took us some time to accept and understand that there was no TREATMENT for his problem so, instead of sitting and crying about our fate, we started working with him. Hearing aids were fitted at the earliest followed by teaching sessions on hearing and speech.

Speech therapy classes were programmed thrice a week in the hospital and a little later we found a therapist closer home, so we started the other three days with her. It was emotionally draining to take such a small child and make him travel distances so regularly, but it had to be done. When we started going to the hospital, we saw many more children with the similar problem, and that made us realise that we were not the lone sufferers there were many more children/parents like us.

The task of him being accepted in the society,(even at home with extended family) with his hearing aids was another big challenge. People readily accept a person/child with spectacles, but not one using hearing aids. Though the reason behind both is similar both of them aid our weak sensory systems. Probably because of lack of awareness of use of hearing aids there is huge difference in acceptance.

This brings me back to why we wanted him to be able to speak. It was so that he could be to integrate into our mainstream society. In olden days, people with hearing problems were referred to as "Deaf and Dumb". Though I never understood that, just because a person is deaf doesn't mean he is Dumb, he could be very bright. Instead we could probably call them "Deaf and Mute", as previously their residual hearing was never used and therefore they couldn't speak. Such people use sign language to express themselves, which is not understood by everyone in general. As a result, they live in a world of their own. Which we definitely never wanted for our

Embrace the differences

son.

By the grace of God and our son's cooperation and hard work, our efforts started showing results. He picked up speech and language. He started talking with anybody, anytime, anywhere. He would accompany us without any hesitation at all kinds of social gatherings, would easily make friends, probably because his happy personality. We all know that children can be very cruel, but children accept differences more easily than adults. Him being able to speak and therefore making friends probably helped him be confident. Thankfully he never developed an inferiority complex.

Despite of using technologically best available hearing device, he still he misses some part of speech or sounds in his environment, as nothing can match our inherent quality to hear. Also he faced lot of challenges in school and on the playground, but nothing deterred him from moving ahead. At present he is into family business. Being traders, he has to deal with all kinds of people, educated as well as less educated ones too. He is able to communicate pretty well with all of them without any help from anyone.

He has been married for some time now. His wife doesn't have any hearing problem. They are well adjusted like any other couple. He is an integral part of her family too, again like anyone else.

I think we all struggle in our own ways to get acceptance in society, even though we don't have any physical problem/disability. So, imagine how much effort a person with any form of disability has to put in. The society has to be made aware that people with different needs, physical or otherwise, don't need your pity, but they need your understanding.-

Sadhana-Parveen Harneja

Hello everyone, I am Piyush and I would like to share my feelings/experiences with all of you, as what it is like to be somebody with Hearing Impairment.

I don't really remember much about my early childhood years, but ever since I remember my hearing aids have always been a part of me. In school, the teachers and staff in general were good with me, but making friends was, like, so difficult that you could easily say, next to impossible. I would miss out on things that were happening around me especially extra-curricular activities, as I wouldn't understand the announcement and nobody ever tried to help me with it. I was keen on participating in various activities, but was never made part of it. I can't say why, but I would not do any written work in the class, which then I had to cover up at

Embrace the differences

home. We worked hard at home to learn lessons, but I wouldn't put it in writing in school. As a result I was debarred from appearing in school exam. Probably that's when my parents realized I needed a different environment. The new school environment was very comfortable as we were taught by special educators, who were trained to teach children with special needs.

The children and staff were all using English Language as a medium of communication and of course teaching. I didn't mention but since childhood I was taught only English Language, as doctors recommended teaching a single language. Also, I made lot of friends. I became quite active in all types of extra-curricular activities. It was so much fun. I started doing my written work also. So as my work was getting completed in school, I had more time to go out and play.

But again, in the playground I was unable to make friends. Children wouldn't allow me to be part of their group. I would just sit in the park watching them play or myself playing with stray puppies. They were my friends, they would come running to me whenever, whenever they saw me. I did not give up going to park, as I loved to be around people.

Then came a time when my hearing aids stopped helping me to hear, so Cochlear Implant surgery was done. The implant worked like a miracle as now I could appreciate the minutest sound around me, which previously I couldn't. With the passing years I could explain myself better e.g. if someone did not understand what I had said, I could rephrase it and explain my point. I also picked up a lot of Hindi words which help me in my dealings at my place of work. Hindi also helps me be a part of my in-laws family as they are a mainly Hindi speaking family. With the support of my parents I am leading a happy and comfortable life. - **Piyush Harneja**

Dr. Poonam Bhatia adds

Mr. Praveen Harneja can be described as an easy going, social and jovial person who will readily help any one in need & Mrs. Sadhna Harneja is a hard working, focused, and well read lady. As parents, they left no stone unturned (converted to researchers!) to provide the best medical care to their son Piyush.

Parental acceptance instrumental in child's development, coupled with warm, conducive home environment has helped Piyush to bloom into a self reliant, fun loving young man, that we all love.

Open Letter to Obese Adolescents (and their parents, families, doctors. To anyone who loves them really)

NEELA BADAMI

BA.BL [hons] NALSAR [Secunderabad], LL.M [Univ of Michigan]



Hello! My name is Neela. I used to be an obese adolescent. In grade 4, I weighed 60 kgs. I was huge. The standard schoolbelt wouldn't fit me, and my dad had to go to the high school section to buy a larger one for me. It was the same with my Bharat Scouts and Guides belt, that wouldn't fit me either. My dad actually went looking for the headquarters of the BS&G and bought an adult sized one for me. Medical check-ups were hell. I would wait to be the last one to check my weight so nobody would see. That didn't block out the giggles I could hear, though. One Sports Day, my best friends were chosen to dress up in sarees and hold trays in which medals would be given to the chief guest. When I asked why not me, the school principal is supposed to have said, 'Neela can't walk fast enough.'

Obese adolescents face everyday, tiny humiliations. These can build up over the years in various harmful ways. Luckily, before they could harden for me, my mother, scared for my future, enrolled me in swimming classes. Now, I had always loved the water as a baby, but I was not prepared for the additional jokes and humiliations I would be subjected to for being a fat person in a swimsuit. How I fought! How I struggled! I invented stories of extra work at school that I must stay back for so I couldn't make it in time for class. I faked illness. I still remember the sick feeling in my stomach when I saw my mother wasn't falling for all my excuses, and was as determined as ever that come 4:30, we would be heading to the pool. So I gave in. And went. Listened to what she told me to do, did what my coach told me.

The discomfort lasted only for a month – at the end of the 1 month training camp, I could swim.

Learning to swim changed my life. It transformed me from that ungainly, waddling, obese adolescent into a stick-thin athlete. I lost all the flab and became muscular. That wasn't the most important thing though. *I became comfortable with, and friends with my body. That added to my self-esteem and self-confidence and helped me overcome judgments like 'she can't walk fast so let's not involve her in that extra-curricular.'*

Who has the time for sports? I hear parents say. When will my child study? We live in such a competitive world.

I'll tell you a secret. Exercise and moving the body makes the brain sharper. It is easier to study. I still remember coming home after an intense workout. I would finish my homework in half the time I would take if I hadn't worked out. The happiness

Open Letter to Obese Adolescents (and their parents, families, doctors. To anyone who loves them really)

hormones singing in my head, making my focus and clarity razor-sharp. Studying becomes a cakewalk after moving the body.

The importance of the right company

Parents are also worried about the kind of friends their children make, and rightly so, because we become the average of the 5 people we spend the most time with. The friend I made in the first swim camp, is still one of my best friends. Nithya was my cheerleader from the get go. I still remember when at the end of that month, when we could finally swim a 20-m lap on our own, as both of us touched the far wall, and stood up against the ledge, she looked at me and said, 'You did it, Neela!' What a friend. She had the same achievement herself, but her thought was not for herself, it was for me, and how I had achieved it. That kind of person is special. If you are fortunate enough to find friends like that, hold on to them for dear life. They don't come by often.

At school, I was fortunate enough to have similar cheerleaders. I had become so busy with waterpolo and traveling all over the country for competitions that I frequently missed school. I did terribly in the preparatories for the board exams. By January, I took a 3-month hiatus from swimming and focused on studying. My 2 best friends at school, who saw that I was very down after my bad performance in the prep exams, drew me a set of bar graphs showing the trend in my grades across subjects (we were learning at the time how to prepare bar graphs in our math class). They explained to me while my performance was abysmal at the moment, there was a definite upward trend. There was nowhere to go but up, they explained to me.

Their prediction (or was it their belief in me?) came true. 3 months of studying and I topped the school in the board exams.

The point of this is not to boast. **It is to say that when you prepare the body and maintain it in a state of high physical performance, it is easy to also achieve high mental performance with the right effort and right support.** It is a point directed specifically to parents and to an ecosystem that expects that their children will achieve fantastic results in their exams *only by studying. It is not going to happen. Help your children move their bodies in whatever ways they enjoy. They may not enjoy it initially (and struggle against it the way I did. But when they find their groove in a sport they enjoy, magic follows in every area of life. Especially, studying!)*

This is not something most people want to hear. I remember I was invited to school for a felicitation ceremony after the 10th boards. I was asked to make a speech about how I prepared for the boards and what worked for me. The moment I said 'don't

Open Letter to Obese Adolescents (and their parents, families, doctors. To anyone who loves them really)

think Std 10 means you have to give up doing everything else you love,' the organisers hushed me up and ushered me back to my seat.

See the resistance that adults have to the message that *adolescents need to move, to do the activities they enjoy, not just swot all the time?* Is it any wonder that the disease of obesity, especially among children, is alarmingly on the rise in our country?

As a former obese child, this is my call to doctors and parents. Do not underestimate the importance of physical activity in the well-being of your child's life when they are grown up. Once you know what the body of a sportsperson feels like, you will never want to revert it to the obese state. And the benefits of that sportsperson's body are apparent in every other area of life.

If you are still not convinced, let me put it in another way you may understand. Extracurriculars play a huge role in admissions to certain kinds of universities. This is not to say go crazy and pressurise your kids into excelling at sports, that is not the point at all. I don't think my mother ever cared how many medals I won. She only cared that I was having fun and doing something that was good for me. That's all that matters.

Does your adolescent have a purpose, something to do, that she enjoys with all her heart? Not for the sake of winning medals, but for the sake of moving the body.

This is also not a message to say that everyone must do competitive sport. Competitive sport requires an investment of time and effort which may not always be feasible. That is also fine. Find a way to move as a family, or one-on-one between one parent and a child. Examine your own habits as a family. How much are you moving on any given day? Instead of plonking down in front of the TV, put on the music you like, and dance with your child? It is ok if you are terrible at it, the point is to laugh and have fun! Or, go for a walk? Have a stair climbing competition at home? Do yoga together? Anything. The point is just to get moving.

If everyone internalises this, one step towards halting the alarming spread of childhood obesity will have been taken.

Food is a whole other ballgame. More on that some other time.

ADOLESCENT NUTRITION QUIZ

DR. DEEPA PASSI INVITES YOU TO TEST YOURSELF !

- Monitoring ----- is essential to determine the adequacy of energy intake for individual adolescents.
A. Blood pressure B. Body mass index
- Nutrients required in large quantity in body is known as:
A. Micro-nutrients B. Macro- nutrients C. Vitamins
- Important micro-nutrients are:
A. Vitamins B. Iron C. Protein D. Calcium E. Zinc
- This food is good for body building:
A. Oil & Fat B. Eggs & Pulses C. Fruits
- The specific dynamic action (SDA) is the greatest for the following foodstuff.
A. Protein B. Carbohydrate C. Fat D. Vitamins.
- The essential amino acid limiting in rice.
A. Methionine B. Tryptophan C. Lysine D. Histidine
- A continuous supply of energy to the body is necessary to meet the requirements of
A. Basal metabolic rate B. Specific dynamic action C. Physical activity D. All of them.
- One calorie of energy is equivalent to _____ Joules (KJ).
- The non-digestible carbohydrates are collectively known as -----
- Is the ratio of the volume of CO₂ produced to the volume of O₂ utilized in the oxidation of foodstuffs?
A. The respiratory quotient (R. Q.) B. RDAC. BMRD. SDA
- How much carbohydrates should adolescents consume daily?
20% to 30%
45% to 60%
50% to 60%
None of the answers are correct.
- How many calories per day do teenage girls need?
A. 1,200 to 1,400 B. 1,000 to 1,400 C. 1,400 to 1,600 D. 1,600 to 2,400
- MATCH THE FOLLOWING
A. GO FOOD
B. GROW FOOD
C. GLOW FOOD
1. GROWTH PROMOTING
2. PROTECTIVE FOODS
3. ENERGY GIVING FOOD

Rational Emotive Behavior Therapy (R.E.B.T.) – An introduction

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Most of our emotional disturbances emerge out of a deranged triad of thinking, feeling and behaving for which we are likely to regret later because we tend to over-generalize an event, a person's behavior or experiences in the past. This chaos not only affects our personal peace and growth but also reflects on our relationships, daily routine and personal growth. Removing irrational beliefs causing emotional disturbances and changing the “self-sabotaging patterns” of thinking around practical problems is the purpose of REBT.

Albert Ellis in 1955 coined the term R.E.B.T. (a form of cognitive behavioral therapy) after amalgamating most of the contemporary theories of psychology. Ellis agrees that R.E.B.T.'s integrative aspect borrows and employs all the relevant concepts of Freud's unconscious motives and defense systems, the unconditional positive regard and full acceptance of the client as suggested by Carl Rogers, Skinner's homework assignments and operant conditioning, Alfred Adler's theory of **vitalrole of cognition** in beliefs and emotions, experimental and feeling methods of Gestalt along with Piaget's constructive view of human tendency to rise above the adversities (natural or manmade).

However the roots of R.E.B.T. go back to Epictetus (Greek Stoic philosopher) who believed that “People are disturbed not by things, but by the view which they take of them” and Buddha's saying that “Nobody but ourselves define our destiny and to conquer oneself is a greater task than conquering others.” Ellis states that we are born to be rational and irrational. We have biological and cultural tendency to think crookedly and to needlessly disturb ourselves. We construct problems even if there are none. We are self talking, self evaluating and self sustaining humans and our **self talk** causes emotional disturbances especially when we convert our desires into grandiose demands. However we have a priceless capacity to change the way we have feeling, thinking and behavior since **all three are interconnected**.

The crux of this therapy is to help clients to achieve their potential goals when unhealthy emotions and the behavioral reactions impede goal attainment. The error lies in the cognition (thought process) of the disturbed person. Through a fruitful counseling process a client feels concerned and not anxious (e.g. examination stress), sad not depressed (e.g. loss of job or broken heart), regretful and not guilty (e.g. harming someone), disappointed without sorrow (e.g. missing

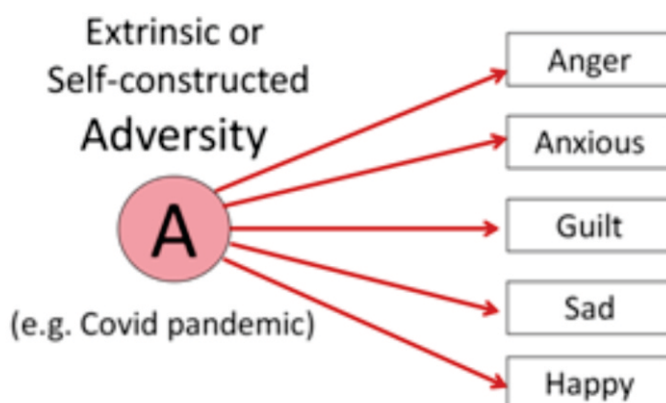
Rational Emotive Behavior Therapy (R.E.B.T.) – An introduction

out on some vital task) and jealous and angry in a constructive way without harm to others (competing positively). The principal aim of the therapist is to convert unhealthy emotions to healthy ones because **healthy negative emotions are essential for existence and personal growth.**

R.E.B.T. has psycho-educational, multimodal, didactic (educational), problem focused and problem solving approach which makes it a teenage friendly therapy and acts like a dart because the intelligence is at its peak during teenage and youth. As mentioned by Epictetus and seconded by many other great thinkers, our view (beliefs) will decide how a particular event or adversity will affect us. The same adversity can thus have multiple outcomes (consequences) for people with different perspectives as depicted below. Our personality, culture, parenting styles, peer group influence, expectations, desires, past experiences and mainly SELF TALK etc will shape our belief systems.

Imagine a situation during Covid pandemic. How communities have reacted differently? Those who blamed the people responsible for the “making” and spread of the virus became ANGRY. Those who worried about their children and high risk adults at home became ANXIOUS. Those who brought the infection home felt GUILTY. Those who lost their near and dear ones and their jobs became SAD. And those owning a pharmaceutical company, vaccine production industry or intensive care earned a fortune and felt HAPPY. In short, the **same** adversity of a pandemic brought out **different** emotional and behavioral consequences from different people. Thus we can conclude that it is NOT the adversity but our perspective along with our readiness to mend, that matters.

In other words, Adversity (A) does not directly cause Consequence (C); it just triggers our thoughts, emotions and behaviors. All this is depicted in the following diagram.



**"A" does not lead to "C".
"A" contributes to "C".**

Rational Emotive Behavior Therapy (R.E.B.T.) – An introduction

We can apply this illustration to any other adversities in life. Hence it is our own perspective governed by our belief system with self talk and NOT the adversity that decides our emotional, cognitive and behavioral outcomes. Ellis states that in emotional disturbance the belief (B) system **blows up** the emotional & behavioral consequences (C) triggered by the adversity (A).

R.E.B.T. uses following abbreviations:

- A: adversities in life (external or self created)
- B: belief system principally governed and nurtured by our self talk after the adversity.
- C: consequences secondary to faulty thinking, emotions and behavioral processes.
- D: disputation by the therapist aiming at converting unhealthy negative emotions to healthy ones.
- E: effective new philosophy that the client perceives and inculcates resulting in better outcome.
- F: a new set of feelings of being molded and down to earth, rational to self and others.
- G: goal attainment as per the client's preferences.

There are three major beliefs which are described as “irrational” by Ellis and most of us carry those. Our nature, temperament and personality and interactions are decided by our principle belief system displayed in a given situation (adversity) as shown below. The right column shows the end result and characteristics of person's belief system.

I must be perfect and be loved, else I am useless.

- Anxious, self evaluating
- People pleasers, Depressed
- Compromisers, blind followers
- Sensitive, easily humiliated

Others must be perfect, kind and just to me, else they are useless.

- Angry, rebellious, dominating
- Poor interpersonal relations
- Ruminates anger & settle scores
- Dictate terms to the weak

The world must make things easy for me, else life is not worth living.

- Low frustration tolerance
- Self pity, always grumbling
- Seek instant pleasures, gamble
- Good beginners, poor finishers

Rational Emotive Behavior Therapy (R.E.B.T.) – An introduction

It is the counselor's task to identify which belief system is carried and depicted by the client in a given adversity. The counselor also visualizes client's self talk that led to the emotional turmoil and deranged thought process resulting in behavioral consequences. Albert Ellis has categorized the irrational beliefs as follows:

1. Rigid demands: "I must", "you ought to", "everybody should", "it has to be" etc.
2. Awfulizing beliefs: "it is terrible", "you are horrible", "it is the end of the world" etc.
3. Low frustration tolerance (L.F.T.): "I can't take it", "this is intolerable", "life is excruciating" etc.
4. Depreciation beliefs: "I am no good", "you are hopeless", "The world has gone to dogs" etc.

After this is done, then the counselor informs the client about the list of irrational beliefs and "absolutistic" musts in the self talk. Once educated the client can self detect his/her irrational beliefs to prevent a relapse during future adversities. The client also learns to successfully convert the grandiose demands into non-dogmatic preferences which diminish his/her stress to a manageable level. This will enhance his/her efforts and reflect on the ultimate outcome positively. In short, the irrational beliefs are rigid and extreme, inconsistent with reality, illogical and nonsensical, lead to dysfunctional triad of thinking, feeling and behaving. As a result these beliefs impede goal attainment and spoil productivity and relationships.

The most crucial and difficult step in bringing the change in client's deranged triad is the **disputation (D)** of irrational beliefs. The process of disputation along with other tools could be shaped as per the client's age and issue at hand. For example, if a teenager **demands** that she **must** get admission to **the best** medical college in India; else her **life** will be ruined **forever**. Disputation can be this way:

1. Empirical/Realistic: e.g. "where is it mentioned that all the students from the said medical college become good doctors?"
2. Logical: e.g. "you are my patient since you were born. I am not a student from the said medical college but still you have been keeping quite healthy. What do you say?"
3. Functional/Practical: e.g. "what will happen to your studies and exam performance if you keep on thinking about getting admission to the so called best college **all the time?**"
4. Philosophical: "Is it a medical college or student's efforts that decides 'LIFE' of a student?"

Rational Emotive Behavior Therapy (R.E.B.T.) – An introduction

The modified statement after successful disputation could be: “I **prefer** to obtain admission to a **reasonably good** medical college and will do my best to achieve this. If not, I will do my best to learn well and serve my patients so as to **feel satisfied as professional.**”

Thus Stress is less and **resilience is more** if we convert our DEMANDS into PREFERENCES. All that decides client's destiny is UNCONDITIONAL ACCEPTANCE OF SELF (I may not be perfect all the time), OTHERS (they can commit mistakes too) AND THE WORLD (I have limitations to change things out of my control).

The earlier we learn and practice this, the better for self and others since we are fallible human beings but with an immense capacity to change. We can achieve what are capable of. And this remains the duty of an authentic counselor. A majority of emotionally “disturbed” adolescents can be eased out of their troubles by R.E.B.T. although a few mentally “disordered” teens will warrant psychiatrist's reference.

REBT is like passive and active immunization. Clients not only feel better, they get better to achieve their full potentials so as live a reasonably happy, creative and **less** disturbed life.

References and suggested reading:

1. Albert Ellis 1999, “How to make yourself happy and remarkably less disturbable”
2. Albert Ellis 1975, “A guide to rational living”

Adolescents and Smart Gadgets : Hacks and Heuristics

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We are privileged to be living in an era where we can reach every corner of the world in just a blink of an eye! Our younger generation, what we call as Gen-Z, has equal rights to experience this privilege as well. Denying them of this 'new normal' would only make things worse. If we as adults can't imagine staying away from our phones for a day, how can we expect our younger generation to do so? Just think about it. So, the need of the hour is not to devise ways to keep the teenagers away from screens but to concoct a systematic course of action to let these screens turn into a helping tool for them. Below mentioned hacks and heuristics can help to raise an adolescent into a human, reflecting a technology driven personality with a realistic human touch.

Hacks and Heuristics to Safeguard Adolescents against Inappropriate Gadget Use

PARENTING HACKS

- Friendly parenting
- Excursions
- Engaging in a sport or activity of interest
- Competitiveness

E-CHAPERONING

- Digital life skills
- Right time to own personal device
- Protective strategies
- Family social media group
- Vigilance for screen addiction

PARENTING HACKS

Friendly parenting is a way to win their trust. Parents must fetch time to communicate with their adolescent children. Just half an hour of daily conversation is enough to keep the bond alive. They need an unconditional support from their parents to avert themselves from falling prey to the fallacies of virtual world. That is possible only if the level of trust between the parent and child is too strong to hide anything. The communication hack is to listen, understand, validate their feelings, respect their ideas, praise often, and be observant.

Adolescents and Smart Gadgets : Hacks and Heuristics

Family excursion at the weekends is a great way to rejuvenate their mind and body. Leaving all the mobile phones and gadgets back home would be an icing on the cake.

Engaging them in a sport or activity of their interest diverts their attention away from the screens as they are stocked with relentless energy. This would keep their physical fitness at par as well as helpful in rerouting the nerves of their young brains. An effective hack is to inculcate competitiveness among their peer groups for a sport or activity or in academics. The young ambitious minds won't mind trading their screen time for skill practice to outperform their competitors.

E-CHAPERONING

Digital life skills teach them how to use technology effectively and safely by joining professional digital education courses once a week. Indulging in this digital space makes them less vulnerable to be trapped in cyber-crimes. Moreover, their career opportunities would also increase astronomically.

How to decipher that the child is ready to own a personal smart device? Once parents have developed a trustworthy relation with their child and are confident enough to implement proper protective strategies, the time has arrived. The strategies include watch on their search history, scrutinizing the apps, performing extensive research of the video games, making them aware of cyber-crimes, teaching them the importance of password protection of social media accounts, making them wary of downloading unnecessary data and not allowing them any online mode of payment.

They should be added into the family social media group to inculcate in them a sense of being an important member of the family.

Screen addiction is one of the most atrocious byproducts of adolescents owning personal smartphones. One must be vigilant in recognizing early signs of the same. Else, prevention is better than cure.

Today's technology driven world demands a constitutional reform in terms of right to use the gadgets by children in an age-appropriate manner. The hacks and heuristics shared above will go a long way in ensuring that this right is met, in a responsible manner.

Adolescent and Cell Phone Behavior

Dr. Vinay Asawa

HOWRAH

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Mobile has been a constant source of boon now turning into bane. Adolescents are hooked on to their mobile from early morning till they go to bed. The mobile has become a status symbol for them - so teenagers go for the costliest without even needing most of their features.

I can feel the difference between our adolescent era and the present one.

We would always- and still do- crave for human interaction rather than having talk over phone or texting. Teenagers might have hundreds of Facebook friends but very few when in crisis needs. We have seen scenarios where a group of friends are sitting together busy with their mobile and none of them are interacting. Even if they are, it is through text. Today the greatest respect you can get from the other person is, when he puts his mobile away from him, as you come to meet him.

Another source of irritation and obsession is selfies. Adolescents are so keen to take selfies and post them in their group that they forget to enjoy the moment for which they have come to the particular place. The rising incidence of accidental injuries with selfies is well known.

A small boy comes running to his father worried- "Dad, come soon. Mother is behaving very strangely. She has her eyes up rolled, lips pursed and a stiff stance." Dad- "Do not worry. She is taking a selfie."

While interacting with my son who was on his mobile most of the time- "See, during our times we were more into physical games and not addicted to the mobile all the time." Without batting an eyelid, he said- "If there was no mobile during your time, it is none of my fault."

A teenager asked his grandfather- "In your times how did you manage without electricity, mobile, text, Facebook and Instagram?" The grandfather smiled and replied- "The same way you manage without an adda, human interaction and simplicity."

Once I went to a relative's house where the kids were busy with their mobile except one who sat beside me and started talking with me. I said appreciatingly- "What a well-mannered and cultured child!" Immediately his brother said- "Uncle, don't be fooled. His battery is dead and mobile is on a charger."

Another time I went to meet my nephew for some work. He had 2 mobiles and constantly talking on his mobile as calls were coming regularly. After waiting for 15

Adolescent and Cell Phone Behavior

minutes, I started to go out. Immediately he said – “Uncle, why are you going away?” I said – “I will go outside and phone you. That is the only way to talk to you. Physical presence is not important to you.”

My friend's daughter who is a teenager would avoid going to parties and whenever she did, she would go without her mobile. My friend insisted that she take a phone so they could be in touch with her, but she said that she would phone them from her friend's mobile. Ultimately it was revealed that she had a button mobile and she was ashamed to take it along as all her friends had smart phones.

Another incident took place outside my chamber when a 10 year old boy playing PUBG, while coming back to home walking, fell into a drain. We all rushed to rescue him and offered him our hands. To our shock, he said – “Uncle two minutes. Let me make this kill and then I will come out.” Such is the influence of mobile.

Lastly with great remorse I would like to add that I am no exception to the rule. 25 years back when I started my practice I used to read newspaper whenever I had time in my chamber. Nowadays it has been replaced by mobile.

QUIZ KEY

01 : Body Mass Index

02 : Macronutrients

03 : Iron, Calcium, Zinc

04 : Eggs & Pulse

05 : Proteins

06 : Lysine

07 : All of them

08 : 4.128 J

09 : Fiber

10 : Respiratory quotient

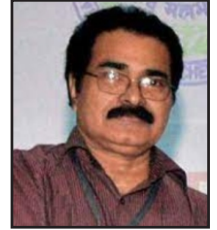
11 : 45-60% [130gms carbs per day)

12 : 1600-2400 13-GO- ENERGY GIVING; GROW- GROWTH PROMOTING; GLOW- PROTECTIVE FOOD

PRE-CONCEPTION / PREMARITAL HEALTH COUNSELLING

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Pediatricians' interest in adolescents was always there, but got concretized with the commitment of the IAP Executive Board "We are committed to look after you till you are 18", as part of the IAP President's Action Plan-2004. In the last 20 years the subject of adolescent care and counselling have grown to such an extent that the Adolescent Health Academy, now have a unique distinction of being the most sought-after professional body to opine on any health issues related to adolescents. Starting with sensitization programs on family life education, we have gone towards setting-up teen clubs and teenage clinics, in many parts of the country, now functioning under the WHO promoted adolescent friendly health services banner. These efforts have been amply supported by community research/publications and training/certifying adolescent pediatricians. The Government of India have also responded positively by initiating various programs for adolescents, for example, Rashriya Kishore SwasthyaKaryakram (RKSK).

Our attention has now, rightly been getting focused on issues of young adults, particularly the premarital/preconception health issues, as part of lifecycle approach to child development. The general goal of pre-conception / premarital counselling is to reduce the risk of adverse health effects to the woman, foetus and neonate by addressing modifiable risk factors and by providing education about healthy pregnancy. The importance of investing in preconception care is to prepare the would-be-mother to help prevent; (i) unintended pregnancies, (ii) birth defects, (iii) preterm & low birth weight babies, (iv) intra-uterine growth restriction, (v) intra-uterine infections, (vi) HIV/STIs, (viii) hypoxia, hypoglycemia, septic shock, and (vii) risk of later metabolic syndrome in IUGR babies.

Pre-conception Counseling : 10 commandments

- 1. Family Life Education for Adolescents :** Family life education components would include issues related to; personal hygiene, scholastic counseling, lifeskill education, emerging adolescent sexuality, risk taking behavior,

PRE-CONCEPTION / PREMARITAL HEALTH COUNSELLING

supportive counseling, and nutrition education, focusing on reducing 'JUNCS' food; (i) **J** – Junk food (foods high in saturated and trans-fats, sugars and salts); (ii) **U** – Ultra processed foods; (iii) **N** – Nutritionally inappropriate foods.; (iv) **C** – Caffeinated/colored/ carbonated beverages; and (v) **S** – Sugar sweetened beverages.

2. **Immunizations** ; (i) Rubella vaccine for preventing rubella during early pregnancy that may lead to congenital rubella syndrome with cataract in eyes, deafness and heart anomalies; (ii) Hepatitis-B vaccine to prevent long-term liver damage; (iii) Tetanus Toxoid Vaccine; and (iii) Human Papilloma Virus vaccine to avoid or reduce chance for cervical cancer.
3. **Preconception folic acid intake** to prevent neural-tube defects like anencephaly, microcephaly, hydrocephalus, meningomyelocele, spina bifida, etc. by providing 400microgram of folic acid as soon as marriage is fixed or before planning next pregnancy. The young adult needs to be explained that; (i) neural-tube develop first as a neural-plate and becomes a tube like structure by 24 days of fetal life, (ii) by the time the girl is aware that she is pregnant, it will be at least 21 days (14 days after ovulation and 7 days waiting for menses to occur; and (iii) 70% of neural-tube defects can be avoided by intake of folic acid within 24 days, but not so if taken later.
4. **Body image/cosmetic concerns, dental care** : Body image has always been important for young couples, but more so for the present day youngsters, as their focus is more on attraction to partner by better physical appearance than on personal values and hence avoiding halitosis by dental care is even more important.
5. **Medical Check-up: Breast examination, Ultrasound scan of abdomen** : Before getting into a marital relation it is important; (i) to make sure that one does not have medical illness like, diabetes, hypertension etc.; (ii) have an ultrasound examination to make sure that reproductive organs, particularly ovary, liver, spleen, kidney, etc. do not have a problem; (iii) Blood Group-HBsAg, HIV, VDRL, HPLC(High Profile Liquid Chromatography); and (iv) if the girl complains of swellings in the breast, to do the safer ultrasound scanning of breasts, avoiding mammogram, as the chance of a cancerous lesion is so meagre at this age [except for a very rare chance for ductal carcinoma]
6. **Reproductive Health Screening using Teenage Screening Questionnaire-Trivandrum (Abridged)** with the following reproductive health questions;
 - Age of menarche (onset of first menses)

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- How frequent are your menstrual periods? (<21 days; 21- 35days; 36-60 days)
- How is your menstrual flow usually? (Very less; Normal; Excess with clots)
- Do you have lower abdominal pain/ nausea/ vomiting etc.? (No / Mild; Mod.; Severe)
- Do you have burning sensation during urination? (No; Sometimes; Always)
- Do you have itching in the groin/vulva? (No; Sometimes; Always)
- What is the colour of your vaginal discharge? (Pearly white; Curdy white; Greenish yellow)
- Do you have any of the symptoms? (No; Obesity; Excess hair growth; Acanthosis)
- Any other (Specify)-----
- Clinical impression (Menstrual Problem; RTIs; PCOS; Others

7. **Mental Health Screening** using Teenage Screening Questionnaire-Trivandrum (Abridged) with the following mental health questions;

- Have you ever felt? (No; Anxious; Sad; Angry /irritable; Stressed /tension)
- Do you feel your symptoms are out of proportion to the cause? (No; Yes; NA)
- Do you frequently have any of the following symptoms in the recent past?
 - o Palpitations; Excessive sweating; (Anxiety)
 - o Appetite/Sleep/Sexual interest significantly less/more (Depression)
- Do the above symptoms disturb or affect daily activities? (No; Studies; Job; Other)
- Have you lost interest in things that you always enjoyed? (Never; Sometimes; Often)
- Have you often felt that
 - o You are good for nothing (Never; Sometimes; Often) – Worthlessness
 - o There is no future for you (Never; Sometimes; Often) – Hopelessness
 - o You can do nothing in life (Never; Sometimes; Often) – Helplessness
 - o Life is not worth living (Never; Sometimes; Often)
 - o Want to harm yourself (Never; Sometimes; Often)
- Any other-----
- Clinical impression – Anxiety; Depression; Sui cidal tendency; Others (Specify)

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8. **Sexual Health Counselling** ; apart from sexual hygiene importance may be given for understanding procreative sex to have a baby, recreative sex for physical and mental happiness, pleasure, ecstasy, etc. and relationship sex meaning the caring part of a relationship that would lead on to fulfilment.
9. **Newlywed counselling** – while understanding needs of self and partner is the most important, anticipating and detecting honeymoon urethritis is the immediate priority.
10. **Self-counselling to develop coping skills – Self-counselling helps;(i) to analyse oneself, (ii) allows to take control to evaluate and rediscover, (iii) is an effective method to help overcome mild mental health issues, (iv) promote self-awareness, self-motivation, and self-screening, that are the pre-requisite for effective counselling, (v) help find strength in oneself, and (vi) learn to seek timely support from family and/ or friends.**

Further Reading

1. Nair MKC, Russell PS. Adolescent health care in India: progressive, regressive or at the cross-roads? Indian J Pediatr. 2012 Jan;79 Suppl1:S1-5. doi: 10.1007/s12098-011-0425-x. Epub 2011 May 25. PMID: 21611714.
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3. Nair MKC, George B, Nair GS, Bhaskaran D, Leena ML, Russell PS. CDC Kerala 1: Organization of clinical child development services (1987-2013). Indian J Pediatr. 2014 Dec;81 Suppl2:S66-72. doi: 10.1007/s12098-014-1566-5. Epub 2014 Sep 6. PMID: 25189815.
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5. Nair MKC, Kumar S, Lukose R, Girish CS, Binod D, Sreejith S. Self-counselling. Pediatr Companion 2022;1:16-20. DOI:10.4103/pedc.pedc_6_
6. MKC Nair, MS Faizal Khan. Premarital Health Counselling. 1st Edn. New Delhi: Noble Vision Medical Publishers, 2023.

With and for Adolescents : Building a Healthier and More Inclusive Future

“As I sift through the stack of hand-made papers, my own first creations, all I can perceive at first are bumps, bubbles, and holes. Papermaking is a relief from untiringly air-brushing whatever society perceived to be negative. It offers me a toolkit to recognize the beauty and value of my own uniqueness. My encounter with a few pieces of handmade paper has transformed me. I move forward with the freedom and conviction to harmonize my strengths and imperfections to live life to the fullest.” Two years back, I was vulnerable and struggled to find my way through my fears and self-doubt. Just like me, many undergo a multitude of experiences in this turbocharged neurological, physical, and emotional phase of adolescence.

A powerhouse of human potential, adolescence is a highly formative time for unique growth and future health but many of us face barriers that prevent from reaching our full potential. Our lives cannot just be demarcated into health problems or risk behaviors, rather, recent global trends promoting unhealthy lifestyles and commodities, youth unemployment crisis, unstable families, environmental degradation and climate change, armed conflict, and mass migration and wars, all are added threats to adolescent health and wellbeing. From malnutrition to substance abuse, violence to road traffic injuries, devastating mental health issues to technology addiction, eating disorders to sexual health issues, young people are navigating through almost every element in their lives. In this context, building a healthier and more inclusive future for adolescents is a critical priority for society. Unfortunately, despite its importance and magnitude, adolescent health has historically received limited attention. Efforts if any, have been piecemeal.

Another critical factor in building a healthier and more inclusive future for adolescents is addressing the systemic issues that contribute to inequality and discrimination like poverty, social exclusion, and other forms of marginalization that disproportionately affect young people from marginalized groups. Harmful attitudes and stereotypes about adolescents have to be challenged.

It is time adolescent health comes of age because its foundation determines the health trajectories across the life course. Identifying the need of spokespersons for our generation that care for the future health of this world, **IAHW** has brought together young diverse voices of global ambassadors like me. Through its unified platform, we work together to pursue a contextually relevant yet common agenda of adolescent health thus providing the blueprints the world needs to build a more resilient, inclusive, and healthy society. At IAHW, the passion, commitment and concern in young advocates is palpable. With optimism, ambition, drive and hunger for change, we are working hard to positively impact the generations to come.

With and for Adolescents : Building a Healthier and More Inclusive Future

As someone invested in engaging constructively with the communities around me, I have had my fair share of appalment at the systemic gaps faced by the society. Having lost four uncles in seven years, all to heart disease, I grew up around difficult conversations on heart failure, cardiomyopathy, and myocardial infarction and often wondered why only ten to fifteen annual heart transplants are held against a need of approximately 50,000 in India. This took me into the transplant rabbit hole; even for less rare organs, India's donation rate was merely 0.01%. So many in need, so few in supply. Enough make-believe. I set out to begin a student-to-student awareness campaign, naming it Abhigyata. It was crucial for the youth to catalyse family discussions and normalize signing up enthusiastically for organ donation, and this idea was soon met with enthusiastic discussions and eager questions in the classrooms and webinars I targeted for my outreach activities. This educational intervention on adolescents not only imparted knowledge to them but also triggered family discussions ultimately leading to an attitude change towards this generally forbidden topic in our society. As voice after voice poured in with volunteers joining my initiative, the mission, still spreading its tendrils to urban and rural youth spaces, has reached over 10,000 students pan-India. Working on Abhigyata, I discovered the spectrum of human perspective and reflected deeply on how peer-to-peer dialogue with youth could demystify some of our most sensitive social issues. With our zeal and dynamism and now a global sensitivity, we are capable of providing valuable contributions, all we need is encouragement, trust and empowerment.

Realizing the power of narratives as a young change maker with tangible (albeit modest) contributions to addressing fundamental challenges in the healthcare domain and making the world more inclusive for the differently-abled, I am dedicated to focus on global efforts to reduce adolescent morbidity for which I envision a broader concept of adolescent health with a comprehensive view of sexual and reproductive health, formulation of policies sensitive to gender and inclusion and provision of optimal social, emotional, and nutritional environments to reduce inequality across the life course and into the next generation. While collaboration and commitment among parents, peers, schools, health care providers, community agencies, media, and government agencies can help create a healthy inclusive environment, I am of the firm opinion that a greater impact is possible only with an inclusive process of meaningful youth engagement.

A freshman in the Jerome Fisher Program in Management and Technology at the University of Pennsylvania studying Computer Science, Finance and Entrepreneurship, and Innovation, I consider it my life's calling to integrate my

With and for Adolescents : Building a Healthier and More Inclusive Future

technical skills with my entrepreneurial acumen to transform the healthcare sector through path-breaking technology- my contribution to the legacy of my family of health professionals. Coalescing these fields to create tangible and sustaining impact is now not only a prowess, but a purpose.

Here's to Empowering future leaders: Transforming Futures, One Adolescent at a Time!

Seher Taneja
USA



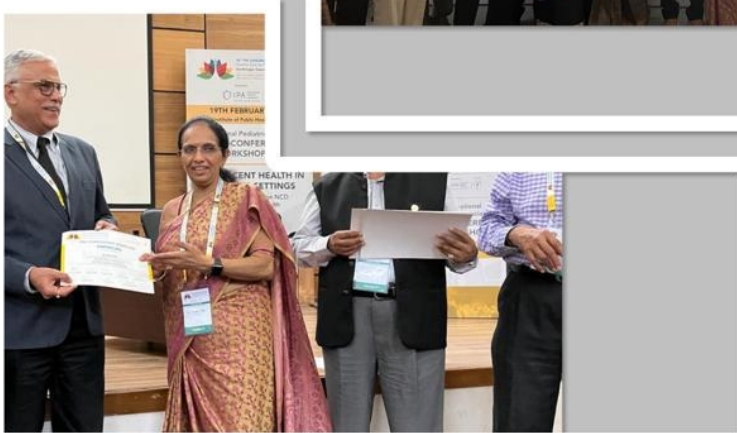
Dr Preeti Galagali At the Annual SAHM conference, Dr Preeti Galagali took over as the Secretary, International Chapter SAHM 2023-26 & Co Chairperson, Nutrition Committee SAHM 2023-27



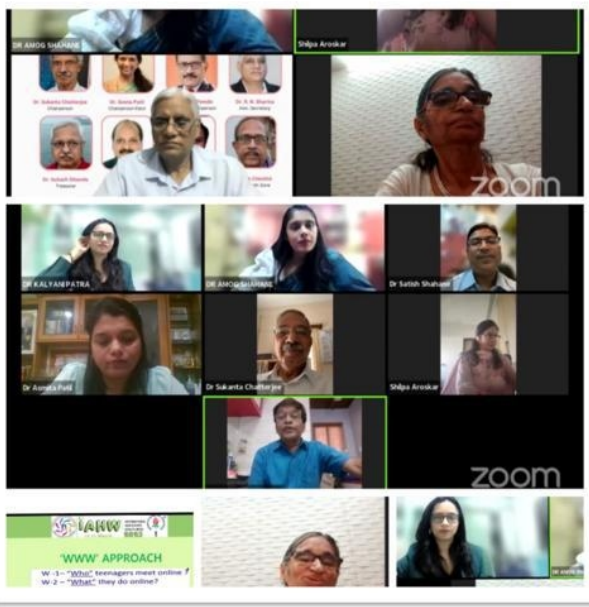
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IPA Workshop- Gandhinagar



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SDM Ayurveda College
teaching sessions by

BAHA Members



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Karnataka AHA

Date of activity : 19/03/2023

- Venue: Indian Medical Association, Bangalore
- Name of AHA Branch: Bengaluru AHA
- Type of Activity: Medical Lecture on Public health
- Type of Audience: Doctors and general Public
- Total number of participants: 95
- Name of the expert's: Dr Vimochana spoke on 'Adolescent a special stage , can we put a better foundation', Dr Natesh spoke on " Congenital heart disease presenting in adolescents" which was well received by the audience



AHA PROGRAMS



Nasik



LAUNCH KARNATAKA AHA



IAP KASHMIR

IAP Kashmir
G. D. Goenka Public School, Srinagar's post

An outreach program held at G. D. Goenka Public School Srinagar to sensitize the teachers about Adolescent Health in connection with "International Adolescent Health Week" Organized by the Department of Pediatrics Government Medical Collage Srinagar in collaboration with Adolescent Health Academy Indian Academy of Pediatrics Kashmir Chapter.

IAHW



ADOLESCON 2023

We are happy to announce the **ADOLESCON 2023** the **Annual National Conference** of the Adolescent Health Academy at Amritsar on **6th, 7th and 8th of October**.

Please find the first announcement and the Google form for registration.

https://docs.google.com/forms/d/e/1FAIpQLSfvfghKuiH9UA77kdVJGloyjx_PqQOCyP-SRQT1wZdjal9k9A/viewform?usp=sf_link



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ADOLESCON 2023

23rd National Conference of AHA, IAP

Hosted by : AHA Amritsar Branch
with AHA, CIAP, UNICEF



ਅੰਮ੍ਰਿਤਸਰ ਸਿਫਤੀ ਦਾ ਘਰ

ADOLESCON 2023

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Dr Hanish Sharma : 9653753676
Dr Nihal Rehim : 9442780522

ORGANISING SECRETARY : PROF. DR MANMEET KAUR SODHI, DEPT OF PEDIATRICS, GMC, AMRITSAR

WORKSHOP 6 OCT, 2023			
DATE	IAP	NON IAP	RESIDENTS
By 31 st Mar, 2023	Rs 1000	Rs 1200	Rs 1000
By 30 th June, 2023	Rs 1200	Rs 1500	Rs 1200
By 31 st Sep, 2023	Rs 1500	Rs 2000	Rs 1500
On Spot	Subject	To	Availability

WORKSHOP REGISTRATION FEE IS IRRESPECTIVE OF THE AGE.

CONFERENCE 7-8 OCT, 2023					
DATE	IAP	NON IAP	ACCOMPANY- ING (all ages)	RESIDENTS	> 70 yrs (only IAP)
By 31 st Mar	Rs 4000	Rs 5000	Rs 3500	Rs 4000	FREE
By 30 th June	Rs 5500	Rs 6000	Rs 5000	Rs 5500	Rs 5500
By 30 th Sep	Rs 6500	Rs 7000	Rs 5000	Rs 6500	Rs 6500
On Spot	Rs 7000	Rs 7000	Rs 7000	Rs 7000	Rs 7000