

Adolescent Pediatrics – Ever expanding Horizons

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(Association of Adolescent and Child Care in India)



गुरुब्रह्मा गुरुर्विष्णु
गुरुर्देवो महेश्वरः
गुरुरेव परंब्रह्म
तस्मै श्रीगुरुवे नमः

My inspiration and role models

- My father Padmabhushan Dr RD Lele – whose 90th birthday we just celebrated
- He was Professor of Medicine and Dean of Grant Medical college and JJ Hospital Mumbai ...continues as Prof emeritus
- He is called Father of Nuclear Medicine in India which he established in 1966
- He has numerous ICMR studies . Even at this age he has Research Projects in his name



my mother who taught me
importance of EQ and parenting



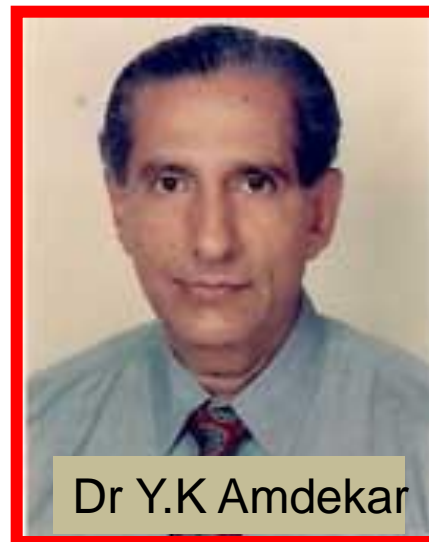
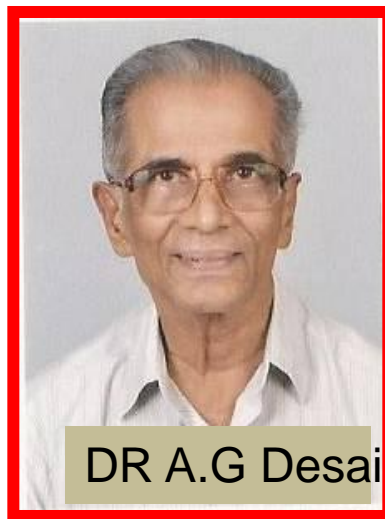
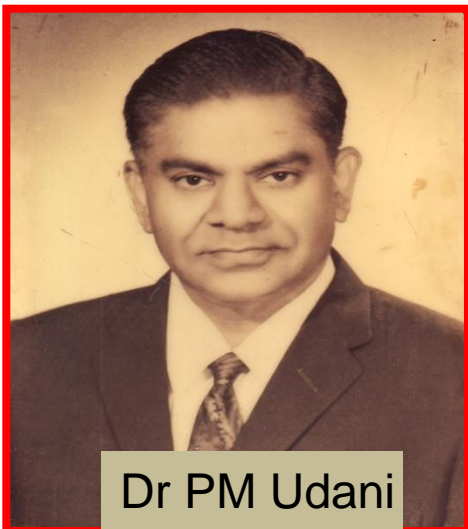
Late Mrs Suneeta Lele

*current projects related to his book on
Ayurveda and modern Medicine –*

- 1Dept of Science and Technology 3 Crore grant for screening of bases of ayurvedic herbal drugs
- 2 Radio-labeling of Tritium and C14 transgenic mouse model for Alzheimer's disease for 10 Ayurvedic Rasayan Medicines

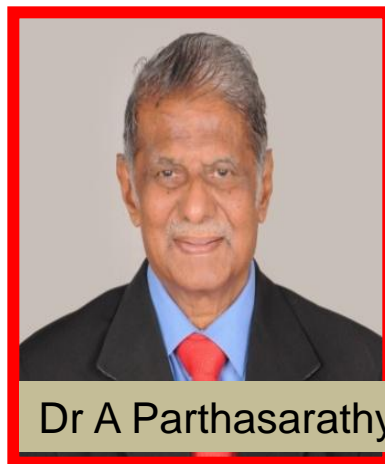
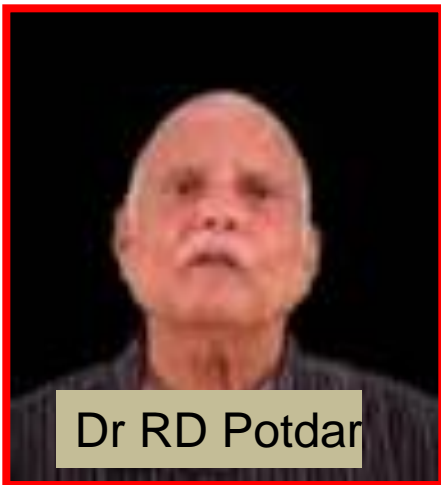
A very hard act to follow !!

Nature vs. Nurture -My Mentors



Academic mentors

Grant Medical
College
& J.J Hospital
Mumbai



IAP & IPA
mentors

Structure of Presentation

- **Why is Adolescent health important and where we stand today – Globally and in India**
- **What role can paediatricians of all speciality play in Adolescent Health**
- **Establishment of Adolescent Pediatrics –Role of IAP**
- **My journey in Adolescent health**

WHO
Young
people
10-24yrs

WHO-Adol
10-19 yrs

WHO
Young
adults
20-24 yrs

WHO
Youth
15-24 yrs

Adolescence is a Phase rather than a fixed time period in an individual's life, with its own special needs. Acceleration of physical & mental growth.
Puberty Psychological and Behavioural changes
**Transformation
child to adult**

**Development of mental processes and adult identity;
Transition from total socio-economic and emotional dependence to relative independence**

Extended Adolescence- 18-25 yrs

- Young people continuing their education for longer, as well as delayed marriage and parenthood, has pushed back popular perceptions of **when** adulthood begins
- **Adolescence** now lasts from the **ages of 10 to 25 yrs**

In a lighter vein ...Adolescents from urban rich educated families are a happy lot ...They don't work..they don't have families to raise ..they are still studying and they have lot of money as consumers

Extended Adolescence: When **25** Is the New **18**

Bret Stetka <https://www.scientificamerican.com/article/extended-adolescence-when-25-is-the-new-181/> September 19, 2017 accessed on 21 st Oct

Early maturity

- The preadolescent group of 8-9 yrs are like the
- Teenagers of last decades
- Precocious due to exposure to unwarranted matter on internet

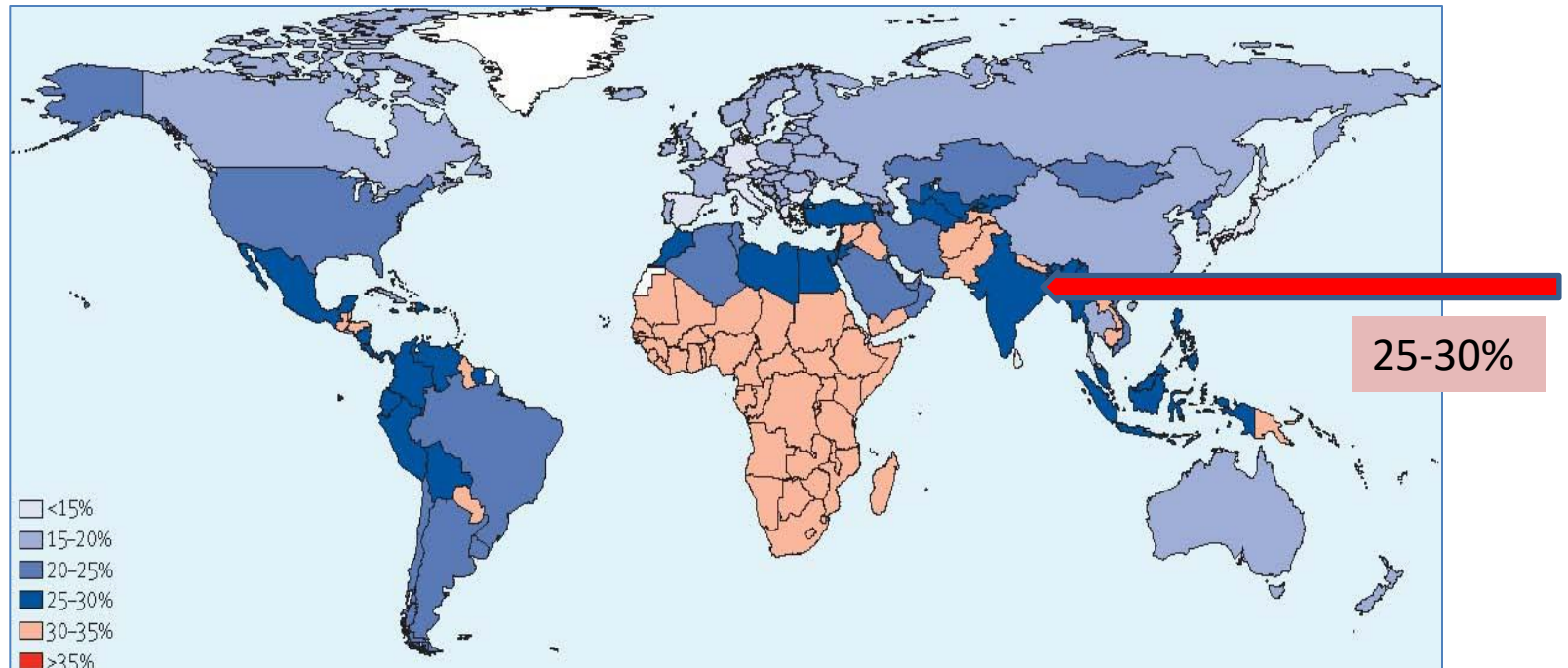
Insert photo

Why Focus on Adolescent health ?

- Largest generation of adolescents and young people in human history (1.8 billion)
- They face unprecedented social, economic, and cultural change.
- Critical time -formative growth & brain development - second only to infancy.
- Behaviours that start in adolescence can determine health and wellbeing for a lifetime.-nidus for NCDS
- Since it is thought to be the healthiest time of life, young people have attracted little interest and too few resources.

Adolescents and young adults as a proportion of country population

Percentage of total country population aged 10–24 years



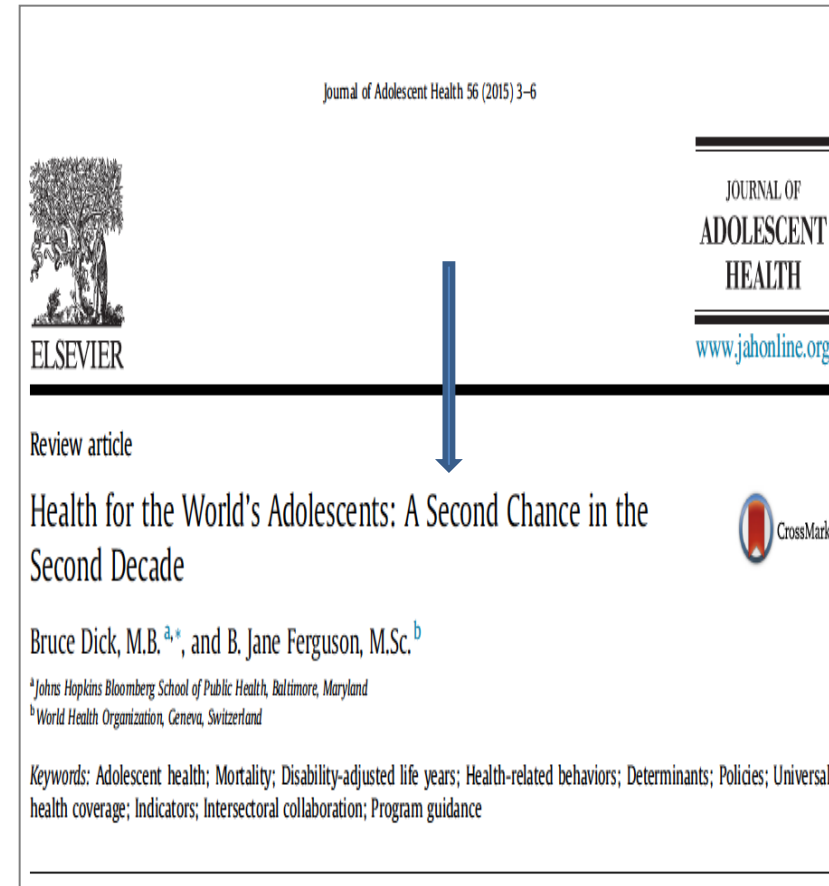
Data from Global Health Data Exchange.

World Bank. Global financing facility. <http://www.worldbank.org/en/topic/health/brief/globalfinancing-facility-in-support-of-every-woman-every-child> – accessed 1 May 2018.

George C Patton, Susan M Sawyer, John S Santelli, David A Ross et al **Our future: a *Lancet* commission on adolescent health and wellbeing *Lancet* 2016; 387: 2423–78 accessed 9th Dec 2018**

Investing in adolescents will yield a triple benefit

- The 2016 *Lancet* Commission concluded that
- Investing in adolescents will yield a triple benefit—
 - **Today**
 - **Into adulthood**
 - **And the next generation of children.**



Focus on Adolescents- Need of the hour

While there is no specific goal or indicator for Adolescents in Sustainable Development Goals (SDGs), it is linked directly or indirectly to various SDGs

SUSTAINABLE DEVELOPMENT GOAL 3
Ensure healthy lives and promote well-being for all at all ages



SUSTAINABLE DEVELOPMENT GOAL 5
Achieve gender equality and empower all women and girls

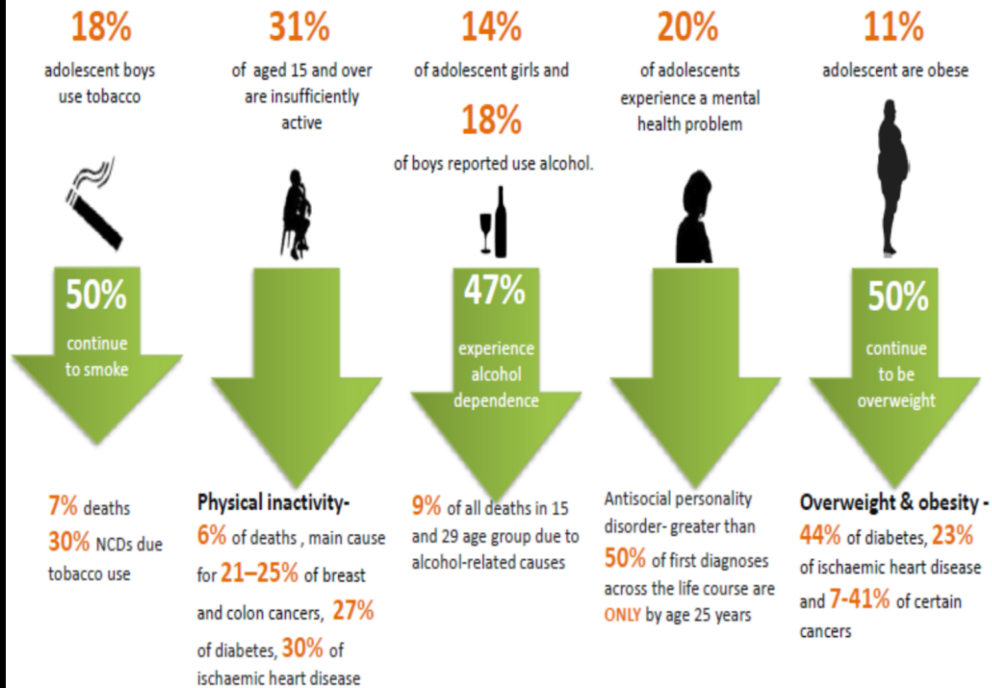


“The updated Global Strategy includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda.”

-Former United Nations Secretary General Ban Ki-moon

Focus on Adolescents- Need of the hour

BEHAVIORS FORMED IN ADOLESCENCE INFLUENCE HEALTH & MORBIDITY ACROSS LIFE



7 OUT OF 10 DEATHS

are expected to
account for non-
communicable
diseases in the
developing regions by
2020



20-25%

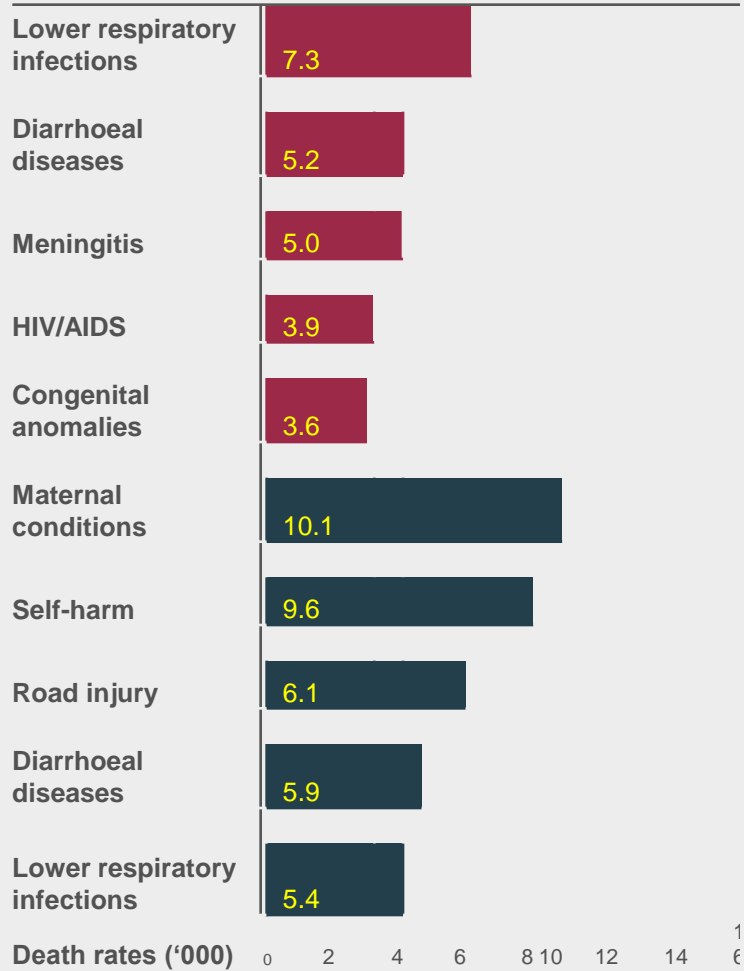
of the global burden of
disease are linked
to lifestyle and
behavior

MORE THAN 33%

of the disease burden and
almost 60% of premature
deaths among adults can be
associated with behavior or
conditions that began or
occurred during adolescence

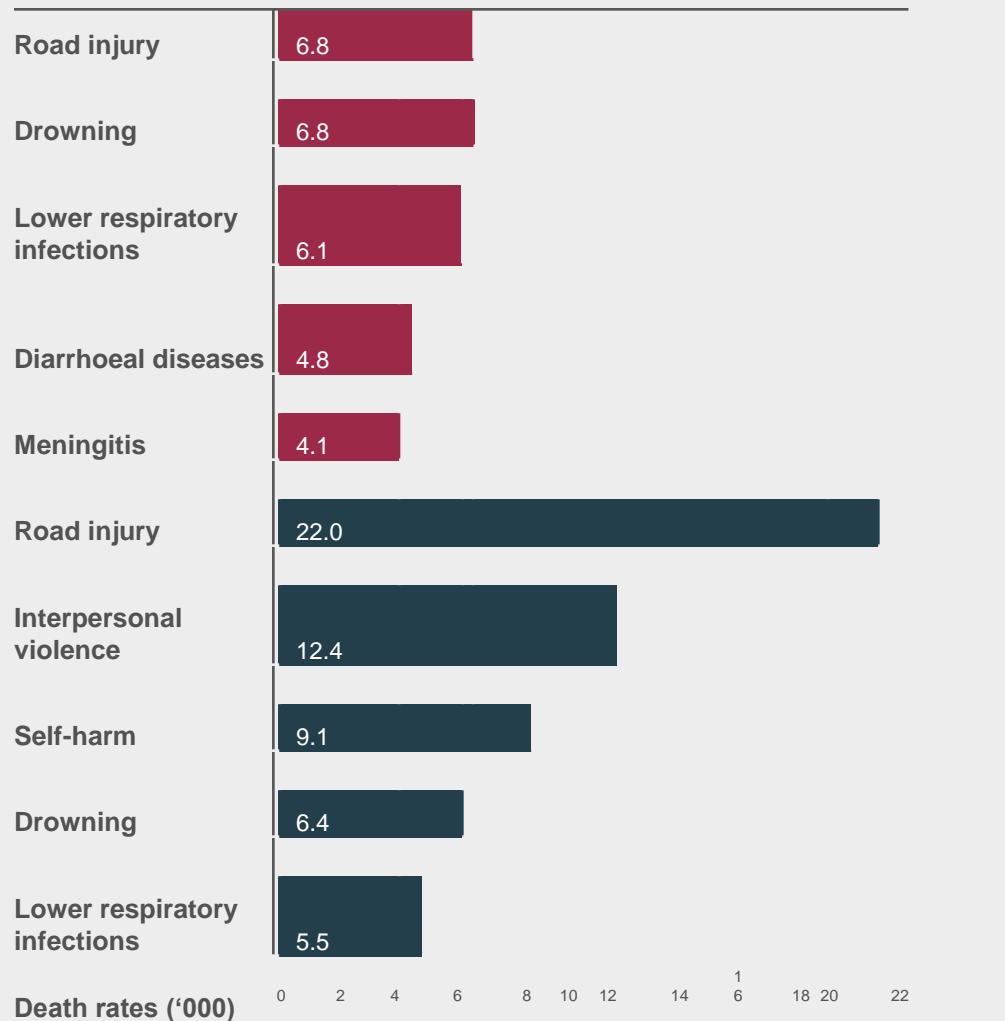
Estimated top five global causes of adolescent death by sex and age, 2015

Females



GLOBAL MORTALITY in ADOL

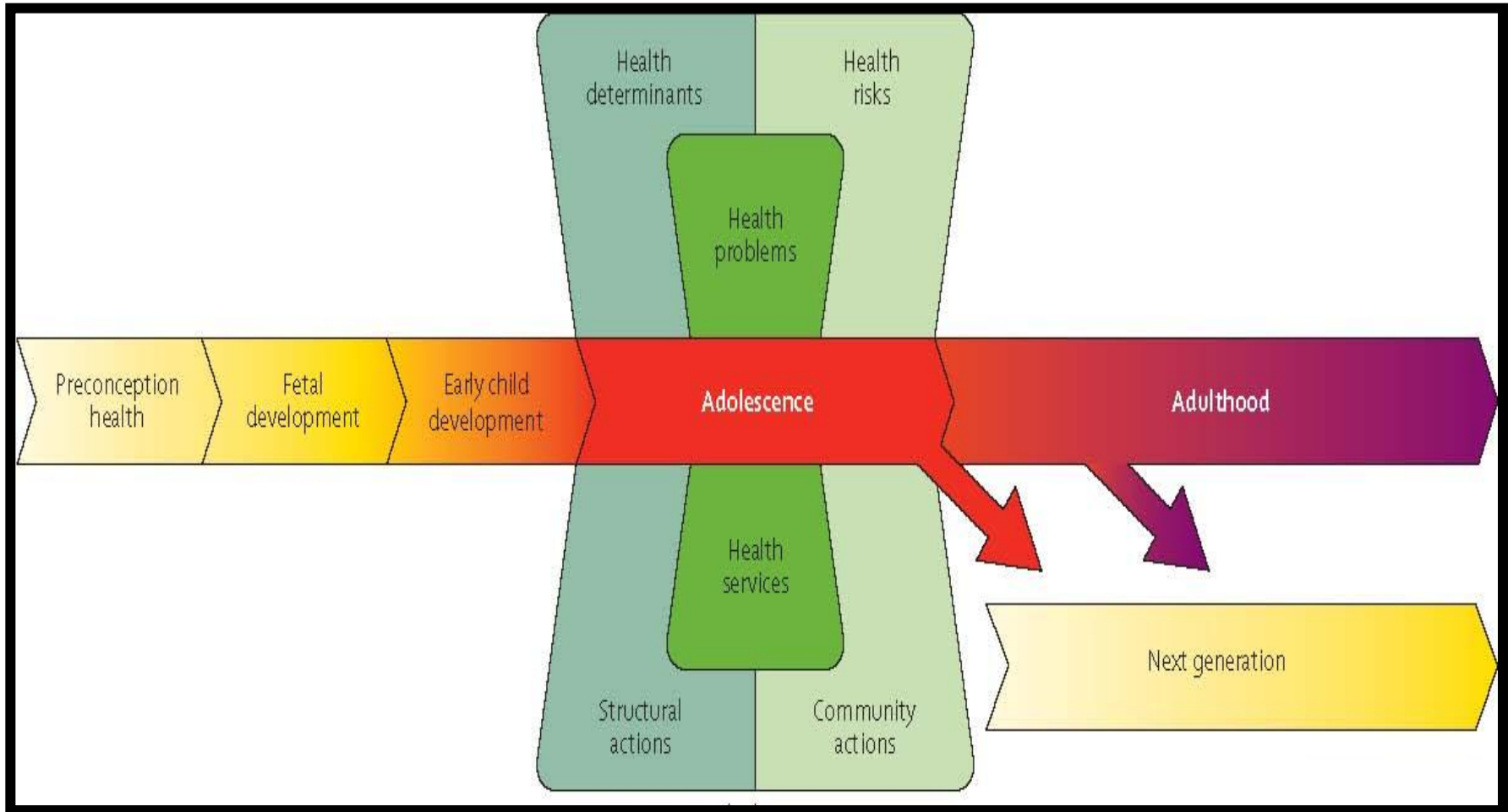
Males



The Committee on the Rights of the Child – General Comment No 15 on Article 24

- The Committee on the Rights of the Child (CRC) has published General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (Article 24).
 - This General Comment was adopted during the **Committee's Sixty-second session**.
- 1 It highlights the underlying similarities between the **scientific basis for a public health approach to adolescent health and a rights-based approach to health during the adolescent years.**

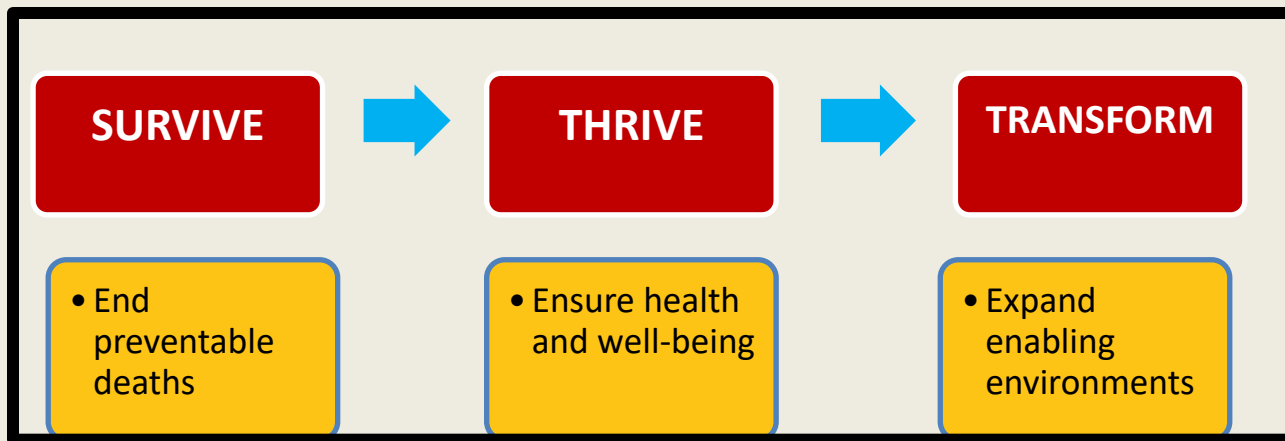
Conceptual framework for defining health needs and actions in adolescents and young adults



George C Patton, Susan M Sawyer, John S Santelli, David A Ross et al Our future: a Lancet commission on adolescent health and wellbeing Lancet 2016; 387: 2423–78 accessed 9th Dec 2018

The Global Strategy on Women's, Children's and Adolescents' Health (2016–2030)

- The new Global Strategy (2016–2030) builds on the previous Global Strategy on Women's and Children's Health (48), and, for the first time, includes explicit attention to adolescents and to humanitarian and fragile settings. It focuses on three overarching objectives that are aligned with the SDGs:



Global actions for Health of Adolescents

- After the 2015 WHO online report: “ *Health for the World’s Adolescents: a second chance in the second decade*”...
- The 68th World Health Assembly WHA - requested WHO Secretariat to develop a global framework for accelerated action for adolescent health in consultation with adolescents, Member States and major partners.
- The Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation was subsequently developed and launched in May 2017.
- All interested in Adol health should go through this document

Global **A**ccelerated **A**ction for the **H**ealth of **A**dolescents (**AA-HA!**)

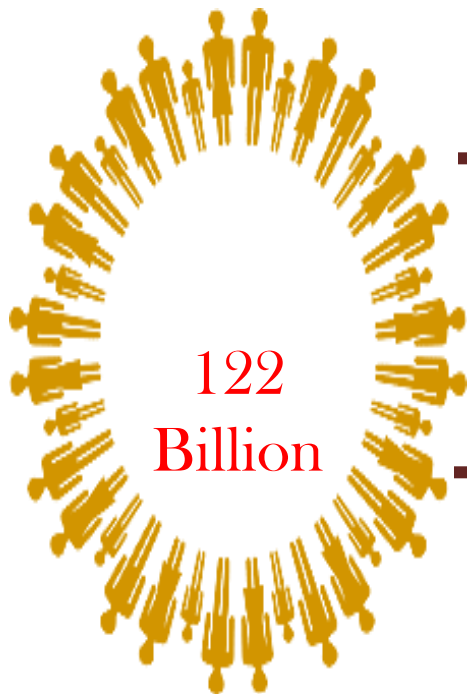
- Prepared by WHO with inputs and support from key UN and other partners.
- To help countries for -National adolescent health policies and programmes
- It guides for - defining priorities
- Establishing effective approaches for developing, implementing, monitoring , evaluating policies and programmes for adolescent health and well-being.

Adolescent Population in WHO –SEAR- REGION

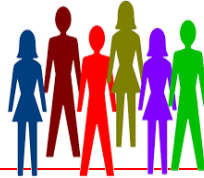


Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 Revision. New York: United Nations, 2017.

Adolescent Population



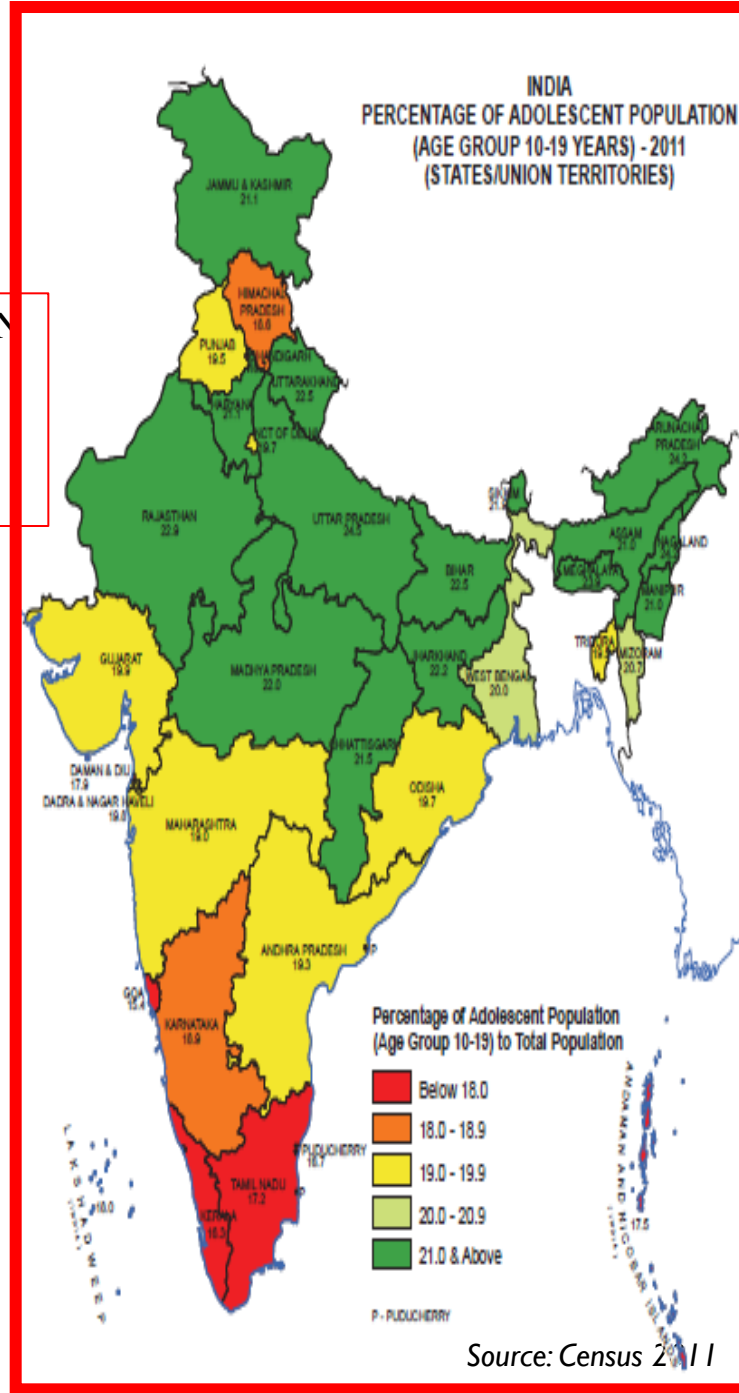
ADOLESCENT POPULATION (IN
2000)
(10-19 YEARS)
253 MILLION



- **21%** OF TOTAL
POPULATION

EVERY **5th** PERSON

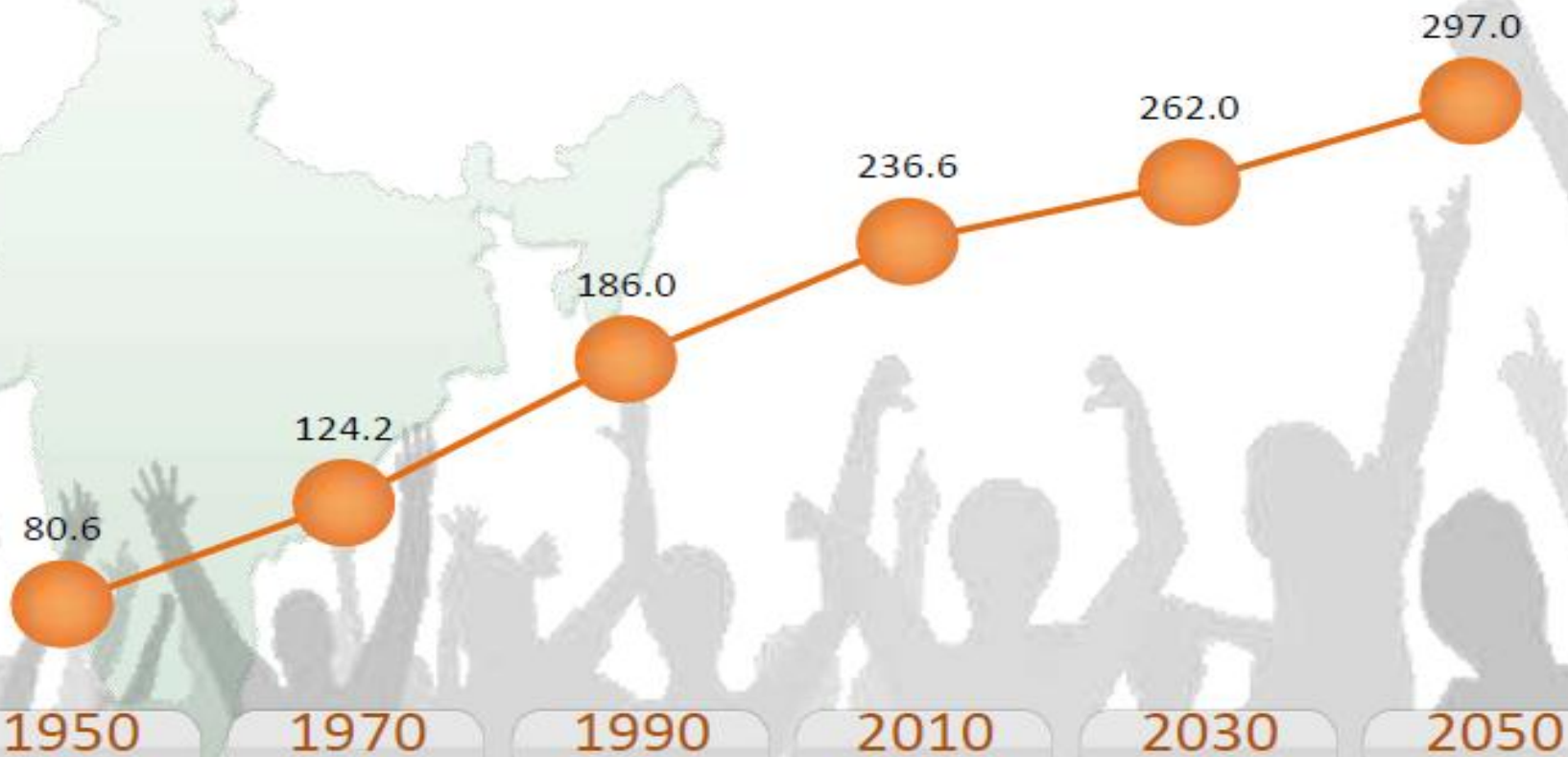
IN INDIA IS AN
ADOLESCENT
(10-19 YEARS)



Source: Census 2011

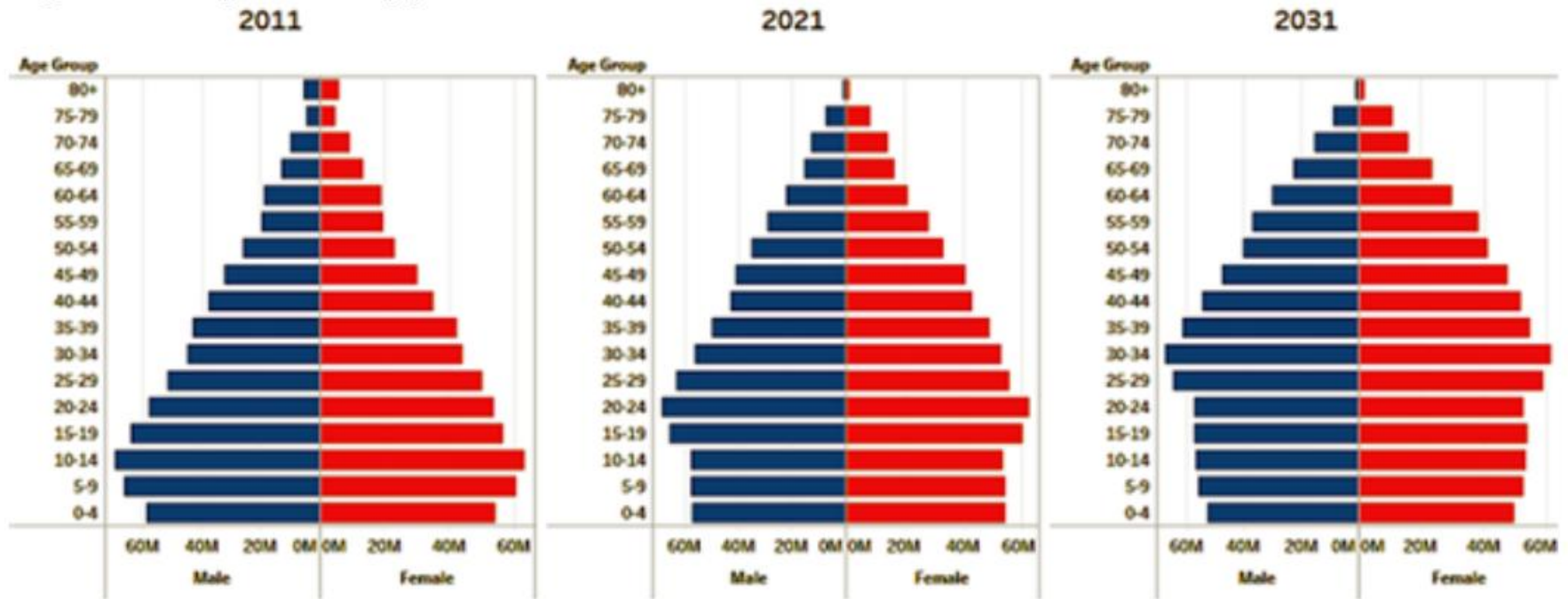
INDIA'S ADOLESCENT POPULATION

—●— Millions



Source: World Population Prospects 2012

Population pyramids of India



During 2021-2031, the demographic peak will shift to 15-24 years, the crucial cohort to be first Healthy-both mentally & physically, educated & skilled to prepare for the economy.

More young hands to earn better the economic growth leading to
↑GDP. India is in this stage

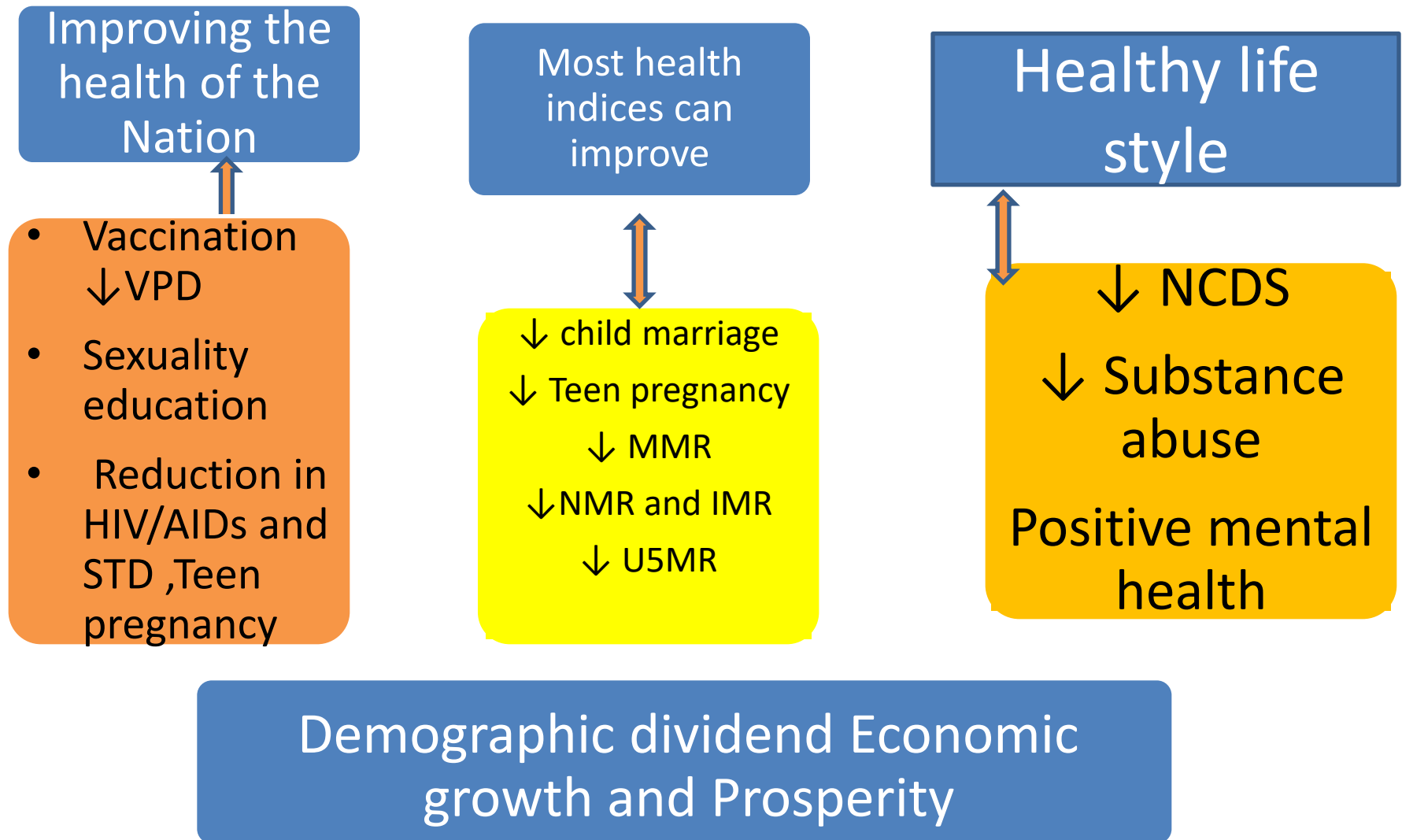
Who are the : INDIA -stakeholders

- Govt of India - MoHFW
- WHO HQ Geneva throughWHO India and WHO SEARO
- Professional bodies like IAP, FOGSI, IMA, International connects -IAAH -IPA
- NGOS like AACCI , MAMTA ,HRIDYA etc

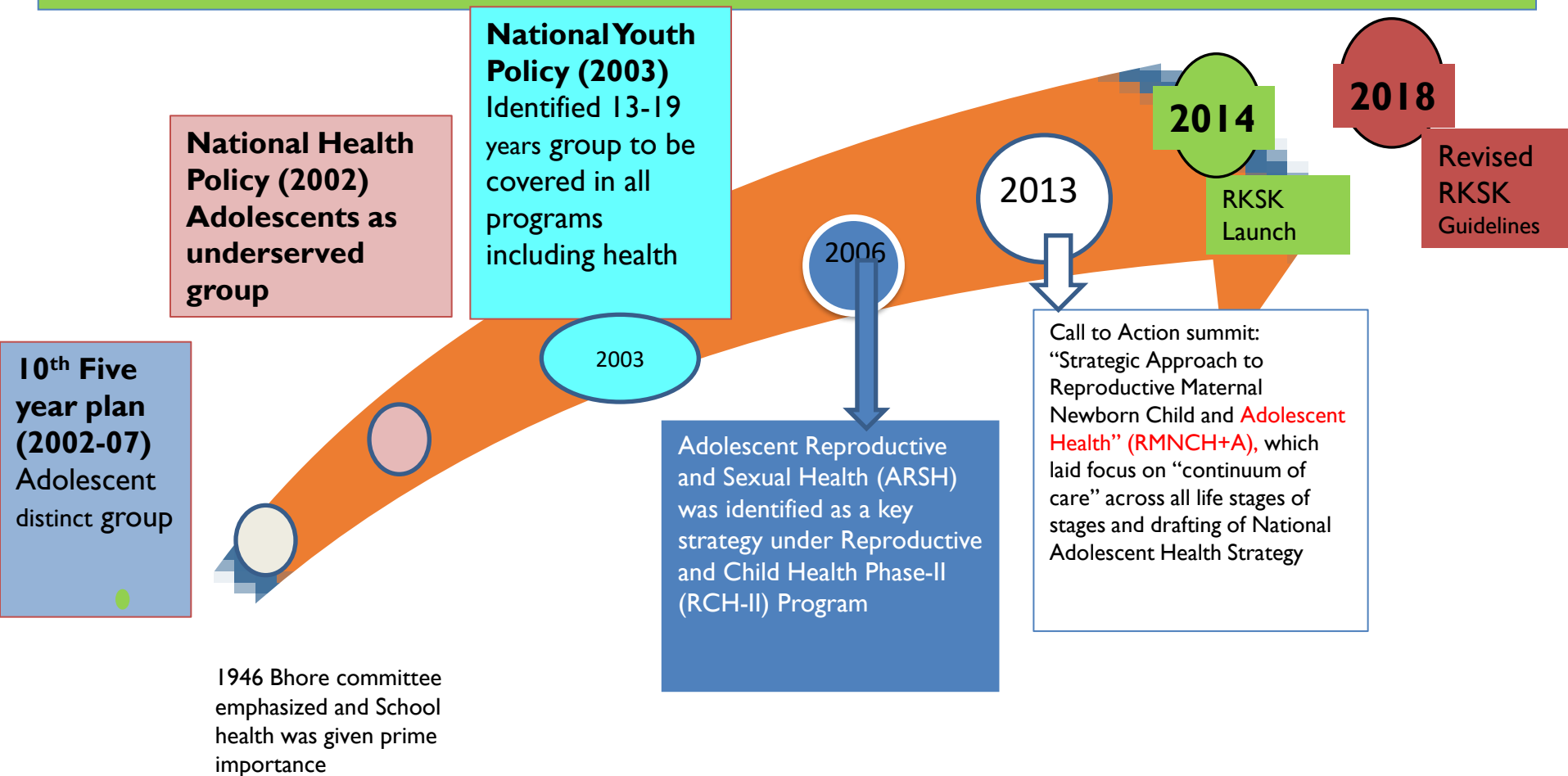
MINISTRY OF HEALTH

- We must really applaud the work done by Ministry of health over last many years ...
- Right from RCH I- RCH II to today's RKSK program... They have made adolescent health an important program area and service delivery .
- They have also involved professional organisations like IAP, FOGSI , IMA ...

Investing in Adol health is beneficial for the country



Evolution of Rashtriya Kishor Swasthya Karyakram (RKSK)





facilitator's guide

training module for
medical officers



Rashtriya Kishor
Swasthya Karyakram
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम



Rashtriya Kishor
Swasthya Karyakram
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम

resource book handout

training module for
medical officers



RKSK

Rastriya Kishor Swasthya Karyakram

Launched in January 2014

AFHC – in rural areas

Adolescent Friendly Health Clinic
Services Provided

- Preventive
- Promotive
- Curative

PEER EDUCATORS



Physician Chart-Booklet

training manual for
medical officers

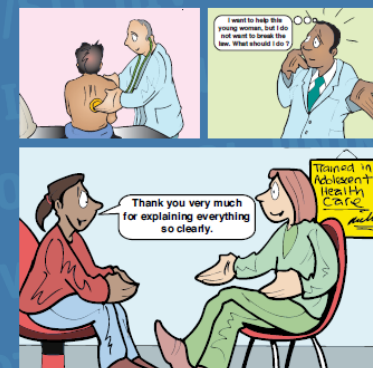


Rashtriya Kishor
Swasthya Karyakram
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम



A HANDY DESK REFERENCE TOOL FOR
PRIMARY LEVEL HEALTH WORKERS

ADOLESCENT JOB AID



World Health
Organization

RKSK : Key Implementation approaches



- ▶ **Adolescent Friendly Health Clinics (AFHCs)** providing counselling and clinical services

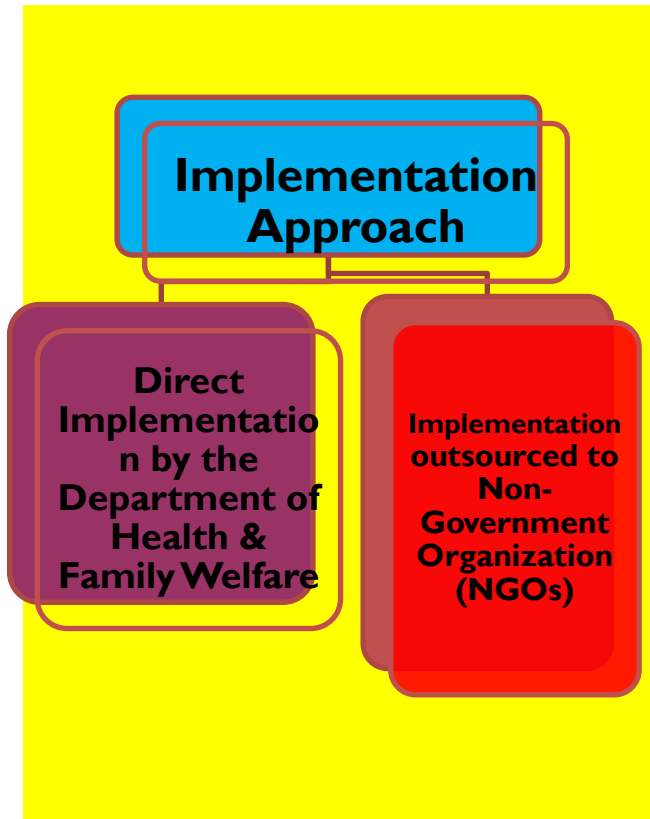
- ▶ **Adolescent Health Resource Centre** at District Hospital

- ▶ **Weekly Iron Folic Acid Supplementation (WIFS) Programme**
- ▶ **Deworming** during National Deworming Day (NDD)
- ▶ Provision of **sanitary napkins**
- ▶ **Peer Educator (Saathiya)** programme for out of school/vulnerable adolescent groups
- ▶ Quarterly **Adolescent Health Day (AHD)**
- ▶ **Adolescent Friendly Clubs (AFCs)**

- ▶ Screening of Adolescents for **4 Ds (RBSK)**
- ▶ **Weekly Iron Folic Acid Supplementation (WIFS) Programme**
- ▶ **Deworming** during National Deworming Day (NDD)
- ▶ Provision of **sanitary napkins**
- ▶ Peer Educator (**Saathiya**) programme

- ▶ **Health promotion and prevention activities**

Implementation models for PE programme



• RKSK – A New Movement building up!

For Pediatricians

- An opportunity to take **LEADERSHIP ROLE**
- Convergence from clinic to community
- Capacity Building to strengthen clinic based care
- Participate in Peer Educator initiative

- ▶ In States, where well-established field-level NGOs are in place,
- ▶ implementation by NGOs could be considered

Why does everyone need to know about adolescents ?

- No one can go away from adolescents..every 5th person in India is a Adol
- You need to learn about them as ..
 - Doctors dealing with Adol Patients
 - Doctors giving Parental guidance for Adol
 - As Parents your self
 - As Grand parents
 - Dealing with adolescent in your family , friends and neighbours

Health messages or guidance

- These have to be given as per the developmental stage of adolescents'
 - Early – 10-13 yrs
 - Mid 14-16 yrs
 - Late 17-19 yrs
- Cognitive maturity –
 - Concrete vs Abstract thinking
- Emotional maturity

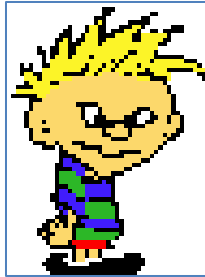
Transition from Ped to Adol patients chronic diseases

- Well controlled paediatric patient can suddenly destabilise in Adol
- Poor compliance due to many factors
 - From parental monitoring and control often now Medications have to be self administered
 - Anger or denial about chronic diseases
 - Low self esteem because of chronic health issues.
 - Not wanting peers to know about disease - missing doses if – school or camps

To Understand Adol behavior

- We need to understand brain development
 - High risk behavior
 - Vulnerability to addiction
- How to protect them from the above
- How to create motivation- how to train them to understand importance of delayed gratification vs instant gratification

Lack of understanding by parents about the “NORMAL” milestones



Leads to *Generation* of a *Generation Gap.*

and the labeling “rebel or difficult adolescent ”

Psychosocial development

	Early adolescence (10-13yrs)	Mid adolescence (14-16 yrs)	Late adolescence (17-19 yrs)
Body image	Focus on bodily changes of puberty	Focus shifts to appearance	Realistic body image
Identity <ul style="list-style-type: none"> ▪ Psychological identity ▪ Gender ▪ Social & cultural ▪ Sexuality 	Self conscious Focussed on themselves	Search for a sense of identity and Growing awareness of personal attributes	Sense of identity more established Value system more developed
Autonomy	Emotional separation from parents commences	Search for greater autonomy and privacy within the family unit Family conflicts	More autonomous
Social relationships	Same sex friendships Relationship with members of the other sex in group setting	Strong need for peer acceptance	Less influenced by peers One to one friendships

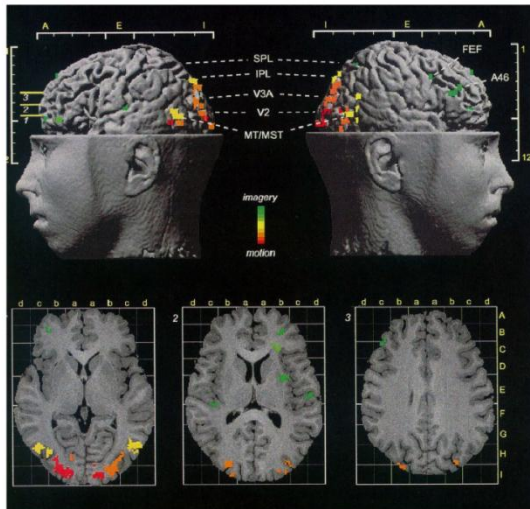
Adults' : think something is wrong'
when it is part of Normal development

- Day dreaming
- Privacy need
- Attraction to opposite or same sex
- Heightened emotionality
- Disturbed sleep & dietary habits
- Restlessness
- Moodiness
- Boredom
- Lack of motivation
- Resistance to authority



Brain imaging technologies

Functional Magnetic Resonance Imaging (fMRI)

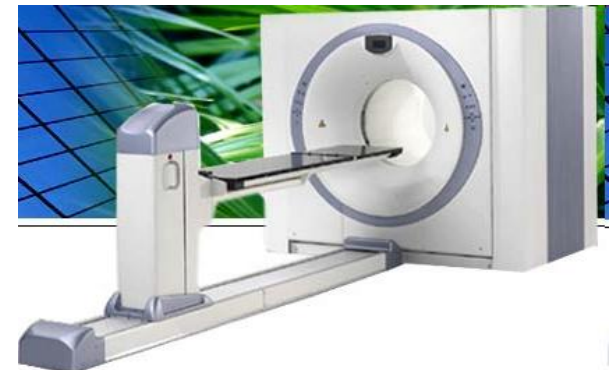
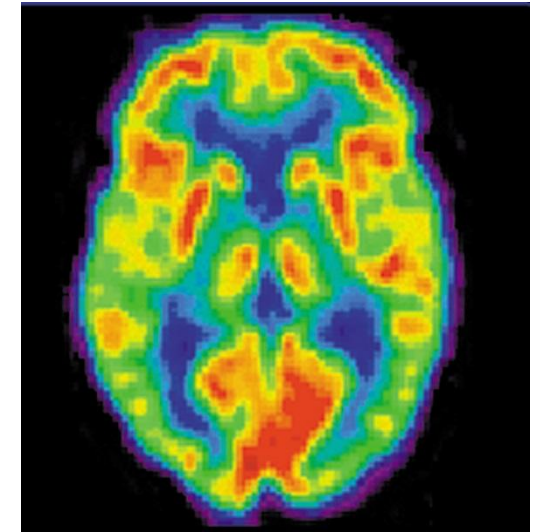


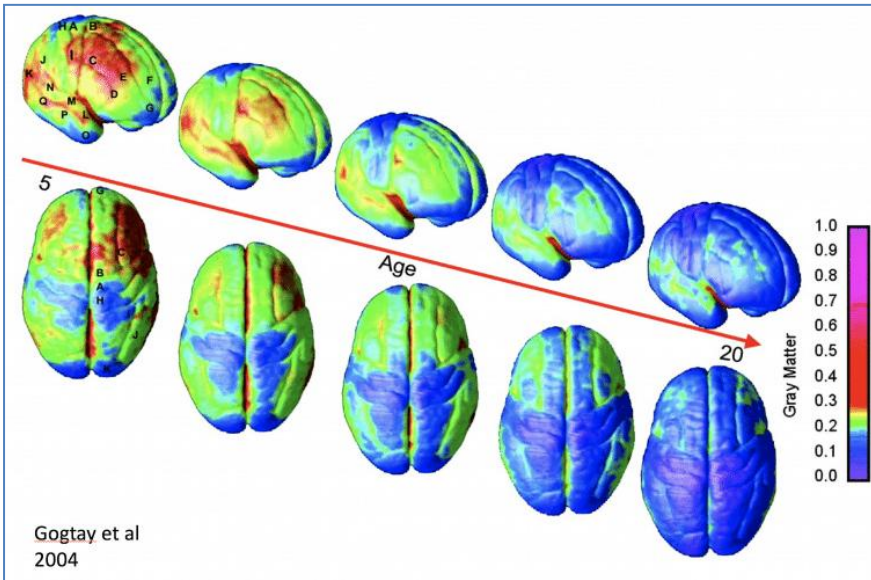
Though - Legal Adult = 18 yrs

BRAIN DOES NOT
FULLY MATURE
till 25 -30 yrs

Constant pruning
USE IT OR LOOSE IT

Positron Emission Tomography (PET)

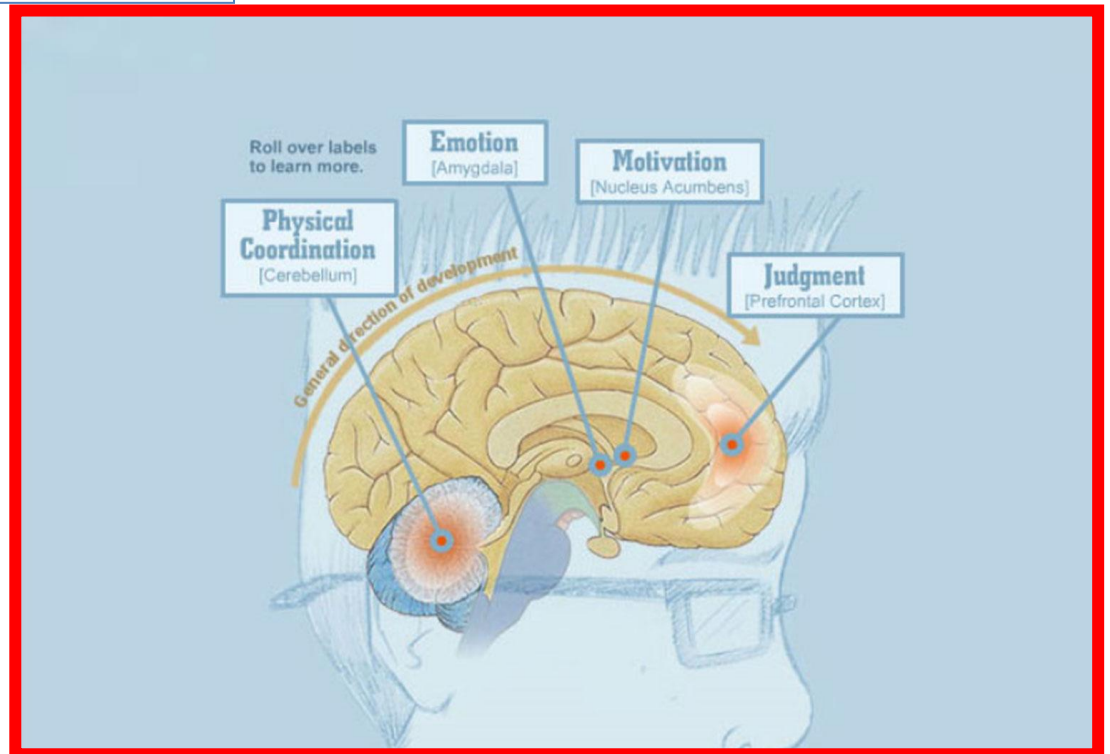




Mature Limbic cortex

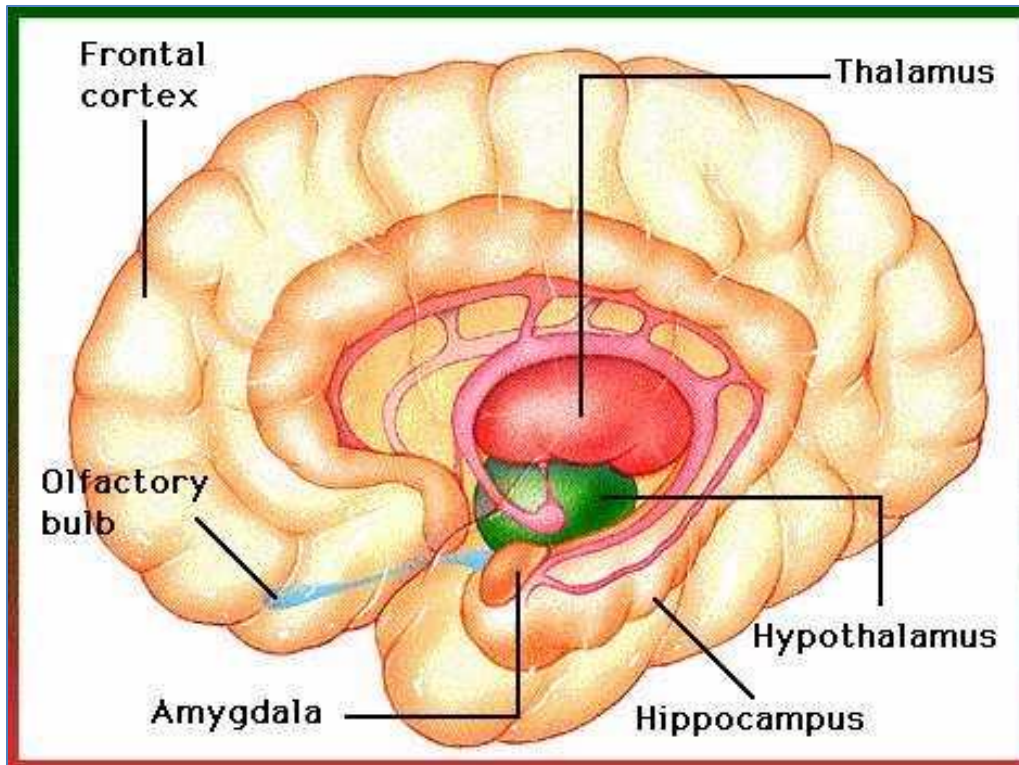
Adolescents are reward seeking and tend to go for immediate gratification.

Any thing which feels good for an adult feels better for adolescent



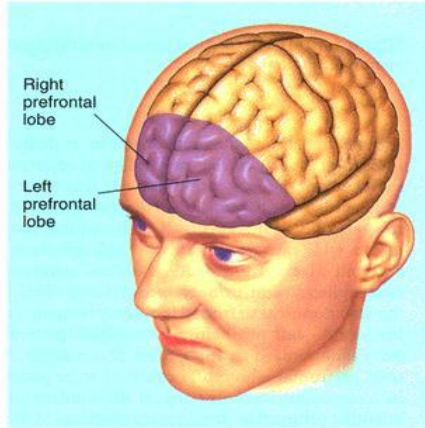
MIND of Adolescents and young people works at the limbic system

It is not YOUR adolescent who is a problem
It is developing work in progress brain



- Hot emotions
- Instant gratification
- Poor impulse control
- Risk taking for thrill
- Labile emotions
- Mood swings
- Excess sleep –
- Late morning rising
- Quick to react to adult criticism
- Low self esteem and Self -confidence

► Prefrontal Lobes



THINKING BRAIN

EXECUTIVE FUNCTIONS

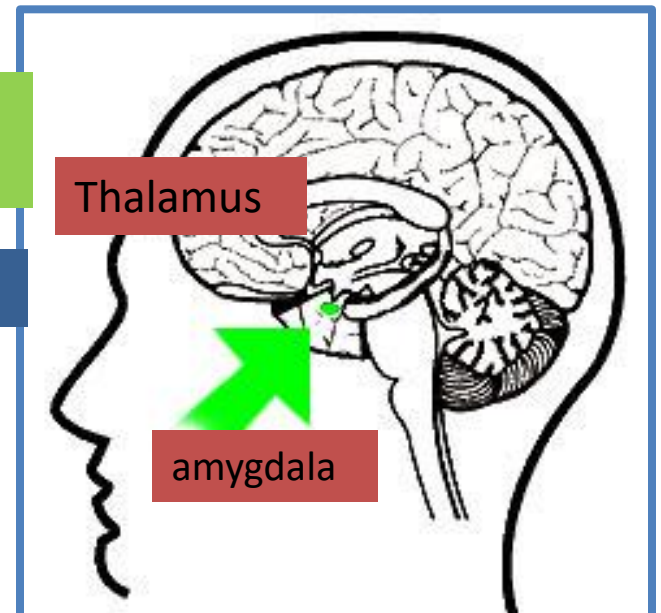
- Rational Judgement
- Consequences of Actions
- Impulse control
- Matures between 20-25 yrs

Matures earlier
In teen age years

Seat of Emotions

Instant gratification – ANY INTERNET ACTIVITY

EMOTIONAL BRAIN



HYPOTHALAMIC- LIMBIC system

Dopamine Reward Pathway

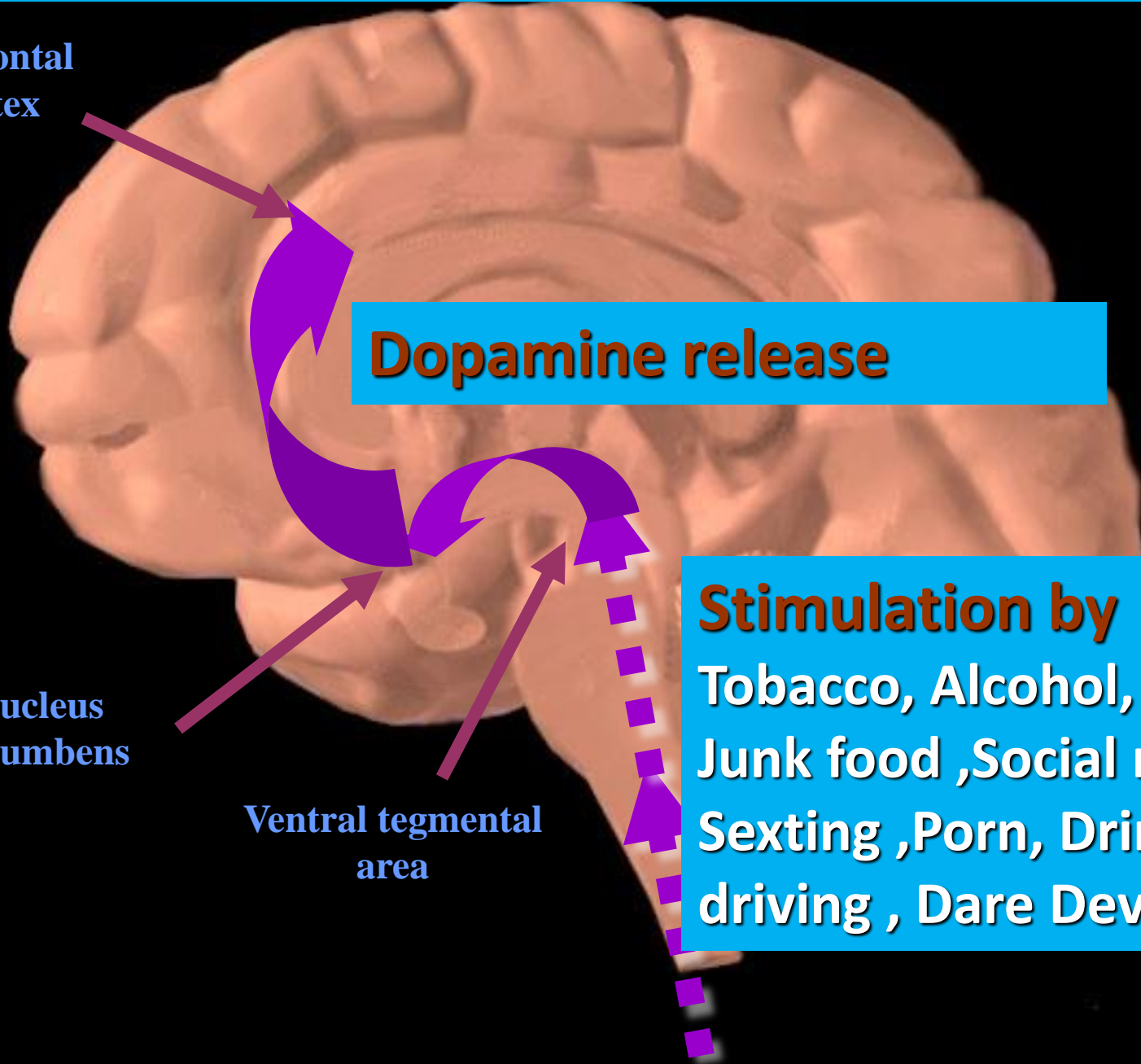
Prefrontal
cortex

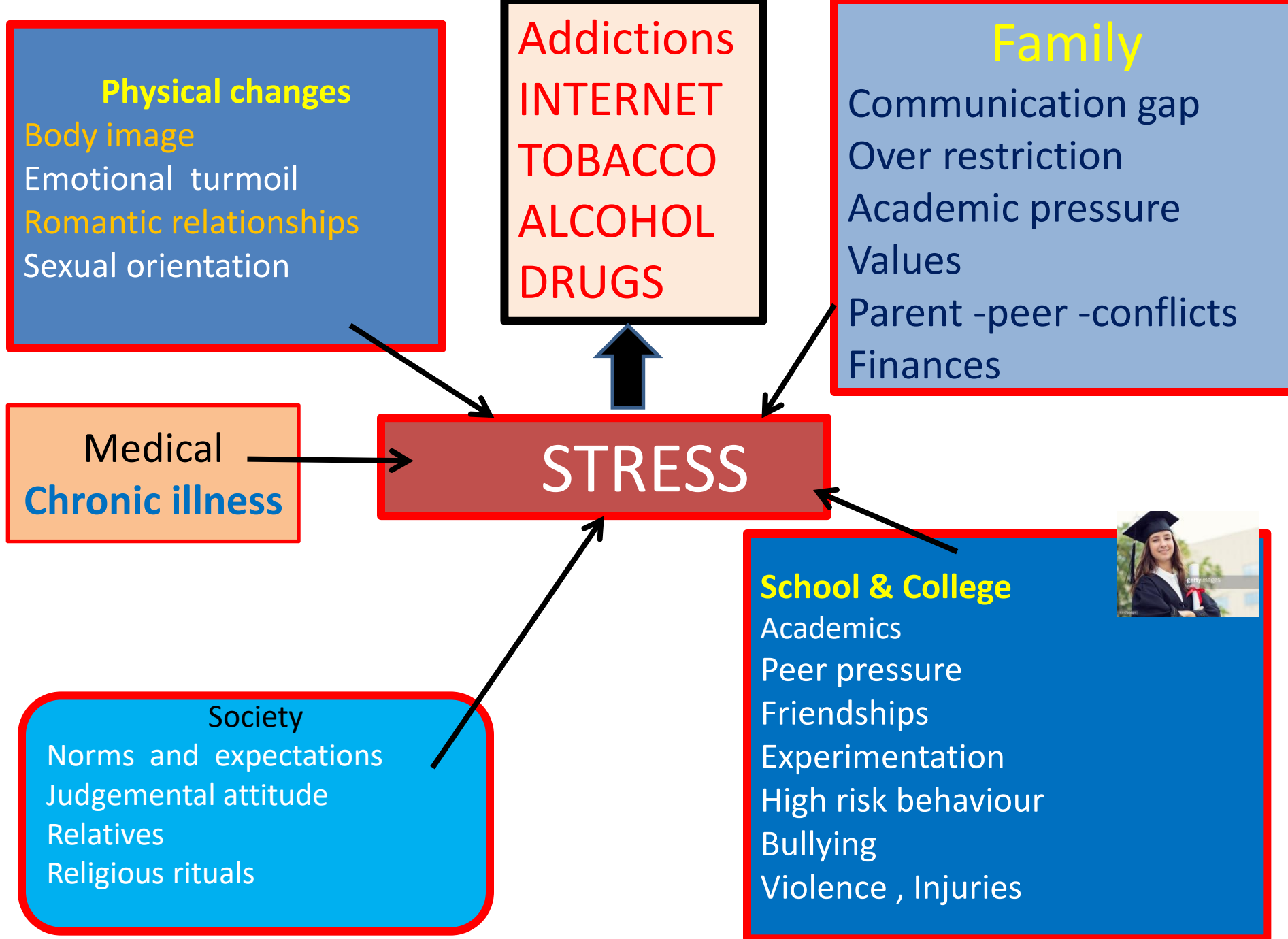
Dopamine release

Nucleus
accumbens

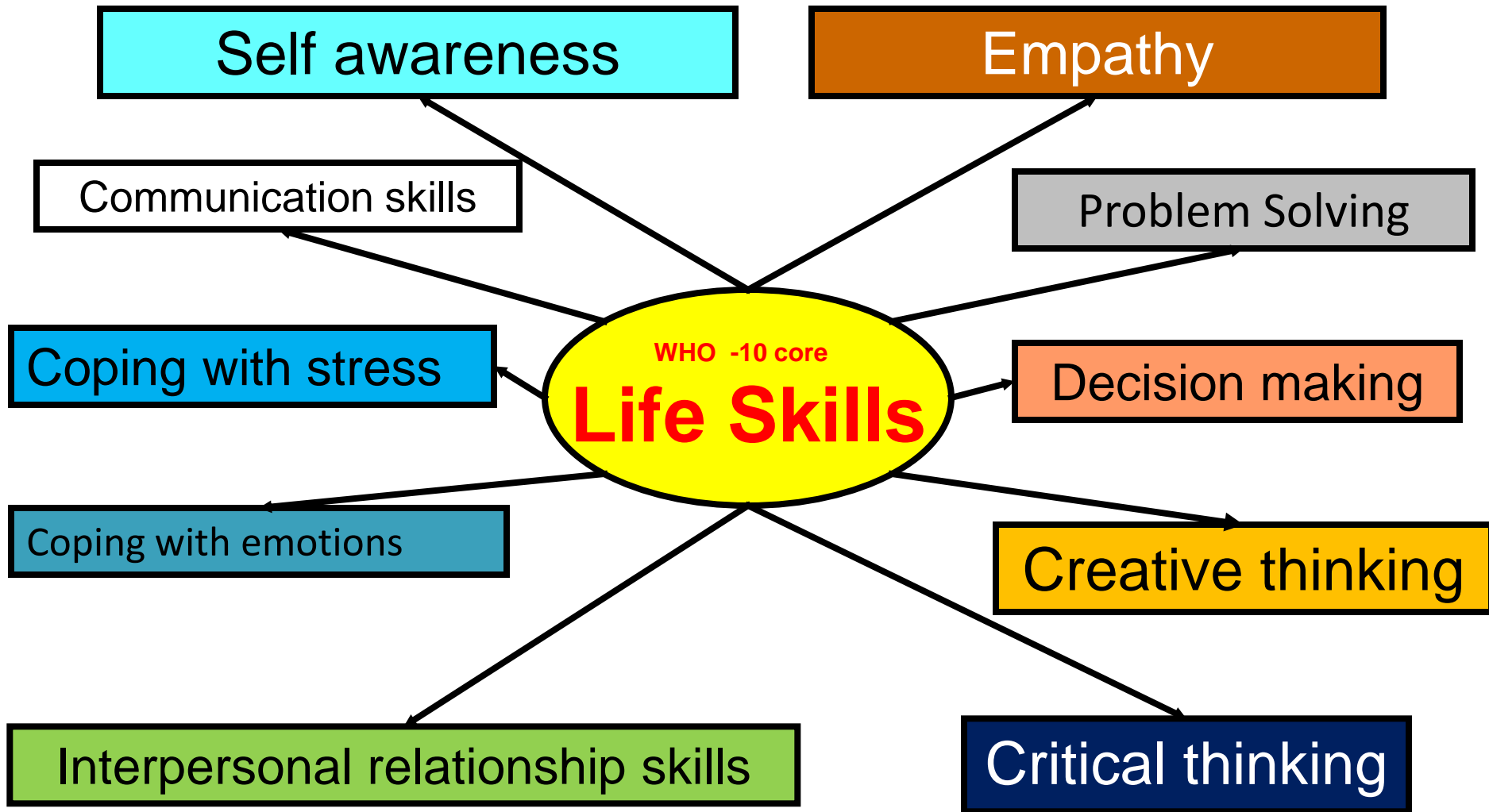
Ventral tegmental
area

Stimulation by
Tobacco, Alcohol, drugs,
Junk food ,Social media,
Sexting ,Porn, Drinking &
driving , Dare Devil stunts





PROMOTING PSYCHOSOCIAL COMPETENCE



Teach teens and Parents GOOD pathways for Dopamine reward

Healthy ways

- Exercise
- Walks
- Music
- Dancing
- Talking with loved ones
- Hugging loved ones
- Physical intimacy
- Outdoor and indoor games
- Reading good books or poems
- Drawing , painting

Or they will seek for it in unhealthy ways

- Smoking
- Alcohol
- Junk food
- Substance abuse
- High risk taking behavior
- Experimenting with sex ,
- Drinking and driving,
- Dare devil stunts

Social media – the new COCAINE



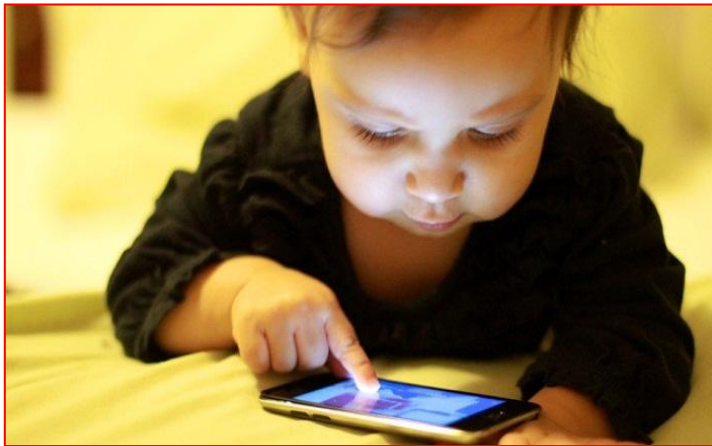
- There is evidence of “**herd mentality**” resulting from “likes”,
- **The reward centre** of the brain lights up when they receive a “like” and they are **more likely to like something** regardless of its content, when it already has a lot of likes.

What can we as
paediatricians do to deal
with this epidemic ?

<https://www.grwhealth.com/post/the-potential-impact-of-social-media-on-teens-mental-health>

Digital Parenting- What age to start ?

- Most parents start restrictions around age of 12 -14-16 18 yrs ..when they suddenly feel that their child has got addicted
- This is generally **TOO LATE** as by this time addiction is well established and extremely difficult to bring under control



Start parental
Guidance
in your
**WELL BABY
CLINIC**

AAP guidelines about screen timings - Oct 2016

Age	Recommendation	Parental involvement
>18 mths	Avoid use of screen media	Only video-chatting.-Interactive sessions
18 to 24 months	If you want to - introduce digital media - choose high-quality programming	Watch it with their children to help them understand what they're seeing.
2 to 5 years	Limit screen use to 1 hour per day of high-quality programs	Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
6 yrs and older	place consistent limits on the time spent using media, and the types of media	make sure media does not take the place of adequate sleep, physical activity and other behaviours' essential to health.
	Have ongoing communication about online citizenship and safety, including treating others with respect online and offline	Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.

Internet addictions

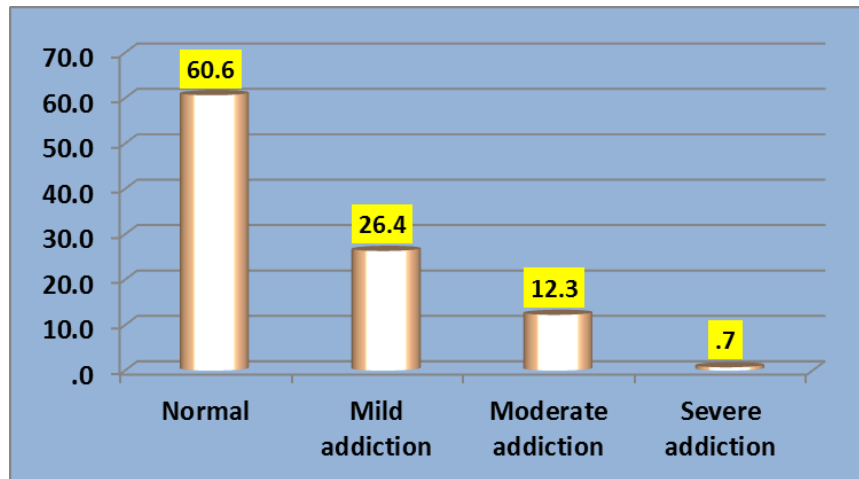
Why do teens enjoy social networking so much ?

- Research has shown that most teens who get addicted are the ones who are
- Not finding fulfillment in real life- be it academic or other success
- They do not have fulfilling Emotional relationships with parents or peers
- The virtual stage gives them a chance to have an “AVTAR” where they
- Can be someone they want to be ..where they get recognition , appreciation and feeling of being wanted by a large no of “friends”

Again dopamine reward ... needs healthy replacement

- 2018 Cross-Sectional School based survey Hindi medium school in Haryana All 277 students of 9th and 10th std 2018

Cross-Sectional School based survey Delhi Public Co-ed school English medium school **all 320 the students from 9th and 10th 2018**



N=320	Frequency
Normal	23%
Mild addiction	45%
Moderate addiction	31%
Severe addiction	1%

- There is no statistically significant association between age (early middle and late adolescence and level of internet addiction by one way ANOVA test

- There is NO statistically significant association between CLASS Vs. Level of internet addiction

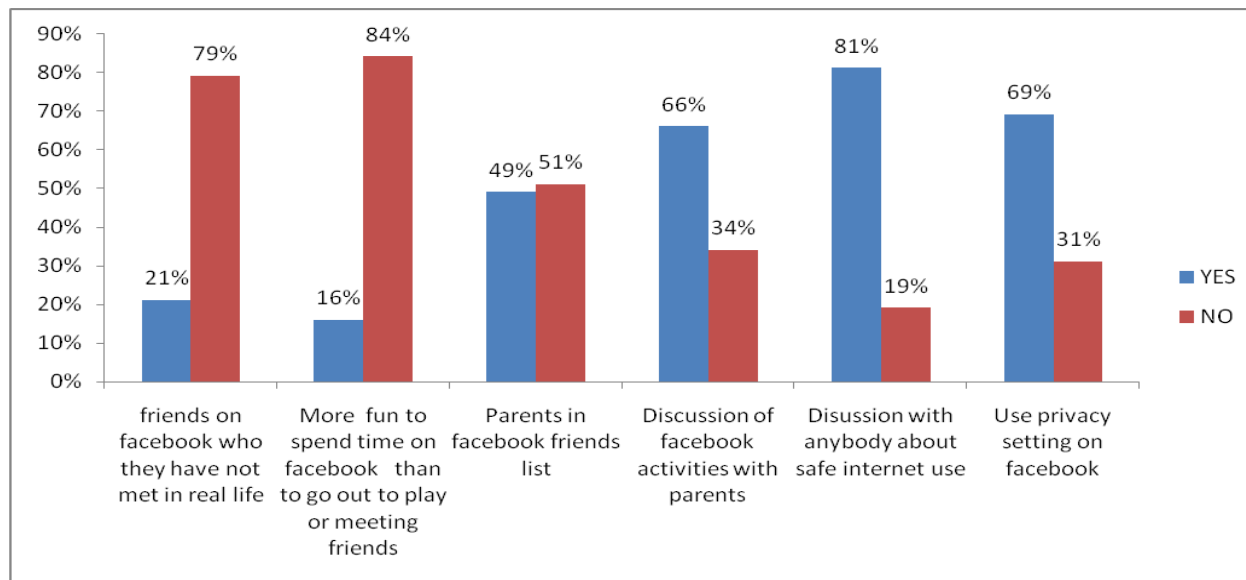
There is statistically significant association between GENDER and Level of internet addiction ($P = <.01$, mean difference= 9.465 higher for male)

There is statistically significant association between GENDER and Level of internet addiction ($P = <.05$, mean difference= 12.61 higher for male)

?The reason for the difference- the boys may have more exposure in the social structure of state of Haryana.

So males have higher incidence of net Addiction whatever the background

Anjali Saxena , Swati Bhave et al INTERNET IN YOUNG HANDS Adolescon 2014- Ludhiana
Evaluation of internet use activity of school children 7th and 8th std (12-13 yrs) in a north Indian school:

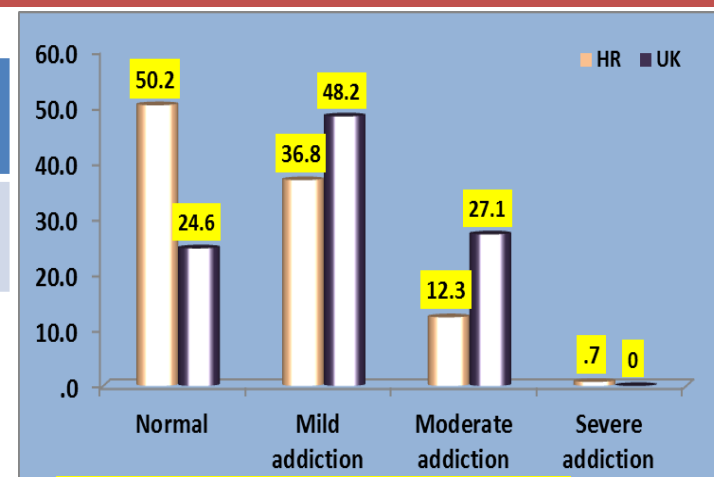
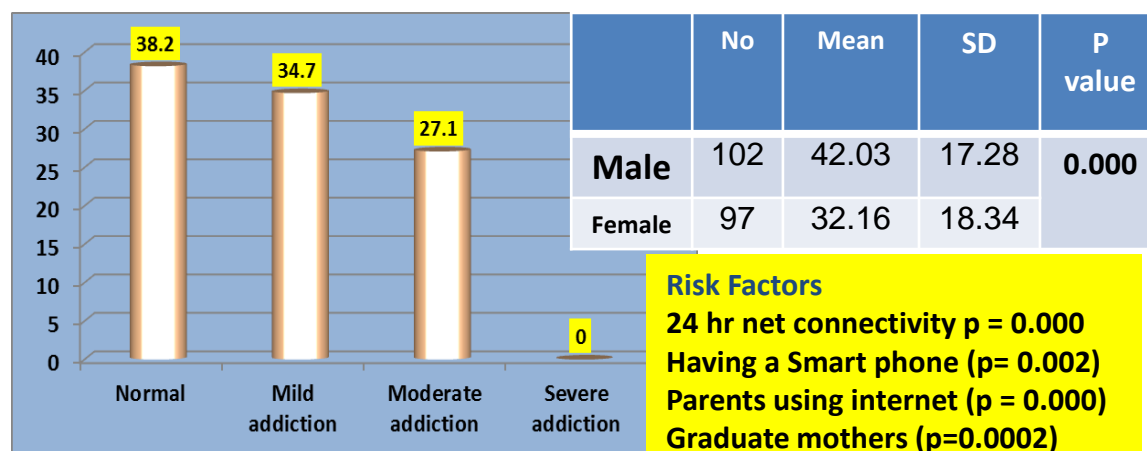


Time spent on internet (n=377 6th -10th std)

Time spent	No	%
<1 hr	230	70.8
2 hr	69	21.2
3 hr	16	4.9
>3 hr	10	3.1

Latika Bhalla Swati Y Bhave Pedicon 2016 Hyderabad
Internet Addiction in Students: Rural Areas are not Immune

Swati Bhave Latika Bhalla 2016 Pedicon Hyderabad
Digital Junkies – Growing Addiction



Kimberley's Internet addiction scale

Parents confiscating phones as punishment is counter productive

Learn to self monitor & limit your time on Mobile and social media

Eg Talkwalker App

Offtime **app** : limits **social media** time on your smartphone which enables you to control smartphone **usage** by tracking **it** in real time and scheduling timeouts to help you break through.



How to limit app usage using Screen Time on iOS 12

Go to Settings > Screen Time.

Tap App Limits.

Tap Add Limit.

Here you can either choose time limits for entire categories of apps or add limits manually for each app. ...

Now you can set a daily limit by selecting hours and minutes

Check your pickups.

Change your auto-lock settings.

Don't take phone to bathroom

Don't sleep with your phone

Make bedroom a tech free zone

Remove apps that don't matter

Restrict use of apps that matter

Track your own progress weekly and monthly

Celebrate small wins

Media Addiction and sleep

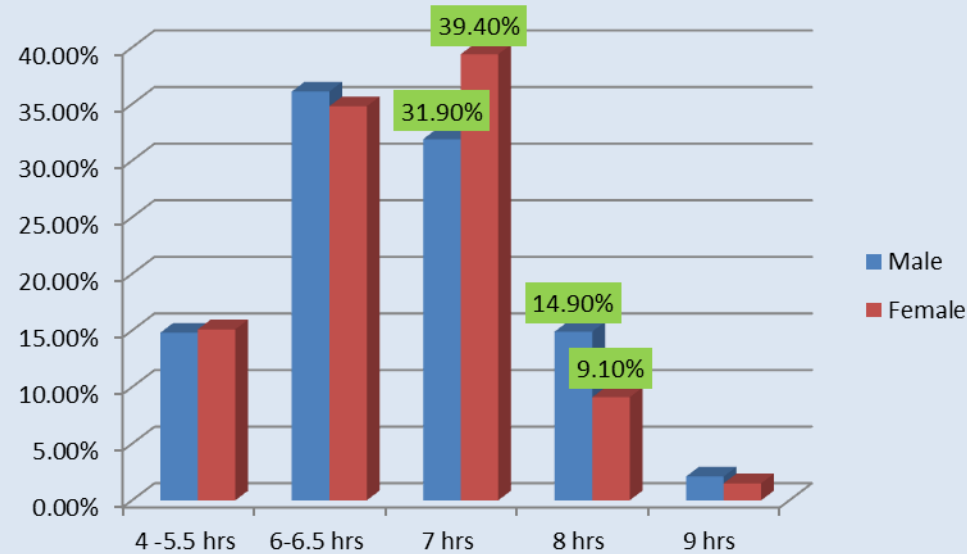


Our AACCI Multicentric studies show very few adolescents get the Required 8 hrs of sleep

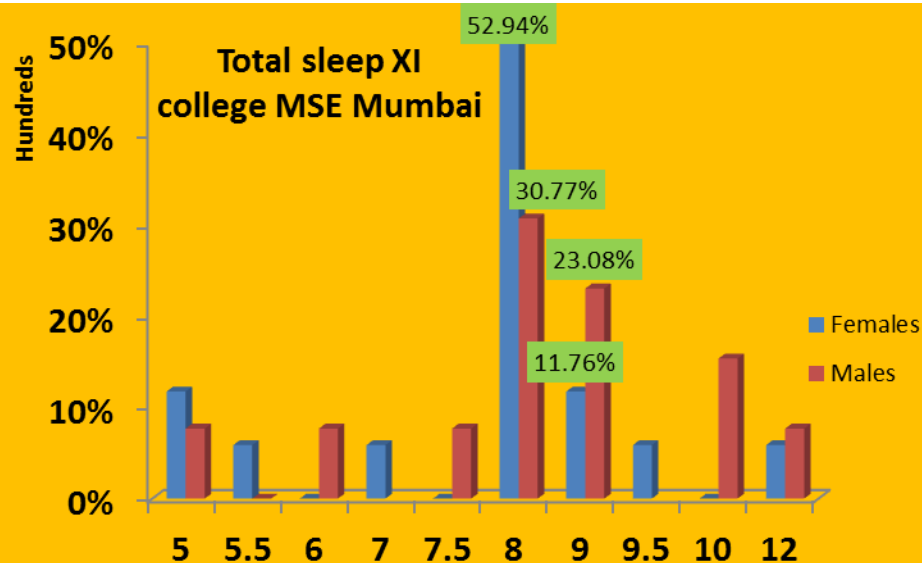
Confiscating Mobiles of gadgets of teens only produces rebellion and lying and cheating

Starting a family media plan where gadgets are not kept in the bedroom is the only solution

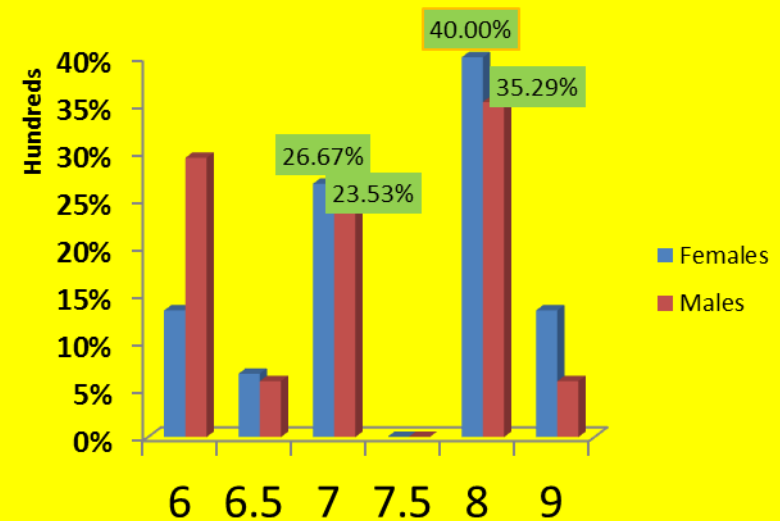
Total sleep in 1 st yr medical students Pune



Total sleep XI college MSE Mumbai

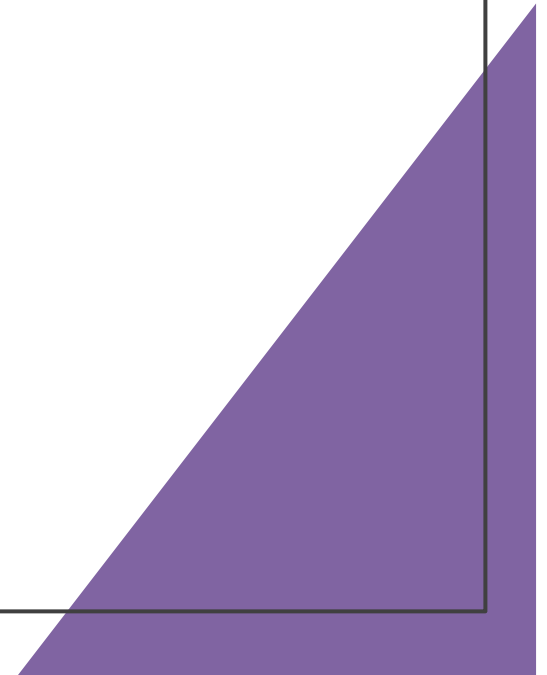


Total sleep XI college HSE Mumbai



Part II SS oration

My interest in Adolescent Health and
working in IAP to establishing
Adolescent health in India



My journey into adolescent health began much before my work on Adolescents' in IAP



It began in the year 1984 when I presented papers on Adolescent patients in Pedicon Mumbai in 1984.



My first publications in Indian Pediatrics and other journals from 1985 are on Children & Adolescents .



My first IAP award James Fleet in Pedicon 1986 in Delhi was on a paper that had children and adolescents' as the subjects .

•Bhave SY, Pherwani A, Jayakar A, Dattani KK

- [Comparison of dynamic \(treadmill\) and static \(hand dynamometer\) exercise in Indian boys and adolescents.](#)

•Indian Heart J. 1985 Sep-Oct;37(5):285-9. PMID:3833646[PubMed - indexed for MEDLINE]

•Bhave S, Pherwani AV, Desai AG, Dattani KK.

- [Cardiorespiratory response to stress test in normal Indian boys and adolescents.](#)

Indian Pediatr. 1989 Sep;26(9):882-7. PubMed PMID: 2634005

- Kankavalli N, Bhave S, Dattani KK, Pherwani A.
•[Isometric exercises in children.](#)

•Indian Pediatr. 1985 Feb;22(2):113-5. PubMed PMID: 4065991.

•Pherwani A, Bhave S, Dattani KK, Desai AG.

- [Lung function response to exercise testing.](#)

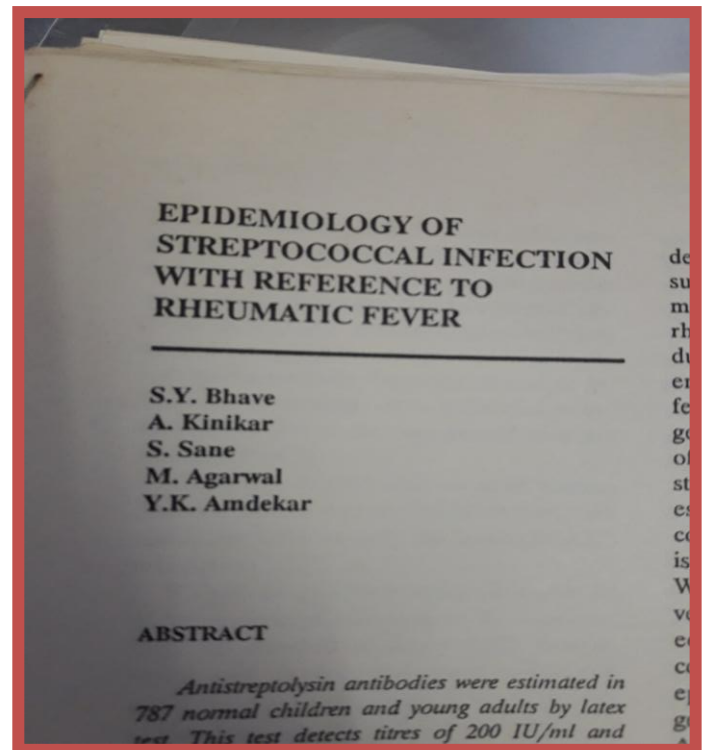
Indian Pediatr. 1988 Jul;25(7):618-22. PubMed PMID: 3220537.

•SY Bhave et al

- [ECG changes after exercise tolerance test in children.](#)
- Journal of Vivekananda Institute of Medical Sciences. 1987-88,I-II: 69-72

James Fleet Award paper

Indian Pediatrics Aug 1991



Clinical practice in Adolescent Health



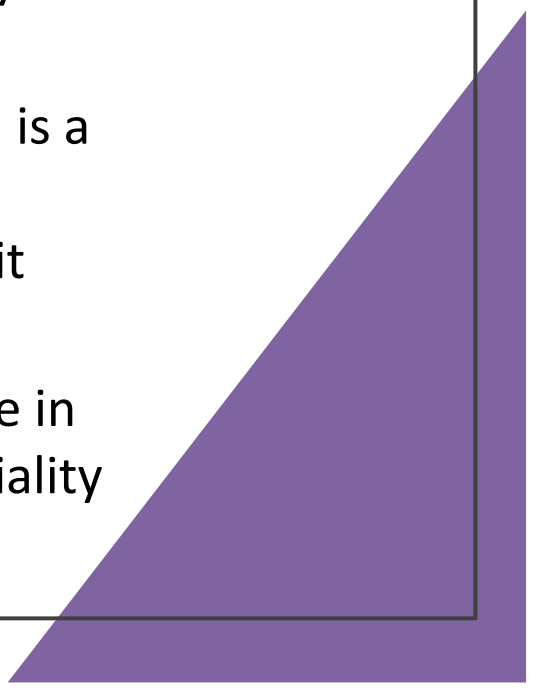
Bombay Hospital & MRC Mumbai
1991-2001
Weekly Adol Clinic



Jehangir Hospital Pune
2014 to date in -2020
Head of Adolescent Wellness Clinic
& Senior Consultant Adolescent Pediatrics

30 yrs of Adolescent practice
And last 20 yrs exclusively adolescents

Adolescent Health as a speciality

- Setting any new speciality - uphill task specially if it is carved out of existing speciality
 - Though today in USA and Europe adolescence is a well established speciality, including board certifications and various Adol subspecialties it took a long time there also
 - Unless we have a DNB or MD Degree medicine in India ..difficult to establish as clinical sub-speciality
- 

Pediatrics as a speciality in India

In India Pediatrics as a specialty 6-7 decades

Adult physicians who had a short training in paediatrics

Child is not a miniature adult” is well-accepted now.

Convincing adult physicians that adolescents are not “miniature adults” is not easy

This will also become true of Adolescent medicine

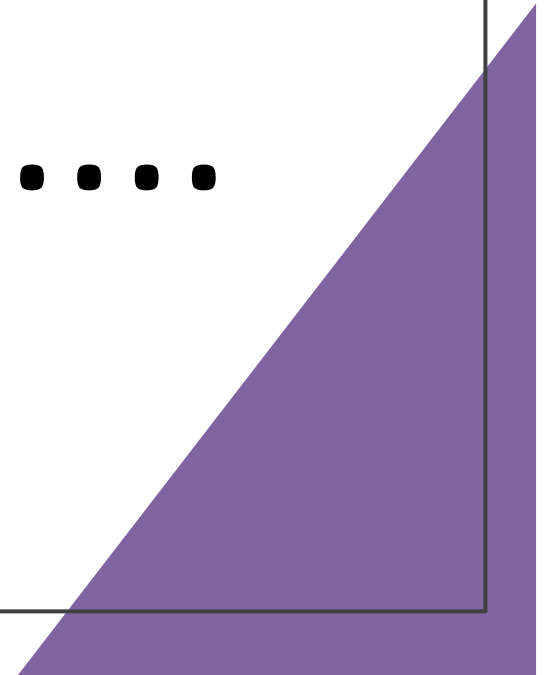
Experience of 3 corporate hospitals – Mumbai , Delhi ..now Pune ..and many Adult specialists see us as rivals taking away their adolescent patients



We need to make efforts to take lectures to explain to them what is meant by well adolescent monitoring and importance of AFHS which are not going to take away their disease patients .

Let us trace the journey

Adolescent health in IAP
since last 2 decades



IAP and Adolescent Health

- IAP first started the idea that the paediatrics should be extended to 18 yrs of age in 1998-99
Dr M.R. Lokeshwar and Dr Jacob John
- IAP Adolescent committee

Dr Dilip Mukherjee –Chairperson

Dr MKC Nair Convener.

- President 2000 declared the Year 2000 as the “*IAP Year of Adolescent Care*”
- As part of the President’s action plan constituted an “*IAP National Task force on Adolescent Health*” for a period of five years 2000 to 2005
- 2000 IAP subspecialty chapter started.

IAP -establishment of Adolescent health

The journeythe years 2000-05

- RIGHT TIME
- RIGHT PLACE
- RIGHT PEOPLE

RIGHT PEOPLE -RIGHT TIME- RIGHT PLACE

RIGHT PEOPLE –CIAP

IAP Task force Adolescent (2000-05) *convenor* **DR MKC Nair**

Delhi IAP President : **Dr T.S Jain** Secretary : **Dr Sangeeta Yadav**

Presidents special Representative 2000 **Dr Rajesh Mehta**

IAP subchapter on Adolescent health - Secretary **Dr CP Bansal**

RIGHT PEOPLE

MINISTRY - HFW

- Secretary Mr A. R Nanda
- Dr Sudhansh Malhotra

RIGHT PEOPLE

WHO HQ, Geneva Dr .Chandra Mouli

WHO SEARO Dr. Neena Raina

WHO INDIA Dr Arvind Mathur

RIGHT PLACE

In 2001 I had relocated to Delhi

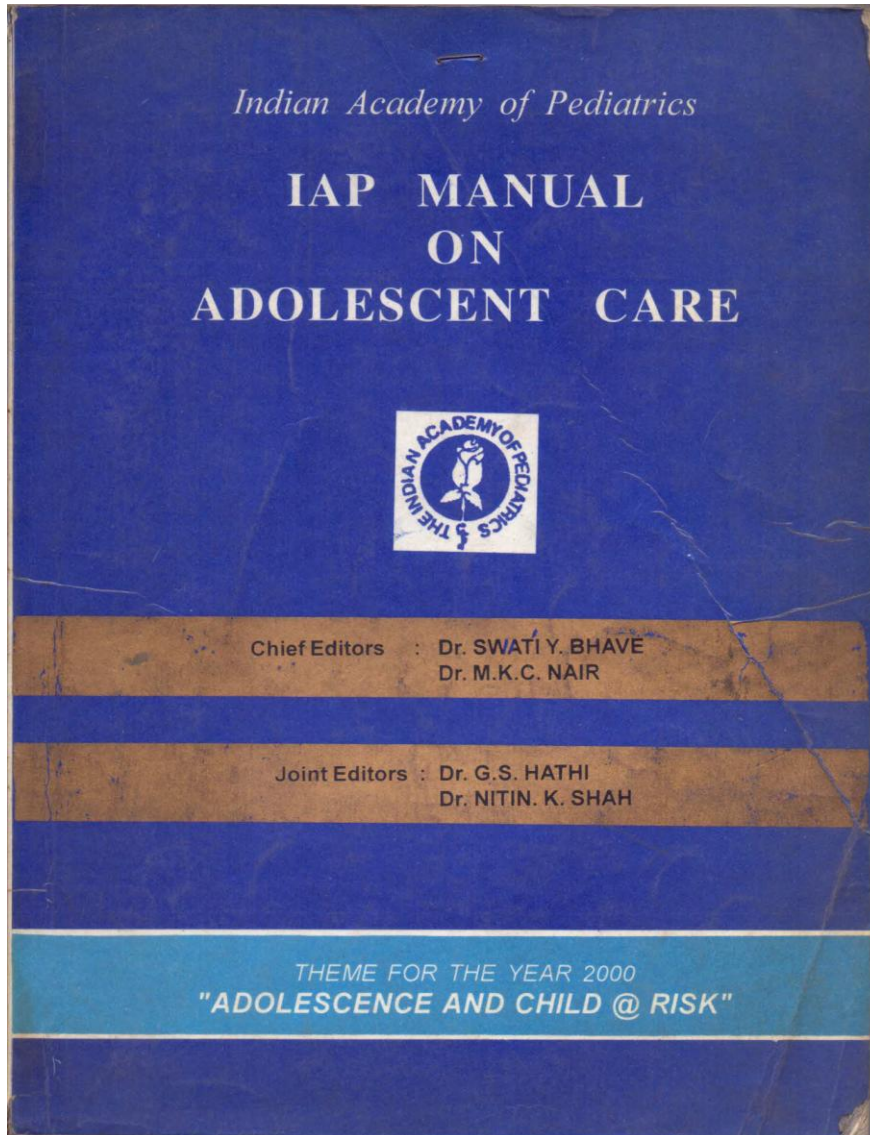
RIGHT POSITIONS for me

- Imm past President of IAP 2001
- Chairperson IAP Task Force in Adolescent health 2000-05
- Chairperson IAP subchapter on Adolescent Health 2003-06
- Member of IPA Standing committee from 2001 -2008



IAP Training Program on Adolescent Health
1st Work Shop Mumbai April 2000

Grant from MOHFW



Dr MKC Nair & me as a team

- IAP training module on adolescent health

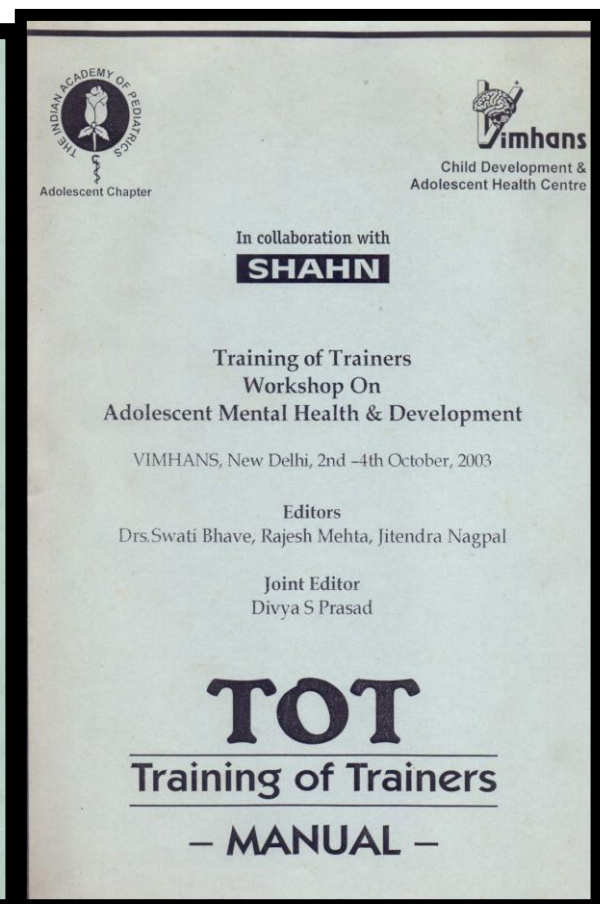
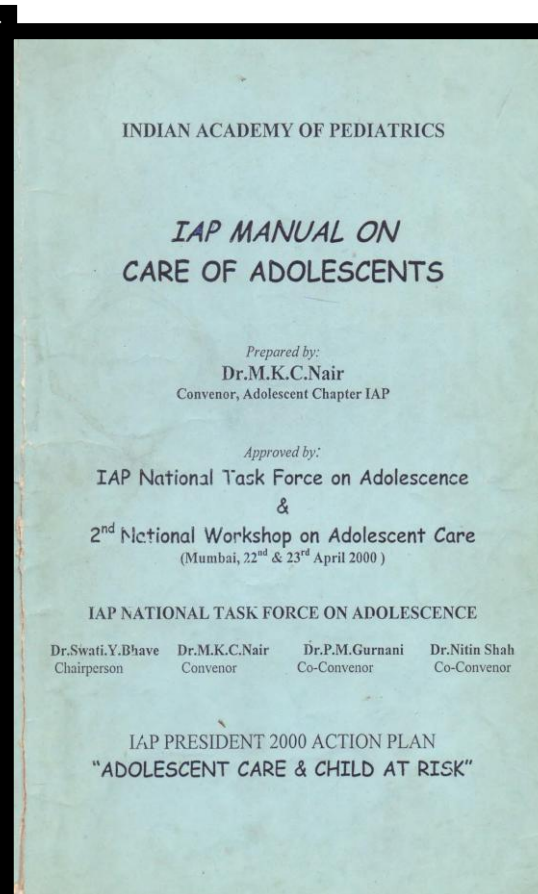
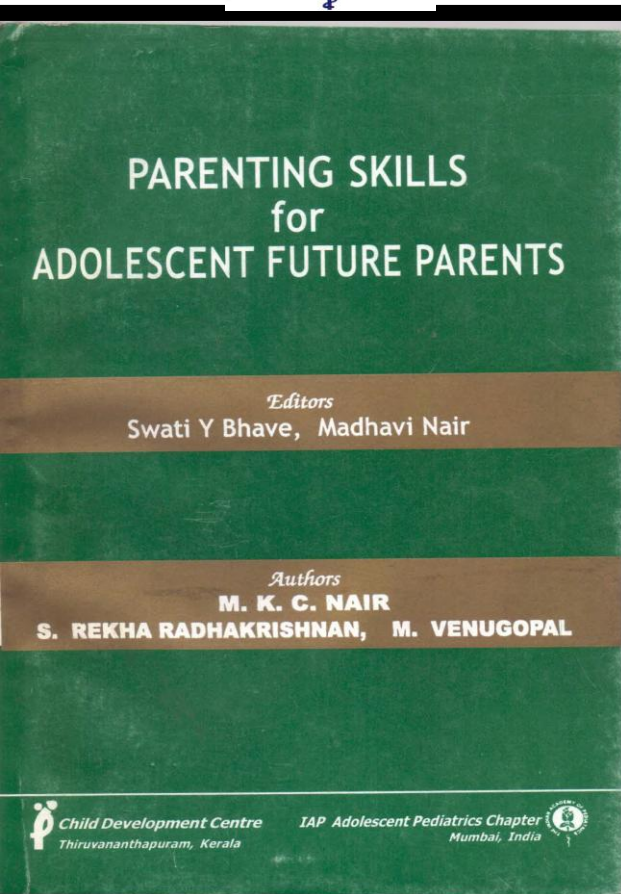
Funded by GOI MHFW

- TOT workshops for all the president and secretaries of IAP state branches in 2000.

- An IAP adolescent immunization and growth card



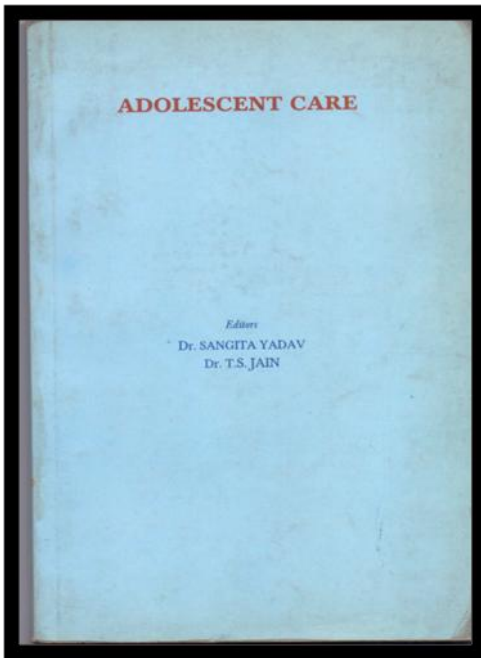
IAP Adolescent Chapter 2000-06



The concept of Adolescent Immunization in India was also brought out with by making **An IAP Immunisation time table for Adolescents**
Dr A.Parthasarathy was Chairman of IAP Immunization Committee(IAPCOI)

Organised many training programs in Delhi
Through IAP subchapter on Adol health

**1st IAP National Adolescent
Conference in Delhi Oct 2000-
IAP DELHI**





Dr D.E Greydanus

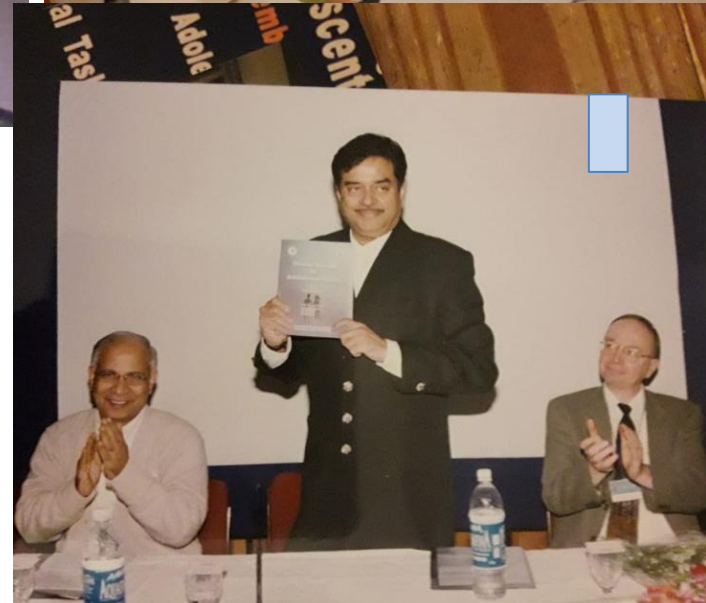
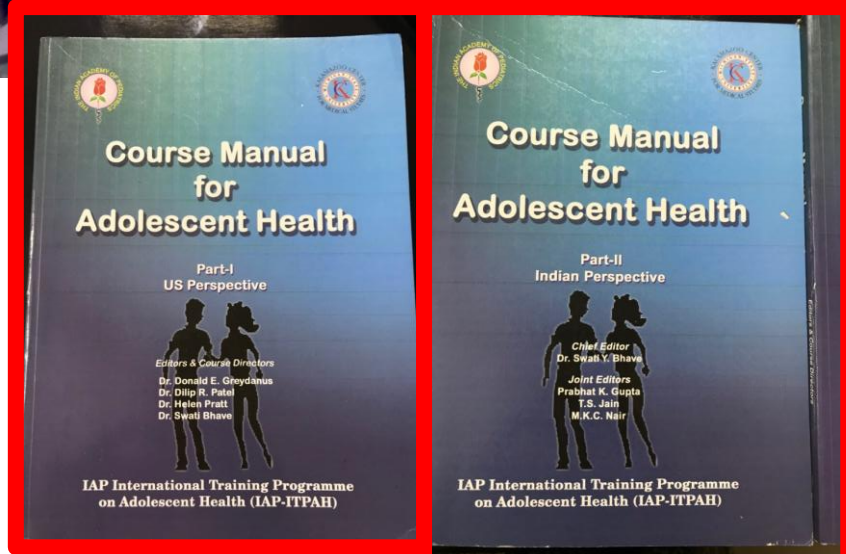


Dr Dilip R Patel

In 2001 ..I underwent a PG training course in Adolescent Health at Kalamazoo Adolescent centre Western Michigan University USA

I requested the HOD Dr Greydanus to hold a training program for IAP members giving the certificate from Michigan state University IAP- IATPAH was held for 160 participants in Dec 2002 in Delhi Most of the IAP AHA senior members attended this course

An International training program –hosted by IAP Task force on Adolescent health & IAP subchapter on Adolescent Health Dec 2002



Course manual released by health Minister GOI >200 IAP members trained

IATPAH - International Advanced Training Programs on Adolescent Health

3rd – 7th October 2019 - Dr DY Patil Medical College, Pimpri, Pune

Collaboration with



Hosted by



Collaboration with



www.aaccitrainingprograms.com

With the same Same team – we had program in Oct 2019 after 17 years



***2006 -The
first Text
book of
Adolescent
Medicine in
India***

- Brainchild of Dr Parthasarathy our STALWART -IAP BOOKs and President IAP in 1997
- The US faculty from Michigan actively involved along with IAP Adol sub- chapter members
- I am grateful to him and the team at that time which honoured me by naming it
- *Bhave's Text book of Adolescent Medicine.*
- *Jaypee Brothers Medical publishers' , New Delhi*

First Text book of Adolescent
Medicine-in India 2006

These are approved as reference material for
the PG Diploma course in Adol health of Kerala
University by Dr MKC Nair

Bhave's Textbook of Adolescent Medicine

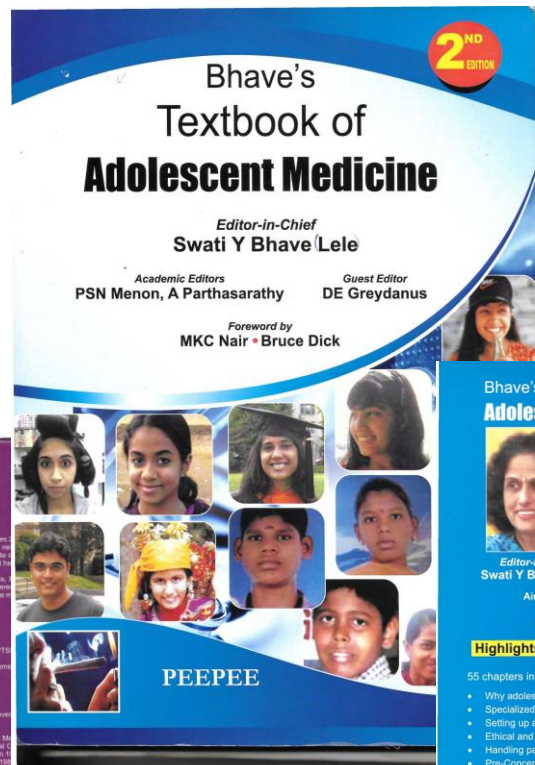
Editor-in-Chief
Swati Y Bhave

Academic Editors
MKC Nair • A Parthasarathy • PSN Menon

Guest Editor
Donald E. Greydanus

JAYPEE

These are approved
as course material
for the certificate
course in Adol
health of DPU Pune



2nd ed 2016



Bhave's Textbook of Adolescent Medicine



Aimed to serve as a desktop reference for practicing physicians of all specialties
who deal with adolescents (10-19 years) and young people (10-24 years)
Focus on what is different in this age group as compared to child or adult patients

Highlights

55 chapters in 10 sections

- Why adolescent health?
- Specialized History taking and Clinical Approach to adolescent patients.
- Setting up an Ideal Adolescent Friendly Health Service-AFHS in private setup.
- Ethical and legal issues.
- Handling parents.
- Pre-Conceptional Care for Adolescents in Clinical Practice.
- Screening and prevention of Non-Communicable Diseases-NCDs.
- Normal growth: Physical, Sexual, Psychosocial and their Problems.
- Neurodevelopment and its impact on adolescent behavior.
- Mental health: Autism spectrum, Substance abuse, Eating disorders, Depression and Suicide
- Academic Underachievement, Psychometric testing.
- Adolescent sexuality, LGBT, PCOS/Act, Contraception, Pregnancy, Sexually Transmitted Infections.
- Normal nutrition, Under nutrition, Obesity and related morbidity.
- All systemic illnesses, Surgical issues, Imaging-Radiology and Nuclear.
- Other medical issues: ENT, Voice, Eye, Dental, Skin.
- Special issues: Immunization, Media effect, Sports, Environment, Palliative Care.
- IAP growth charts, immunization charts, WHO resource list, Rashtriya Kishor Swasthya Karyakram-RKSK.



PEEPPE

Publishers and Distributors (P) Ltd.
7/31, First Floor, Ansari Road, Daryaganj
New Delhi-110002 (India)



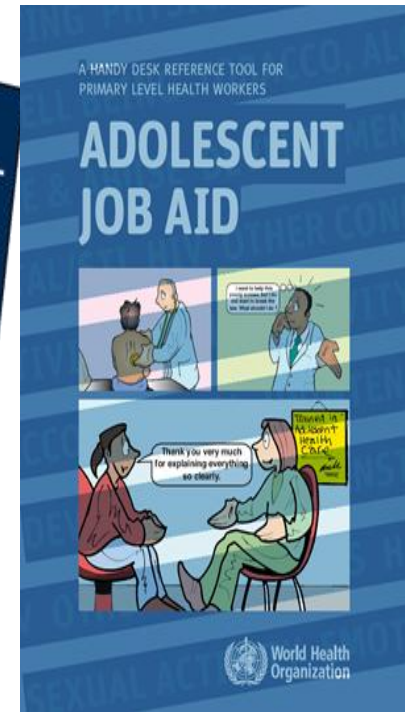
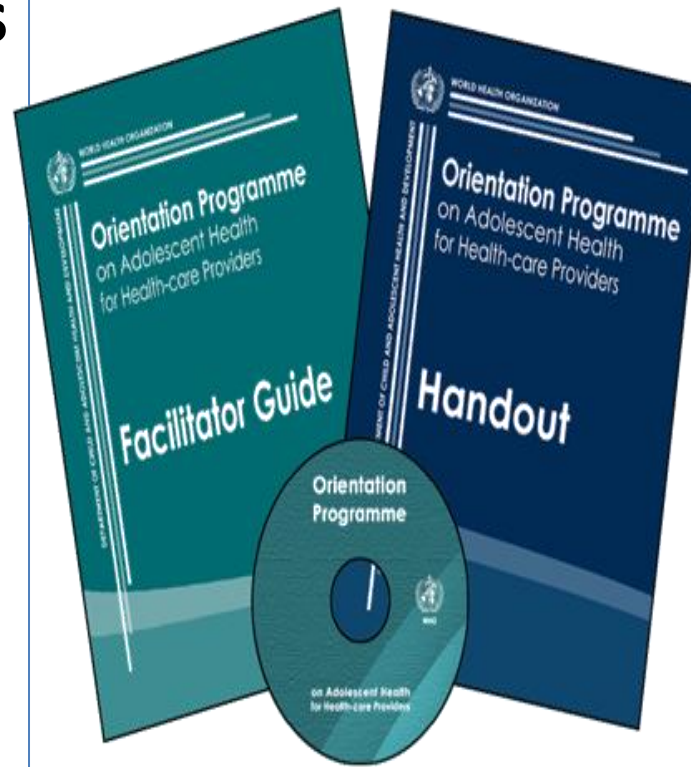
Bhave Text
Book Of
Adolescent
Medicine Book
release
Pedicon 2006
by IAP
PRESIDENT



First WHO training of 40 Paediatricians in India in Adol health 2004 -IAP Adolescent Subchapter

Knowledge, attitudes and skills:

- Interpersonal
communication skills
 - WHO OP
- Clinical skills
 - WHO Adol Job Aid
- In-service training
- Pre-service
education



Further workshops were Held with FOGSI
IAP played a crucial role (2005-06)

IAP should always remember

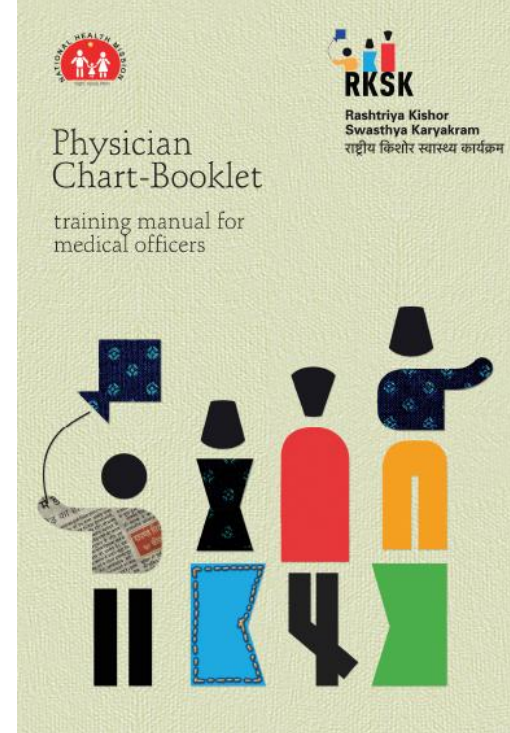
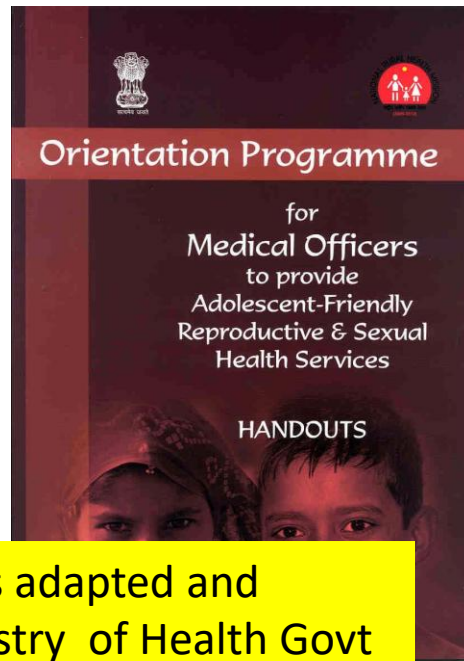
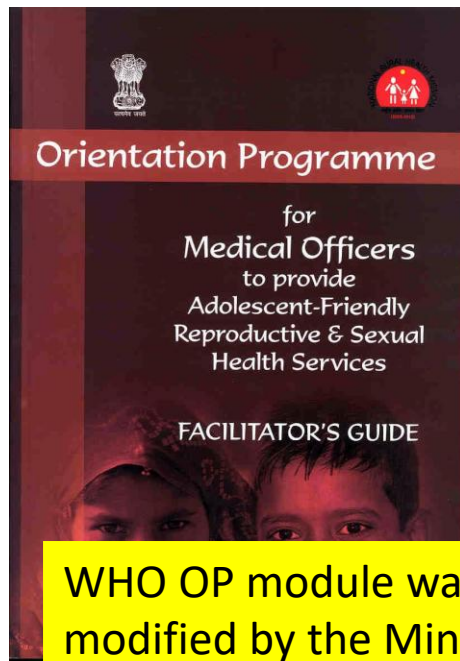
- So the senior generation of IAP members owe a lot to WHO for the training they gave us in adolescent health and also capacity building of members of the adolescent chapter members.

WHO HQ Geneva

- Dr Chandra Mouli

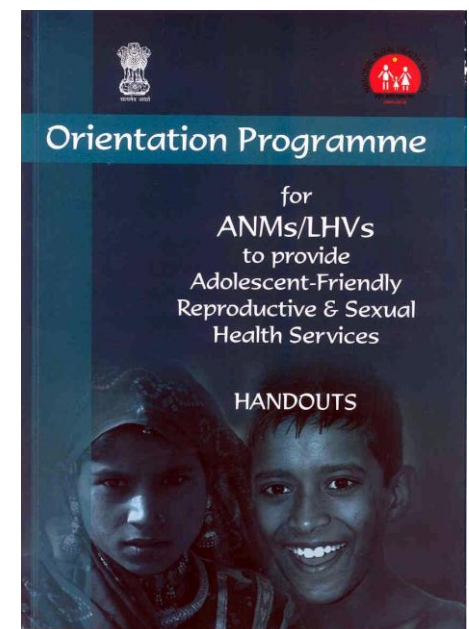
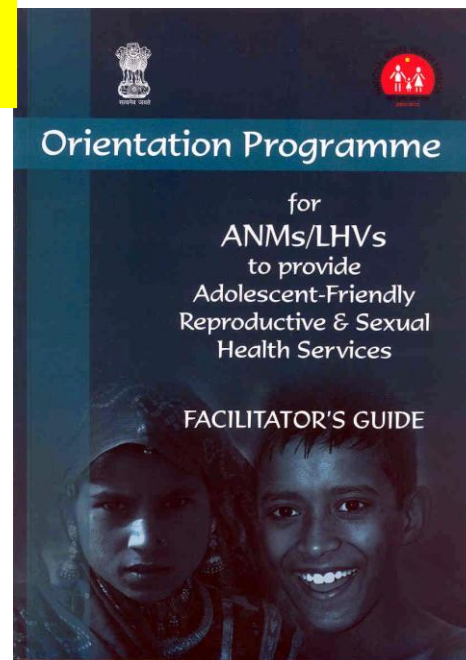
WHO SEARO region

- Dr Neena Raina
- Dr PD Nayar
- Dr Rajesh Mehta



WHO OP module was adapted and modified by the Ministry of Health Govt of India for training Medical Officers and nurses in the AFHS

- Dr Harish Pemde was very actively involved
- Many of us from IAP were involved as resource person or reviewers for these modules and later as faculty



Best Subchapter of IAP – Hat-trick

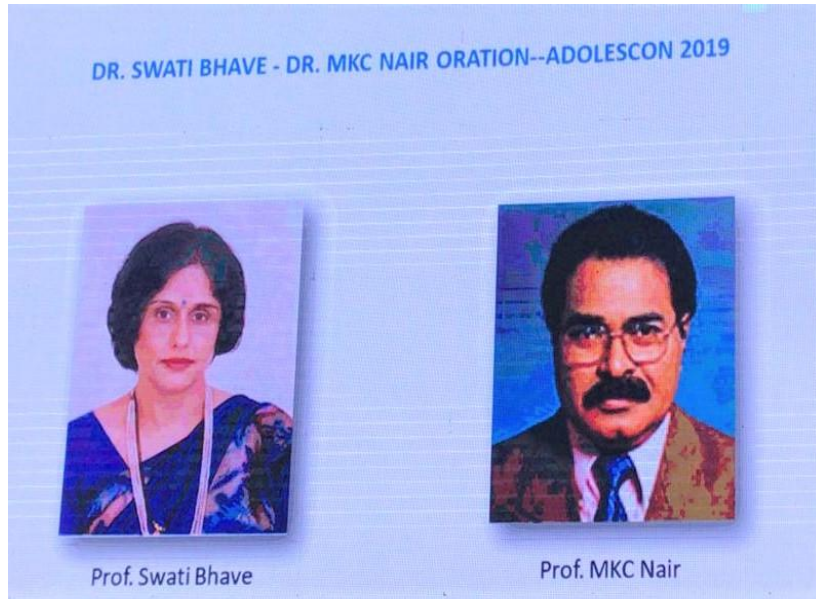
2004-05-06

Chair person Dr Swati Bhave

Secretary Dr C.P Bansal



SY Bhave oration started in 2007
SY Bhave – Dr MKC Nair since 2009



2019 oration by scientist from NIMHANS
Indian Adolescent brain Development



2010 Chandra Mouli WHO
Global Adol health

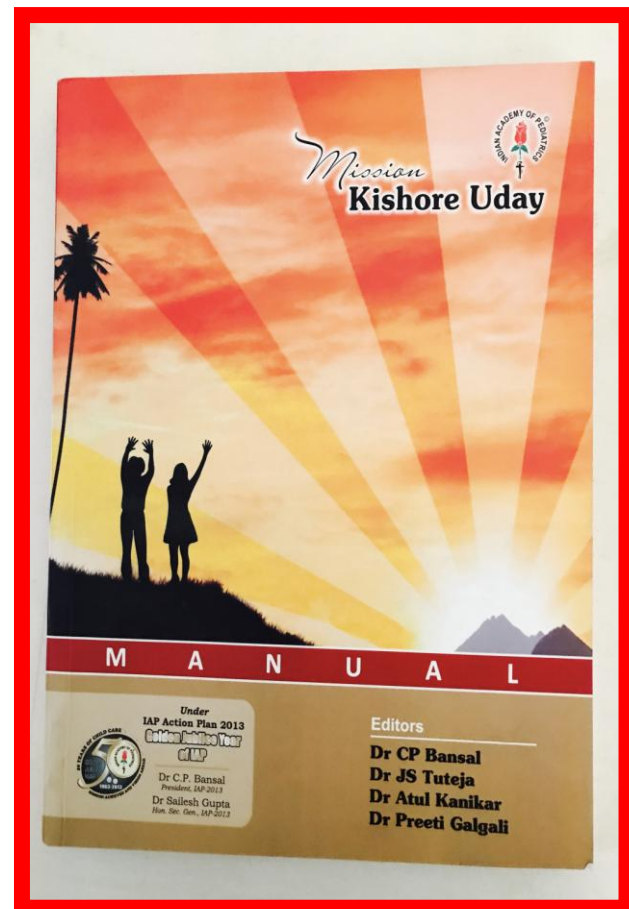
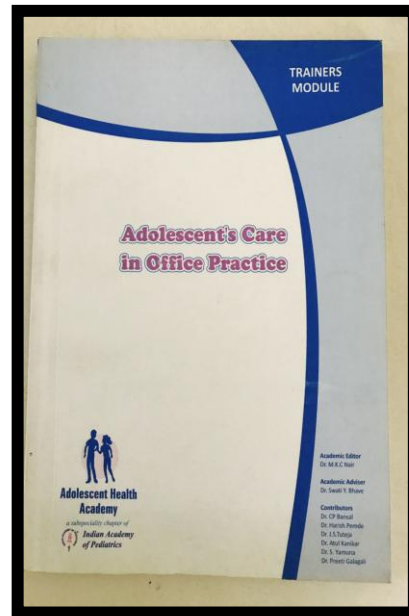
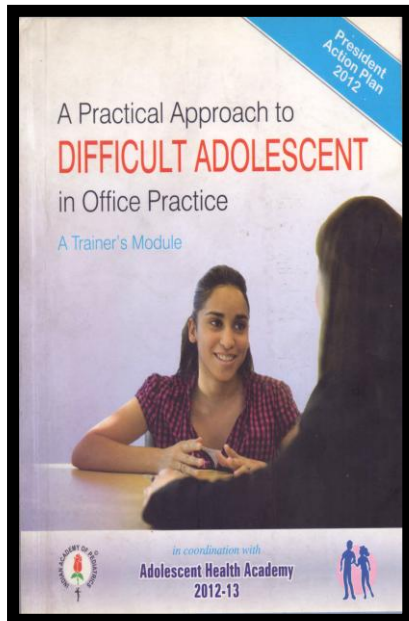
Ajay Khera MHFW
Chandra Mouli WHO
Neena Raina WHO
Padamshree Pukhraj Bafna

2018 oration by Dr Vinod Paul
Niti Ayog Chair

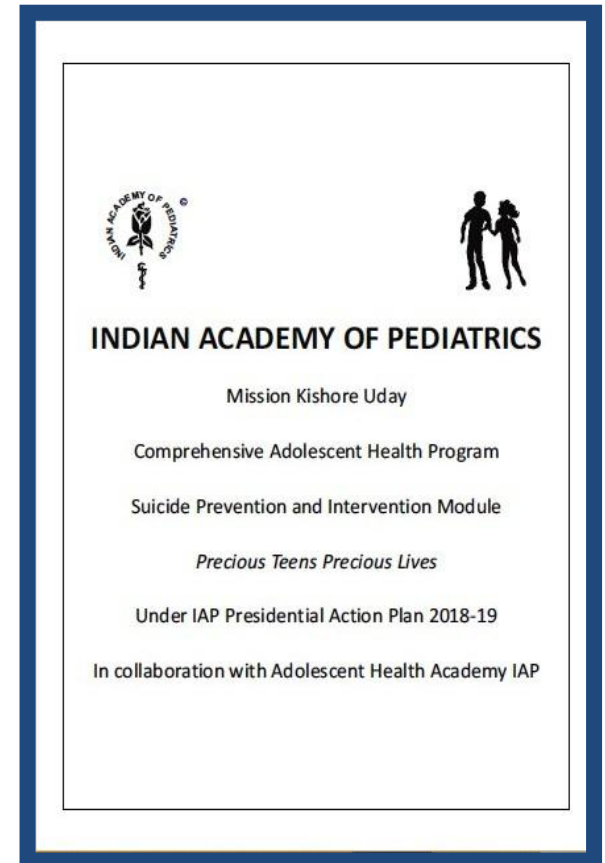
IAP Adolescent chapter now called AHA-
has continued to be a vibrant chapter with
each chair person taking it to greater
heights each year .
From 50 when we began it has nearly 2000
members today

IAP PRESIDENTIAL ACTION PLAN

Started by Dr C.P Bansal 2013
Continued by successive IAP
presidents



MKU TOT Mumbai Feb 2018



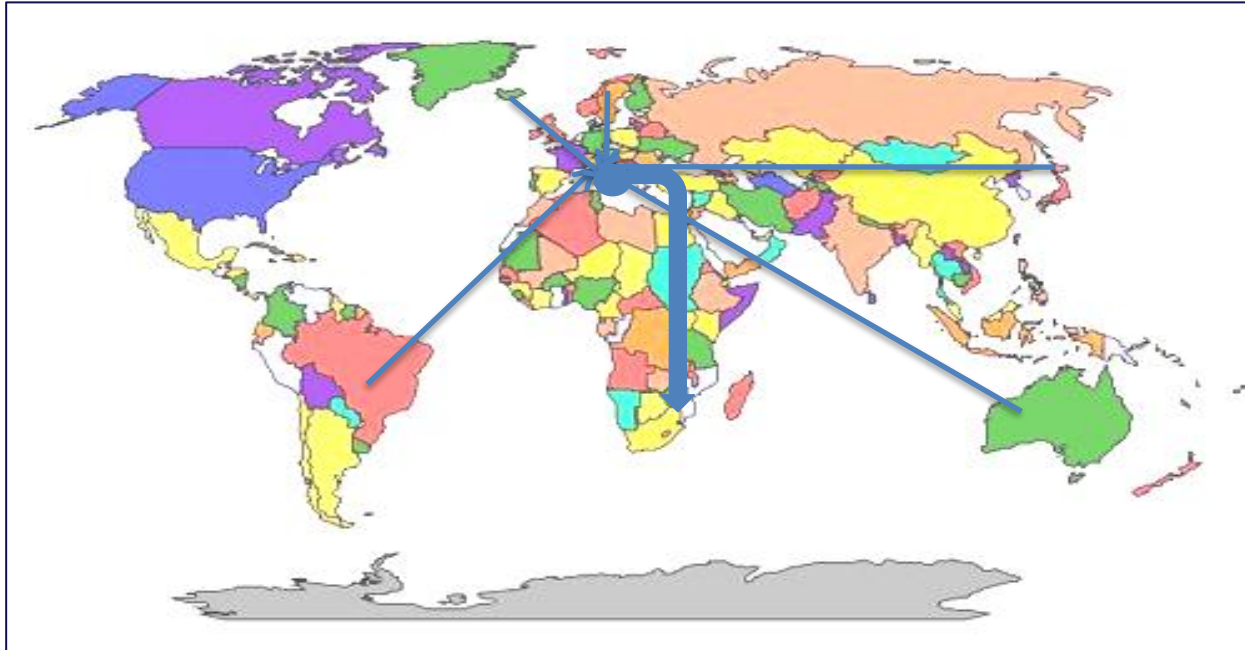
2018- IAP PRESIDENT Dr SANOSH SOANS
Continued in 2019 IAP PRESIDENT Dr Digant Shastri

- **WHO programs- HQ Geneva & SEAR (2001 to date)**
- **IPA International Pediatric Association (2001-2013)**
- **IPA - WHO programs (2001 to 13)**
- **IAP through IPA (2001-13)**
- **Regional Vice President** (South East Asia & Middle east)
- **IAAH International Association of Adolescent Health (2009-17)**
- **My personal achievements**
- **Work through My NGO AACCI (2007 to date)**

Establishing Adol health in IPA

- **No programs on Adol health in IPA**
when I joined in 2001
- **First started an Adolescent committee ..then**
Adol interest group .. Lastly established –
- **IPA Adol program area in 2008**
- *First IPA-TA Technical Advisor on Adolescent health &*
 - *IPA representative to WHO*
 - Section of Adolescent health to do joint programs*

Formation of National level IPA task forces Adolescent Health & Country Representatives



Survey of Adol
Health IPA –
members –180
National
Pediatric
societies
And ppts for
each country

First stage Questionnaires were sent back from 32 countries

More developed
countries: 7

Less developed
countries: 10

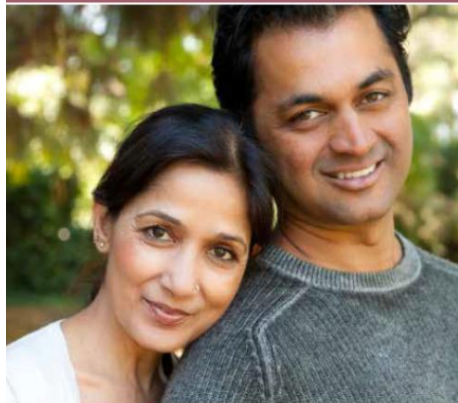
Incompletely
filled by: 15
countries

Analysed data from 17 countries, 11% of total adolescent population

Represented IPA & IAAH at many WHO workshops



Meeting to Develop a Global Consensus on
Preconception Care to Reduce Maternal
and Childhood Mortality and Morbidity



**Faculty for IPA –
WHO Symposia
at IPA
congresses**

**WHO SEAR region
“HEALTHY TRANSITIONS
FOR ADOLESCENTS’-
ENSURING HEALTH
ACROSS LIFE-COURSE”**



**Preventing
Early Pregnancy &
Poor Reproductive
Outcomes**

among adolescents in developing countries

IPA WHO ADOLESCENT RESOURCE KIT Field testing At ADOLCON 2009 - Belgaum India Sep 09



FIELD TESTING

Dr Chandra Mouli - WHO

Dr Swati Bhawe IPA - report

25 IAP Members trained and gave feed back

IPA AAP Global Tobacco Prevention Program 2008-9

Three coordinators

Dr Ruth Etzel

IPA Technical Advisor-Environment and child Health

Dr Swati Y Bhave

IPA Technical Advisor Adolescent Health
Coordinator IPA & member EC IPA

Dr Jonathan Klein

Deputy Director AAP
Co-opted member
IPA Adolescent program area



**AAP Session Adolescents
World congress on
Tobacco and Health
2009 - Mumbai**

LAUNCH Of The Program INDIA

March 2009



FGD with IAP members Mumbai



KG Soumaiya Medical College
Chembur – Dr Sujata Kanhere



President of Mumbai Branch Dr Tanmaya Amladi
welcoming the guests Collaboration with AACCI



Th medical and nursing students and the staff

IAP Task Force on Prevention of Tobacco in Children and Adolescents

(2011-14)

Dr. T. U. Sukumaran

- **IAP President Action Plan 2011**
(IPA AAP Global Tobacco program)
- **Chairperson Dr. T. U. Sukumaran**
 - **International Coordinator**
 - **Dr. Swati Y. Bhawe**
- **National Coordinator Dr S. S. Kamath**

What Are We Going To Discuss Today?

What is Tobacco?

What are the harms of tobacco use?: Smoking and chewing tobacco

What is "Second hand smoke"?

Why addiction is such a big issue for kids of your age?

How

Can y

Dr. 540



The Other Culprit

Second hand Smoke (SHS)

It is a complex mixture of gases and particles from a burning cigarette, cigar or pipe and exhaled smoke.



IAP CD on Tobacco Prevention School programs sent to all IAP branches

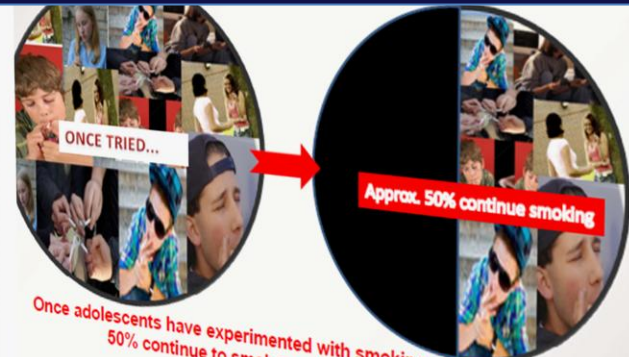
EFFECTS ON ADOLESCENTS

HALF

of young people who continue to smoke will die from smoking¹

Every day, up to 100,000 young people globally become addicted to tobacco²

1. World Health Organization. The Tobacco Atlas. <http://www.who.int/tobacco/atlas8/en/>
2. Tobacco fact sheet. August 2009. <http://www.who.int/tobacco/factsheet/en/>



Once adolescents have experimented with smoking, approximately 50% continue to smoke and become addicted.

Sample Slides

WHO –SEAR -IPA workshop

Consent and Confidentiality

issues in HIV in Adolescents,

New Delhi July 2006

http://www.searo.who.int/EN/Section13/Section1245/Section2261_13223.htm

Coordinator – Dr Swati Y Bhave

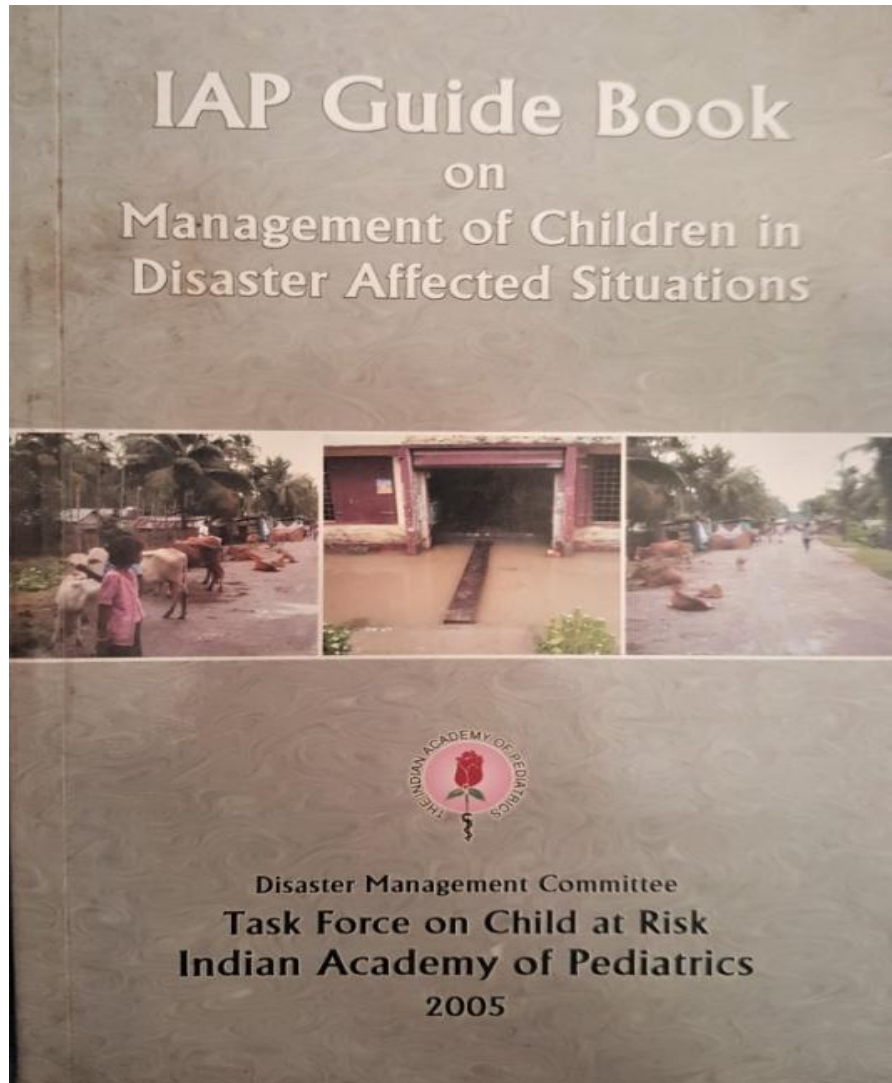
WHO SEAR /IAAH / and IPPF

First time three International Professional
Societies were invited by WHO
for creating guidelines

IAP was also invited

The IAP Task force - Child at risk

Chair Dr YC Mathur / Convenor Dr Swati Bhave (2001-05)



Works shop – GOI /WHO/
UNICEF/ Red cross and
other agencies

Later Started the
IAP DMG Disaster
Management Group

Children included up to age 18 yrs



**Funded by IPA –AAP/ collaboration with Cleveland USA
Indian Faculty from IAP / GOI /UNICEF /WHO / REDCROSS
International Faculty IPA/ AAP - USA /Bangkok**

IPA WHO – IAP Workshop

Environmental health Children & Adolescents

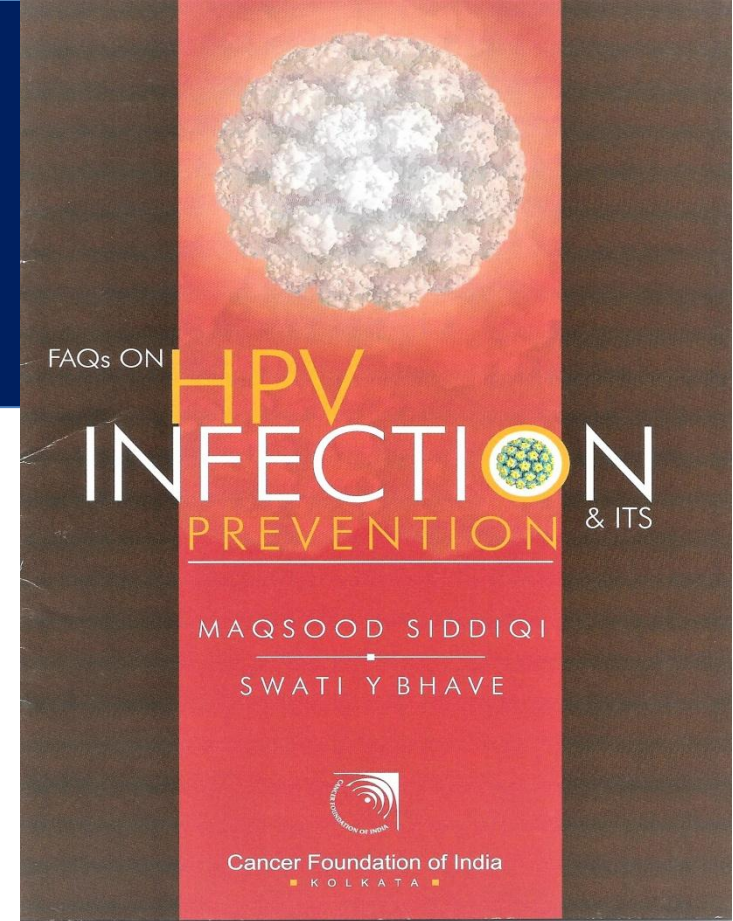
- Photo of environment workshop

- My personal achievements &
- work done through my NGO AACCI

WHO HPV Vaccine Advisory Group 2009-10 &

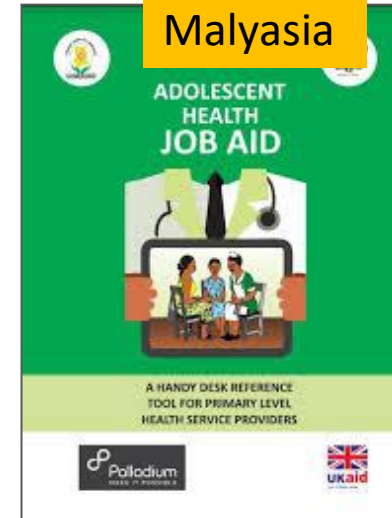
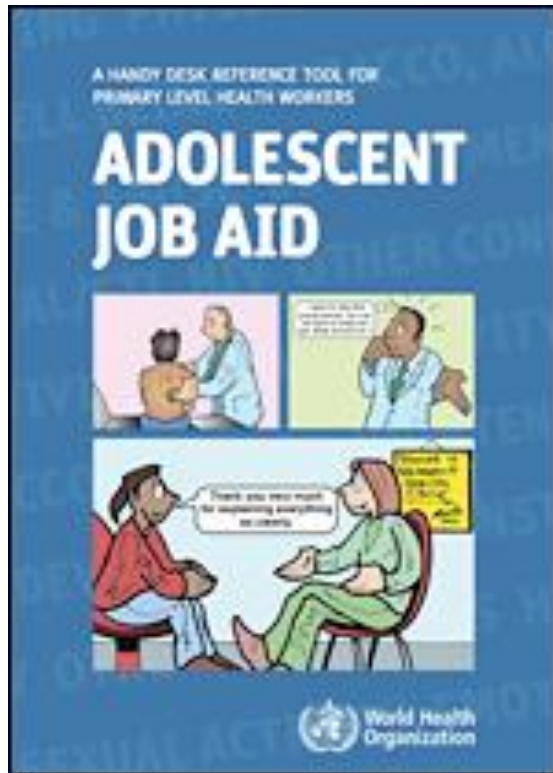
**IPA committee on data collection on
HPV knowledge of Paediatricians 2011**

**Book Release by Prof Harold Zur
Hausen Nobel Laureate 2018**



**Cancer control in India
symposium
organised by
Cancer Society of India
at Kolkata Dec 4 2009**

WHO Adol JOB AID book



To insert India photo

short term consultant in WHO HQ Geneva to contribute in a team to develop Job Aids

Translated by various countries

Resource kit (Briefing Package)CD on Adolescent Health
Developed by Paul Bloem from WHO and Dr Swati Bhave IPA



World Health
Organization

international pediatric association
association internationale de pédiatrie
asociación internacional de pediatría

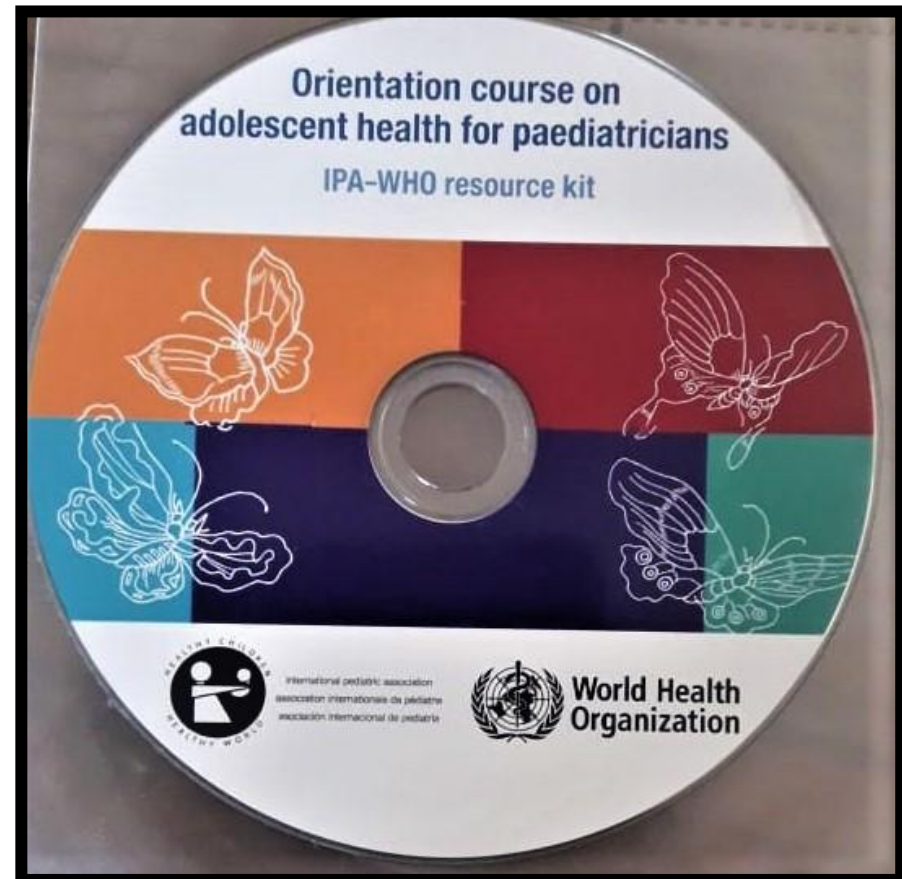


***IPA congress Johannesburg
7 August 2010***

Pre-conference workshop was held by the
IPA program area on adolescent health and
WHO section on CAH

**The resource kit CD was
released by Elizabeth
Mason WHO
> 250 participants /40
countries**

Trained and given a copy of the CD for
use in their country



DOCTOR
NDTV

DOCTOR
NDTV

DOCTOR
NDTV

DOCTOR
NDTV

DOCTOR
NDTV



Adolescence

the wonder years

Your Questions Answered



किशोरो का अद्भुत संसार

आपके प्रश्नों के उत्तर



কৈশোর

বিশ্বায়ত্ত্ব বর্ষগুলি

আপনার প্রশ্নের উত্তর



வளர்இளம் பருவம்

உங்கள் கேள்விகளுக்கான விடைகள்



കൗമാരം

ജീവിതത്തിലെ വിസ്മയ വർഷങ്ങൾ

Byward Publications Translated – Hindi , Bangla , Tamil , Malayalam

ANGER MANAGEMENT

SWATI Y. BHAVE
SUNIL SAINI



एंगर मैनेजमेंट

स्वाति भावे और
सुनील सैनी



கோபமா..? உங்களுக்கா? இனிமேல் நெவர்!



சுவாதி ஸ்வயம் & சனில் சாய்னி
எஸ். கோபால்

PRIYADARSHNI ACADEMY

Teen Tips

Healthy Life Style
Exam Stress
Medical Problems
Study Skills
Keeping Happy
Career Choice

Part - 1

AACCI - ASSOCIATION OF ADOLESCENT AND CHILD CARE IN INDIA

PRIYADARSHNI ACADEMY

FAQs'

FOR PARENTS OF TEENAGERS
Part - 1

SAGE publications translated – Hindi & Tamil

Through AACCI publications

Helping parents in
developing countries improve
adolescents' health

WHO workshop - Geneva – 2006

Shared my Experience in parenting programs --

Sharing
experience
on Parent
involvement
for
Adol
Health



WHO Regional Meet
Bhutan April 2019

To insert photos

WHO consultative meet Dec 2019 New Delhi

Sharing experience of Handling Parents in office practice for Adol Health

Conducted program for different categories of parents on individual basis and through AACCI

Doctor parents / Corporates / slums / schools /colleges

Invited by IMA Pune to conduct a parenting course In partnership

To put banner



HCFI Award for Parenting programs- 2018

Motivational speaker and trainer

**BPCL women Executives
Work Home Balance**



**Bird Hotel Group-
Stress Management**



**ATC officers Delhi / Mumbai
Stress management & healthy Life style**



**AI Officers Delhi /India- Parenting skills
Stress management**



**Wives of ATC & AI officers
Mumbai : stress management &
healthy weight loss**



Anger management & Control of Emotions

- Rotary clubs



- Womens group



Parents of specially challenged children- Downs – Pune 2015



Aggressive children– Pune 2015



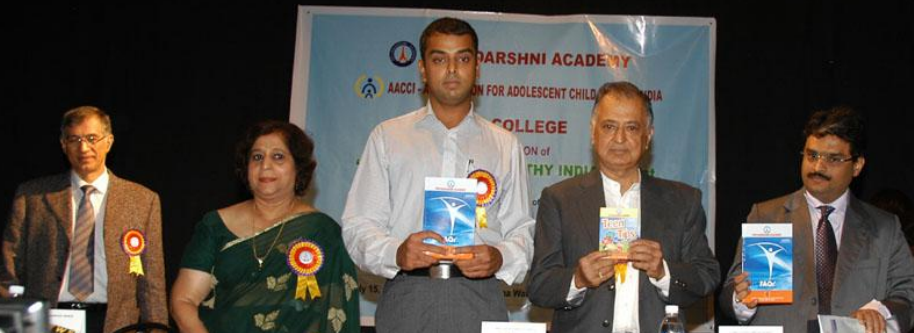
National IMA Women Empowerment Award 2018



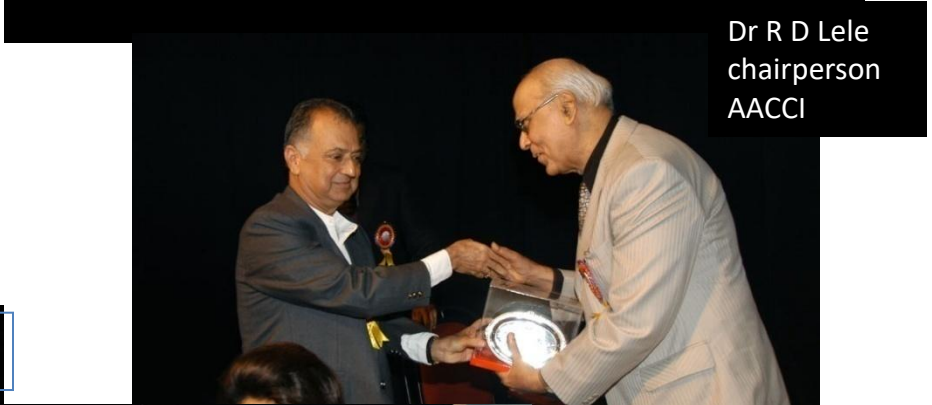
MP Milind Deora Launching the program



Audience at launch July 2008



MP Milind Deora Releasing AACCI books



Dr R D Lele
chairperson
AACCI



Sheriff of Mumbai and Other dignitaries



Dr Swati Bhawe
Executive Director
AACCI

Association of Adolescent and Child Care in India.

Founded in 2008 -

Doing URBAN based work with parents , teachers and students in school and college

NO GRANTS ..VOLUNTARY WORK ON WEEKENDS OR TAKING LEAVE FROM WORK



ASSOCIATION OF ADOLESCENT AND CHILD CARE IN INDIA

AACCI for
TEACHERS, PARENTS, CHILDREN and YOUTH



aacciindia@gmail.com

www.aacci.in

Our MISSION is
Promotion of **HOLISTIC HEALTH-**
Prevention of LIFE STYLE associated diseases
Positive mental health

Our Multi-Centric and Multi-Specialty team – Pediatricians ,Adolescent experts , Psychiatrists ,OBGY, Psychologists , counselors, Parents ,Teachers etc
WORKING VOLUNTARILY make it very UNIQUE

Various faculty groups



Pune with DY Patil Medical college



Nagpur



Jaipur



Delhi



Nagpur with CIBS



Gurgaon



Mumbai



Mumbai



Our programs consist of

Setting up long term collaborations schools and colleges to

- Promoting Healthy life style and
Prevention of NCD's
- WHO Life skill education programs
- Positive mental health
- FLE (Sexuality education)

For PARENTS AND TEACHERS

- Awareness and training programs
- On various aspects of
Adolescent health
- Life skill education
- Positive mental health

Setting up long term collaborations with hospitals

- Support groups for specially challenged and
chronically ill children and parents

Multicentric Youth behaviour studies

- Presentation in conferences
- We have received awards

AACCI YOUTH wing

- Mentoring Young people for
Peer educators

- Medical students for Research presentation – National and International
conferences - They have received awards

LIFE STYLE DISEASE PREVENTION FROM 2008



AACCI MULTICENTRIC RESEARCH

Prevention of life style Diseases module in our LSE workshops

We ask for Family History of obesity Hypertension, diabetes etc

Give them a proforma to analyze their life style and give Guidance

We have presented our findings in a number of conferences .

The physical examination of the participants

- This gives them immediate individual benefit as the doctors in our team counsel the participants if they have abnormal parameters of weight ,BMI Blood pressure and high risk family history
- The physical examination questionnaire has their names to give them feed back
- The other mental health questionnaires we ask only for age and gender to get honest feedback

Life style screening

We have created a one page life style analysis questionnaire that was to be filled by each participant at the time of registration

We only ask for age and gender as we want honest answers and based on the results we do group counseling to address the issues we identify in our research analysis

This includes questions about

- Food habits : breakfast , lunch boxes, junk food , eating in front of TV**
- Sleep and exercise habits .**
- Number of hours spent daily/ weekly**
Electronic gadgets –TV, Computer, mobile etc .
- Number of hours spent - parents, relatives and friends**
- Smoking and alcohol**
- Family History of Obesity, Diabetes, Hypertension and Heart attacks**

Personally supervise filling of questionnaires'

when the number is small in workshops



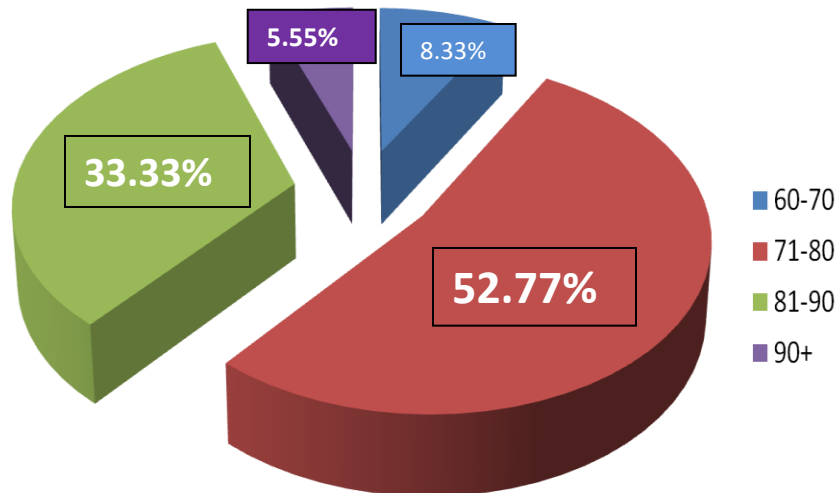
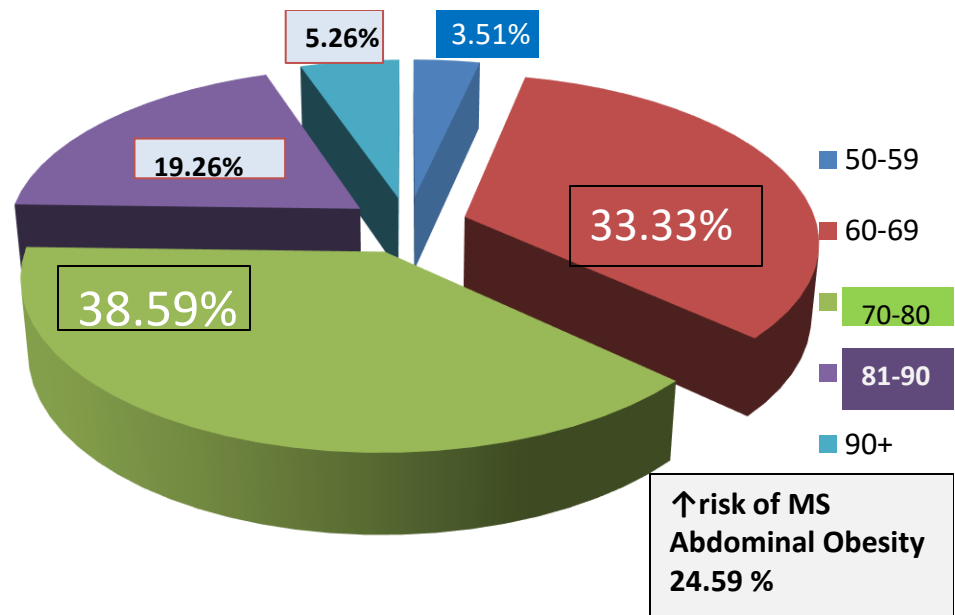
When we collect large data we train Teachers to explain Before filling



AACCI

Girls > 80 cms

Abdominal obesity seen
In girls with normal BMI



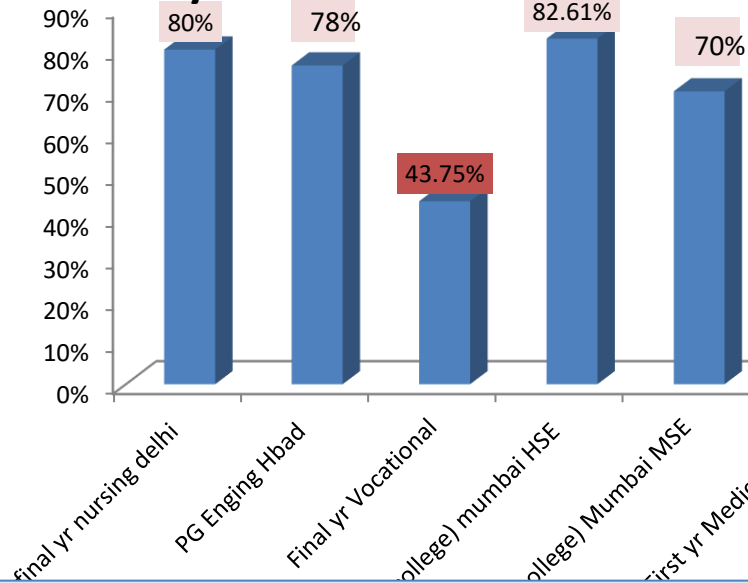
Boys >90 Cms

SY Bhav, S V Joshi, J Nagpal 2009

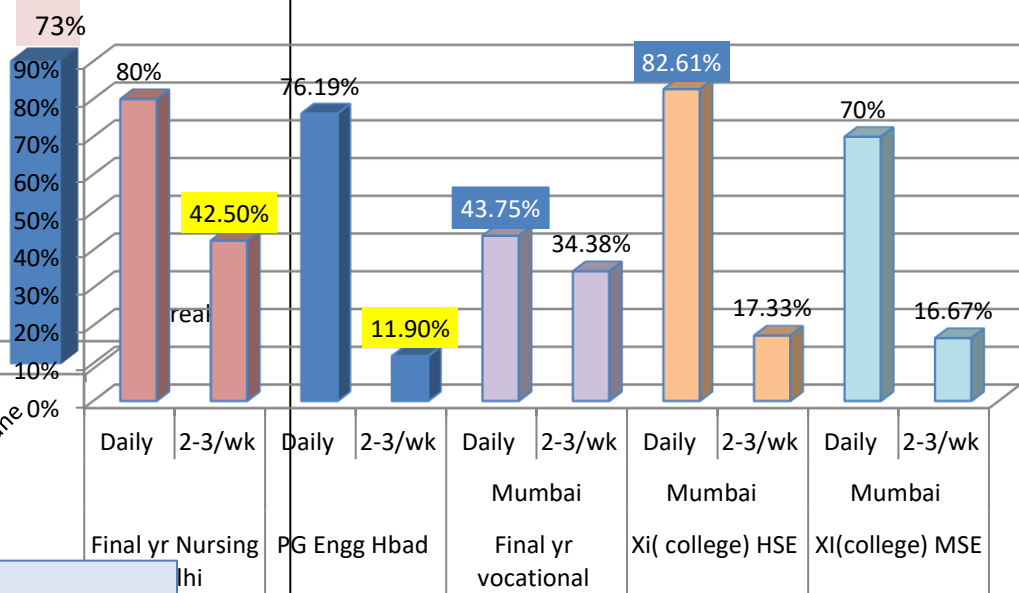
COLLEGE YOUTH OF MUMBAI
Waist circumference in Normal BMI n=150

One of our first research papers presented in International LSE conference in Chennai

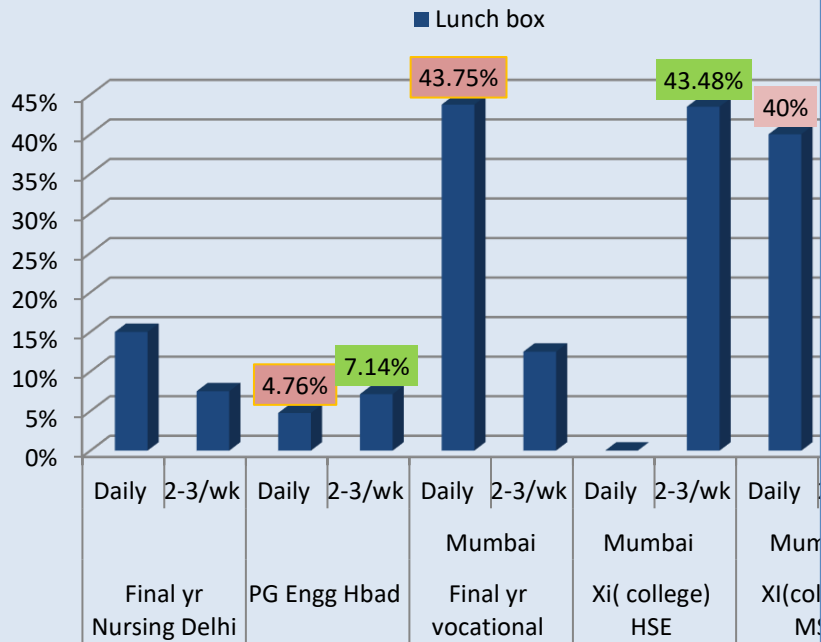
Daily Breakfast



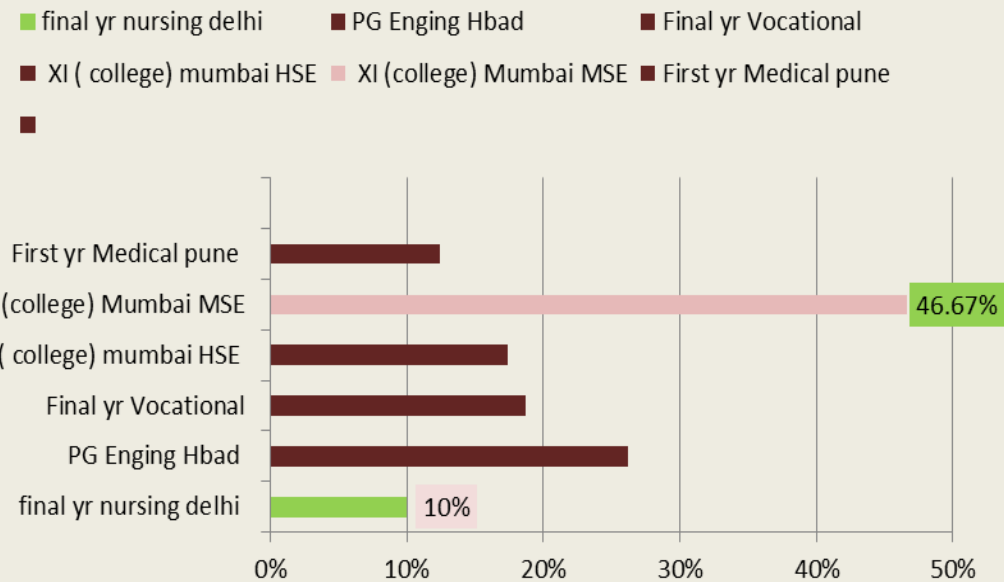
Daily and 2-3 time week -Breakfast



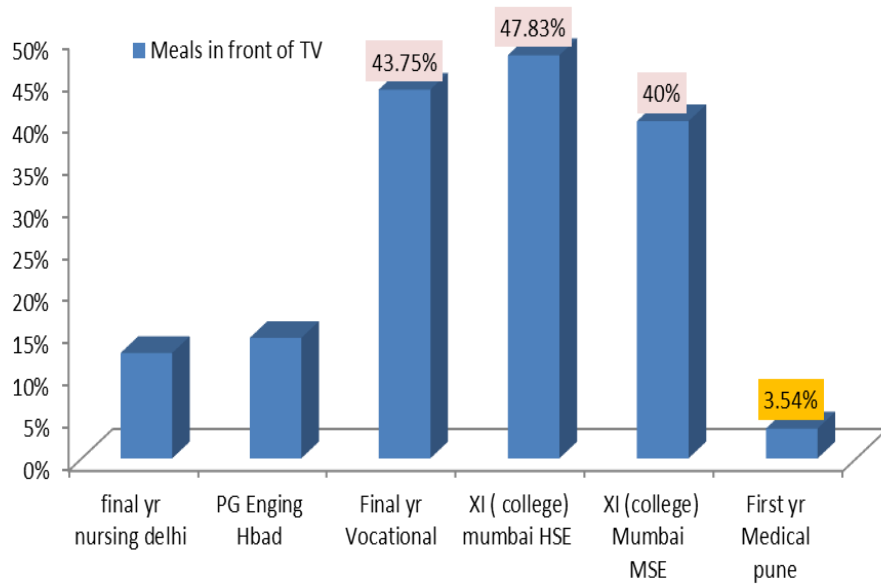
Frequency of carrying home lunch b



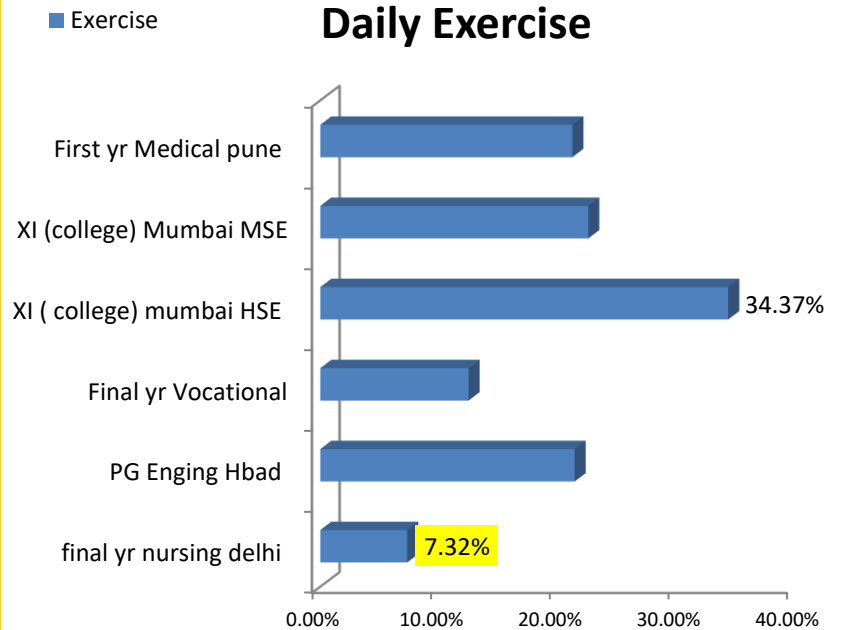
Eating Junk food Daily



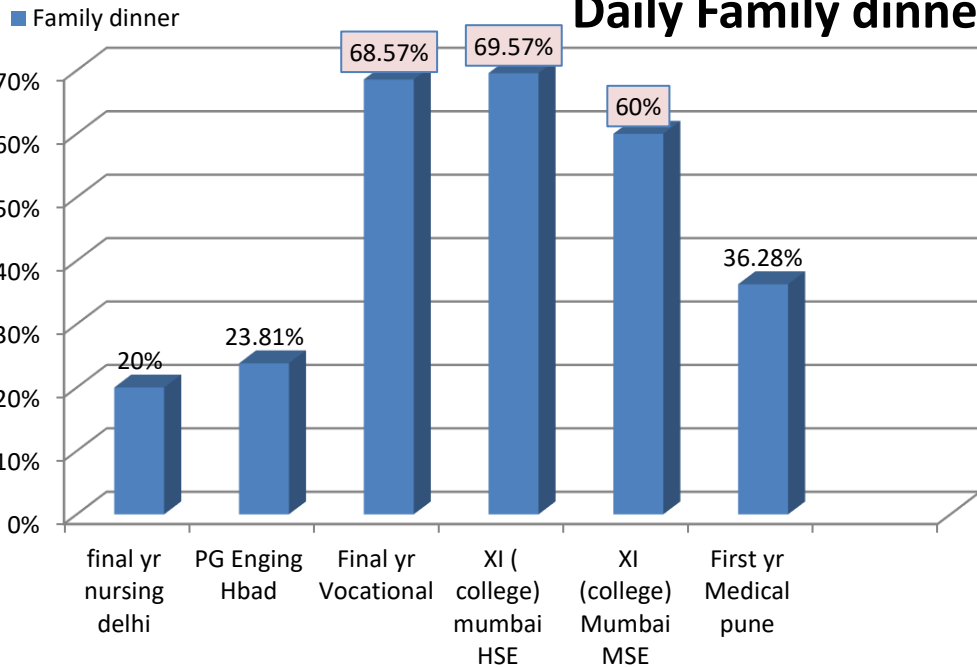
Daily Meals in front of TV



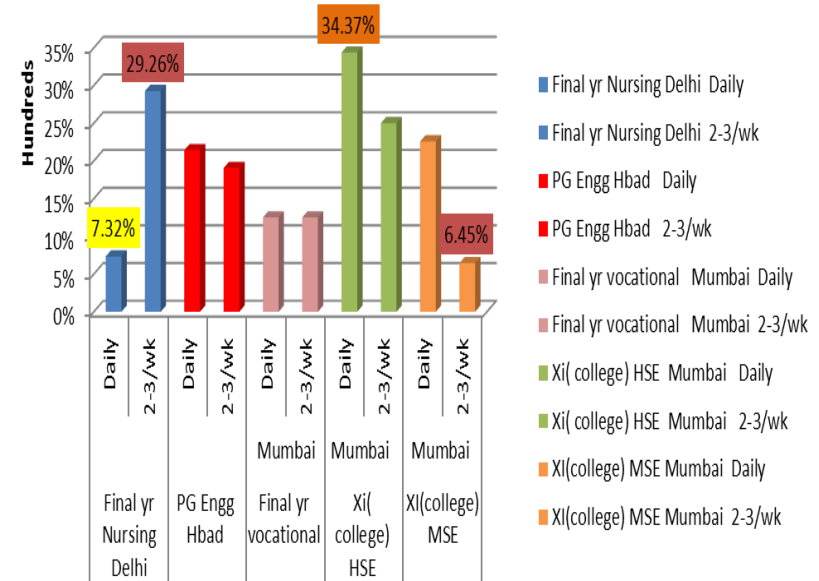
Daily Exercise



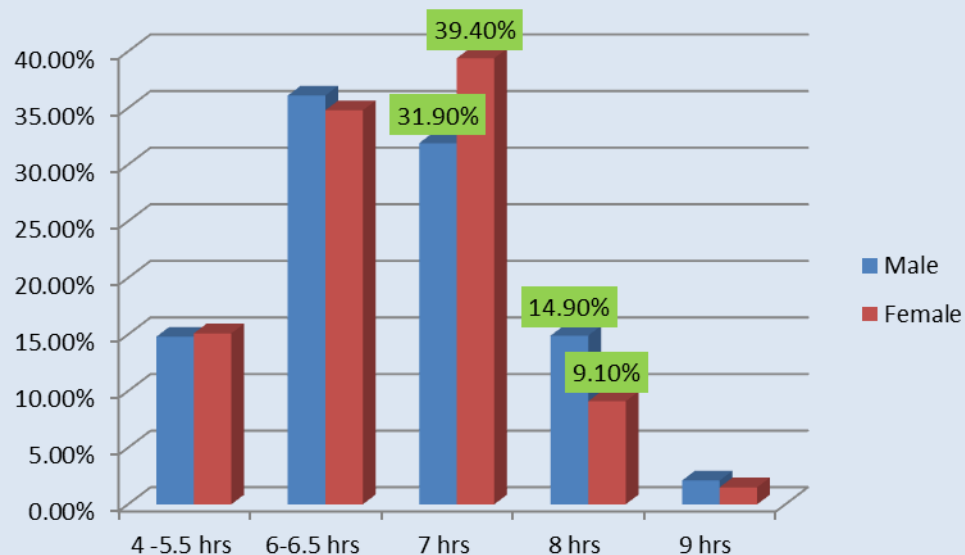
Daily Family dinner



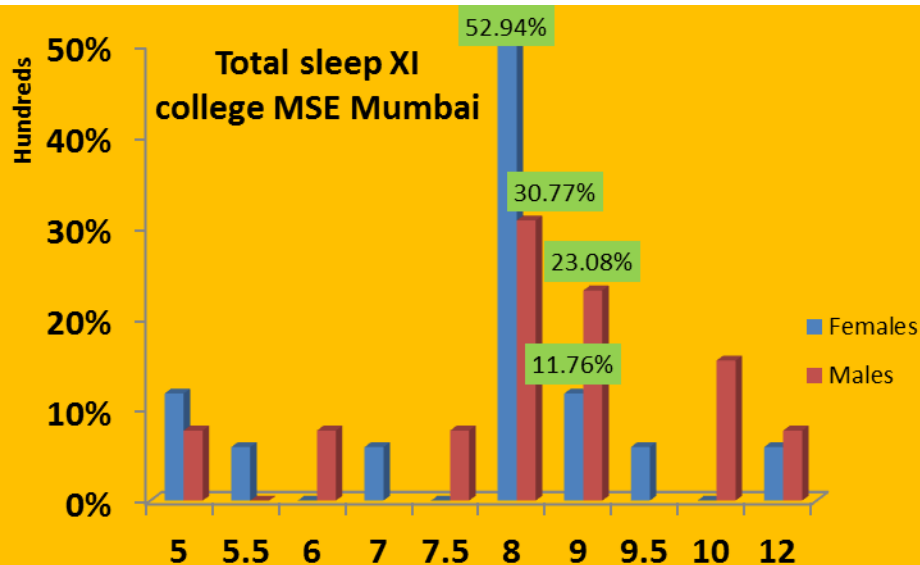
Daily and 2-3 times a week Exercise



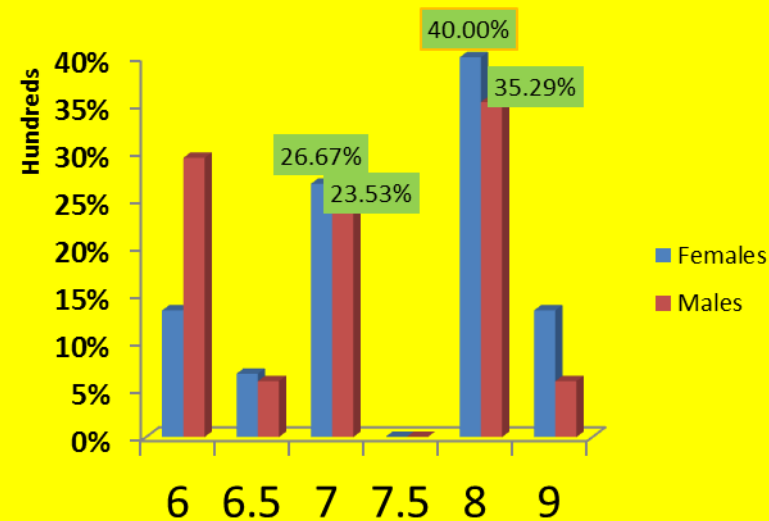
Total sleep in 1 st yr medical students Pune



Total sleep XI college MSE Mumbai



Total sleep XI college HSE Mumbai



Family History for risk factors for Metabolic syndrome

Mumbai College data 2009

Diseases	Male %	Female %	Total %
Diabetes	27.78	15.77	20.43
Hypertension	13.88	7.02	9.68
Heart attack	8.33	1.75	4.30
Obesity	0	8.77	5.38
Low birth Weight	0	14.03	9.67

There was significant family history of risk factors

SY Bhavne,SV Joshi, J Nagpal



AACCI -Recognised as a Civil Society
working for NCD prevention



Invited for meetings by
WHO /Ministry /NCD alliances



AACCI representation at other meetings



We go as a team
or as an individual
Representing AACCI



COLLABORATION at Global level

- NCD child is a global multi-stakeholder coalition, championing the rights and needs of children, adolescents, and youth who are living with or at risk of developing NCDs



Dr Swati Y Bhave
Governing Council of NCD child 2009-12

Follow @NCD_child on Twitter/ e-mail- NCD child @aap.org



Raising NCD awareness in schools

A SCHOOL PROJECT IN INDIA
BY **NCD CHILD**
IN COLLABORATION WITH **AACCI**

Presented by Dr Swati Y Bhave
Executive Director AACCI
Dr Latika Bhalla project in charge

- **FACULTY**

Protecting Children from NCDs
Leadership Advocacy Workshop

Asia PACIFIC Congress of pediatrics | PEDICON | Asia pacific congress of pediatrics nursing
Hyderabad, India | January 20-21, 2016



AACCI active partner IAP-AAP - NCD Pilot Project –

AACCI Life style Questionnaire was used
AACCI created FGD format
AACCI coordinators conducted workshops

Workshops in Pune by Dr Shailaja Mane along with AACCI youth wing peer educators



1st World NCD Congress

Chandigarh 2017

Invited to share AACCI experience on Youth awareness and intervention in
2 sessions & Co chair Youth session



Won Award for AACCI paper
on BMI and Self esteem in
Youth - Multicentric study

AACCI is also member of the
World NCD forum

Collaborations' with various Institutions



Dr DY Patil Medical College , Pune



Govt Medical staff at Pune



Bharati Vidyapeeth College of engineering for women , Pune



Dept of Pediatrics BJ Medical Pune

PEER EDUCATORS AACCI YOUTH WING



Dr.D.Y.Patil Medical College, PUNE | OCT, 2018

- AACCI YW session on "**Understanding Adolescents in Digital World**"
- Dr.Nikita Galani, AACCI YW, contributed in guiding the students to organise various sessions like **skits, debates, poem etc on digital media**



BVCOEW, PUNE | JUN, 2018

- AACCI organised **Life Skills Education workshop** in Bharti Vidyapeeth's College of Engineering for Women (BVCOEW)
- Session was moderated by Dr. Swati Bhawe and the participants were members of the AACCI YW who have been trained as **Peer Educators**



PFI & TYPF, NEW DELHI | JUN, 2018

- AACCI represented by Dr.Aashima from Delhi & Dr.Manu from Chandigarh in the meeting organized by **Population foundation of India (PFI)** and **The YP Foundation (TYPF)** & various stakeholders working towards adolescent health in the country

PARIS - AACCI YOUTH WING

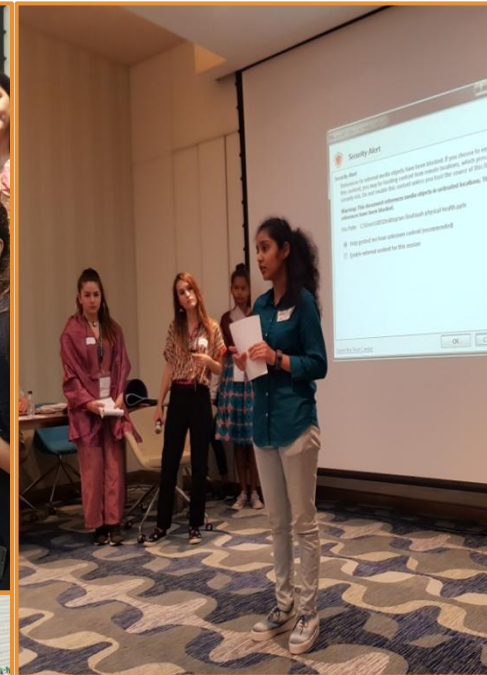


- **French Society for Adolescent Health (SFSA)** July 2017
- Organized a Skills Building Workshop on “**How to build an effective partnership between young people and professionals in training programs**”
- Total **Eight** members of AACCI YW participated

AACCI YOUTH WING

- Ninad Halgekar, AACCI YW was selected for **role play** by Dr. Pierre Ândre,
- Sourabh Mane, AACCI YW was invited to participate in a plenary "**Symposium on Social Media, Sexting, Addiction, Adolescent Health in Digital Age**" by Dr. Michael Rich, Director, Centre on Media & Child Health, Harvard Medical School.

IAAH congress – Oct 2017
Pre conf workshop



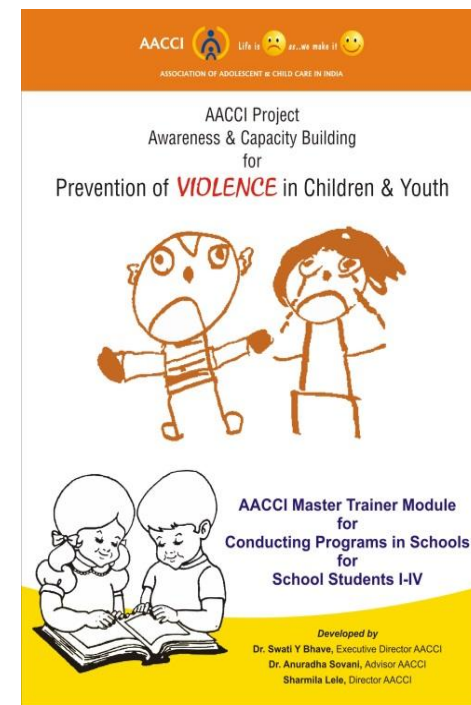
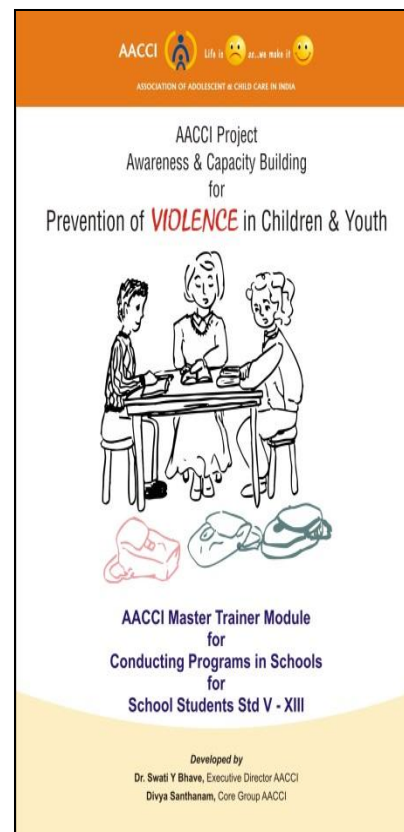
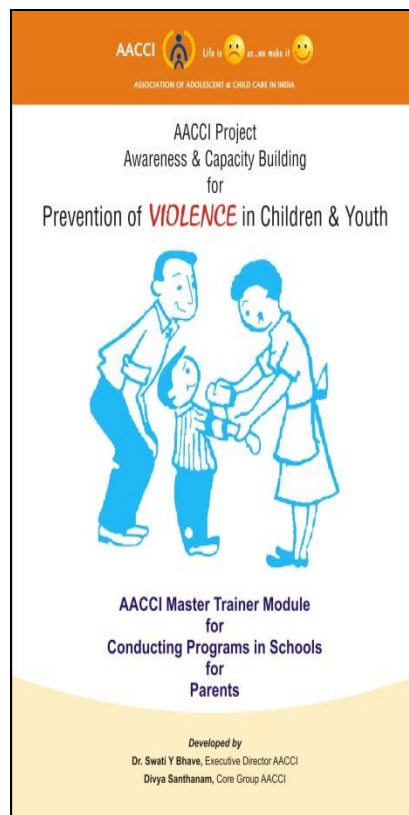
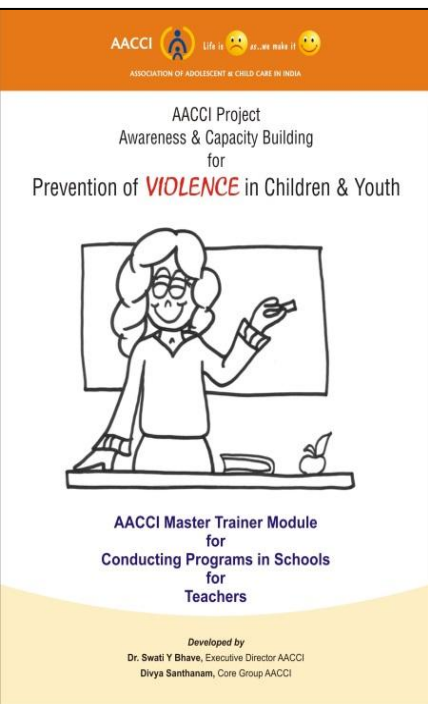
Conferences - AACCI Youth wing



IAAH regional Conference Muscat Oman oct 2018



Awards for papers



**Anger Management & Prevention of Violence and Bullying in schools
Training modules for Parents , Teachers and students -v- xii stds
special module for I-IV class**

AACCI National Consultative meeting Prevention of Violence & bullying



Psychiatrists Paediatricians , principals school
teachers School students



AACCI CD
photo to insert

**Final report for JJ Board e
Pilot Project for
Reduction of Anger, violence in children in
Observation Homes – 2nd April 2014**

Submitted by

Dr Swati Y Bhave

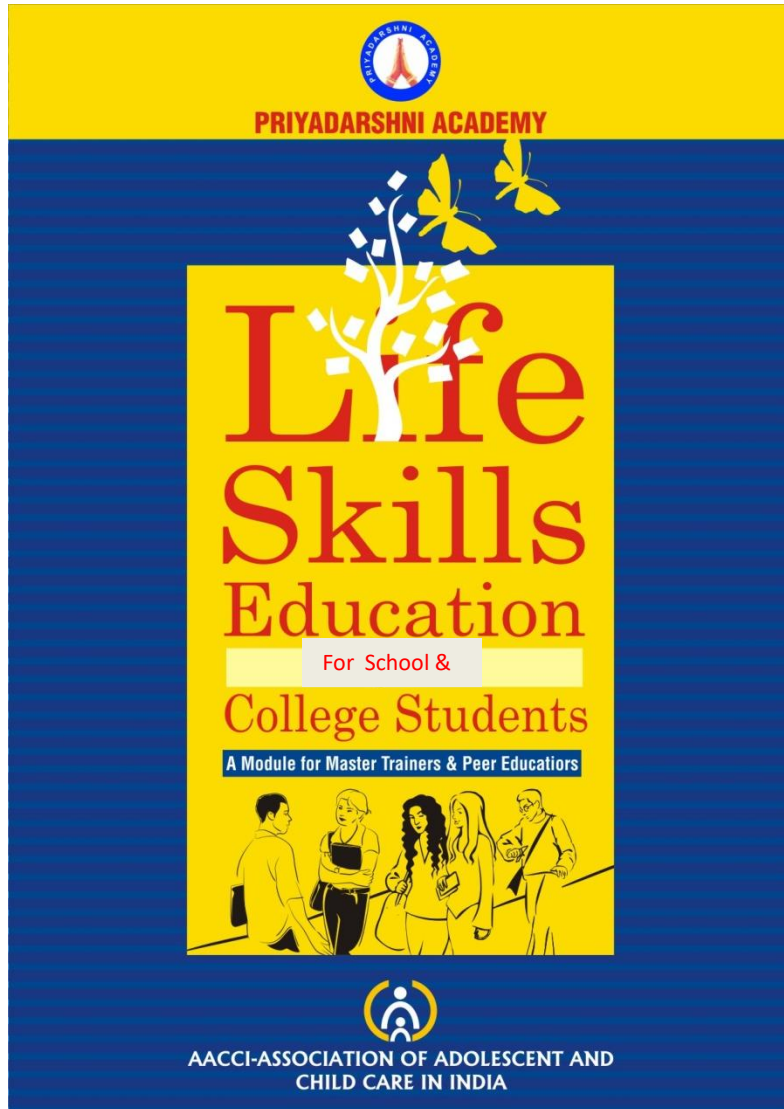
Executive Director AACCI

Association of Child and Adolescent Care in India.

**Principal /Co –Partner in Delhi
Urvi Vikram Charitable Trust- – UVCT**

Dr. UNB Rao

Special module for a 2 day orientation to LSE



Two day course 9 am to 6 pm (9 hours --1 1/2 hr breaks)

Includes all the ten core life skills –WHO

Lectures , Case scenarios, role plays,
group discussions ,brain storming

Special lectures on Life style disease prevention
and adverse effects of tobacco alcohol and
substance abuse

Session on stress management and hand on
session for prannayam and meditation

In QUESTION BOX KEPT where they can put
questions on chit without names . We answer all
queris in the last session and these are mainly
on SEXUALITY, PUBERTY , handling relationships
which includes dealing with parents .

LSE College programs-2009-10

First year Medical College students Pune Sep 2009(18-19 yrs)



First year medical students Delhi
Sep 2010 (18-19yrs)



First year Medical College & Nursing students Pune Jan 2010
(18-19yrs)



Final year Nursing Delhi Dec 2009
(19-24yrs)



Short lectures followed by Group Discussions



Presentations by Group Leaders



Role plays by participants



VIPP Sessions



Visual In Participatory Program
Is a very good methodology for
group training





Life is 😞 as..we make it 😊

Stress Relief - YOGA /Pranayam / Mediation





LSE Parenting workshops

Life is 😞 as..we make it 😊





LSE Parenting workshops

Life is 😞 as..we make it 😊



Group discussions and presentations



Yoga sessions in parent workshops





HSE colleges

Pune 2018



Sessions for orphan children Pune 2015



Elite schools

Nagpur 2009 oct

LSE Slum children

Delhi 2013



Nagpur march 2010



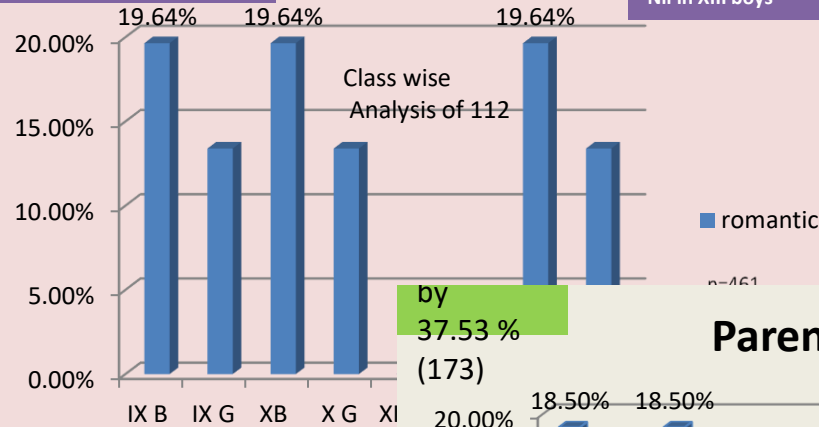
WHAT ADOLESCENTS WANT ? IX - XII std school students Gurgaon July 2010 n=461

Sessions on Relationship

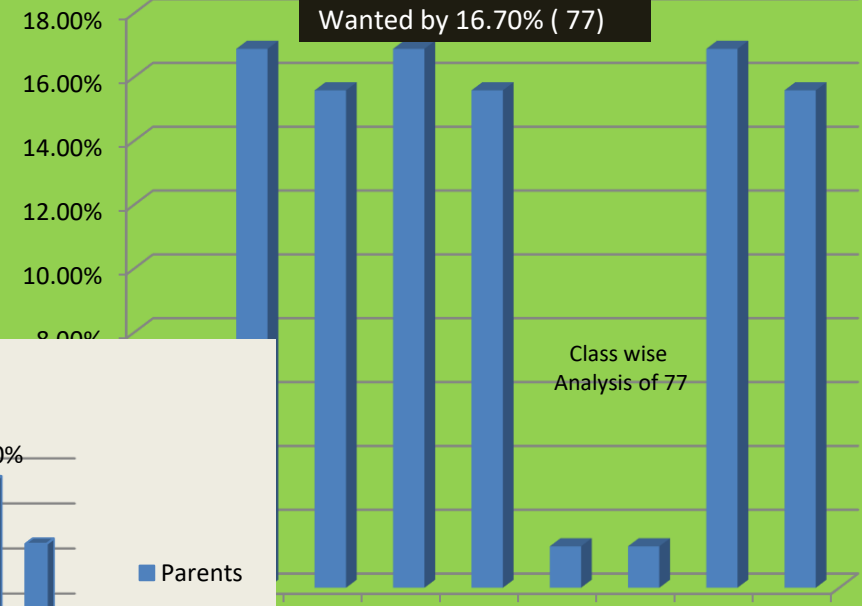
Wanted by 24.3 %
(112)

Romantic

More in Boys in all
classes except in XI
Nil in XIII boys

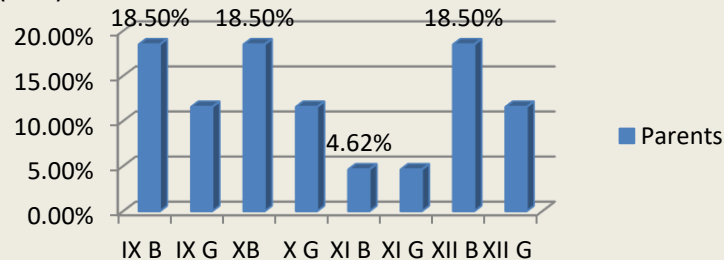


Relationship with SELF
Wanted by 16.70% (77)



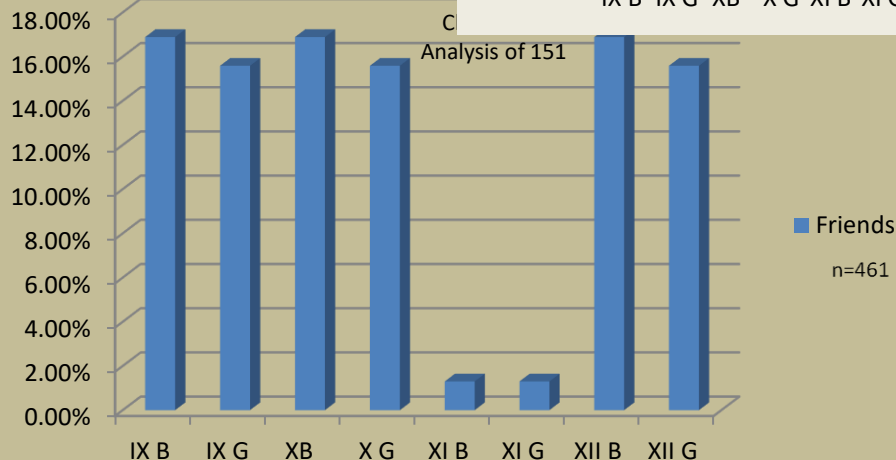
by
37.53 %
(173)

Parents



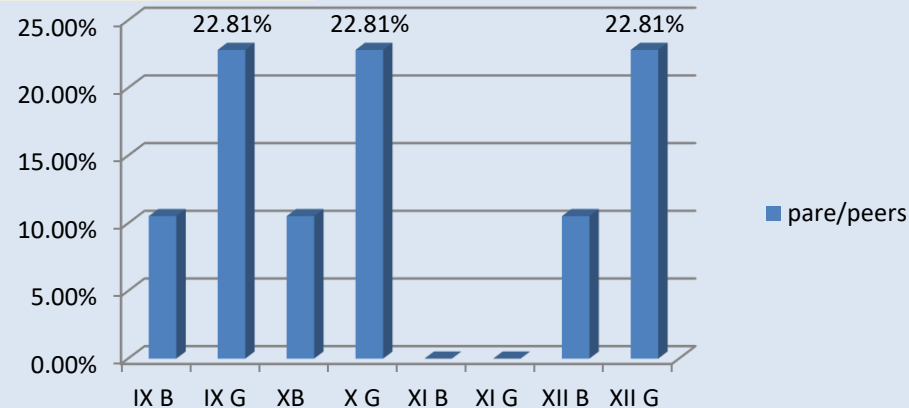
Wanted by 32.75%
(151)

Friends



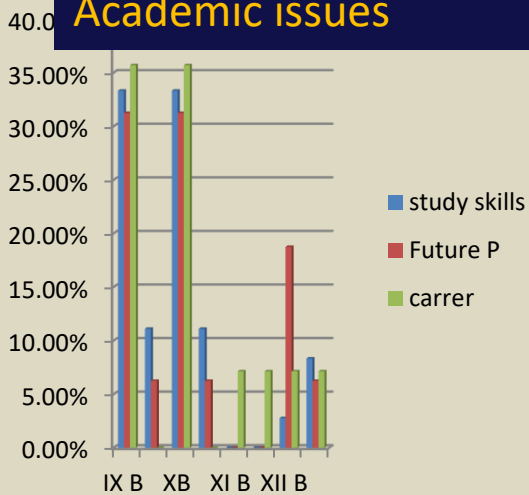
Parents and peers

more by boys in
all classes
Nil in X

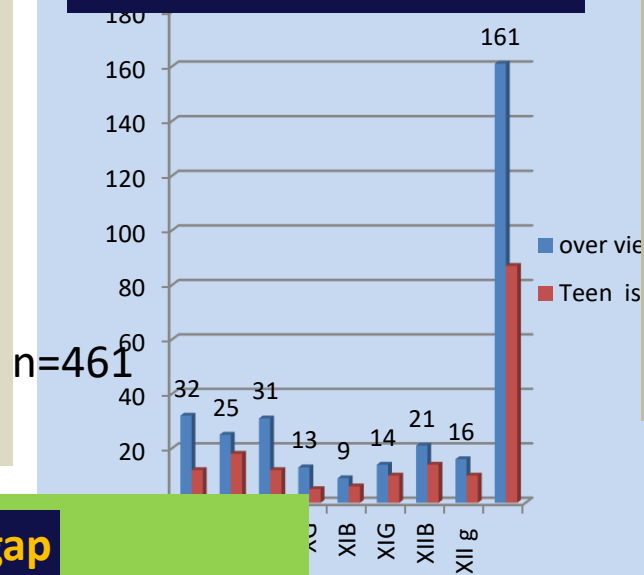


WHAT ADOLESCENTS WANT ? IX - XII std school students Gurgaon July 2010 n=461

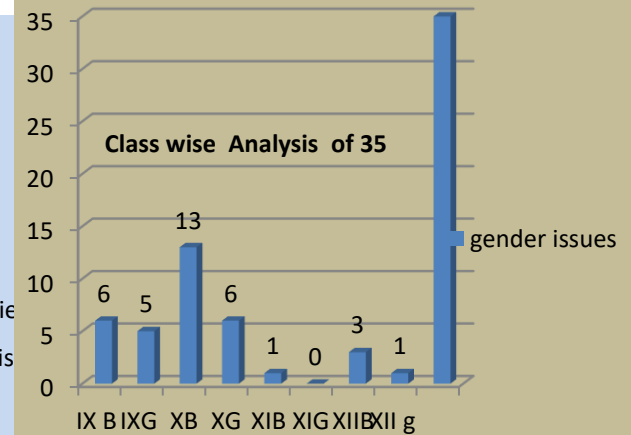
Academic issues



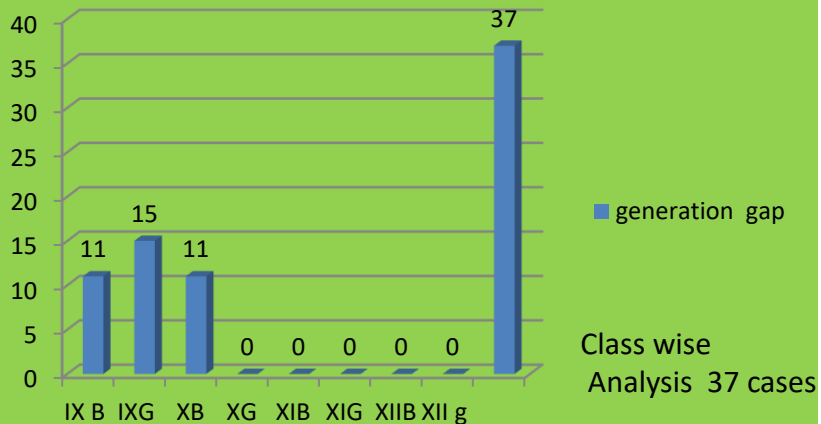
Teen issues & Solutions



Gender issues

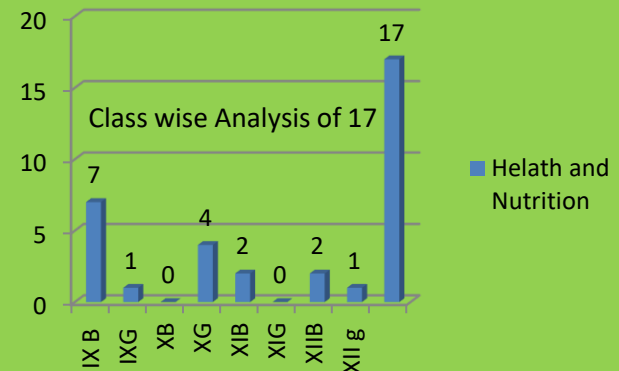


Generation gap

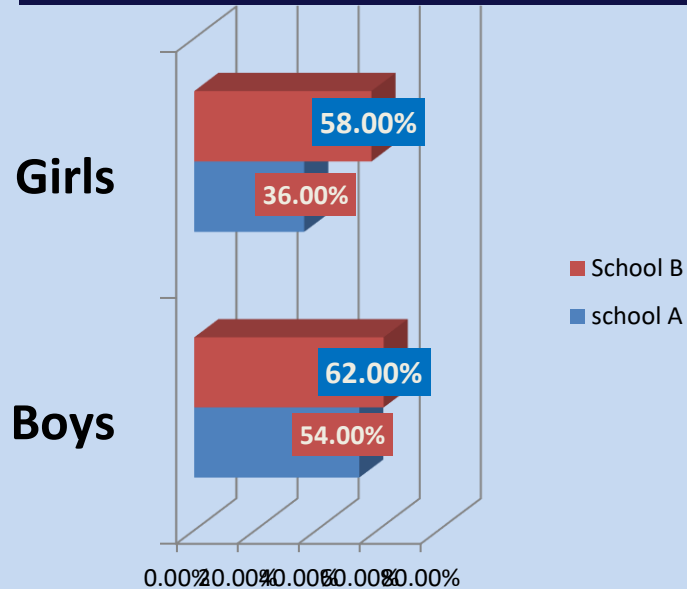


Class wise Analysis 37 cases

Helath and Nutrition

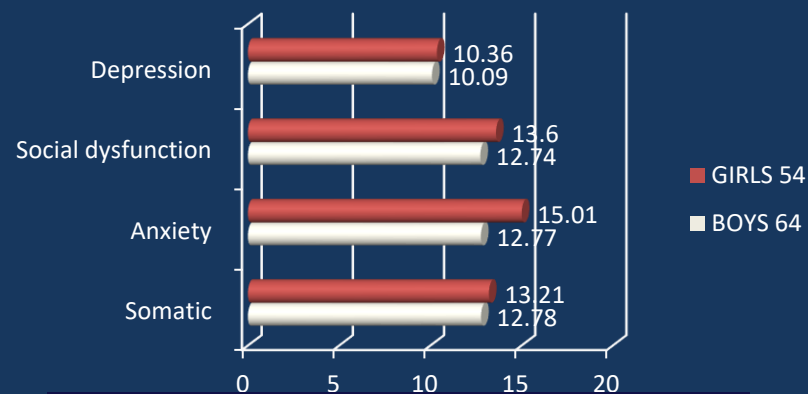
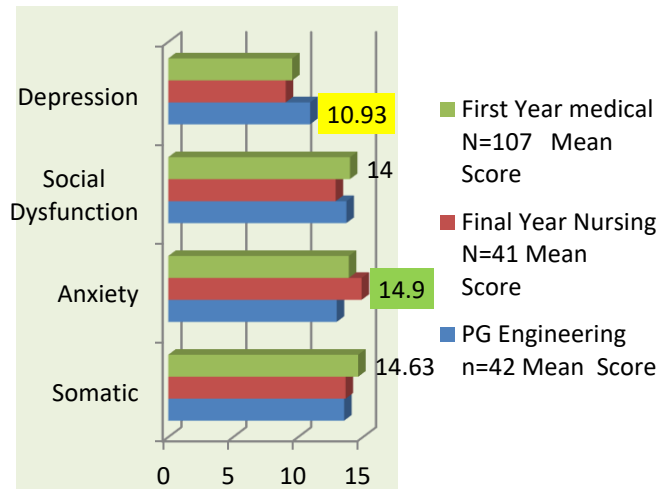


Peer pressure Gurgaon schools

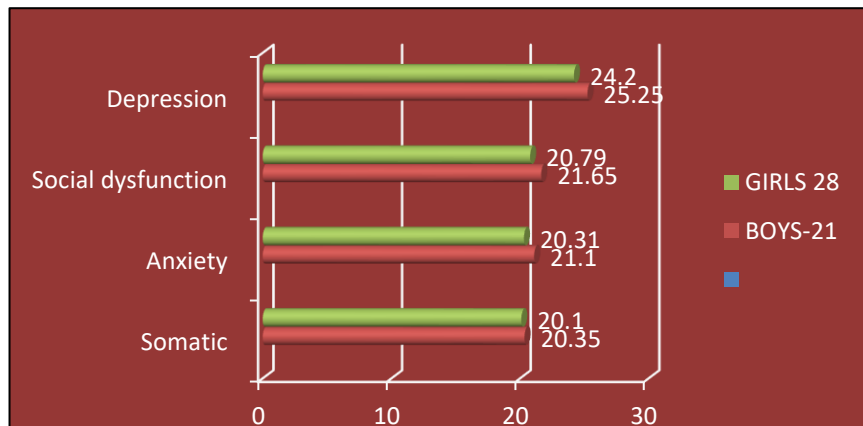


Multicentric Mental health Surveys in schools and colleges

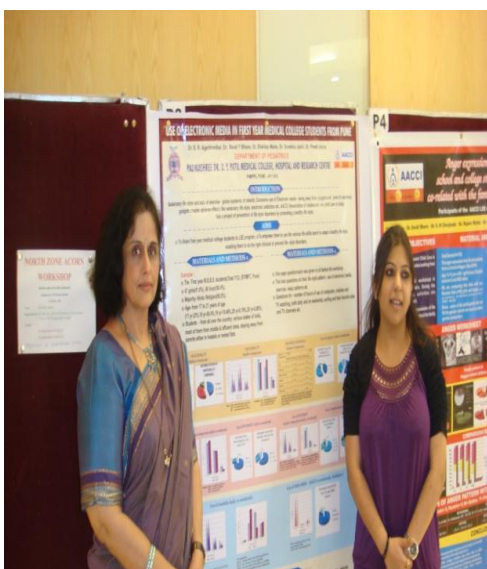
College students GHQ-28 n=190



GHQ -28 Gurgaon school GURGAON



GHQ -28 JAIPUR school



ADOLCON - Nov 2010 - Gurgaon Haryana

AWARDS at ADOLCON - Nov 2010 - Gurgaon Haryana

1st prize Swati Bhawe



2nd prize Dr RG Patil-NAGPUR



3rd prize Dr T S Jain –Delhi



1st Prize oral paper

*Growing Internet Addiction :
A threat to our peers*

Dr Latika Bhalla Dr Swati.Y. Bhave

Pedicon 2017

Bangalore



2nd Prize poster paper

Assessment of self esteem in school children

Dr Sunita Manchanda, Dr Swati.Y. Bhave

ADOLESCON 2017 Khajurao



ADOLCON Pune Nov 2013



- All the four Prizes in the poster paper category was won by the AACCI team .

IPA congress at Johannesburg

- To insert photos

9th World Congress IAAH –Turkey Aug 2013



Abstracts published in a special edition of the Turkish Archives of Pediatrics, the official scientific publication of Turkish Pediatrics Association, an indexed international peer-reviewed journal.

*#0185 Bhave Swati Y **Sexuality education in Schools and junior colleges in India - novel methods to overcome barriers from the parents and administration***

*#0186 Bhave Swati Y **What teens want to know in Sexuality education? Results of the "Question box methodology "from teens in schools and colleges"***

*#0295 Bhave Swati Y **"Life skill education Programs for parents and teachers: empowering them to deal effectively with adolescents"***

11th World IAAH Congress

Hotel Pullman , New Delhi 25-29th Nov 2017



AACCI team Presentation of **16 posters on various aspects of youth behaviour** Examination Anxiety , Self esteem , Approval Motivation , Self control /BMI - related to various behaviours – studies from Mumbai ,Pune, Delhi ,Gurgaon

Abstracts published in Special issue of Indian Journal of Pediatrics

AACCI team presentations – International conferences



UNESCO Bioethics - Jerusalem Nov 18



IAAH conf Muscat oct 18

To insert more photos

Life Time Achievement award By IAP RCH

Jan 2018 Pedicon – Nagpur



AACCI symposium anger management
9th World Congress IAAH –Turkey Aug 2013

- To insert photos

AACCI - Awareness & prevention of Child Sexual Abuse – CSA & POCSO Act 2012



Library Hall - Dr. D Y Patil Medical College, Pimpri, Pune. , April 5, 2017



Gender Debate

Indirectly brings out Sexuality issues





AACCI – support group for children and parents of chronic diseases

Thalassemia support group
BJ Medical college Ped dept
April 2019



AWARDS FOR AACCI Community work

HCFI 2017 Community Work on Adolescents



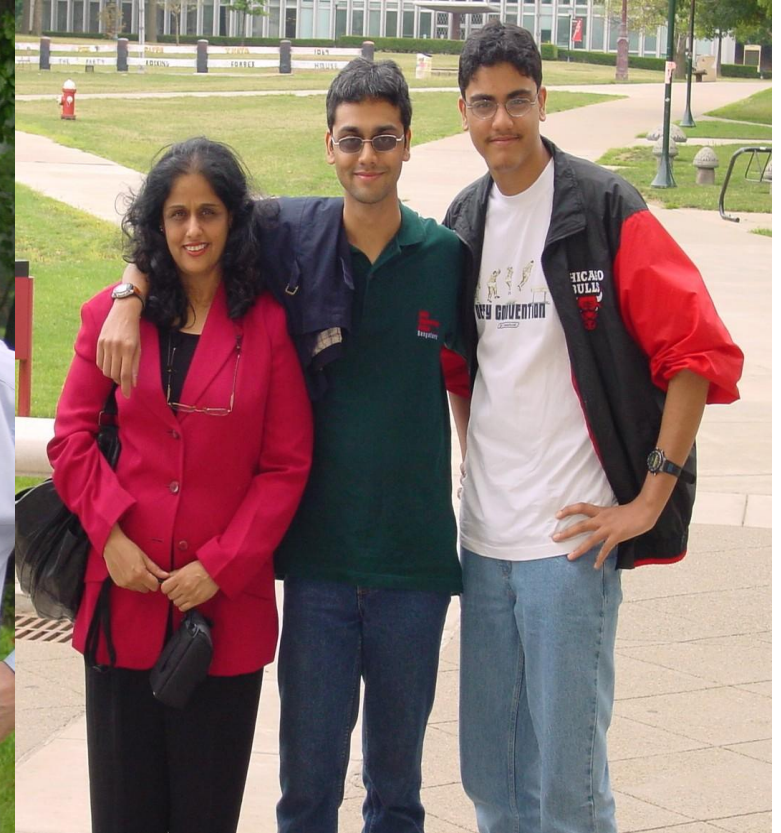
NCD awareness for prevention in
children and youth - 2018

Thank you-My Nominators



THANK YOU
**IAP President 2020 Dr Bakul Parekh &
The SS oration Nomination committee**

Thanking ...my family .



2001 Aug Carnegie Mellon University , Pitts burgh , USA

Our Adolescent Parenting a Joyful Experience