ADOLESCON 2022

1st Asian Conference on Adolescent Health
22nd National Conference of AHA, IAP

Hosted by : New Kolkata Academy of Paediatricians
with AHA, CIAP, WHO, UNICEF, MAMTA, WBAP

Workshop : 1 & 4 November 2022

Main Conference : 5,6 November 2022

Hotel ITC Royal Bengal, Kolkata

Souvenir
Published on the occasion ofADOLESCON 2022

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Prof Harish Pemde, Conference Chairperson
Prof Sukanta Chatterjee, Organising Chairperson
Dr Shamik Ghosh, Chief Organising Secretary

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Message for Asian Congress

Dr Harish Kumar Pemde
Conference Chairperson
ADOLESCON 2022

Dear friends,

Welcome to the First Asian Congress of Adolescent Health!

Adolescent health in India and Asia is still in early stages despite beginning nearly 4 decades back in India and 22 years back in IAP. We still need to work a lot to establish this as a clinical specialty of medicine. Although, adolescent health is well established in public health especially after the Rashtriya Kishor Swasthya Karyakram (RKSK) launched in 2014. RKSK has major focus on public health interventions in community and a lesser focus on care of adolescents in clinic. The proposed staffing and facilities for Adolescent Friendly Health Clinic in all district hospitals and community health centres are yet not to the satisfaction of clients and national adolescent health policy. This brings a major responsibility on clinicians like Pediatricians and hence Adolescent Health Academy planned to upgrade its annual conferences to Asian level with aim to draw attention of all stakeholders to clinic based care of adolescents.

Indian Academy of Pediatrics has promoted the adolescent health since 2000 through various national programs and conferences. Our efforts were fruitful in including adolescent health in Competency Based Medical Education Curriculum of MBBS and MD Pediatrics. This has envisaged that every medical college will have one Adolescent Friendly Health Clinic. Pediatricians are expected to provide clinical care to adolescents. This policy provision will go a long way in promoting adolescent health in India. Now, the pediatricians would learn to look after the children up to 18 years of age. The age of Pediatrics will have to be increased till 18 years of age in all medical colleges and hospitals. Counsellors and psychologists will be made available in Pediatrics. This will also give motivation to learn mental health issues and diseases in children that is still a largely ignored area of child care and support.

Adolescent Health Academy is committed to carry this responsibility on its shoulders and it has planned several training programs for Pediatricians. These programs include Adolescent Counselling Practices, All about addictions, Legal and Ethical issues in Adolescent Practice, Basic Modules in Adolescent Medicine, and Advanced Modules in Adolescent Medicine. AHA and Medical Education Chapter have jointly developed a Workshop on Adolescent Health in CBME MBBS Curriculum. This will focus on empowering Pediatrics faculty in teaching adolescent health to students.

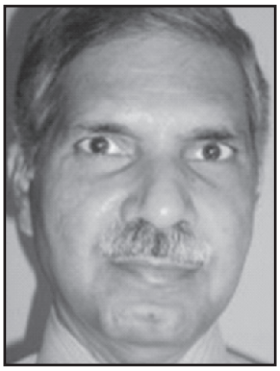
This Asian Congress of Adolescent Health will be remembered as the first such initiative by IAP AHA. This would also rise the bar of our annual conferences and these will become an opportunity to learn more and motivate more Pediatricians to practice adolescent medicine in a manner friendly to adolescents and their guardians.

I wish good learning through this conference. I congratulate and thank the organising team for doing a wonderful job for this landmark event.

With best wishes to all,

Dr Harish Kumar Pemde

Message - Organising Chairpeson



Dr Sukanta Chatterjee
Organizing Chairperson
ADOLESCON 2022

It's our pride to organize the First Asian Congress on Adolescent Health along with the 22ndAnnual National Conference of the Adolescent Health Academy (AHA) of the Indian Academy of Pediatrics (ADOLESCON 2022) at Kolkata from 4th to 6th November 2022 at ITC Royal Bengal.

We expanded the ambit of this Adolescon 2022 beyond India to exchange good practices on adolescent health in the Asian countries. This will also create opportunity to let the neighboring countries know about the adolescent health services infrastructure prevailing in our country. Our attempt was to involve the governments and national NGOs like MAMTA, Hridayetc and international health agencies like World Health Organisation, UNICEF, International Pediatric Association (IPA) and other professional bodies.

The Theme of the conference is **`Ensuring Health and Wellbeing of all Adolescents'**

The theme directed us to involve a wide spectrum of service providers including doctors, paramedics, counselors, peer educators, youth representatives and others. As we commit to ensure Health we expanded our group beyond clinical service providers involving policy makers, international and national health NGOs offering support for developing preventive and promotional infrastructure.

I would like to mention here that the adolescent health is a primary health care service. Any one of us across all specialties could take care of it and we need to do it since more than 21% of our population is adolescent. The medical issues in adolescents are mostly different than that we come across in children and adults. Mental health and behavioral issues prevails over physical health diseases at this age therefore all of us need to be focused to identify and address them.

I personally welcome you all to this pride city of ours – the Kolkata. Thanks to all who supported our effort.Thanks and best wishes to our service recipients for their sustained and encouraging participation in this special health care service. Their success in the society will inspire us.

Namoskar

Dr Sukanta Chatterjee

Message - CIAP President 2022

Dr Remesh Kumar
President
CIAP

Dear Delegates,

The Adolescent Health Academy has taken a giant leap of faith in organizing this landmark conference involving delegates not only from our country but has representatives from other Asian countries as well.

For us in the IAP , Adolescent Health remains a great responsibility and commitment ever since the formation of the Adolescent Health Chapter in 2000. The journey since has seen India take a leadership role with several of our Past Presidents and eminent Adolescent Health practitioners formulating treatment protocols. The IAP website remains a treasure house of these guidelines which are accessible to all our members.

The winds of change are blowing in the right direction and we should in the near future be welcoming the integration of Adolescent Healthcare into the Department of Paediatrics .

The Organizing Team have taken special care to incorporate a nice blend of scientific agenda that will appeal to beginners as well as advanced practitioners of Adolescent Healthcare.

I wish the Organizers and the delegates all success for a stimulating ADOLESCON 2022.

Dr Remesh Kumar

Message - CIAP President Elect 2022

Dr Upendra Kinjawadekar
President Elect 2022
CIAP

I am very happy to learn that 22nd National Conference of AHA, IAP will be held on 4,5,6 November 2022 at Kolkata hosted by New Kolkata Academy of Pediatricians with AHA, CIAP, WHO, UNICEF, MAMTA. Knowing that it also happens to be the 1st Asian Conference on Adolescent Health doubles our delight and makes every Indian proud.

Promoting respectful, comprehensive evidence-based quality service to our adolescents and young adults is extremely important and we must acknowledge and appreciate the contribution of AHA over the years in this regard. IAP AHA has worked tirelessly to create a strong work force of Pediatricians and allied health professionals to serve adolescents of India.

International Conference like this provides a great opportunity for students and practitioners to know the latest in academic research as well as it brings the like-minded stakeholders together and helps them to draft better policies for adolescents of various socioeconomic strata and from various sociocultural backgrounds.

This has become all the more significant in the post covid era as we are becoming more and more aware of the challenges faced by these young adults in the two years of pandemic that the world has witnessed recently.

I wish The Organizing team led by Dr Harish Pemde, Dr Sukanta Chatterjee, Dr Shamik Ghosh, Dr Rajesh Mehta and others a great success for this conference unfolding in the city of joy... Kolkata!

Dr Upendra Kinjawadekar

Message - Hony Secretary General, CIAP

Dr Vineet Kr Saxena
Hony Secretary General
CIAP 2022-23

"Coming together is a beginning, staying together is progress, and working together is SUCCESS."

Right from the ancient times of India, Greece and several other countries of the world, the conference and discussions have been at the centre stage of academics; the take-home values of the conference are boundless.

The Adolescent Health Academy of the IAP, with 21 previous proud editions, now takes a giant leap of faith to organize the First Asian Conference of Adolescent Health along with the 22nd edition of the ADOLESCON 2022 from 4th Nov to 6th Nov 2022.

The theme of the conference is "Ensuring Health and well-being of all Adolescents". Subject experts from all over Asia will be conglomerating in this scientific feast bringing their expertise and inventiveness before participants.

I extend my best wishes to Prof Sukanta Chatterjee, Dr Rajesh Goel, Dr Atanu Bhadra, Dr RN Sharma, Dr SuhasDhonde, Dr. Jaydeep Choudhury, Dr Harinder Singh and all committee members of ADOLESCON 2022; all the best to its grand success.

Together let's build IAP.

Jain hind!

Jain IAP!

Sincere Regards,

Dr Vineet K Saxena

Message - Chief Organising Secretary

Dr Shamik Ghosh
Chief Organizing Secretary
ADOLESCON 2022

Dearest Friends,

We here at the New Kolkata Academy of Paediatricians look forward to welcoming all stakeholders in Adolescent Healthcare.

For the first time we are embracing our brethren from across Asia. It promises to be a proud and momentous event.

The theme of the conference emphasizes on enhancing clinical skills of Paediatricians and other stake holders to sensitize all attendees to a segment of our population that needs nurturing.

We shall be taking a view across the spectrum so that novices to experts find the conference illuminating and stimulating.

The emphasis would be on workshops to hone clinical skills and didactic lectures by the best orators the country possesses. The infusion of international faculty promises to enhance the educational value of the conference.

We shall also be adopting the multidisciplinary approach with Endocrinologists, Mental Healthcare professionals and Gynaecologists to impart a holistic approach to adolescent healthcare issues.

This conference will provide you with the unique opportunity to enhance knowledge and update yourself with the latest advances in the field of Adolescent Healthcare.

A galaxy of well renowned international and national speakers, authorities in the respective fields will be delivering guest lectures/ orations.

Highlights of the conference would include one on one interaction with the Symposium, Panel discussions, Lectures, Interactive Sessions, Award sessions for residents & Faculty, Video and Poster presentation presentations for awards and free paper / poster sessions.

On behalf of the organizing committee, we assure you a great scientific feast and a very

Kolkata with its cultural and culinary delights promises to fulfill your expectations and make it a “complete “ experience of academics in a culturally vibrant city.

We shall leave no stone unturned in ensuring your comfortable stay here in Kolkata.

Please do sign in at the earliest and make SURE you are THERE for a momentous occasion in the history of the Adolescent Health Academy (AHA) and the Indian Academy of Paediatrics (IAP) .

Looking forward to welcoming you all in Kolkata from the 4th to the 6th of November 2022.

Dr Shamik Ghosh

Message - President WBAP

Dr Sushmita Banerjee
President
WBAP 2022

Dear Delegates,Faculties and Organisers,

I am happy to welcome all of you to this Asian and National Conference on Adolescent Health.

Adolescents are at the cusp of adulthood, preparing to be independent and self-reliant. As pediatricians who have looked after them from a young age, we need to be cognizant of the special problems they face and know how to help them understand and achieve their own physical and mental well- being.

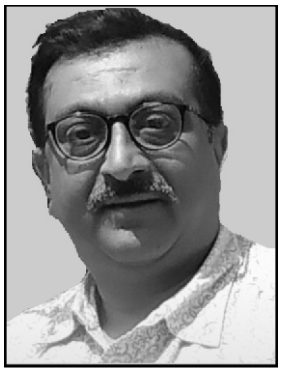
I am thankful to the Organisers for bringing together experts in this field, and for putting together a program which will stimulate and sensitise clinicians to the current opinions and advances inAdolescent care.

At the same time, Kolkata in November, is pleasantly festive, there is a nip in the air, and the time is perfect for a little post conference holiday. I hope you will enjoy the cultural programs and take a little time to see our city and our state.

I wish you all a successful conference.

Dr Sushmita Banerjee

Message - Hony Secretary, WBAP



Dr Indranil Chowdhury
Hony. Secretary
WBAP 2022-23

Kolkata , the city of joy, matches the colorful, joyous and flamboyant adolescence. We are proud to host the adolescon here at ITC Royal, just around the festive season.

Ensuring sustainable development for the adolescents requires more than good intentions and verbal commitments. And yet, commitment is that first crucial step. This and similar incremental efforts, made possible with political will, if implemented well, will lend themselves to a visibly greener adolescent landscape, the bolder initiatives have been conceptualized within the challenging field of adolescence, where conviction is the driver.

Rather than downsizing government schemes and cutting funding, one should right size the government on matters of this twilight age zone. Rather than having a target of fewer government schemes, we should raise our aspirations towards better adolescent service delivery.

The dhak is yet beating, kash flowers swaying in the cool breeze. Enjoy kolkata.

Dr Indranil Chowdhury

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Workshop : 4th November 2022

Life Skills Approach for Adolescents Health and Development
Venue : Asansol
Coodinator : Dr Ashim Ghosh
Mobile : 9333100460

Orientation on friendly services for Adolescents in Office Practice
Venue : Kolkata Medical College
Coodinator : Dr Mousumi Nandi
Mobile : 9830440883

Parenting Guidance
Venue : National Medical College
Coodinator : Dr Sumita Pal
Mobile : 8777394225

Adolescent Resilience
Venue : Chittaranjan Seva Sadan
Coodinator : Dr Subhasis Bhattacharyya
Mobile : 9830053771

Role of Adolescents in post-COVID recovery (2.5 Hrs)
Venue : Chittaranjan Seva Sadan
Coodinator : Dr Sudip Saha
Mobile : 9831112705

Teachers and Parents-together for Positive Adolescent Health & Development
Venue : WBCPCR CONFERENCE HALL, ICMARD Building (9th Floor), Ultadanga,
Coodinator : Ms Yashobantee Srimani
Mobile : 9830793793

Adolescents in difficult circumstances
Venue : Burdwan Medical College
Coodinator : Dr Nilanjan Ghosh
Mobile : 8334017557

Adolescent counselling practices (CIAP ToT)
Venue : B R Singh Hospital
Coodinator : Dr Shilpi Talukder
Mobile : 9433210194

Legal and Ethical Issues in Adolescent Practice, Adolescent Sexual and Reproductive Health
Venue : B C Roy PGIPS
Coodinator : Dr Somsubhra Bose
Mobile : 9830091506

Adolescent Leadership and Meaningful Engagement
Venue : Ramkrishna Mission Seva Pratisthan
Coodinator : Dr Sumita Basu
Mobile : 9836268297

Mission School Uday (CIAP ToT)
Venue : Calcutta Medical College
Coodinator : Dr Dibyendu Raichaudhuri
Mobile : 9433415560

Adolescent Endocrinology
Venue : Apollo Multispecialty Hospital
Coodinator : Dr Subroto De
Mobile : 9836542460

Life Skills Education for adolescents
Venue : Institute of Child Health
Coodinator : Dr Kheya Ghosh Uttam
Mobile : 9830297578

Scientific Program : 5th November 2022

HALL -1								
Date	Time	Hall	Session	Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
5-Nov-22	0800-0900	Hall-1	1	Meet the experts-1	Dr Chandrika Rao	Dr Pradip Kar		
						Dr Avinash Bansal		
						Dr Ashok Banga		
						Dr Geeta Bansal		
						Dr Vaishali Deshmukh		
	0900-0930		2	Practical issues in management of adolescents with	Dr Samir Dalwai		Dr Arup Roy	Dr Chitra Dinakar
	0930-1000		3	Prevent and manage obesity: Clinical and public	Dr Sangeeta Yadav		Prof Ranjana Chatterjee,	Prof Swati Chakraborty
	1000-1100		4	UNICEF SPONSORED	UNICEF		UNICEF	UNICEF
	1100-1130		5	Adolescent sexuality - newer perspectives	Dr CP Bansal		Prof Atul Gupta	Dr Nupur Ganguly
5-Nov-22	1130-1330	PLENARY-1						
5-Nov-22	1130-1230		6	Dr Swati Bhave and Dr MKC Nair Oration	Dr Rajesh Mehta		Dr Remesh Kumar	
							Dr Upendra Kinjawadekar	
							Dr Harish Pemde	
							Dr RN Sharma	
	1230-1300		7	Adolescent wellbeing and AA-HA! 2.0	Dr Valentina Baltag (WHO)		Dr Neena Raina	
	1300-1330		8	Adolescent sexual and reproductive health - addressing the challenges during the pandemic	Dr V Chandramouli (WHO)			
LUNCH BREAK (TIMING 13:30 - 14:30)								
5-Nov-22	1430-1600	PLENARY-2						
5-Nov-22	1430-1530		9	Dr CP Bansal and Dr JS Tuteja Oration	Dr Naveen Thacker			
	1530-1600		10	Adolescent Health in National Priority	Dr Sunil Mehra			
	1600-1630		11	Guidelines on physical activity,Gymming and bodybuilding: Risks of steroids, excess proteins etc	Prof Sudhir MIshra		Prof Asok Dutta	Prof Madhusmita Sengupta
	1630-1700		12	Presports participation and assessment	Dr Harinder Singh		Prof Prabhabati Banerjee	Prof Mausumi Nandi
	1700-1730		13	Adolescent Health Research - The Key Lessons	Prof MKC Nair		Dr Bhaskarmoni Chatterjee	Prof Sanat Ghosh
	1730-1830			AHA GBM	Dr Harish Pemde	Dr RN Sharma		
	1900			Inauguration				
				Cultural Program				
HALL -2								
Date	Time		Session	Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
5-Nov-22	0800-0900		14	Meet the experts-2	Dr Srikanta Basu	Dr Sachi Kamath		
						Dr Chandramoulli		
						Dr Harmesh Singh Bains		
						Dr Rashmi Gupta		
						Dr Anita Sharma		
	0900-0940		15	Screen use- social media addiction,gaming and porn addiction	Dr Piyali Bhattacharya	Dr Debjani Gupta.	Prof Maya Mukherjee	Prof Jaydeb Ray
						Dr Amitha Aroor		
						Dr Somsubhra Bose		
						Dr Manmeet Sodhi		
						Dr Prashant Karia		
						Dr Indranil Choudhury		
	0940-1020		16	Setting Up An Adolescent friendly health service	Dr Preeti Galagali	Dr Kaustuv Nayek	Dr B K Manocha	Dr Subroto Chakrabartty
						Dr Atanu Bhadra		
						Dr RG Patil		
						Dr Nishikant Kotwal		
						Dr Satarupa Mukherjee		
	1020-1100		17	Laws & Ethics in Adolescent Practice	Dr Deepak Gautam	Dr Rajiv Mohta	Dr Sunita Manchanda	Prof Sumana Kanjilal
						Dr Satish Sharma		
						Dr Pukhraj Bafna		
						Dr Sulabha Pawar		
						Dr Nischal Bhatt		
	1100-1130		18	BROADENING INDIA'S APPROACH TOWARDS PROTECTING LIVES FROM HPV RELATED DISEASES WITH 9 VALENT HPV VACCINE	Dr Ritabrata Kundu	SPONSORED BY MSD	Dr Santanu Bhakta.	Dr Prasenjit Ghosh
5-Nov-22	1130-1330	PLENARY-1						
5-Nov-22	1130-1230							
	1230-1300							
	1300-1330							

Scientific Program : 5th November 2022

Date	Time	Hall	Session	Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
LUNCH BREAK (TIMING 13:30-14:30)								
5-Nov-22	1430-1600	PLENARY-2						
5-Nov-22	1430-1500							
	1500-1530							
	1530-1600							
	1600-1630			Mental health - First Aid	Dr Sushma Desai		Dr Jasashree Choudhary	Dr Swarnlata Das
	1630-1700		19	Issues of cancer- survivor adolescents	Dr Purna Kurkure		Dr GP Kaushal	Dr Sanghmitra Panda
	1700-1730		20	Anticipatory guidance in well-adolescent visits	Dr Shilpi S Talukder		Dr Sunil Nag	
HALL -3								
Date	Time		Session	Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
5-Nov-22	0800-0900		21	Meet the experts-2	Dr Sukanta Chatterjee	Dr Valentina Baltag		
						Dr Neena Raina		
						Dr CP Bansal		
						Dr Kalpana Datta		
						Dr Paula Goel		
	0900-0940		22	Panel discussion on Common Adolescent Health issues - Adolescent Developemnt , Puberty, Sexulaity, Gender Issues, and Delayed Puberty	Dr Atul Kanikar	Dr. Vimochana,	Prof Subhasis Bhattacharya	Dr Sudip Saha
					Dr Geeta Patil	Dr. Deepa Passi		
						Dr Manjulata Sharma		
						Dr Monjori Mitra		
						Dr Gobinda Mondal		
	0940-1020		23	Panel discussion on Adolescent Immunisation	Dr Vineet Saxena	Dr G Basabaraja	Dr Pradeep Mukherjee	Dr Rana Chatterjee
					Dr Pallab Chatterjee	Dr Asim Ghosh		
						Prof Arun Kumar De		
						Dr Kripasindhu Chatterjee		
						Dr Rohit Bhowmick		
	1020-1100		24	Panel discussion on Climate change and adolescent health	Dr Alok Gupta	Dr Suchit Tamboli	Dr Swapan Roy	Dr Champak Das
						Dr Jesson Unni		
						Dr Atanu Bhadra		
						Dr Ranjith P		
						Dr Prema R		
						Dr Vaishali Deshmukh		
	1100-1130		25	Tuberculosis in adolescents- how different is it?	Dr Jaydeep Choudhury		Dr Chandan Ray	Dr Ashok Modi
5-Nov-22	1130-1330	PLENARY-1						
5-Nov-22	1130-1230							
	1230-1300							
	1300-1330							
LUNCH BREAK (TIMING 13:30 - 14:30)								
5-Nov-22	1430-1600	PLENARY-2						
5-Nov-22	1430-1500							
	1500-1530							
	1530-1600							
	1600-1630		26	Adolescents in school - roles of Pediatricians	Dr Upendra Kinjawadekar		Dr Archana Ghosh	Dr Rabin Burman
	1630-1700		27	Managing failures in Adolescence	Dr Gayatri Bezboruah		Dr Amaresh De	Dr Sanjukta De
	1700-1730		28	Meningococcal Vaccination in Adolescents	Dr Jaydeep Choudhury		SPONSORED BY SANOFI	

Scientific Program : 6th November 2022

HALL -1							
Date	Time	Session	Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
6-Nov-22	0800-0900	29	Meet the experts-4	Dr Shailaja Mane	Dr Swati Bhave		
					Dr Subhda Khirwadkar		
					Dr Chitra Dinakar		
					Dr Prashant Kariya		
					Dr Kalyani Patra		
	0900-0930	30	The Art of Motivational Interviewing	Dr Harmesh Bains		Prof Amiya Ghatak	Dr Papiya Khawash
	0930-1000	31	Suicide prevention	Dr Jairanjan Ram		Prof Apurba Ghosh	Prof Arunaloke Bhattacharya
	1000-1030	32	Not growing well including body form and image issues	Prof. Sukanta Chatterjee		Dr Ritu Gupta	Dr J C Garg
	1130-1100	33	Managing angry adolescents	Dr Swati Ghate		Dr Swapan Chakraborty	Dr Asit Mandal
6-Nov-22	1100-1330	PLENARY-3					
6-Nov-22	1100-1130	34	NCD Risk Factors prevention	Dr Monika Arora			
	1130-1200	35	Mental Health promotion and spirituality	Dr Suryadeo Tripathy			
	1200-1230	36	Impact of Pandemic on health of adolescents	Dr Neena Raina			
	1230-1300	37	Teenage pregnancy- Important health issues	Dr Zoya Ali and UNICEF			
	1300-1330	38	22 years of Adolescent Health Academy - The Past, Present and Future	Dr Dileep Mukherjee	Dr Harish Pemde	Dr RN Sharma	
				Dr Swati Bhave	Dr Shaji Thomas	Dr Shamik Ghosh	
				Dr CP Bansal	Dr JC Garg		
				Dr TS Jain	Dr Rajiv Mohta		
				Dr Sukanta Chatterjee			
LUNCH BREAK (TIME 13:30-14:15)							
6-Nov-22	1415-1445	39	Dealing with diet of adolescents	Prof Srikanta Basu		Singhamahapatra	Prof Tapobrata Chattopadhyay
	1445-1515	40	Adolescents with recurrent pain in abdomen	Prof Sutapa Ganguly		Dr Prabir Bhaumik	Dr Debajyoti Burman Roy
	1515-1545	41	Eyes of adolescents - experiences of Eye Surgeon	Dr Rajesh Mazumder Choudhury		Dr Abhijit Sarkar	Dr Santanu Barman
	1545-1615	42	Triple burden (Under-nutrition, anaemia and over-nutrition)	Prof Apurba Ghosh		Dr Amitava Pahari	Dr Sumitra Sinha Choudhury
	1615-1645	43	Pediatricians' management of skin issues in adolescents	Dr Pavitra Chakravorty		Dr Rajesh Goel	Dr Sabyasachi Ray
	1645-1715	44	Hypertension in an adolescent	Dr Mihir Sarkar		Dr Amitava Chattopadhyay	Prof Tapas Sabui
	1715-1745	45	New perspectives in Adolescent Asthma	Dr Subhashish Roy	Sponsored by CIPLA	Dr Neena Ghosh	Prof Sumita Basu
	1800-1900	Closing Ceremony					

HALL -2							
Date	Time		Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
6-Nov-22	0800-0900	46	Meet the experts-5	Dr Newton Luiz	Dr Suryadev Tripathi		
					Dr Pukhraj Bafna		
					Dr S K Nithyananda		
					Dr Sushma Desai		
	0900-0930	47	Amygdala hijack in adolescence, lessons for us	Prof Swati Bhave		Dr S K Nityananda	Dr Mamata Devi Mohanty
	0930-1000	48	Self esteem & body image issues in adolescents	Dr Newton Luiz		Dr Tapan Das	Dr Avinash Bansal
	1000-1030	49	Prevention of injuries -the role of health care providers	Dr Soumya Paik		Dr Amita Sinha Mondal	Dr Rajyashree Chamaria
	1130-1100	50	Nurturing Care of Adolescents	Dr Sharmila Banerjee Mukherjee	Prof Harish Pemde	Dr Pranab Chandra	Dr Geeta Bansal
6-Nov-22	1100-1330	PLENARY-3					
6-Nov-22	1100-1200						
	1200-1230						
	1230-1300						
	1300-1330						
LUNCH BREAK (TIME 13:30 - 14:15)							
6-Nov-22	1415-1445	51	Digital health strategies for Adolescent health	Dr PD Nayyar		Prof Sukanta Chatterjee	Prof Harish Pemde
	1445-1515	52	CLINICAL CASES IN MANAGING ALLERGIC RHINITIS AND BEYOND IN CHILDREN	Dr Subhasis Roy	Sponsored by SANOFI	Dr Drishti Kothari	Dr Mallar Mukherjee
	1515-1545	53	New onset diabetes in adolescents	Dr Subrata De		Dr Priyankar Pal	Dr Santosh Agarwal
	1545-1615	54	Scholastic deterioration during adolescence - Pediatricians' perspective	Dr Arun Manglik		Dr Padmakar Deka	Dr Kiran Vaswani
	1615-1645	55	Mindfulness and Enhancing Teen Resilienc	Dr Srabani Chakraborty		Dr Sarbani Misra	Dr Subhendu Dey
	1645-1715	56	PCOS- Pediatrician's and Gynaecologist's perspectives	Dr Indrani Lodh. Dr Sumana Kundagrami		Dr Chandan Kachru	Dr Indu Surana
	1715-1745	57	Compliance issues in Adolescents	Dr Subidita Chatterjee	Dr Rajesh Mehta		
	1800-1900	Closing Ceremony					

Scientific Program : 6th November 2022

HALL -3							
Date	Time	Session	Title/Topic	Speaker/Moderator	Panelists/Experts	Chairpersons	Chairpersons
6-Nov-22	0800-0900	58	Meet the experts-6	Dr Preeti Galagali	Dr Kiran Vaswani	Dr JC Garg	
					Dr Garima Saikia		
					Dr Suhas Dhonde		
					Dr Shaji Thomas		
					Dr Rajesh Mehta		
	0900-0930	59	Engaging adolescents in service provisions and Peer led services	Dr Souvik Pyne		Dr Subidita Chatterjee	Dr Supratim Dutta
	0930-1000	60	Learnings from National Adolescent Health Program of India (RKSK)	Dr Monika Arora		Dr Naunihal Singh	Dr Santi Ger
	1000-1030	61	Success stories from AFHC by Pediatricians	Dr Preeti Galagali		Dr Sarala Sabapathy	Dr Meena Deshmukh
	1130-1100	62	Clinic based services - ANWESHA Clinics	Prof Kalpana Datta		Dr Asis Bhakta	Dr Dibyendu Raichaudhuri
6-Nov-22	1100-1330	PLENARY-3					
6-Nov-22	1100-1200						
	1200-1230						
	1230-1300						
	1300-1330						
LUNCH BREAK (TIME 13:30-14:15)							
6-Nov-22	1415-1500	63	Panel discussion on Not doing well in studies	Dr Himabindu Singh	Dr Jesson Unni	Dr Punit Goenka	Dr Abhijit Sarkar
					Dr Utkarsh Bansal		
					Dr Debadatta Mukhopadhyay		
					Dr Jasodhara Choudhuri		
					Dr Ratnakumari TL		
	1500-1545	64	Panel discussion on Gender affirmative care of adolescents	Dr Asqa Sheikh	Dr Sharmila Banerjee Mukherjee	Dr Harish Pemde	Dr Suhas Dhonde
					Dr Shobini Rajan (NACO)		
					Dr Sanjiv Kumar		
					Transgender Youth		
					Dr Joshi Anand Kerketta		
					Dr Paula Goel		
	1545-1615	65	Genetics in Adolescents	Dr Dipanjana Datta		Dr Arijit Chattopadhyay	Dr Shaon Mitra
	1615-1645	66	Care of adolescents - Rights perspectives	Dr Tanushree Peters		Dr Somesuvra Bose	Dr Swagata Panja
	1645-1715	67	Transition of care of adolescents - Chronic Kidney Disease Expereince	Dr Sushmita Banerjee		Prof Dilip Paul	Prof Moumita Samanta
	1715-1745	68	Conference resolutions	Prof Harish Pemde, Prof Sukanta Chatterjee, Dr Rajesh Mehta, Dr Souvik Pyne			
6-Nov-22	1800-1900	69	Closing Ceremony				

CALCUTTA THE CITY, DEVELOPMENT OF PEDIATRICS AND EMERGENCE OF IAP

Jaydeep Choudhury

Professor, Institute of Child Health, Kolkata

Before Calcutta, there were at least five other capitals or urban centers in Bengal at different periods of history: Gour, Rajmahal, Dhaka, Nadia and Murshidabad, the seat of the last Nawabs of Bengal. Calcutta can thus be considered as the sixth capital of the province of Bengal. The British foundation of Calcutta may be traced back to Job Charnock's landing on 24 August 1690. But the three villages Kalikata, Sutanuti and Gobindapur existed much earlier on the Hoogly bank, where native artisans and merchants worked and traded. This trilogy – the colonial heritage, the Bengali substance and the recurrent in-migration has shaped Calcutta's past and also fashioned the crisis the city has faced over the years.

The Name

Calcutta hides mysteries even in its name. In classical Bengali it is Kalikata and colloquially Kolkata. The later is the official name adopted recently. There are several theories regarding origin of the name Kalikata or Kolkata. One belief is that it is adapted from Goddess Kali. But Calcutta is obviously the Anglicized version of the former two. Ironically, Kalikata or Calcutta was much less important than Sutanuti or Gobindapur, the two other villages which formed the nucleus of today's city.

Rise in Eminence

Calcutta grew in eminence after the battle of Plassey in 1757, when the Nawab of Bengal conceded to Robert Clive a diwani. In 1773, the supremacy of Calcutta was recognized over other 'Presidency towns'. Calcutta thus became the capital of British India.

Calcutta shaped itself in this process. As a result Calcutta commanded economically as well as politically and militarily. Around the nucleus of the Britishers who held the reins of power and resources, a divided Indian population aggregated. Most of it were unqualified or poorly qualified 'Babus', upon whom the Britishers could rely upon. Still higher up in the social native hierarchy, the 'Bhadralok' class lent to Calcutta its true Bengali flavor. From its ranks emerged the proponents of the Indian Renaissance, who diffused the spirit of reform blending east and west, on the lines drawn by Ram Mohan Roy (1772-1883) or Pandit Vidyasagar (1820-1891). This vivacity manifested by the rejuvenated Bengal was reflected in religion as well, with the mystic figure of Ramakrishna Paramhansa (1836-1886). From this social strata emerged the Tagores, a whole family of enlightened people, whose contributions to all the spheres of modern Indian intelligentsia are too well known.

The Price of Nationalism

Torn between the Imperial power and the popular, proletarian Indian base of the city, the English-educated was caught between the typical contradictions of the colonized elite. Gradually this clan turned the British ideology against British rule. During the first few years of the twentieth century Calcutta emerged as a vanguard of the National Movement. After partition of Bengal imposed by Lord Curzon the outburst of 1905 contributed towards launching of the Swadesi movement and also saw the first revolutionary terrorism spurt in Bengal. Calcutta had to pay the price, and it was the one that changed its destiny. Bengal was reunited. But in 1911 the capital of British India was shifted from Calcutta to Delhi.

Early Days of Science and Medical Studies

By the time Calcutta appeared on the map of India, the ancient glory of Indian science and technology had faded. In 1784 Sir William Jones established in Calcutta one of the world's first societies for the scholarly study of Asia, particularly India, the Asiatic Society.

Medical classes began to be held in Calcutta Madrassa and the Sanskrit College. Teaching was entirely through oral lectures and wax models. Practical demonstrations were not given. In 1822, a Medical School was opened in Calcutta. Calcutta Medical College was established in 1835. For many years this was the only institution in India with facilities for real laboratory science.

There are many luminaries who contributed towards the development of medical science in Calcutta. Dr K C Chaudhuri a doyen in pediatrics was a visionary who sowed the seed of pediatrics in eastern India. He completed his studies in Presidency College and Calcutta Medical College then proceeded to Europe to obtain post-graduate training in pediatrics. He returned to Calcutta in 1932 and took over as Chief Pediatrician at Chittaranjan Children's Hospital and later founded the Institute of Child Health, Calcutta.

In 1947 he founded the Indian Pediatric Society and became its first President. He was the Organizing Chairman of the First All Asian Congress of Pediatrics held in Vigyan Bhawan, Delhi in 1961; Dr Sisir Kumar Bose was the Organizing Secretary.

Dr K C Chaudhuri also founded and edited the Indian Journal of Pediatrics in October 1933 which was the official journal of Indian Pediatric Society. Notably this was the first specialty journal in India. The editorial and business office of the journal was situated at the Institute of Child health, Calcutta. From 1933 to 1953 the journal was published quarterly. In 1954 it became a bi-monthly journal and in 1956 it was upgraded to a monthly journal.

The Development of Pediatrics and IAP

In 1950 the first definite proposal was made at the First All India Pediatric Conference in Calcutta for the establishment of Institutes of child health in India. Till then the need for Institutions in India devoted exclusively to and comprehensibly to child health had hardly been recognized.

In the foreword of the first number of the journal Indian Journal of Pediatrics in October 1933 he wrote – "If the future of the nation really depends upon the welfare of the child, it is necessary that steps should at once be taken to impress upon the people and the profession the necessity of providing for the protection and safety of the child in every possible way". The Indian Pediatric Society debated the proposal for sometime but without any tangible results.

Eventually in 1953, Dr K C Chaudhuri initiated and formed an independent trust "Institute of Child Health Trust". Two years later due to some untiring effort of Dr K C Chaudhuri and his co-workers, Institute of Child Health, Calcutta was established. Within a year of its inauguration, the Institute was recognized as a post-graduate teaching centre in pediatrics of the University of Calcutta.

In 1950 the Indian Pediatric Society became the founder member of the International Pediatric Association established in Zurich, Switzerland. By 1958 the Indian Pediatric Society had organized nine All India Pediatric Conferences in different cities of India. Over the year the pediatric movement gathered momentum in India.

In 1950 another pediatric society was formed, the Association of Pediatricians of India with Dr G Cohelo as the Chairman. Its official organ was The Indian Journal of Child Health, founded in 1952.

Merged and Emerged

The Indian Pediatric Society at its annual conference in Jaipur in December 1961 proposed the constitution of a single all India pediatric organization amalgamating the two separate bodies. The Association of Pediatricians of India at its annual conference in Indore in February 1962 responded with a similar proposal. A joint committee was formed. Dr Sisir Kumar Bose was elected the Convener. He

along with the two secretaries of the two existing bodies Dr S P Ghosal and Dr B D Patel were given the responsibility of drafting the constitution. The joint committee first met in Hyderabad in March 1962 then again in 1963. The two organizations jointly decided to form in succession of them the Indian Academy of Pediatrics (IAP) as the single representative organization of Pediatricians of India. The central office was situated in Bombay. The Academy held its first national conference in Pune in early 1964.

The Journal

The official journal of the Academy, Indian Pediatrics, incorporating the two existing journals of the two organizations commenced publication in January 1964. The office of the journal was in Calcutta. Institute of Child Health, Calcutta took the responsibility and Dr Sisir Kumar Bose was the first Editor of the journal. In 1969 the office of the national journal, Indian Pediatrics was shifted to Delhi.

Kolkata has hosted four Pedicons. Dr G K Mehrotra was the organizing secretary of PEDICON 1979, Dr Dilip Mukherjee was the organizing secretary in PEDICON 1993, Dr Tapan Kumar Ghosh was the organizing secretary of PEDICON 2005 and Dr Jaydeep Choudhury was the organizing secretary of Golden Jubilee PEDICON 2013.

Acknowledgement:

1. Calcutta the Living City. Edited by Sukanta Chaudhuri. Oxford University Press, Calcutta. 1990.
2. Institute of Child Health, Calcutta 1945-1981. By Dr Sisir K Bose.
3. Role of the Institute of Child Health in Pediatric Movement in India. By Dr G K Mehrotra.

Calcutta 1940s

Kolkata – City of joy

ADOLESCENT TURMOIL

Alpana Shukla
Pediatric Consultant. Breastfeeding and Adolescent Health Counselor.
Infectious Disease Fellow, Chhindwara, MP

Today's child, tomorrow's adolescent,
The good and bad touch turns into a stunt.

The new appearing hair from all parts of body,
The new fatty outgrowths from front and back of body.

Surprises me and creates curiosity in my head,
Whether it's really normal and in all peers ahead.

They say attraction is normal to opposite sex,
I feel she's/ he's my life forever max.

Why they(parents) expect me to be soft, sweet and humble,
I want to throw everyone who mingle with my jumble.

Why they (teachers) expect to be disciplined and modest,
I want to live my life with rashness to be honest.
Why they want to prove that I am always wrong,
Why they want to force their expectations song.

Why can't I have my own dreams,
Why I have to fulfil their unfinished schemes.

On roads or on malls, the young blood dominates,
Long hair for boys and boy cut for girls translates.

The western culture is affecting this generations,
Love, affection and relationships are becoming numbers for calculations.

We, the AHA people can take this responsibility,
To touch their emotions as the emerging faculty.

To talk, be disciplined and save relationships,
Should be our life long dreams and targets and worship.

FOR THE PARENTS OF ADOLESCENTS

Debjani Gupta

It is easy to pontificate and be judgemental retrospectively....
It is far more DIFFICULT to walk on the balancing beams of,
Being the caring compassionate homemaker with all the inevitable daily ups and downs,
AND
The conscientious professional working full time giving the best of the efforts,
AND
A friend and a parent to the children,
AND
Having protected Me time that takes care of thoughts and emotions.
24 hrs in a day does not suffice for a happy distribution.

However amidst all of this , or should I write ,born out of this is a love....

A love that is Unconditional...Nonjudgmental....Omnipresent ...invincible.
A parental love with it's various forms and roles.
A love that acts as a Shockabsorber and a Support...
For all the meltdowns...all the spiralling and earth shattering moments for the teen.
A love that listens to try and understand,
A love that seeks to empower and empathise
A love that believes and reaches out .

It is not enough for the love to be silently understood...
but to be reiterated number of times and in so many words...
THAT I AM THERE FOR YOU ALWAYS....
May need to just hold on to the phone and just BE THERE.

The Language they speak is different...
their dreams ,hopes, aspirations are different..
their time and space are different…
their battles and demons are different..
their yardstick, milestones, pace are different.

Make Peace with that difference.

Be Happy that amidst that difference , all that they seek from you is,

A COMPASSIONATE HEART THAT LISTENS AND EMPATHISES.

Never fear if you cannot comprehend,

all the why's and if's and but's ...

JUST LISTEN,

To say....

Right or wrong,Good or bad...

I AM THERE WITH YOU....ALWAYS.

I AM THERE FOR YOU…ALWAYS.

NOMOPHOBIA- A BURNING ISSUE

Ravi Bhatia

Professor and Head, Department of Pediatrics, Pacific Medical College and Hospital, Udaipur

X is your typical 13 year old who loves to go to school, hangs around with friends, parties frequently and is active on social media. She is in a foul mood these days- the reason she has lost her I – Phone and the parents have decided against buying her a new mobile phone. She is cut off from her virtual world of Facebook, Instagram and Twitter. Yes this is the 21st century where the mobile is as ubiquitous as a virus, losing it could mean being cut off. You guessed it right X is suffering from Nomophobia.

What is Nomophobia?

Nomophobia is an abbreviated form of No – Mobile- Phobia. The fear of losing out your mobile phone. The term was first coined in 2008 by the UK Postal Office who in their study found out that people had anxiety when they lost their mobile phones, their phones ran out of battery or the phones were discharged or the phones were out of connectivity.

Various studies across the country have found this disorder to be affecting up to 20 %of our adolescents. How do you know if your adolescent is suffering from it?

a. Inability to switch off one's phone
b. Constantly checking one's phone for missed messages, calls and notifications.
c. Charging battery even when it is close to full.
d. Waking up in the night to see if there is any message or missed call.
e. Gets irritated when the network is down or there is poor net connectivity.
f. Finds excuses of not going out in the family so that he can spend more time on the mobile.
g. Stress over being disconnected from one's online presence or identity.

How does one treat it?

1. Sit with your adolescent, make him out of the virtual world.
2. Desensitization or exposure therapy- This approach involves gradually exposing a person to their fear. Make him spend small periods of time without mobile. Slowly make him come out of the mobile world.
3. Cognitive behavioral therapy – Take help of a mental health professional . In this the person confronts the underlying thoughts that contribute to the phobia.
4. Support groups- There are various support groups who help a person deal with this problem.

Coping with Normophobia

1. Set Boundaries- Have a fixed time for mobile, set aside Mobile free times. Start by having mobile free times- especially during meals.
2. Find a balance
3. Take short breaks while using mobile
4. Develop a hobby

Normophobia is a burning issue. Knowing how dependent our adolescents are on their mobile phones it would be a big issue in years to come.

Stopping cell phone use entirely is not realistic, but learning how to set limits and boundaries on how much you allow your phone to control your life is in your hands.

Take a break, engage socially, walk away from this virtual world.

PROBLEMS IN ADOLESCENCE

R.N. Pradhan

Adolescence means to emerge, to achieve identity. The literal meaning of the term the Greek word "adolescere" denotes to grow and to mature. India has the largest adolescent populations in the world.Every fifth persons in India adolescent (10-19 yrs). So, adolescents account for over 21.4% of the total populations in India. It is the most complicated period following onset of Puberty during which a young person develops from a child into an adult (rapid growth, Physical, Biological/sexual, emotional, cognitive, psychological, social).Recently adolescence health services in India under reproductive, maternal, newborn, child health, nutrition and adolescent health(RMNCH+A). Adolescent sexual reproductive health (ARSH), Psychological Counselling and Rashtriya Kishor Swasthya Karyakram(RKSK) and adolescent friendly health services(AFHS),Family life education and School Based Life Skill and life style education, parenting ,formation teen clubs, cognitive behavior therapy, interpersonal psychotherapy.

CHARACTERISTICS OF ADOLESCENCE : ADOLESCENT:

1. A- Anaemic(vicious cycle),abortion & aggressive
2. D- Dynamic,developing,depressed
3. O- Obese,overconfident,overindulging
4. L- Lack of information,loud but lonely
5. E-Experimenting,enthusiastic,explorative
6. S- secondary sexual character,social& spiritual
7. C- Cheerful,courageous& concern
8. E- Eager,emotional& emulating
9. N- Nervous,never say no to peers
10. T- Teenage pregnancy,temperamental

Adolescence is a crucial period of life with its characteristic needs and problems of adjustment.

Dealing with adolescent problems are mostly important from the end parents, teachers, pediatricians, physicians,anwesacounselors. For adolescent wellness, parental awareness and education is essentially needed.

Danger signals or risk taking behavior

1. Large amount of time spent alone and isolation from family and friends.
2. Drastic mood swings and changes in behavior
3. Sudden change in school performances.
4. Separation from peer group from long time.
5. Lack of interest in hobbies or social and recreation activities.
6. Use of alcohol and drugs, and smoking.
7. Loss of interest in school and extracurricular activities.
8. Suspicious physical signs of abuse –like bruises and abrasions.

Few strategies that would help for understanding and handling them:

1. Allow them to grow.
2. Avoidcomparison.
3. Accept their friends.
4. Be authoritative and not authoritarian.
5. Be a role model, parents must try to be good role models as far as possible.
6. Do not impose your dreams
7. Give guidance and not advice.
8. Have patience.
9. Help more towards independence.

10. Help to be good human beings.
11. Listen more than talk and promote positive help.
12. Right and responsibility go together.
13. Right to participation.
14. Avoid criticism and punishment for negative behavior.
15. Seek professional help.

Adolescence is conceded as a nutritionally critical period of life as dramatic increase in physical growth and development, puts greater presser on needs of nutrition.

The rising incident of depression in such groups and lack of coping skill have contributed to increase number of suicides.

Selective serotonin reuptake inhibitors (SSRI) reduce suicidal ideation and suicide attempts these medicines are safe for children and adolescents.

Tricycle antidepressants should not be prescribed for suicidal child and adolescent as a first line of treatment.

Life skill education:

1. Self awareness and regulation.
2. Critical thinking.
3. Decision making.
4. Managing emotion.
5. Effective communication.

History taking in adolescent patients: risk taking behavior (HEADS)

H- Home life relationship, social support, Household chaotic situation
E- Examination, School, Collage, Work experience, carrier, financial issues
A-Activity, peers exercise & sports
D- Driving (aged-16 is disabled)
D- Drugs, Cigarette, alcohol (How much and hoe long),nonprescription drugs
D- Diet nutritional content (Calcium, Vitamin D3, caffeine, diet drinks, weight)
S- Sex concerns, contraception
S- Sleep (amount, difficulty getting to sleep frequent waking and early waking
S- Suicide Depression, mood

Physical examination – Height, weight, BMI, BP, Blood Sugar (PP & Fasting), Cholesterol, Urine analysis, Assessment of Pubertal status, general physical examination including anemia, menstrual history.

Positive parenting and connectedness with parents is one of the key factors in providing stability and prevention of high risk behavior in adolescence.

LIFE DURING AND AFTER COVID
IT ALL STARTED IN FEB 2020

Nishikant Kotwal

Ex West Zone Co-ordinator, Ex Chief Org. Chairman Adolescon 2020.

From December 2019 till 1st half of 2022 was an nightmare .There was loss of quantity of life, quality of life , loss of schooling , loss of finance & jobs. It was during this phase , the psychological & mental strength to rebound from adversity helped . The quality of human beings to stand up after adversities in life is known as resilience. Resilience is very important in life for improving your academic career to perform better in sports, to come out of psychological trauma of break down in relationship or overcoming grief after loss of loved once. Building resilience is the key factor and we all must work on it. For increasing resilience we all must take a SWOT TEST i.e. knowing your strength and weaknessses and understanding opportunities and taking care of threats.

How Different Types Of Personality May Adapt

Different personality types

There are five broad traits that make up basic personality , which are

1. Openness
2. Conscientiousness
3. Extroversion
4. Agreeableness
5. Neuroticism(more moody, react more to stressors)

Personality trait can play a role in mental health, in people's ability to cope up with stressful events. One study shows , the personality trait with agreeableness , conscientiousness & extroversion and low on neuroticism had better moods and less stress ,so had better coping skills.

Extrovert personality

1. They thrive in social situations & gain energy from others.
2. Extroverts are least likely to comply with shelter-in-place orders during pandemic.
3. Extroversion is typically linked to better coping skills in general
4. People with this personality have higher levels of resilience & less stress

Introvert personality

1. Introverts tend to feel drained by social interaction.
2. Introverts had an easier time coping with social distancing and working from home.
3. For some introverts , the year of pandemic was a time of personal exploration & freedom.

Ambivert personality

1. Ambiverts are those, whose personality lies somewhere right in the middle of extrovert & introvert spectrum.
2. These people enjoy being alone.
3. Ambiverts dealt better with aspects of quarantine than many extroverts .

Once we know personality traits we can very well think of their wellbeing quotient.

What are "THE CHALLENGES"

(a) LOCKDOWN/ NO SOCIALIZATION
(b) PERSONAL MOVEMENT RESTRICTED
(c) NO FESTIVITIES, MARRIAGE, CONFERANCES
(d) NO VIRTUAL MEETINGS
(e) NO SCHOOLS
(f) RESTRICTED PHYSICAL & MENTAL SPACE
(g) LOSS OF FREEDOM
(h) LOSS OF LIFE IN LIFE /DEATHS
(i) DEPENDANCE ON DIGITAL WORLD

ALBERT ELLIS'S ABCD MODEL is well known

A- Adversity

B- One's beliefs about adversity

C- Emotions generated from failure and later performing poorly

D- How to quickly & effectively dispel on unrealistic beliefs about adversity

The best way to come out of the trauma of covid time is to focus on thinking traps such as – over generalizing or not challenging your capabilities to do better .

1. Taking control of the situation and yourself that means think about what you can do during this period like online learning , taking care of health understanding the importance of hygiene and nutrition not allowing negative thoughts to overpower your psychological and emotional strength.
2. Try to decrease impact of this period on your academic and psychosocial life .
3. Understand the breadth of the impact and don't worry that it might cast over all aspects of your life .
4. Make your brain understand that it was a short duration of time.

Post Pandemic Period

Our life is further going to change after pandemic is over, as we will be

1. Going back to school
2. Going back to work
3. Dining out
4. Movie
5. Visiting friends , families & festivities.

This is going to create a sense of anxiety because of fear of becoming ill ,worry of complacency by others, resurgence of illness ,anxiety about getting re-accustomed to society, worry of losing positive changes like less traffic ,our safety.

So we will have to live in a **"RE DESIGNED WORLD".**

1, Transformation from safe study , safe workplace to open space woring .

2. Safety - worries

3. Re connecting with people e.g. bully.

4. Again stress of balancing health , economics , social & family events

5. Mental health issues

So what are **" MANTRAS TO DEAL**"

1. Taking care of your own safety , diet , health & relaxation
2. Find your own time
3. Sharpen resilience & coping skills
4. Talking to people gives social support
5. Focus on present moment i.e. mindfulness
6. Go slow, select focus & optimise energy.

So be prepared for these changes.

"THOSE WHO ACQUIRE GREATER RESILIENCE WOULD RISE LIKE PHOENIX " .

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CHILD PRODIGY- BOON OR BANE

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X dreamt of being a rock star since childhood, won a singing contest at the age of 12 years, became famous. Sadly committed suicide at the age of 16.

Shocked! Well it could be just another story, no it isn't a story but the harsh reality many face. A brilliant life cut short, a life which couldn't adjust to the ever growing demands of being, a life tired of being under the microscope every moment.

We are quite liberal with words, we use genius, brilliant, prodigy at the drop of the hat. Thus by being liberal we are creating pressure on our teens and adolescents. A century scored in a match sees a young player being labeled as the next Tendulkar, a talented singer as the next Lata Mangeshkar. Do we really need to compare our kids with these idols. A big No!

According to the Webster English Dictionary the word "Prodigy" is derived from Prodigium – meaning omen or monster. Back then a prodigy could be any strange or weird thing that might be an omen of things to come, slowly over the years the word came to be associated with an extraordinary talent or accomplishment. This article by no means is an effort to delve into the origin of the word Prodigy but an effort to raise awareness about this single minded obsession of parents to make their children prodigies and thereby ruining their childhood.

We all live in a world where comparison is the norm of life, right from the time a baby is born till he becomes an adolescent there is comparison at every level. As a society we are moving away from the laid back of way parenting to developing designer babies. All of us want kids to be All Rounders, to excel in every field, forgetting that even the cricket eleven has space only for one all rounder.

In this pursuit of making the child excel in every field he is subjected to various classes – music lessons, tennis lesions, skating classes and what not. No thought is given to what the child wants.

Sharma ji's son is going to skating classes so my son also has to learn skating without ever giving a second thought that the child might be inclined for something else. Why this obsession of making a child a package which would deliver in various competitions , let it be like a flower which would grow at its own pace. This obsession of parents is exploited to the hilt by various reality shows who provide a platform for these obsessed parents and kids. As soon as a child wins a competition he is labeled as the next big thing in that field be it dance, music, sports. Soon he is roped in with ads, endorsements, offers which he finds hard to refuse. Parents are happy what they couldn't achieve as kids the child has done, their brand value in the society increases. It is all good and honey till it lasts. Slowly the prodigy wilts under pressure and many a times takes the dangerous step of committing a suicide, thereby bringing an end to a short brilliant life.

Remember for each Sachin Tendulkar there have been hundreds of Vinod Kamblis who have fallen by wayside.

Coming to the question – Do we really need child prodigies. No we don't , we need healthy kids who enjoy their childhood, we need adolescents who can cope with questions life throws at them. Remember it is normal to be average, no harm in being in the middle of the spectrum. There is place for everyone under the sun and that is what we need to teach our kids and adolescents to enjoy their life. We don't need designer babies we need happy ones.

Remember childhood is the most beautiful of all life's seasons , Let us keep it simple.

TACKLING SUBSTANCE ABUSE: THE ICELAND APPROACH

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20 years ago Iceland was one of the worst affected developed countries with regard to adolescent drug use. The authorities approached it in a different manner. They decided that adolescents NEED the Dopamine rush that comes from Smoking, Alcohol, Drugs – so they would give them the Dopamine rush in a POSITIVE way. Through competition: games, sports, cultural activities. Through dance, music, karate. The effect was dramatic:

- 'Drunk last month' decreased from 42% in 1998 to 5% in 2016
- 'Tried cannabis' from 17 to 7%
- 'Smoking cigarettes daily' from 23 to 3%.

How did they do this? By shifting responsibility from the shoulders of the adolescents to that of their parents and the community.

- A dramatic increase in community facilities for various games, sports, music, dance, karate and other clubs. With minimal fees. Music bands from Iceland are now highly respected the world over.
- Encourage parental quantity time.
- Advice parents to encourage their adolescents to postpone the start of smoking and alcohol.
- Evening curfew for the early teens 13-16 years after 6 p.m.
- Discuss the dangers of substance abuse with the parents primarily, and also to the adolescents.
- Make tobacco sales illegal before 18 years and alcohol before 20 years.
- Ban ads on smoking and alcohol use.
- Do all this at the local community level.
- Parents take turns to roam around the parks and streets in the evenings,to ensure that no drug use is going on.

The method was less successful in other countries:

- The USA is a large country and Iceland one of the smallest in terms of population, and much more diverse, so there were obvious difficulties.
- Many developed countries felt that Iceland is too strict in restricting the liberty of its younger adolescents.
- This approach can only be done at the community level.
- It is costly.

Nevertheless, Canada and other countries are seriously considering the approach, with some modifications to suit the local culture.

Moral: Preaching to adolescents has limited efficacy. Government measures alone will not do. As with all issues related to children and adolescents, the primary responsibility for tackling substance abuse lies with their parents – and with the community.

ADOLESCENT SUICIDE PREVENTION

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Adolescence is a time of enormous change, be it physical, emotional, social, and cognitive. It can be simultaneously filled with the highs of endless possibilities and excitement over the future, and the low periods of doubt, frustration, anxiety, and intense stressfrom many sources, including relationships with friends and family members and problems at school. It is in these low moments that some adolescents may consider, and ultimately complete, suicide.

In the past 10 years, suicide rates among young people ages 10–17 have increased by more than 70%. Suicide is the second leading cause of deathamong ages 15–24. Adolescent suicide rates significantly increased in a number of states during the pandemic. Half of LGBTQ teens considered suicide in the past year, and 18 percent made a suicide attempt.However, suicide is preventable. adolescents who are contemplating suicide frequently give warning signs of their distress

Earlier detection and treatment of mental illness are the most important ways family physicians can reduce morbidity and mortality for youth who are contemplating suicide.

The youth of today is living in a virtual world. More time is spent on social media. A cohesive umbrella support of meaningful relationships with friends, family & relatives have been replaced by social sites & adolescents are living in an isolated world. This isolated life is a very important reason for the rise in suicide among young people.

Choosing to live is never easy, but it's always worth it. Remember it is in dark night you see stars. Sometimes life pushes you to a dark corner, it tests you beyond endurance but winner is always a brave soldier. Suicide is a permanent solution to a temporary problem.

Everyone experiences feelings of loneliness, depression, helplessness, and hopelessness, from time to time. We have to keep our eyes open for the risk factors & warning signs

The RISK FACTORS:

1. Mental health condition
2. Substance abuse like alcohol & tobacco
3. Relationship problems
4. Bullying- physical/cyber bullying
5. Sexual abuse
6. Access to firearms
7. Previous history of self-harm, Non-Suicidal Self- Injury
8. **Physical disability/chronic illness**

THE WARNING SIGNS:

FACTS & IS PATH WARM acronym

F FEELINGS: Expressing hopelessness about future
A ACTIONS: Displaying overwhelming pain /distress
C CHANGES: withdrawing from friends, gatherings, mood swings, sleep disturbances
T THREATS: Talking & writing about suicide
S SITUATIONS: stressful situations involving loss/change, trouble with school, parents & law

I IDEATION
S SUBSTANCE USE
P POURPOSELESSNESS
A ANXIETY
T TRAPPED
H HOPELESSNESS
W WITHDRAWAL
A ANGER
R RECKLESSNESS
M MOOD CHANGES

To alleviate some stress, it is imperative that youths and adolescents alike receive supporting resources such as “a stable living situation, intimate friendships, a structural framework and economic resources.Confusion and lack of information can make suicidal thoughts all the more dangerous, as teenagers—and even young children—might not know how to find help or that help is even an option.

THE PROTECTIVE FACTORS:

1. Positive attitude to mental illness
2. Access to mental care
3. Family support & cohesion
4. Peer support
5. Social support & community connectedness
6. General life satisfaction, good self-esteem& sense of purpose
7. Adaptive Coping & problem-solving skills
8. Conflict-resolution skills
9. Biological & psychological resilience
10. Positive school experiences

Educating teens about the importance of mental health is an essential preventative measure that needs to be taken by parents and school systems alike. Many adolescents and young adults might not recognize symptoms of a mental health condition or might even mistake warning signs as a “normal” part of growing up.

TIPS FOR PARENTS:

Listen—even when your child is not talking- don't assume it's just a passing mood.

Take every statement about suicide seriously. Respond with empathy and understanding.

If you see signs of suicidal thoughts but don't sense an immediate crisis, you still need to take action.

Maintain connection. Help a struggling child maintain connections with friends and loved ones. As a parent, spend extra time with your child.

Be compassionate. Express your love for the child or teen.

Trust your judgment. If a young person denies that he is having suicidal thoughts, but you doubt his honesty, trust your intuition. Take further steps to ensure his safety.

Prioritize safety. Remove or secure guns you have at home. Do the same with other lethal tools and substances.

Suicide Prevention Awareness Month 2022, which includes World Suicide Prevention Day (September 10) and Suicide Prevention Week (September 4–10), offers an opportunity for mental health and youth organizations to bring this topic out into the open, so teens know that they are not alone. Know the National suicide hotlines.

PREVENTION STRATEGY USING A FRAMEWORK OF EIGHT SUICIDE PREVENTION STRATEGIES: *3

- School gatekeeper training. Identify and refer students at risk for suicide. Teaches staff how to respond to suicide or other crises in the school.
- Community gatekeeper training. Trains communitymembers and clinical health-care providers to identify and refer persons in this age group who are at risk for suicide.
- General suicide education. Students learn about suicide, its warning signs, and how to seek help for themselves or others
- Screening programs. A questionnaire or other screening instrument is used to identify high-risk adolescents and young adults and provide further assessment and treatment
- Peer support programs. designed to foster peer relationships and competency in social skills among high-risk adolescents and young adults.
- Crisis centres and hotlines. Trained volunteers and paid staff provide telephone counselling
- Restriction of access to lethal means. Activities are designed to restrict access to handguns, drugs, and other common means of suicide.
- Intervention after a suicide. Focus is on friends and relatives of persons who have committed suicide. *(CDC. Youth suicide prevention programs: a resource guide. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, 1992.)

Make space, listen, offer hope -It's like using a flashlight when you're lost in the dark. The epic story of tomorrow cannot be written if it ends today. The most beautiful rocks are those that have weathered the storm.

PORNOGRAPHY ADDICTION

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Introduction:

In 21st century adolescents are using internet more frequently and during the covid time the use of which has increased substantially. Adolescent is the period in which sexual development peaks and there is opposite/same sex attraction which peaks. While it may be perfectly normal and healthy for teenagers to develop curiosity in their sexuality, changing times have brought with them alarming statistics addressing teens hooked on pornography. For them exploration of pornography will be like visiting a candy shop and urge to taste all candy will lead to some harmful effects of pornography. India ranks third in porn consumption, yet 9 out of 10 parents believe kids go online for 'education' only.

Case report

15-year-oldboy child was brought by parents as the girl was found to keep himself locked in his room and

HEADSSS Assessment:

Home	Only child Fathersoftware engineer, works from home Mother is home maker.
Education	Studying in 10th std. Good in study but recently academic backwardness is found.
Activity	**Screen** – Using personal laptop and his screen time is around 6 hours a day **Exercise** – None **Sleep** – around 7 hours/day **Hobby** – None. Majority of time stays indoor
Drugs, Smoking & Alcohol	Tried E vap
Sexual Health	Masturbates daily. Self-harm& Depression Stays sad most of the times
Sexual Abuse	None

On further questions it was found that he is using laptop mainly for study but one day a pop up redirected him to XXX website where he has seen some pornography. He became addict to watch the pornography and was watching it majority of time. Initially he use to watch during the night time but then the urge to watch the pornography increased and so he used to keep himself locked in a room and was socially isolated from other peers and was doing masturbation daily. His habit of watching pornography and masturbation leads to decrease concentration in the study. He also was having sad moods as his penile size was only 4 inches and he use to ejaculate early so was having a feeling that he is sexually impotent which leads to depression in him.

Discussion:

Adolescent Internet pornography viewing has been significantly increased in the last decadewith research highlighting its association with Internet addiction (IA).

(a) Internet pornography viewing (IPV) has been defined as theonline viewing or downloading of

pictures and videos withclearly exposed genitals and/or pictures or videos in whichpeople are having sex (with the intention of eliciting a sexualreaction; (1)

(b) Although adolescent IPV is considered tosome extent a normative behavior(2) excessive and early useof pornographic material is known to compromise adolescents'well-being.

(c) Late adolescence (16–18 years) is a critical period forromantic/sexual development, as well as Internet use/IA. It has been seen that adolescents develop sexual attractions and affiliation in early adolescence (10-13 years) and that may lead to early romantic sexual relationship in middle adolescence (14-16 years) and in late adolescence they consolidate their sexual behaviours.

(d) Facts & Figures: Benedek and Brown done a study and found

  (i) 93% of boys reported being exposed to pornography before the age of 18 years

  (ii) 62% girls reported online exposure to pornography prior to the age of 18

  (iii) Average age of first exposure to pornography was 14 years for boys and 15 years for girls

  (iv) 42% girls reported that the exposure to pornography was involuntarily

(e) Impact of pornography on adolescents:

  (i) Unnatural expectation about size of genitals and breast

  (ii) Unnatural sexual behaviour is considered as normal like threesome sex, anal sex etc.

  (iii) Imitation and experimentation at the early age leads to early sexual activity and risk of child abuse

  (iv) Emotional side effects such as nightmares and feelings of guilt, shame, anxiety, and confusion

  (v) More of internet addictions also develops and they may indulge into cybersex and sexting behaviour.

(f) A large numberof people (both men and women) use the internet for purposes of sexual gratification: men accessing sexually explicit material,whereas women for sexually loaded interactions and cybersex (3)

Modification of Internet addiction disorder for the pornography addiction can be done like below

If 5 or more of the traits describe the subject, they would be diagnosed with pornography addiction

1. Is preoccupied with the pornography (thinks about previous pornography or anticipates next online viewing of pornography).
2. Needs to use the pornography with increasing amounts of time in order to achieve satisfaction.
3. Has made unsuccessful efforts to control, cut back, or stop pornography use.
4. Has stayed online longer than originally intended and watched pornography.
5. Is restless, moody, depressed, or irritable when attempting to cut down or stop pornography use.
6. Has jeopardized or risked the loss of a significant relationship, job, or educational or career opportunity because of the pornography.
7. Has lied to family members, therapists, or others to conceal the extent of involvement with the pornography.
8. Uses the pornography as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression).

Take home message

To reduce the pornography addictions

(a) Reduce the shame.

(b) Erotica is for the pleasure and pornography is addicting with unnatural expectations and hence side effect of it. Teach difference between erotica and pornography

(c) Talk to adolescent about the sexuality education at early age.

(d) Use VPN & Licenced antivirus software so unnecessary popups can be blocked.

(e) Use apps to monitor screentime and add limits on watching 18+ contents

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BODY IMAGE and SELF-ESTEEM

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What is Body Image?

Body image is how people think and feel about their own body and their appearance.

Objectively, it is a person's mental image of his or her body: the weight, height, shape (muscular, curvy), facial features, skin colour. But subjectively it is about

- how people evaluate their own appearance,
- their impression about how other people perceive them, and
- the effect of these thoughts and feelingson their behaviour.

People's body image i.e., their subjective experience of their body may differ significantly from the objective reality. An extreme example of this is Anorexia Nervosa, where the patient may be emaciated, but she is not concerned, and may insist that she is too fat.

Body image is highly subjective

a. TALL: One boy is proud of the fact that he is tall. Another tall boy slouches, because he feels embarrassed to look different from his friends. One woman wants to do leg-lengthening surgery to become taller, because of her great desire to be a model; but many tall women are unhappy because they feel it will be difficult to find a husband who is taller than them.

b. THIN: More than 50% of women in developed countries like the USA are overweight, so their concept of a beautiful woman is a tall and unusually thin girl who has big breasts (see any Barbie doll). Most Western models are ultra-thin, with a BMI of 15-17. Here is India the older generation dislikes thinness, because itimplies poverty or TB. In Africa they don't like ultra-thin people because it immediately suggests poverty, starvation, and HIV.

c. COLOUR: We love people who areextremely fair. Our shops are full of Fair-and-lovely, Fair-and-Handsome, Fair-and-Glowing. In the developed countries their favourite hobby is to lie semi-nude on the beach for hours together after applying tanning lotion on their body: they wish to develop a tan.

d. CURVES: All men like the female body when it has a lot of curves. But while women generally think that a flat abdomen and a muscular body look good, many women are not impressed by a bodybuilder's appearance (bulging muscles, a sculpted body, and thin hips); they consider it unnatural.

What influences the body image of an adolescent?

The three primary influences that impact the body image of an adolescent are: the mass media, family and peers.

Mass Media

According to the Social Comparison theory, humans have a strong tendency to judge themselves by comparing themselves to those around them – their opinions, their appearance, theirsocial status. A great deal of the popular media directed at adolescents, (including television, magazines, music videos, and today the internet and social networking sites such as Instagram and Facebook), promote the concept that the most important attribute of beauty is a sexy and thin figure in females, and a muscular body in males. An attractive figure is described as one that is unnaturally thin, butwith large breasts and broad hips, wearing a bikini, form-fitting or revealing clothing or in fitness attire. Obese people are presumed to be unattractive, lazy and immature.

Perhaps the most influential of all these media today is Instagram. Since its start in 2010, Instagram has attracted more than 400 million active users, who upload around 80 million photos a day. Professional models have very strict diets, and exercise vigorously on a daily basis to get the supposedly ideal figure. Before every photoshoot they are attended to by beauticians who do up their hair, their face, their fingernails, their skin. After the photoshoot, professional photographers get to work to edit the photos. The resultant glamourous images have little to do with how they look in real life. It is worth it for these models: modelling is their entire job. Beautiful and sexy women are used to sell anything and everything under the sun.

The average adult woman cannot normally look anything like these models.When adult women with body image issues are asked to describe themselves, they often talk of their weight and their appearance, instead of describing their character, their personality, their achievements, their abilities, their jobs. Many of them end up with depression, sexual dysfunction, and substance use.

Peers

Peers play a major role in body image. Peer pressure is much greater among adolescents than adults. Research indicates that men and women, both adolescents and adults, compare themselves more often to peers than to models.They perceive their peersas more similar to themselves thancelebrities and therefore more relevant,for social attributes like personality and intelligence and also physical attributes like weight, height and body image.This is especially true today, as they are bombarded daily on Facebook and Instagram by beautiful or sexy pictures of their classmates, friends, cousins.

Most of the persons who upload photos on Instagram are not celebrities; they are ordinary persons, mostly in the age group of 15-25 years. Wherever they go, whatever they do, they take selfies. Formerly they used to just upload them, but today they use various apps and programs to enhance the selfies before uploading them. Research shows that those who frequently view body photos, and enhance their own selfies, and post a lot, have the most body image issues.

If the adolescent's friends are always discussing weight and dieting, appearance and beauty, if they talk about how being attractive makes a girl popular with boys, the adolescent will be influenced by all this. Adolescents often make comments about their friends' weight. Overweight girls are more likely to experience bullying and cyberbullying.

Boys who have an early puberty are at an advantage, as they are taller and have a more muscular body and a moustache and a more mature voice, so the girls are more impressed by them. Girls who have an early menarche often feel at a disadvantage, as they feel uncomfortable with menstruation, and they feel embarrassed about the obvious change in their body shape. Physically they are maturing, but intellectually and emotionally they are not ready to accept these changes, and they view them negatively.

Family

Family members, especially parents, have a strong influence on an adolescent's body image:

- The adolescent notes that the parents are overly concerned about their own body shape and their appearance
- The parents may make positive or negative comments about the adolescent's body and appearance
- Siblings may tease an adolescent for being overweight

Social factors

Ultimately, the attitudes of the mass media, peers and the family can be traced to the wrong notions of society itself. Society places too much emphasis on beauty in women and on intelligence in men.Personality and character get less importance. Society forces women to be more concerned about their personal appearance than about their intelligence and abilities. Research shows that women who are attractive are treated with more respect, offered better and higher paying jobs, experience greater success in dating and relationships, and are even viewed as more intelligent and competent in the workplace. Women come to believe that they will be judged primarily by their appearance, and they

spend a significant portion of their time and money on dressing up, making up their face, and trying out the latest fashions, rather than investing in developing their personal skills.

Appearance is relevant, but we should respect our body if we have a healthy body, a strong physique, stamina.

Girls, and normal changes of adolescence

Throughout adolescence there is a steady increase in BMI because weight increases disproportionately compared to height. In males a lot of the weight gain is due to an increase in muscle mass, which they welcome. In females, the weight gain is associated with a noticeable increase in body fat. And this is happening at a time when girls are increasingly conscious of their appearance, and they are being bombarded with the message that beauty means being thin. This is highly stressful for some of them, and can lead to disordered eating habits. Anorexia nervosa and bulimia usually have their onset in early and middle adolescence. These problems become less frequent once the girls grow more mature, more self-confident and emotionally stable.

Males

Body image problems are common in adolescent boys and young men. Their concept of an ideal body is that they should be tall, thin, and muscular, with bulging biceps and six-pack abs. They do gym training to develop a muscular body, and up to 1 million males in the UK use anabolic steroids and consume a high-protein diet and nutritional supplements of dubious value. This is sometimes labelled as 'bigorexia' as their focus is on big muscles.

Health consequences of a poor body image

A survey of adolescents aged 13-19 years in the UK showed that 46% of girls and 25% of boys were 'always' or 'often' worried about their body image. 57% had considered going on a diet, 10% had considered cosmetic surgery, 10% said they would consider taking steroids to achieve their goals.

36% of girls and 24% of boys reported avoiding taking part in physical education due to worries about their appearance. Those who had more body image concerns were more likely to diet, to use cigarettes, and to take alcohol. They were more likely to have depressive symptoms, social anxiety and panic disorder.

Some boys take anabolic steroids and costly nutritional supplements and spend a lot of time in the gym. Some girls take up smoking to reduce their weight, and try to improve their appearance by buying beauty products or getting cosmetic surgery.

One-third of teenagers are ashamed of their body shape, and spend significant time and money to get what they believe is an ideal shape. The girls want to become thin but they should be plump in certain areas. The boys want to be tall and muscular. They don't realize that you can lose weight and build up muscle to some extent, but beyond a limit you cannot increase your height or the size of the breast or the broadness of your shoulders.

Eating disorders

Eating disorders are common in adolescents and young people in developed countries, and is maximal at 15-25 years of age.Anorexia nervosa, bulimia nervosa and binge-eating disorder affect approximately 0.5-1%, 2.0% and 4% of adolescent girls. Girls are affected 10 times more commonly than boys in AN, while BN and BED are at least twice as common in girls as in boys.

In Anorexia Nervosa the girl is terrified at the thought of becoming obese, and drastically reduces her weight until she is severely undernourished, but still continues to insist that she is overweight. Bulimia Nervosa is characterized by binge-eating, where the girl eats massive quantities of food in a single sitting, until she is forced to stop by nausea and abdominal pain; then she is filled with guilt and shame, and goes and vomits it all out. She may show no signs of a disorder and may maintain a normal weight. InBinge-Eating Disorder, the girl episodically loses her self-control and eats an unusually large quantity of food within a short period, often very calorie-dense food, and eats it very fast, and keeps on eating even she is uncomfortably full. But she does not try to vomit it out. She often binges in secret. She is often overweight.All these disorders are characterized by feelings of tremendous shame and guilt about wanting to eat so much.

In addition, many adolescents routinely skip breakfast, or go on episodic strict diets to lose weight, and do not consider this to be abnormal.

Indian Studies

There is a paucity of literature on eating disorders in India. In a 2019 review, a major part of the literature on ED from India is derived from 24 case reports and case series, and there were only 15 original studies. Most of these are from the last two decades, and only a handful fulfilled the criteria (the symptoms should last at least 3 months) to be labelled as AN; only 5 cases of BN have been reported in India up to 2019, and no case of BED has been reported.

In an Indian study of 1220 girls (Ganesan S, Ravishankar SL, Ramalingam S. Are body image issues affecting our adolescents? A cross-sectional study among college going adolescent girls. Indian J Community Med 2018;43:S42-6) nearly 20% were overweight or obese, and 97% of them wanted to lose weight. Half the girls were of normal weight, and 58% of them wanted to lose weight while 12% wanted to gain weight. 27% were underweight, and 69% of them wanted to gain weight. Thinness was as great a concern as overweight. Probably skin colour is a much greater issue than body weight in India.

Advice for adolescents

If you are not happy about your body, it reduces your self-esteem, and you don't have the will power to do anything about it. If you feel your body is less than perfect, here is what you should do:

- First, accept your body. It's OK if you're not perfect – nobody's perfect. Don't make negative comments, or even think negative thoughts, about your body. Everyone is beautiful in their own way. If everyone was of the same height, weight and shape, there would be no fun at all.
- Second, appreciate your body. Always there is something to like – your facial features, your bright smile and twinkling eyes, your hair, your colour, your shape, or your height, or your strength. Focus on what you like. Think of what your good friends like about your appearance. And remember, appearance is important for the first impression. Once we know a person, we are impressed more by their character and behaviour.
- Third, like what your body can do. Maybe you take part in games and sports, dance, make things with your hands, are an artist.
- Now, take care of your body.
    a. *Eat healthy foods*. Learn what foods are good for you, and how much is the right amount. Take your time when you eat. Really taste your food. Enjoy it. Eating right helps you look your best. It gives you the energy you need. And it boosts your body image.
    b. *Get good sleep*. Learn how much sleep you need for your age. Get to bed on time. Turn off screens hours before bedtime so you can sleep well.
    c. *Be active.* Your body needs to move to be strong, fit, and healthy. Play a sport, run, work out in the gym, do yoga, swim, or dance. Have fun.
    d. *Keep to a healthy weight.* It helps you feel good about your body. Don't try to diet by yourself; instead ask your parents or doctor for suggestions.

Advice for parents

1. Set a good example. Accept your own body. Eat a balanced diet, and do some exercise daily, and do it for your health, not just for appearance.
2. Talkto your adolescents about body image. Explain that it is normal and healthy for a person to gain height and also weight during adolescence. Praise their personal characteristics such as strength, persistence and loving nature, rather than their looks. Don't make negative comments about your body weight or shape, or theirs, or that of anyone else.
3. Praise people who are famous for their achievements — not their appearance. Look for opportunities to praise effort, skills and achievements. Point out that many models are undernourished and unhealthy.
4. Promote games and sports.
5. Monitor social media use. Tell them it's OK to post an occasional interesting photo, but don't worry about how many people comment on it.

DATING IN TEENS

Deepa Passi

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The teenage years though only a small fragment of a person's life is highly important in human development. During this period, a person experiences physical, psychological emotional, intellectual, and social changes. The teen years can be full of ups and downs. These feelings are normal as teens try out more adult behaviours and responsibilities, deal with growing expectations, and make the gradual transition to independence. For many teens, romantic relationships are a central part of social life.Their world is one filled with social media, temptations, and new levels of peer pressure. For many teenagers, their first relationship is an exciting experience as they learn to navigate the dating world.

Given the biological and emotional changes in adolescence, dating is developmentally a normative process of learning about sexuality and adult romantic relationships.

While teen dating in India has always been looked down upon, it has gained increased visibility in the last few years. It is important for parents to understand that interest in dating and establishing relationships is normal especially towards middle to late adolescence, and a blanket ban might do more harm than good. It's important to talk to your children about establishing healthy relationships and giving them inputs for dating safety to help protect themselves in unsafe situations

For some teens, dating plays a part in this time of life. It can be a wonderful experience where teens develop trust and learn about mutual compromise and empathy. It can also be awkward, perplexing or even heart-breaking. Teens who date can learn to give to others and how to expect the same in return. This can all be part of practice sessions to find meaningful relationships in life. Dating can help build self-esteem, help teens discover who they are, and help build social and relationship skills.

On the other hand, dating can be stressful. Adolescents at the threshold of the adult world, are just beginning to manoeuvre through this turbulent phase. They are still discovering their own self-identity, needs, and emotions. In this, to accommodate another person's needs and expectations can be taxing. For example, how promptly should they respond to each other's messages, how often to meet, whether to engage in any sexual interactions, etc. are all decisions the teen has to make now.

Teens are victims of sexual, physical, or emotional abuse while dating. Being equipped with teen dating safety knowledge to recognize and prevent unsafe situations could be lifesaving.

Dating safety tips your teens should follow to ensure they are aware, prepared and make it home safe from their dates.

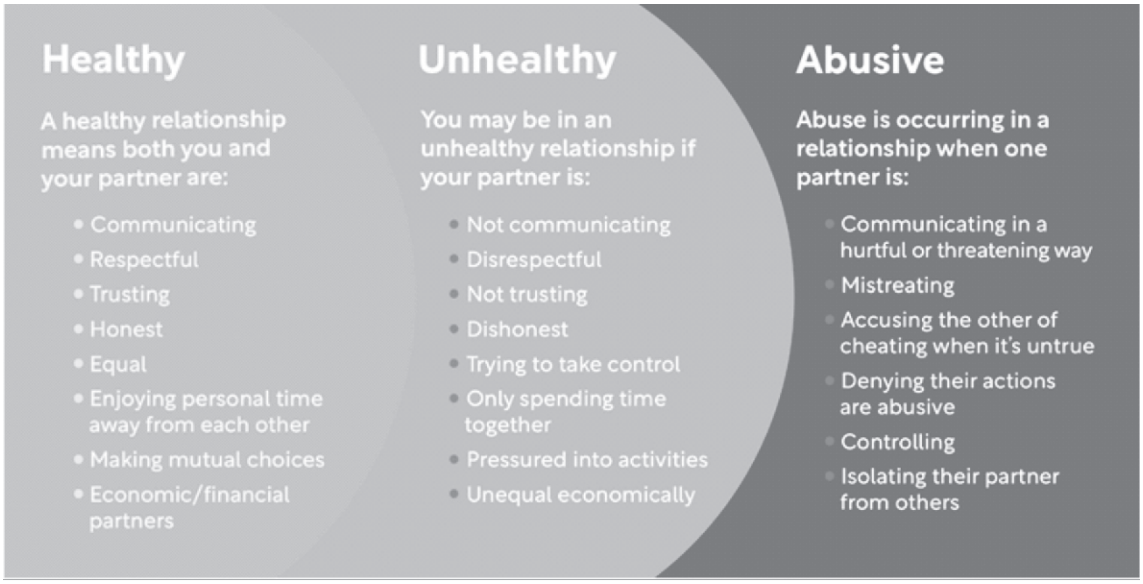
1. Keep Family and Friends in the Know
2. Meet at a Safe and Populated Location
3. Never Leave Your Food or Drink Unattended

   Try to finish your meal before excusing yourself to the bathroom. Date rape drugs are colourless, odourless pills that can make you disoriented and even hallucinogenic. While, of course, no one wants their date to drug them, anything can happen and it's important to be aware and stay safe.
4. Don't Drink
5. Don't Share Too Much
6. Learn How to Say No

Other things they can do are to maintain other friendships, interests, and hobbies. Limit time spent

online, but don't limit or ignore the friendships, family, and other interests you enjoyed prior to your romantic relationship. These people and places also bring joy to your life and can be a support should the relationship end or hit a rough patch.

A relationship can be healthy, unhealthy or abusive



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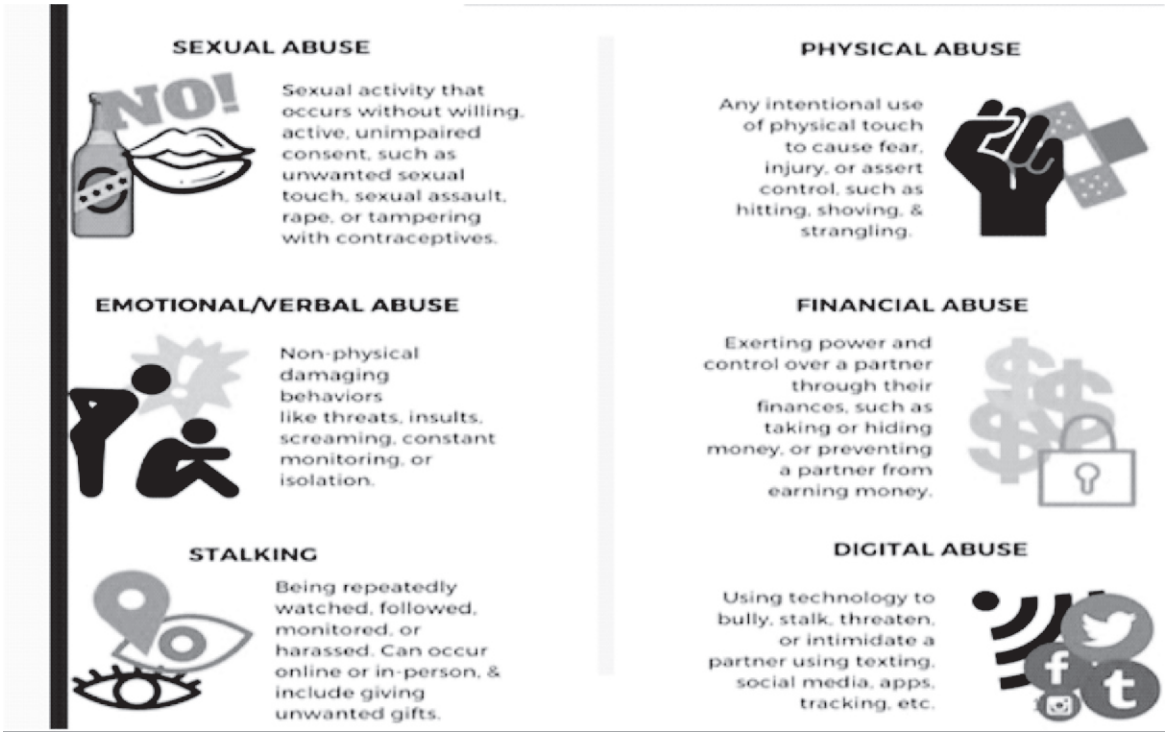
TYPES OF ABUSE:



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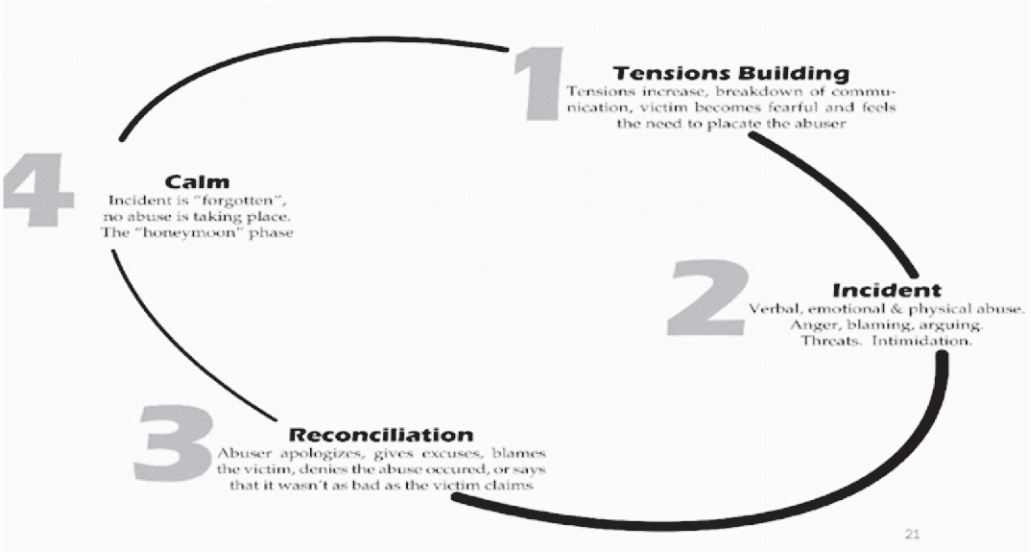
CYCLE OF ABUSE:



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Adolescents in abusive relationships often carry the burdenof unhealthy patterns of violence into future relationships. Children who are victimized or witness violence frequently bring this experience with them to the playground, the classroom, later into teen relationships and, ultimately, they can end up the victims and perpetrators of adult intimate partner violence

February is National Teen Dating Violence Awareness and Prevention Month (TDVAM). Together, we can raise the nation's awareness about teen dating violence and promote safe, healthy relationships.

Digital communication has disrupted the ways we socialize, communicate, and—let's face it—how we function. Adolescents in particular are turning to online spaces to build their network and explore sexual relationships, particularly in regions where access to peers is limited. Blind dates or dating through technology, there is a greater chance to manipulate information about oneself. The teen actually doesn't know truly who the other person is. The criteria of 'liking a date' is very limited to looks, or an image being conveyed only digitally.

Digital flirting often takes the form of comments, heart-shaped or innuendo emojis (i.e., the eggplant or water squirt emoji), or liking someone's photos on social media.

"Digital dating abuse" as it has been termed, uses technology to repetitively harass a romantic partner with the intent to control, coerce, intimidate, annoy or threaten them.

TIPS FOR PARENTS:

The brain is better prepared for situations if it's already rehearsed similar situations through media exposure and conversations with parents. Parents should give

1. Anticipatory guidance to the teens
2. Discuss the potential dangers of social media and technology.
3. Establish solid rules with firm boundaries when it comes to your teen and safe cell phone/social media usage.
4. Talk openly and honestly with your teen, especially when it comes to things like use of technology, cyberbullying and sexting.
5. Take time to monitor their on-line content & make them media literate.
6. Provide guidance and date ideas for teens that can help your teen navigate situations and understand how to form positive, successful relationships as they get older, form new friendships and let more people into their lives.

7. Parents take care to cultivate trust and open communication in their relationship with children from childhood itself.
8. Parents should openly talk about romantic relationships irrespective of whether the teen is dating or not.

   While growing up, when a pre-adolescent hears parents discuss relationship do's and don'ts- a lot already gets clarified. The teen is prepared already to face a relationship in a more mature way. I believe parents must discuss physical, sexual, and emotional safety much earlier in a graded manner in the language they understand. It then becomes a value system they grow into.
9. Talk about sex. Teach physical boundaries. Tell them about the sexually transmitted diseases & usage of protection.
10. Talk to your teen about consent and respect in romantic relationships

POSTER PAPER

ESSENTIAL HYPERTENSION WITH CARDIAC COMPLICATION IN AN ADOLESCENT GIRL – A CASE REPORT

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BACKGROUND
Childhood hypertension is an important cause of morbidity and mortality. Most of the cases of childhood hypertension are secondary to an underlying disorder. Recent report suggest an increased prevalence of childhood hypertension, particularly essential hypertension. Significant risk factors for essential hypertension include family history of hypertension and increased BMI.

OBJECTIVE
Early identification and prompt treatment can improve long term health outcomes as childhood hypertension predicts adulthood hypertension.

RESULT
We report a case of 12 year old female child who was brought with complaints of pain in abdomen and difficulty in breathing. On admission patient had PR-78/min, all the peripheral pulses were palpable, RR-20/min, spo2 -98% , BP- 140/100(>99th centile for age and height).Her lipid profile was normal, 2D echo which was s/o Global left ventricular hypokinesia with left ventricular hypertrophy,renal doppler was normal and there was no renal artery stenosis. Usg abdomen and pelvis was normal. Parathyroid and thyroid function test were within normal limit.CECT Aortogram s/o aberrant right subclavian artery with normal aortic and carotid dimensions. Plasma renin level, DMSA were also normal. Patient had a past history of hospitalization for similar complaints 2 months back and multiple OPD visits and was diagnosed as myocarditis with dilated cardiomyopathy. Her BP was not documented. There was no history of raised BP in the family and Her BMI s/o underweight. Hence the cause of raised blood pressure was undiagnosed hence the diagnosis of essential hypertension was made, and patient started on medical management and discharged.

CONCLUSION
Early detection of pediatric hypertension is essential to avoid complications. most of the time diagnosis is delayed due to inadequate blood pressure screening, given the varying practices regarding the interpretation of blood pressure in opd setting it is important for primary care provider to understand updated guidelines for hypertension. It is also important to know that cases of essential hypertension is increasing rapidly even without obesity and family history. Our case is one among this type of essential hypertension.

A RAMBLE THROUGH OLD CALCUTTA ,FROM FIFTY YEARS AGO !

Shubha Badami

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It was Calcutta in 1969. I was a tubby teenager , a ninth std student at the St Teresa Secondary school , that stood bang on the busy Diamond Harbour road in Kidderpore . Founded in 1885 by the Daughters of the Cross congregation and Mother Marie Therese, ST 's was much sought after for admissions, by parents . In spotless white, demure A- line tunics covering the knees, and Bata black ballerina shoes , we attended classes and played in the fields. I loved the morning assembly, when the entire school gathered, to sing lustily to notes from an old piano . I remember the prayer! The went ….'we have come to thee ,to take thy touch, before we begin our day . Let thy light shine upon my life for a while. Fill my heart with thy music to last through the desert of noise. '

Short Break, and all girls brought out their 'tuck'money , a handome half rupee in my case . it got me the precious icecream stick from JOY icecreams , Calcutta's new entry ,that a cart vendor doled out . Joy indeed.

We played hockey in the field and struggled with physics chemistry and biology, or was it only I? . We made friends with girls from traditional Bengali homes, and waited to sample their lunch boxes . Class picnic at the Lakes was traumatic , I had no tuck money and had to watch girls splurging on churmuri, puchkas and cut salted guavas . Forbidden street food never looked more inviting.

Radio music kept me company as I studied balancing chemistry equations. Calcutta had a vibrant western pop music station and the latest imports fron the West were a teenagers delight . Sunday midday was dedicated to the current top ten .The Beatles , Elvis ,and The Stones ..Voice of America and Radio Ceylon, alternately, were the young folks music havens . No TV or the internet to blot the horizon . Only Gramaphone players and LPS EPS . Sometimes, our own voices on tape, winding on spools, on the Grundig tape recorder . Binaca Geet mala and Ameen Sayani remain stuff of legend.

I was just getting to know the names of Bollywood celebrities. Was it Rajesh Khanna on the scene then ? The following year, when Dad was transferred to Shillong, and I moved to the Loreto Convent there , hysterical fans of his, pulled me along to view 'Safar' my first Hindi movie . I was as impressed as a fourteen year old would be.

The Statesman , the English daily, journalism s old school offering ,a century old, was delivered to each home , as was the Amrita Bazar Patrika in Bengali households. Calcuttans loved to discuss politics , the scene in the seventies , was rife with events to chat about.

As a teenager in 1969 [and again in 1971 when I went back briefly to Calcutta] , we young people were huge fans of the Junior Statesman or JS for short . The Statesman birthed it to help reach out to its young readers . It spoke and connected to youth all over the country, and Calcutta.

Started by famous artist writer and journalist Desmond Doig, a Da Vinci indeed, it had comic strips[Modesty Blaise, James Pond0081/2]a crazy agony aunt column[Kali Mirchi]and a mad Kookie Kol column by Jug Suraiya. Jug Suraiya in his book 'JS and the Times of my Life' has written of Calcutta in the 70s in humourous style [I read his book in one sitting, it was so gripping!] He said the JS gave birth to the urban teenager . long before social media connected with FB Insta or twitter , young people from all over the country interacted on the pages of JS . Sadly it shut down production much too soon . Desmond Doigs' weekly artistic impressions' of the heritage buildings and monuments of Calcutta are still invaluable, and a collectors item.

La Martiniere Boys School was where my brother went to . Elitist, also hoary [founded with the riches of a French soldier Maj Gen Claude Martin in 1836]the school was close enough for my brother to cycle to , from the railway colony in Kidderpore to the Elgin Area . He says, he often held on to the ladder behind the public bus to help hasten his sprint to get to school on time. .

Calcutta public transport, in my minds eye, is the vision of a rickety metallic monster of a bus, filled with loud humanity . As I watch in horror, the bus makes a sharp turn on the road, bent at an impossible angle, metal screams and sparks as the bottom scraped the road ! Heaven help us in the monsoon ! Knee deep wet , water logged roads were a nightmare.

Ambassadors were the only cars on the road in those days . Taxis were Mark 2 s . Tram lines connected interesting places , with strange names. Princep Ghat , built in 1841,a scenic Hooghly riverside spot was a popular place on Sunday evenings. Fiery Puchkas were a first for me there. Remember climbing aboard to explore a floating ship library docked there , a global vistor .

The citys proud possession ,The National Library in the Belvedere , Alipore was housed in an imposing building, formerly a colonial residence .

The Rabindra Setu shrouded in the graymist of the morning, looked eerie, from the sixth floor balcony of my uncles flat in Garden Reach. The Hooghly river [Bhagirathi ganga] flowed alongside and I spent hours when not at school , river -watching .

Tidal river bores were a frequent feature and the rough waves coming in, up from the Bay would swish in loudly , slapping at the sides of the hundreds of barges moored to the banks. Tidal bore warnings would be heralded by loud ship horns .Dredgers desilted daily near the Kidderpore docks, the broad flat Ferry was choked with commuters headed to work places on the opposite bank , and if I was in luck , the huge Ocean Liners that came in to drop or take on cargo from the docks .

Recall some names ! The Great Eastern shipping line . Japanese……Maru , and dark Chinese container ships . Grey Gangetic River dolphins in frolic, were a delight to spot . The banks with picturesque stone steps and river worshippers in ritual gear in the evenings or simply the sky and the mists rising over the river across , where the botanical gardens lay, kept me mesmerised. The conches blew at sunset , in households in prayer .

I heard from a Marine engineer that the Kidderpore Dock is no longer in commission and the harbour is upto its neck with silt . CHAL BE NOI was the call in the Calcutta labour unions .

Calcutta , that second city of the Empire, has had decades of strikes , protests, and violence. It also has Mother Teresa and the Nirmal Hriday . Rickshaw pullers, Rabindrasangeet , rossagollas . Durga Pujo Pandals , Mishti Doi and Macher Jhol . Gariahat and Classy cottons . Kantha work and silks . Kalighat and red bangles .Shantiniketan leather tooled and delicate . Adda and tea rooms. Trincas and Usha Uthup . Flurys and Swiss confectionery . Park street . College street and Lindsay street . Second hand bookshops that will put Bombays Flora fountain ones to shame.

And not to miss New Market , so named ,even though a hundred years old . Jug Suraiya called it' Ali Babas cave' -in it you could get anything you wanted '

Sights and smells of the Sealdah railway station and the cobblestoned Strand road. Not to forget the excitement at reading a line on a small sign board atop a shop that said 'Grand trunk road' . I was on my way to Dakshineshwar. There are so many memories that flood my mind .

Calcutta I loved you. And look forward to renew my acquaintance. Don't change too much.

TEEN DATING VIOLENCE

Ritu Gupta

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" chup raho, kisi ko bataya toh tumhari aur hamari badnami ho jayegi"

" ladki ho, sehna seekho "

" we're ultimately going to get married….so, let's have sex now and if you really love me, you will not say no "

"Either choose me or your career " etc. etc.

DOES ANY OF THE STATEMENTS ABOVE RING A BELL WITH YOU ?

The mindset of holding the relationship makes thousands of youngsters suffer in silence and be a victim of this newly recognised form of violence called ' Teen Dating Violence' (TDV) or Adolescent Dating Violence (ADV)

Teen Dating Violence is defined as any intentional physical, sexual or psychological/ emotional abuse (or violence) that occurs between adolescents involved in a romantic relationship.

Studies show a prevalence greater than fifty percent in both genders, both as victims and perpetrators and, it can have serious immediate and late health consequences where women are the most serious and frequent injury victims. Data indicates that TDV is deep seated in the patriarchal culture and is more frequent in connection with gender inequality, young age, racism, heterosexism and poverty. It is usually linked to ill- treatment in childhood witnessing intrafamily violence, poor care provided by parents and feeling insecure in school, community and social media. TDV is generally associated with various health problems like depression, anxiety, low self-esteem, poor academic performance, alcohol & drug abuse and unprotected sex.

There are various contributory factors to TDV out of which gender inequality stands out the most. This feature underpins the patriarchal culture in our country where men are domineering and women dominated, which makes men naturally aggressive and powerful and women, fragile and helpless. Gender inequality is thus a risk factor for violence against women especially in younger age group. Another very important aspect is the conservative Indian culture where in most places, dating is considered bad and is criticised. Also, the communication gap between the parents & teenagers and the fear of being punished stops the teenagers from sharing their relationships with their parents. Inspite of a record of one out of every three teens suffering from teen dating violence all over the world, these youngsters do not have the courage to talk publicly about their relationship, especially at their homes or ask their elders for advice, making them vulnerable to TDV.

The advancement of technology, various social networking sites and online dating apps has made teenagers more vulnerable to dating violence where they can be blackmailed, forced for sexual favours and even threatened for life.

There is an urgent and essential need of preventive actions that focus on curbing this menace. We need to deconstruct the current cultural patterns of gender in order to support emancipatory and liberating pedagogical approaches to be implemented early in schools, involving families and the community. Sex education with awareness around personal safety and rights must be given to children by parents and in schools. Parents need to talk to their children openly so that the adolescents can share everything with them freely without any hesitation. Love and attention of parents can make the children feel secure and protect them from being a victim of any form of violence, in fact they will learn to stand up for their own rights if faced with any form of violence. Through positive parenting, we can raise confident adolescents with high self esteem who can fight against dating violence and put an end to it.

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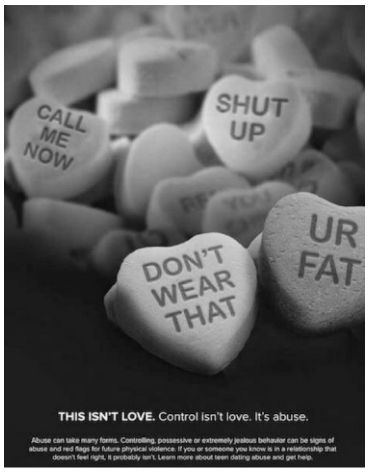

POSTER PAPER

WEIGHT MEASUREMENTS OF ADOLESCENTS USING BMI IN AN URBAN SCHOOL A CROSS SECTIONAL STUDY

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Abstract
BACKGROUND – Adolescent is a period between 10-19 years of age . It represents a pivotal stage in development of positive or negative body image. Adolescent weight status is a cumulative effect of health and nutritional problems. They often get unnoticed as weight assessment is not considered a priority in adolescents .

OBJECTIVE
To determine weight measurements of adolescents using BMI and to identify the contributing factors to adolescent weight problems in an urban school

MATERIAL AND METHODS
It was a cross sectional survey at Urban school over a period of 10 days in March , 2019. The protocol was approved by Institutional ethics committee. We enrolled children between 9and 16 years of age (N=631) in grades 5 to 9 whose parents have given written informed consent. A structured questionnaire was designed for gathering information. Anthropometric measurements were taken and BMI was calculated. Data was subjected to statistical analysis using statistical package for social science (SPSSv 26.0 IBM)

RESULTS
In present study out of 631 students 322 were male(51%)309 were female(48%),average age was 11.87 years.Out of 322 males BMI was normal in 52.17 % , underweight in 14.28%, overweight in 14.28% and obese in 13.04%. Out of 309 females BMI was normal in 60.51%, underweight in 13.59%, overweight in 17.79% and obese in 7.11%.Minimum height recorded was 112 and maximum height recorded was 184 with mean height of 144.84cm. 332 children (52.6%) use mobile less than 1 hour.34 (5.4%)use mobile for more than 3 hours,265 children (42%) use mobile for 1 -3 hours.There was statistically significant difference seen in tv viewing and weight gain.

Conclusion
There is a need for periodic weight assessment of adolescent and heath education to promote healthy lifestyle.

POSTER PAPER

A RARE GENETIC MUTATION CAUSING REPEATED CHEST INFECTIONS AND SHORT STATURE: PRIMARY CILIARY DYSKINESIA SECONDARY TO CCNO MUTATION

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Introduction:
Primary ciliary dyskinesia (PCD) is a heterogenous inherited disorder characterized by impaired ciliary function. Clinical manifestations include respiratory distressin newborn, bronchiectasis, repeated lower respiratory tract infections, rhinosinusitis, otitis, left- right laterality defects and infertility. Estimated frequency of PCD is 1 in 12,000-20,000 live births, prevalence in children with repeated respiratory infections is 5%. The diagnosis is often delayed even if characteristic findings are present as the tests available for diagnosis is limited.

Case:
13 year old adolescent female, 2nd born to a consanguineously married couple with history of repeated respiratory tract infections, diagnosed outside as uncontrolled bronchial asthma, with history of nasal polyps, currently presented to us with delayed puberty and short stature. On examination child was noted to have proportionate short stature with SMR of Tanner stage 1, with normal systemic examination. Child was earlier evaluated outside for tuberculosis, CHD and HRCT done was suggestive of mild bronchiectasis. Child was evaluated for short stature – noted to have bone age equivalent to chronological age, microcytic hypochromic anemia, normal levels of TSH, FSH, LH, albumin. In order to rule out diseases associated with ciliary dysfunction, clinical exome sequencing was sent which showed Primary ciliary dyskinesia secondary to homozygous mutation of CCNO gene which was autosomal recessive.

Conclusion:
Primary ciliary dyskinesia with CCNO is a rare presentation which can have situs solitus. It was first reported in 2014. In children presenting with bronchiectasis and delayed puberty one should think of suspect ciliary dysfunction. In the absence of situs inversus, one can still suspect PCD secondary to various other mutations.

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POSTER PAPER

Time Trends, State-level Variation, And Socio-demographic Inequalities In The Prevalence Of Adolescent Motherhood In India : A Population-based Study

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Background:
In India, the national prevalence of adolescent motherhood has remarkably declined in the last three decades. However, state-level variation in the prevalence and trends of adolescent motherhood is unknown. This study aimed to examine time trends, sociodemographic inequalities, and state-level variation in the prevalence of adolescent motherhood in India.

Objectives
To examine time trends, sociodemographic inequalities, and state-level variation in the prevalence of adolescent motherhood in India.

Methods:
We analysed data from 271 313 adolescents (aged 15–19 years) from 36 states in India, using the latest available three Demographic and Health Surveys (DHS) were done between 2005 and 2019. We estimated the population-weighted prevalence of adolescent motherhood among women aged 15–19 years (defined as having had a livebirth or being pregnant at the time of the survey). Trends in the prevalence were calculated at the state level using the average annual rate of change (AARC). Sociodemographic inequalities (e.g., wealth quintile, level of education, and rural or urban residence) in adolescent motherhood were described using the normalised concentration index.

Findings
Overall prevalence of adolescent motherhood in India was 6.78% (95% CI 6.64-6.92) in 2019, which varied from 21·92% (95% CI 17·70–26·81) in Tripura to 0.76% (95% CI 0.08-6.99) in Chandigrah. Examining AARC, the overall prevalence of adolescent motherhood declined over the period 2005-2019, with an AARC of 6.09%. At the state level, most states exhibited declining trends in the prevalence of adolescent motherhood (30/34=88%). However, a group of states have recently demonstrated reversals in the longer-term reduction in adolescent motherhood. Furthermore, 4 out of 34 (12%) states exhibited adolescent motherhood increases. Sociodemographic inequalities in the prevalence of adolescent motherhood persist in most states in this study.

Conclusion:
Our study provides insights into the recent trends in the prevalence of adolescent motherhood, state-level variation in the prevalence and its associated sociodemographic inequalities in India. Despite reductions in the overall prevalence, some states experienced an increase in adolescent motherhood, and sociodemographic inequalities persist. Our results inform national policymakers on geographic and sociodemographic dimensions to be targeted for prevention strategies and accelerate progress in reducing adolescent motherhood in India.

Recommendations:
Program should be targeted based on most vulnerable geographic and sociodemographic dimensions for accelerating progress in reducing adolescent motherhood in India.

Key words: Adolescent Motherhood, inequality, demographic health survey, India

POSTER PAPER

LAMOTRIGINE-INDUCED DRESS SYNDROME

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ABSTRACT
Background: Drug Rash with Eosinophilia and Systemic Symptoms (DRESS) syndrome is a life-threatening and delayed type of drug hypersensitivity reaction. The most common drugs associated with these hypersensitivity reactions are anticonvulsants. Here we report one such case of DRESS syndrome caused by Lamotrigine in an adolescent boy with a seizure disorder.

Case Report
A 13-year-old boy, second in birth order, born to a non-consanguineously married couple presented with uneventful antenatal and birth history, immunized, and developed for age. He is a known case of seizure disorder on medications with Levetiracetam(10mg/kg/dose) and Sodium Valproate from the age of 1 to 5. After 5 years of age, Levetiracetam was stopped, and he was only on sodium valproate. Later (20 days prior to the presenting complaint), he was started on Lamotrigine in view of complaints of dizziness. On the 14th day, this boy presented to us with complaints of fever for 14 days, rashes for 12 days, swelling in the neck for 3 days, pain abdomen for 1 day, and was admitted to an outside hospital. On examination, he had an erythematous urticarial rash over the face, trunk, and lower limbs. Facial puffiness was present. Multiple lymph nodes were present in Level II, III, IV and posterior triangle bilaterally. Systemic examination revealed a tense abdomen with a liver span of 14 cm, firm, non-tender with rounded borders and a smooth surface. The splenic tip was palpable. A diagnosis of drug reaction was considered. Clinical and laboratory parameters fulfilled the diagnostic criteria for DRESS syndrome. He was treated with an Injection of Methylprednisolone for 5 days and Immunoglobulins (2gm/kg over 5 days). The child gradually improved and was diagnosed as DRESS syndrome secondary to Lamotrigine

Conclusion:
Early detection and treatment lead to faster recovery of the children and adolescents with DRESS syndrome thereby reducing morbidity and mortality in these cases.

Keywords: Lamotrigine, Drug rash, Eosinophilia

POSTER PAPER

A CASE OF BRUGADA SYNDROME UNMASKED BY HYPONATREMIA

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Introduction:
Brugada syndrome is a rare genetic disease associated with increased risk of ventricular tachyarrhythmia and sudden cardiac death. It is characterized by ECG findings of STelevation of a coved type in at least two of the precordial leads. These changes are dynamic and are often concealed known to be revealed by various precipitants. It has a prevalence of 1:2000 and is more commonly diagnosed in middle aged males. Asymptomatic pateients are managed conservatively. Symptomatic ones require implantable cardioverter defibrillator insertor or radiofrequency ablation. Early identification and treatment can help prevent sudden cardiac death.

Case report:
A 16y old girl with complaints of pain abdomen and vomiting. Patient was in shock and was admitted to the PICU with a provisional diagnosis of Acute hepatic failure as indicated by the LFT. She was managed as per protocol for shock with IV fluids and for hepatitis. ECG revealed Brugada pattern. ECHO showed ejection fraction of 40%. A possibility of Brugada syndrome was considered with family history of sudden cardiac death in the father at a young age. The hepatitis was attributed to cardiogenic shock resulting in ischemic hepatitis. She was treated with dobutamine infusion and furosemide. Investigations also revealed hyponatremia which was corrected accordingly. Subsequently there was significant improvement in cardiac function and Brugada pattern ECG changes disappeared with correction of hyponatremia. Holter ECG monitoring done was normal. A final diagnosis of arrhythmia induced cardiomyopathy with cardiogenic shock was made. Brugada pattern in this case was triggered by hyponatremia.

Conclusion:
When confounded with a Brugada pattern on ECG there is a need for clinicians to be more vigilant as there are various triggers which can result in fatal arrhythmias. Early diagnosis will help prevent death at an early age.

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Key words – Brugada syndrome, cardiogenic shock, adolescent

POSTER PAPER

EFFECT OF SCREEN TIME ON QUALITY OF HEALTH OF ADOLESCENTS DURING THE COVID-19 PANDEMIC

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INTRODUCTION:
COVID-19 pandemic had significant impact on the lives of children and adolescents around the world. Due to lockdown as a measure to prevent the transmission of COVID-19, children and adolescents switched to online devices such as smart phones, computers etc. and spent more time on these devices. These could affect the health of adolescents in many ways.

OBJECTIVES:
To study the influence of screen time on physical and mental domains of health-related quality of life of adolescents during the COVID-19 pandemic.

MATERIALS AND METHODS:
This is a cross sectional study, conducted for a 4month period i.e from May 2021 to August 2021. Children aged between 9yrs to 14 years were included in this study. Informed consent was obtained before including into the study. A Short Form Health Survey (SF-36) that consists of 35 questions summarized into eight multi-item scales was used as a questionnaire for determining the physical and mental domains of quality of life of the adolescents.

RESULTS:
A total of 860 adolescents were included in this study. Most adolescents spent less than 1hr to more than 4hr per day during the pandemic using smart phones (96.9%), computers (91%) and watching television (93.5%) respectively. Male adolescents spent more time with devices compared to female adolescents and reported a significantly lower mean score for three out of eight scales in the physical and mental domains of health-related quality of life. Early male adolescents were adversely affected with usage of these devices. ($p<0.05$)

CONCLUSION:
Adolescents who spend more time using display devices during COVID19 had significantly poorer outcomes in their health-related quality of life, and gender difference was found in the influence of screen time on health-related quality of life.

KEYWORDS:
Screen time, health-related quality of life, adolescents

POSTER PAPER

PATTERN OF MENSTRUATION AND ITS PROBLEM AMONG ADOLESCENT GIRLS: A SCHOOL BASED CROSS-SECTIONAL STUDY

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Background:
Menstruation is a normal physiological process that begins during puberty and continues throughout till the 5 th decade of a woman's life. The pattern of menstruation varies from woman to woman. The aim of present study was to identify the pattern of menstruation and its problems among adolescent girls in private school based in Udaipur, Rajasthan

Methods:
A quantitative, descriptive cross-sectional school-based study was conducted among 343 girls studying in grade 8, 9 and 10 using a semi structured selfadministered questionnaire. The obtained data was analyzed using descriptive and inferential statistics using statistical package for the social sciences (SPSS) version 23. The probability value (p value) of 0.05 was considered statistically significant at 95% confidence level.

Results:
The mean age of our study group was 13.97±1.02 while the mean age at menarche was 13.13±0.72 years. 178(52.13%) girls of the study group reported moderate to severe pain during their menses. 268(78%) had a regular cycle of menstruation. 52(15%) girls had to miss school on the first day of their period, with the major cause of absenteeism being pain and discomfort. 220(64%) of the study reported restrictions in religious activities. 290(84%) reported feeling of extreme tiredness during menses. Other commonly noted symptoms were bloating of abdomen, mood swings. The regularity of menstruation and dysmenorrhea was significantly associated with age of adolescents at the level of p value 0.05. It was more in younger age group.

Conclusions:
Various physical and social problems are experienced by adolescents during menstruation. These problems impact the lifestyle of the adolescents including increased in missed school days. Social restrictions during menstruation may lead to various psychological impacts on adolescents. Education regarding hygiene, selfcare and management of menstrual symptoms, clarifying menstrual taboos among family and community members is required so that the adolescent can experience their feminine feature with health and dignity.

ADOLESCON 2022, Kolkata

POSTER PAPER

A CASE OF TRANSGENDER CARE IN ADOLESCENT

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ABSTRACT

1.Transgender children & adolescents are poorly understood, india has approximately 7,00,000 transgenders.

2. Transgender individuals have a gender identity that differ significantly from sex they were assigned at birth.

INTRODUCTION

1.Transsexual (usually referred to as transgender, who typically live in other gender role &seek harmonal or surgical to modify primary & secondary sex characteristics)

2.Cross Dress: who wear clothing and adopt behaviours with other sex for emotional or sexual gratification.

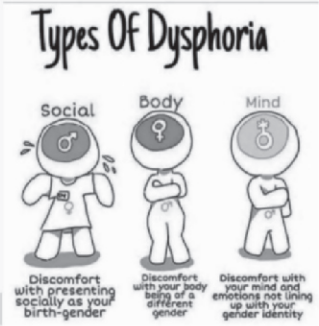
3.Drag Queen and Kings
(female and male impersonators) and individuals identifying as gender queen (Differentially gendered) Nonbinary (neither male or female both or in between)

CULTURE & CLINICAL COMPETENCE

1.Culture competence refers ability to communicate effectively with patients from various background including appropriate assessment & clinical documentation of both gender & sex assigned at birth

2.Clinical competence refer to training & experience in providing gender affirming care to facilitate gender identity development

EVOLUTION OF PEDIATRIC TRANSGENDER



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GENDER LITERACY

Both providers & patient update understanding gender diversity

ASSESSMENT

1.DSM-5 outline criteria for dignosis of gender dysphoria in children & adolescents as well

2.Considerable variation in clinical presentation, severity & resistance of gender dysphoria among children & adolescent

TREATMENT

1.Non judgemental & empathetic
2.Patient educate about sex diversity
3.Physiotherapy - decrease distress related to gender dysphoria
4.Puberty suppression with GnRH
5.Hormone therapy - feminizing & masculinising
6.Surgery- breast augmentation, masculinising chest surgery, genital surgery(vaginoplasty, phalloplasty)

DISCUSSION

1.Family support is an important resource for transgender and gender nonconforming youth.

2.Family support also prerequisite For initiation of puberty suppression, feminizing any surgery before the age of legal majority reached.

POSTER PAPER

DEMOGRAPHICS OF CHILDREN ATTENDING A PAEDIATRICS ASTHMA CLINIC IN A TERTIARY CARE CENTRE IN EASTERN INDIA: ADOLESCENT AGE GROUP AND TRANSITION OF CARE, CAREGIVERS PERSPECTIVE

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Junior Resident, **Senior Resident, ***Professor

Objectives:
To investigate the demographic factors in children attending a pediatric asthma clinic in a tertiary care hospital.
To identify awareness of caregivers of adolescent patients regarding the disease and treatment.
To describe view of caregivers of the adolescent age group regarding the transition of care from pediatrician to general physician.
Methods:
In this descriptive, observational study, sixty five children and adolescents of 6 months -15 years attending pediatric asthma out-patient clinic of Medical College and Hospital, Kolkata were studied since May, 2022 to July, 2022. The assessment of clinical severity was based on Global Strategy for Management and Prevention, 2022 updated guidelines. Subjects were categorized into 3 age groups- <6 years, 6-10 years and >10 years. Demographic data (age and sex) and clinical severity were documented. Awareness of the presenting disease and the ongoing treatment among the caregivers accompanying the adolescent age group (age >10 years) were assessed through a simplified questionnaire designed to obtained information regarding the etiology, triggers, symptoms, identification of exacerbations, maintenance of diary, treatment effectiveness, adherence and compliance. This additionally included questions to elicit the caregivers' opinion regarding transition of care from Pediatrics to General Medicine Department based on their comfort and satisfaction level with the ongoing management.
Results:
Among the children attending Pediatric Asthma Clinic 51% were of adolescent age group (>10 years) while 18% were among 6-10 years and 31% were <6 years. 64% of all children were boys. 64% of all children were documented to have well controlled as per GINA guidelines. Among the adolescent age group 75% had good control. Among the asthmatic children 49% were having Mild Asthma and 51% were having Moderate asthma. Among the adolescent age group 54% had Moderate Asthma. Among the caregivers of adolescent age group, undergone the survey, it was revealed that 76% were wellknowledged regarding the disease and treatment requirement, maintained asthma diary, followed up regularly and persistently used prescribed medications. Regarding this age-group children's caregivers' perspective on transition of care, 85% were satisfied with the present treatment protocol, were more comfortable to communicate with pediatricians and were eager to pursue treatment in the Pediatric Asthma clinic.
CONCLUSIONS:
The transition of adolescents with chronic disease from pediatric to adult health care services is challenging due to the significant changes in physical and mental health along with developmental and psychosocial factors. In spite of complications like poor adherence to therapy due to increasing independence, individuation, and conflict with parents, smoking and substance abuse, stress or other emerging mental health conditions, it is demonstrated in our study that caregivers are reluctant for transition of care.

RECOMMENDATIONS:
Although the disease modifying factors are different, still there is similar treatment advised in GINA guidelines regarding adolescents and pediatric age group. After achievement of good control due to persistent follow-up and effective counseling since childhood at Pediatric Asthma Clinic, adolescents can be well managed at Pediatric Asthma Clinic until smooth transition is planned.

KEYWORDS : Asthma, Adolescent, Transition of care

POSTER PAPER

FACTORS INFLUENCING EXAM ANXIETY IN URBAN SCHOOL CHILDREN – A SURVEY FROM SURAT CITY , INDIA .

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***Research Forum AACCI, ****Research Forum AACCI

Objectives
In India, marks of a student decide their worthiness in school, at home and in society. This puts tremendous pressure on children. Surveys of Examination anxiety-EA, analysing effects of various factors, has great value, for planning customised intervention in school to have more impact in reducing the EA

Methods
Choice of schools – The first author regularly conducting programs Sample: 418 students aged 10-19 years from two schools SCH-1 and SCH-2 in Surat. Both schools included students from upper and middle socio-economic status. Males 52.4%, females 47.6%, Tool used: FTAS (Friedman Bendas-Jacob Test Anxiety Scale) which has three subfactors Social Derogation (SD) Cognitive Obstruction (CO) and Tenseness (T). Maximum score is 23. Ethical clearance: was taken from I IEC of AACCI. Consent: Permission taken from the principal and parents to conduct study in school and Consent/Assent from children for participation Statistical analysis: PSPP was used to analyze FTAS and subfactor scores with respect to demographic variables – age, gender, school, family structure, parental education and occupation using t-test/ANOVA/Kruskal Wallis, to understand factors influencing exam anxiety among students. Demographic differences among both schools analyzed using Chisquare tests

Results
1. Mean exam anxiety scores - FTAS (7.39±4.75), SD (3.31±2.52), CO (1.57±1.79) and T (2.52±1.86)
2. The 2 schools had statistically different family structure, presence of siblings, birth order, parental education and occupation. But difference in mean FTAS and subfactor scores between schools was non-significant.
3. Females - higher total FTAS scores (7.94±4.99) and SD scores (3.66 ±2.61).
4. Middle adolescents- higher CO scores (1.92±2.01) compared to Early (1.3±1.54) and Late (1.53±2.04) adolescents.
5. English Medium - higher total FTAS scores (7.6±4.87) and T scores (2.61±1.88) than Gujarati Medium.
6. Parental education levels - significant impact on total FTAS and CO subfactor scores
7. Occupation of mother - significant impact on T scores.
8. In SCH-2, last-born students - higher total FTAS (9.68±5.08), CO (2.15±1.79) and T (3.3±1.94) mean scores.
9. Strong correlations between i) FTAS score and subfactors SD and CO Strongest positive correlation coefficient for Late adolescent female students r (10) =.90, p<.001.

Conclusions
- FTAS individual scores ranged from 8-22 though mean was 7.39±4.75 so all students will benefit from intervention.
- Females will need specific intervention as - higher Total FTAS and SD scores
- Awareness programs will be of benefit specially for parents of English medium middle adolescent students
- Enrolment in coaching classes, family type, number of siblings and occupation of father had no statistically significant impact was seen of -on exam anxiety and subfactor scores. Recommendations (47 words)
  Our results indicate that this school both parents and students, especially girls will benefit from sessions for reduction of examination anxiety
- AACCI has planned customized sessions in these schools based on our statistical analysis.
- We will also follow up with impact evaluation after sessions.

Key words : FTAS (Friedman Bendas-Jacob Test Anxiety Scale), Surat school children

POSTER PAPER

THREATS AND CHALLENGES TO ADOLESCENT MENTAL HEALTH: EVIDENCE FOR ACTION

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Objective:
To examine the impact of psychosocial threats and challenges on mental health of Indian adolescents.

Method:
The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was administered to 300 adolescents (Mean = 15.28 years, SD = 1.04) studying in governemtn and private schools of a city in North India. A total of 9 psychosocial threats were assessed across family, school and peer relationships and engagement. Written informed consent was sought from the parents. A multiple threat index was created with higher scores indicating greater risk. The threat index ranged from 0 to 5.

Results:
Almost one-third of the adolescents (30%) had been exposed to at least one threat, the most common was harsh disciplining at home (26.5%). Only 14 % were at high risk (experience of more than 4 risk factors). Adolescents with more risk factors had significantly higher emotional and behavioural difficulties on the SDQ (F = 18.93, P = .001). Each threat increased the difficulty score of participants by 1.5 points. Multivariate regression analysis indicated that 16% of the variance in the total SDQ score (F=16.55, P=.000) was accounted by factors like relationship with parents and nature of school engagement.

Conclusions:
Protection of adolescents from adverse experiences which could impact their potential to thrive are critical for their well-being during adolescence and for their physical and mental health in adulthood Recommendations and Implications: Stakeholders working with adolescents need to be sensitive to the issues of parenting, disciplining practices in the home and the school, and school connectedness while working with adolescents. There is a need to study the buffering impact of 'protective' and 'promotive' factors which actively enhance positive psychological well being.

POSTER PAPER

IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION ON OUT OF SCHOOL YOUNG PEOPLE IN BANGLADESH - SRH EVIDENCE GENERATION MINI PILOT REPORT

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Objective
To present the study on the impact of comprehensive sexuality education (CSE) on out of school young people and how they have accessed CSE, what types of information they have been given, what more information they need, and how easy it is for young/unmarried people to access SRH services in their area, especially those who are outside of any institutionalized study.

Methods
Sample Design : Information was collected using quota sampling (non-random sampling) for selecting 50 out-of school adolescent girls aged between 13 to 19 who live in Rupnagar slum at Mirpur area in Dhaka city.
Data Collection Primary data sources were utilized to collect the required information. The information was collected from 58 out-of-school married and unmarried female adolescents from whom 50 participated in an in-depth interview process and 8 joined the Focused Group Discussion (FGD). Both qualitative and quantitative data were collected. For quantitative data a structured (close ended) questionnaire was developed, whereas the qualitative data was collected through a semistructured (open and close-ended) questionnaire.
Data Analysis : Relevant statistical techniques were used through univariate analysis such as frequency distribution tables to analyze the collected information. The key results were presented through graphs like pie chart and bar chart, including the interpretation of the findings.

Results
- Some adolescents have no formal education. In some cases, some information is included in madrasa curriculum but information is not given in classroom, so it is difficult to gain knowledge. In some cases, they could discuss with their mother/in-laws but thought the information on CSE was misinterpreted to them.
- In most cases, SRH is seen as only for married women, and mainly about reproduction, where maternal health and childcare are the primary content and can be discussed easily. For unmarried women, menstrual hygiene is the main component that can be discussed in terms of reproductive health care. Otherwise, it is seen as shameful to talk about.
- Only young men/boys/male members of the family usually access reproductive health services. Only in some special cases, like in maternal child-care services, women are allowed to go to clinics with their partner or in-laws, because men are considered good decision makers.

Conclusion
Conducting a survey is only a first step. Accessible services and comprehensive information must be provided to adolescents. There are many myths that need to be dispelled. Age-appropriate sexuality education needs to be delivered in school, and both formal and nonformal settings. And school authorities and local governments need to be mobilized.

Recommendations/ Implications
- Minimize the gap of knowledge and discriminatory care & services.
- Formal, informal and special educational programs should be taken by the government to educate and address this gap.
- Properly address deprivation of unmarried adolescents in government policy and take steps to provide adequate sex education in both family and school spheres.

Key words : SRHR, Adolescent, Sexual health, Reproductive health, Comprehensive Sexuality Education, Bangladesh

POSTER PAPER

CYBERBULLYING AMONG ADOLESCENT STUDENTS DURING THE PANDEMIC

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Background and Objective:
The widespread use of digital technology for education and social purposes has expanded exponentially among youth, especially after the COVID-19 pandemic. The benefits of connecting virtually are tremendous, however, the associated risks are also fairly marked as recent evidence indicates that accessibility and pervasive use of social networking increases vulnerability and amplifies opportunities for victimization and perpetration of cyber aggression. Although bullying among adolescents in educational institutions is a much-researched topic in many western countries, it has received limited research attention in the developing countries. The present study examined the relationship between cyber bullying during the pandemic among adolescent students and self-reported life satisfaction.

Methodology: T
he study utilized a cross-sectional online survey design to measure the selfreported experiences of cyber bullying during the pandemic when online teaching and interaction was the norm among adolescents. The survey was carried out in April to May 2021, by circulating a link to a Google form through email and social media platforms to adolescents students. The snowball sampling technique was utilized for data collection. The cyberbullying victimization scale of the multidimensional scale has five items that measure experiences regarding online name-calling, threats, posting pictures/videos, isolating, and spreading lies/rumors. The scale utilized the last three months as the reference period and students who reported that they had been cyber victimized by fellow peers every few weeks or more were categorized as victims of cyberbullying. Self-esteem was assessed by the 10 items Rosenberg Self-Esteem Scale. The study was cleared by the Institutional Ethics Committee.

Results:
A total of 262 (Females=79.4%) adolescents responded to the online survey. Overall, the prevalence of cyberbullying was 29.4% thereby indicating that online victimization was widely prevalent among students. The most prevalent form of online bullying was spreading lies and rumors, followed by being called mean or hurtful names, and being excluded from a group. The least prevalent was being sent or posted mean or hurtful pictures/videos about the person. Time spent on the internet was significantly related to victimization (?²=11.64, P=.003). There was a significant relationship between self-esteem scores and victimization status (t=3.08, P=.002). Possibly, victims may be responding with heightened sensitivity and internalization of negative self-evaluation to interpersonal rejection and abuse.

Conclusions:
The study underscores the need to prioritize violence prevention programs and increase rates of reporting of any kind of bullying in educational institutions in the country. The challenges facing the clinicians and educators is to widely implement anti-bullying programs that prevent interpersonal conflict-related behaviors and help adolescents to thrive and flourish in a rapidly expanding and evolving digital world.

Implications:
Health professionals need to be armed with multiple tools to monitor, prevent, and mitigate the ill effects of victimization. Public health policymakers should focus on assertiveness training and positive youth development to foster resilience in face of adversity.

Keywords: cyberbullying, adolescents, self-esteem, digital life

POSTER PAPER

ANALYZING FACTORS THAT INFLUENCE SELF ESTEEM IN SCHOOL CHILDREN – A SURVEY FROM AURANGABAD CITY, MAHARASHTRA

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****National Youth Forum Incharge AACCI,

Objectives
Positive Self-esteem is extremely important for adolescents. It builds up self-confidence, and ability to face challenges. This study was done to identify factors influencing self-esteem like age, gender, parental background etc. in students of a coaching class to plan customized intervention to enhance self-esteem though AACCI.

Methods
Choice of coaching class – The first author is regularly conducting programs in Dnyandeep coaching center in Aurangabad Sample: 242 students aged 10-18 years Tool used: The Rosenberg Self-Esteem Scale (RSES) The scale ranges from 10-40. Scores between 25 and 35 are within normal range; scores below 25 suggest low self-esteem. Ethical clearance: taken from IEC of AACCI. Consent: Permission taken from the principal and parents to conduct study in coaching class and Consent/Assent from children for participation Statistical analysis: GNU PSPP (ver. 1.4.1) Chi-squares tests were used to understand associations between the demographic variables. To understand how the mean RSES scores varied according to various demographics, t-tests were used for two-category variables and ANOVA was used for the remaining variables. Wherever assumptions for parametric tests were not met, non-parametric alternatives (MannWhitney U test in place of t-test, Kruskal-Wallis H test in place of ANOVA) were used.

Results
1. The mean RSES score- MRSESS is 28.37 which falls under the “normal self-esteem” category.
2. No significant difference in MRSESS scores between male & female students and between different adolescence stages
3. The MRSESS is higher in students whose both parents are post graduates (M=30.10, SD=4.73) versus either one or both parents below post graduate level (M=28.10, SD=4.04), t (218) =-2.74, p=.007
4. The MRSESS is higher in students whose mother is not homemaker (M=29.01, SD=4.11) versus mother is homemaker (M=27.82, SD=4.31), t (236) =2.16, p=.03
5. Higher MRSESS in students living with Three generation family (M=28.88, 3.84) versus nuclear family (M=28.62, 4.22) and joint family (M=26.94, 4.75), F (2, 239) =3.47, p=.03
6. Higher MRSESS in students whose mothers are Post Graduate (Mean Rank=130.56) versus mothers are Graduate (Mean Rank=116.58) and whose mother’s education is below Graduate (Mean Rank=101.09), ?2 (2) =6.35, p=0.042

Conclusions
- In our sample - in both males and females RSES individual scores ranged from 15 to 38 though the mean was 28.37 which is normal scores
- Age gender and adolescent stages did not show statistically significant impact
- Following variables impacted low self-esteem scores – a) Education -non graduate parent b) joint families c) home maker mothers
- Awareness programs for parents of these students will help to enhance the self - esteem of those who have shown lower scores Recommendations:(50-word limit)
- AACCI has planned customized sessions, based on our statistical analysis, both for the student as well as parents, for which the coaching class has given permission.
- This will help enhance the self-esteem of those who have low scores
- We will follow up with impact evaluation after sessions.

Key words: Rosenberg’s Self-esteem scale, parental background, adolescent stages

POSTER PAPER

A COMPARATIVE STUDY OF KNOWLEDGE AND PRACTICES OF ESSENTIAL NEWBORN CARE AMONG ADOLESCENT MOTHERS AND ADULTMOTHERS: FROM A TERTIARY CARE HOSPITAL IN EASTERNINDIA

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OBJECTIVE OF PROPOSED RESEARCH WORK:

1. To compare the knowledge and practices regarding essential newborn care between adolescent mothers and adult mothers.
2. To assess the knowledge and attitude of neonatal care practices among postnatal mothers in a tertiary care hospital in order to provide a basis for the development of strategies to improve further.

MATERIALS AND METHODS

STUDY DESIGN: Cross- sectional observational study
PLACE OF STUDY: Calcutta National Medical College & Hospital
STUDY PERIOD: 1 month
STUDY POPULATION: The primi mothers admitted at the postnatal ward of CNMCH, divided into two groups
Group A: Adolescent primi mothers aged < 19 completed years. Group B: Primi mothers aged > 19 years
SAMPLE SIZE: : Taking a prevalence of 37% and 5% level of significance and 12% absolute error, the sample size comes to 75 in each arm.
INCLUSION CRITERIA: Primipara mothers Admitted at postnatal ward of our tertiary care hospital
Group A: Adolescent mothers.
Age less than or equal to 19 yrs Group B: Adult mothers
Age >19 years

EXCLUSION CRITERIA: Multiparous mothers
Sick mothers
Mothers with sick babies
Mothers with cognitive dysfunction

STUDY PARAMETER:

- Age of mother,
- Parity,
- Marital status,
- education of mother,
- socio economic status,
- baby's age,
- gender of baby,
- number of babies
- Gestational age at birth,
- birth weight
- birth vaccines
- attended ANC or not,
- Mode of delivery,
- Stay in hospital,
- Counselling by ASHA,

- baby temperature assessment,
- breastfeeding counselling,
- examination of the cord,
- counselling about danger signs,
- knowledge about cord care,
- knowledge about thermoregulation of baby,
- breastfeeding & breastfeeding practices,
- knowledge about danger signs,

RESULT:

Group A- Out of the 75 teenage pregnancies 32% were 17 years. Babies were 52.2% female, average birth weight is 2.234 kg, , 93.1% mothers had complete ANC visits.

Group B- Of the 75 adult primi mothers, the average age is 28. Babies were 51.8% female, average birth weight is 2.85 kg. 96.7% mothers had completed ANC visits.

On evaluation it is seen, there is a significant association of difference in knowledge gap between teenage mothers and adult mothers regarding the practices of new-born-care in the following aspects:-

Breastfeeding awareness (p=0.02), importance of skin-to-skin contact of mother and child(p=0.03), knowledge about "red flag signs of neonates" (p=0.004), care of the cord. (p=0.001)

However no significant association of difference of knowledge gap is seen between the two groups in these aspects:

Bathing of the baby, importance of colostrum, providing pre lacteal feeds to the baby.

CONCLUSION

Adolescent childbearing remains a major challenge in improving neonatal mortality especially in the Indian subcontinent which is struggling with a high NMR. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions. Interactions between an adolescent mother and her infant are more negative than adult mothers.

RECOMMENDATION:

Young mothers come from poor families, have lower education levels, mostly unemployed with financial constraints, lack cognitive readiness for newborn care & child rearing. Proper age of marriage and proper birth preparedness must be ensured and promoted widely. The community also has a significant role to play in ensuring proper training through counselling of young mothers so that they are not apprehensive of upcoming challenge.

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POSTER PAPER

A STUDY ON GROWTH AND SEXUAL MATURITY IN MULTITRANSFUSED BETA THALASSEMIA MAJOR ADOLESCENTS IN A TERTIARY CARE HOSPITAL OF EASTERN INDIA

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OBJECTIVES
1. To determine the growth and level of sexual maturity in known cases of beta thalassemia major adolescents requiring frequent blood transfusions.
2. To determine the relationship between delayed sexual maturity and serum ferritin levels.

METHODS
It is a cross sectional, descriptive study at Department of Pediatrics, Bankura Sammilani Medical College and Hospital, Bankura. The study was conducted over a period of 1 month from 1st July 2022 to 31st July 2022. 30 adolescents (15 males and 15 females) between 10-19 years of age who were known cases of beta thalassemia major attending our hospital for blood transfusions were included in the study after obtaining proper informed consent. Information was collected using a pre-designed pre-structured questionnaire from parents via face-to-face interview. WHO growth charts were used to determine growth. Sexual maturity rating (SMR) was determined according to Tanner method by history taking and careful physical examination. An association between serum ferritin levels and sexual maturity was made using statistical software. Pearson Chi-Square test was performed to ascertain this relationship. P value <0.05 was considered to be statistically significant. Data analysis done using SPSS version 25.

RESULTS
The mean age of adolescents in our study was 14 years 8 months. The mean pre-transfusion hemoglobin was 5.66mg/dl. 24 (80%) adolescents underweight whereas 26 (86.67%) adolescents had short stature as per WHO growth charts. SMR (sexual maturity rating) was determined according to Tanner method after careful physical examina tion and history. Amongst the 15 females, none of them had attained menarche and 12 (80%) of them were in Tanner stage 1 while 3 (20%) in Tanner stage 2. Out of the 15 males, 10 (66.67%) were in Tanner stage 1, 4 (26.67%) were in Tanner stage 2 and 1 (6.7%) was in Tanner stage 3. Chelating agents were prescribed to all these adolescents but were used only by 13(43.34%) patients. 19 (63.3%) adolescents had serum ferritin levels between 2000-5000 micrograms/litre. Association between high serum ferritin levels and delayed sexual maturity was found to be statistically significant (p=0.001)

CONCLUSION
Majority of the adolescents in our study had significant growth retardation and delayed sexual maturity with most being in Tanner stage 1. Amongst the adolescent females, none of them had achieved menarche. Most of the adolescents had very low pre-transfusion hemoglobin levels and very high serum ferritin levels (>2000 micrograms/litre). High serum ferritin levels were found to be associated significantly with delayed sexual maturity in the adolescents in our study using statistical software.

RECOMMENDATIONS
1. Early initiation and dose adjustment of the chelating agents might help in reducing the serum ferritin levels thereby facilitating normal physical growth and sexual development.
2. Periodic examination of growth and sexual maturity is important for assessing of effectiveness of chelation therapy.

KEYWORDS : Beta thalassemia, growth, sexual maturity, Tanner staging, chelation, ferritin

POSTER PAPER

BODY DISSATISFACTION AMONG ADOLESCENTS: DO SEX AND BMI PLAY A ROLE? A CROSSSECTIONAL STUDY FROM SEMIURBAN INDIA

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Objectives
Considering the scarcity of body image studies in boys and nonurban adolescents, the objective of our study was to assess body dissatisfaction, and its relationship with sex and BMI from a semiurban region of India.

Methods
Girls and boys from 8th and 9th grade were recruited using convenient sampling, after obtaining parental consent and participants' assent. Anthropometric measurements (height and weight) were taken using standardised stadiometer and electronic weighing scale. BMI was calculated and classified according to revised IAP growth charts. Figure rating scale (Stunkard scale) was used to assess body shape. This scale has nine silhouettes for males and females each, which range from very thin (value 1) to very obese (value 9). Participants were asked to circle the shape they think they have at present (current, perceived) and the shape they wish to have (ideal). The difference between the two was calculated as body discrepancy score (BDS). Data were analysed using SPSS version 25.0 (IBM SPSS Statistics for Windows, Armonk, NY, USA).

Results
Overall, 66.4% adolescents showed body dissatisfaction. A significantly greater proportion of girls than boys considered themselves bigger than their perceived "ideal" shape (33.6% Vs. 20.4% respectively; $p<0.000$), while a significantly greater proportion of boys considered themselves smaller than their perceived "ideal" shape (51.7% Vs. 28.3%; $p<0.000$). Girls chose a smaller shape than present as ideal (BDS 0.132 ± 1.10, $p< 0.000$). Boys inclined towards opposite direction, wanting a larger body shape than present. (BDS -0.51 ± 1.34, $p< 0.000$). A significant number of boys (32.4%) with normal BMI were satisfied with their current body shape than those at extremes of BMI range ($p<0.000$). Among girls, along with their normal weight counterparts, a significant number of underweight girls too showed satisfaction ($p<0.000$). A larger proportion of boys than girls (71.8% v/s 61.9%) were dissatisfied with their current body shape ($p <0.000$). The possible reasons could be societal expectations and media influence.

Conclusion
Adolescents from semiurban India show body dissatisfaction which is significantly associated with sex and BMI. A greater number of girls than boys perceive themselves to be bigger than ideal and wish for a smaller shape. While more boys with normal BMI show satisfaction with their current body shape, both underweight and normal weight girls do so. As against most western studies, boys from our study are more dissatisfied than girls about their body shape.

Recommendations / Implications
1. Body image studies are needed on adolescents from different geographical, cultural and socioeconomic background.
2. Preventive programs and interventions should be targeted at boys, as well as girls; and should include media literacy.
3. Use of growth charts in such programs might guide adolescents in correctly assessing their BMI.

Key words: Adolescents, body Image, Body Shape, Dissatisfaction

POSTER PAPER

A CROSS SECTIONAL STUDY ON BODY IMAGE PERCEPTION AMONG GOVERNMENT VS. PRIVATE SCHOOL GOING ADOLESCENT GIRLS IN BANGALORE

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Objective:
To document body image perception and its prevalence among adolescent girls in government and private schools To compare the body image perception in adolescent girls studying in government schools vs. private schools

Methods:
A cross-sectional study among the adolescents studying in IX and X standard in selected government (n=91) and private school (n=85) aged 14 and 15 years was undertaken using single stage cluster sampling method. A semi structured, self-prepared questionnaire was used for sociodemographic details and questions related to peer and family influences and physical activity. Body image perception was assessed by using Body image questionnaire (BIQ) and Body image cognitive distortions (BICD). The collected data variables obtained were compiled using an excel spreadsheet. The outcome data was descriptively analyzed. The baseline patient characteristics are presented as frequencies for the categorical variables and as the means and standard deviations or medians for continuous variables.

Results:
Underweight females (53.8%) were more compared to overweight/obese females (7.7%) in females studying in government schools while similar ratio was observed in private schools as well (58.8% vs. 7.1%). Only 17.6% and 23.5% of government and private schools participants' mothers had education upto graduate/diploma level. Body image perception (BIP) and body image cognitive distortion (BICD) among girls was found to be significantly associated with their mothers' literacy levels. Majority of girls whose mothers had literacy levels of primary school felt unsatisfied/very unsatisfied with their body image (61.3%) whereas those whose mothers had literacy levels of diploma/graduate, felt satisfied with their body image. Moreover, 14.1% of the normal weight girls and 54.6% of overweight/ obese girls were trying to lose weight by skipping meals and difference was found to be statistically significant.

Conclusion
Majority of participants having mothers, who were illiterate, reported dissatisfaction with their body image and majority of them were from government schools though not statistically significant different than private school. It was evident from the study that girls even with a healthy BMI were not content with their body shape and were skipping meals. Hence, a definite effective dietary and lifestyle interventions are needed to address the epidemic of overweight and obesity especially among youth.

Recommendations:
Adolescents require r nutritional guidance as well as lifestyle modifications and a healthier approach towards their attitude towards food. It is also imperative to recommend increase in female literacy as it has a direct bearing on body image perception

Keywords: body image; social determinants; adolescents.

POSTER PAPER

ASSESSMENT OF CHANGES IN THYROID PROFILE, GROWTH AND DEVELOPMENT AND MENSTURAL CYCLE IN ADOLESCENT GIRLS ON VALPROATE THERAPY: A QUALITATIVE IMPROVEMENT STUDY

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INTRODUCTION : Valproic acid ,a widely used antiepileptic drug,has broad-spectrum activity against both generalized and partial epilepsies.It is now the drug of choice in the treatment of idiopathic generalized epilepsies. VPA is discouraged as first-line therapy in females of reproductive age owing to the risk of teratogenicity. However,it is still the first choice in many cases in the paediatric age group, as determined by medical and economic considerations. Furthermore,it is an important treatment option in adolescent girls and young women because it does not have enzyme-inducing properties and therefore does not reduce the effectiveness of oral contraceptives.

OBJECTIVE : To assess the change (if any) in the thyroid profile, growth and development and menstrual cycle in adolescent girls who are on Valproate therapy and are known cases of seizure disorder.

METHODOLOGY : This is a Quality improvement study where systematic approach was done using PLAN-DO-STUDY -ACT(PDSA) model. Sample size was 33 adolescent girls (age between10- 19years) who were on regular Valproate therapy and were asked to follow-up on regular basis at Adolescence special clinic as arranged by Department of Paediatrics on every friday at Calcutta National Medical College And Hospital. The study was done over a period of one year ,i.e., from June 2021 to May 2022. In this study, initially 40 known cases of seizure disorders were registered but later on probably due to COVID pandemic state,7 lost follow-up.

RESULTS: 0ut of 33 cases,16 were early adolescent(10-13 years),15 middle adolescent(14- 17 years),2 late adolescent(18-19years). 82% were on VPA monotherapy for the last 1.5years and rest for last 6-8months prior to the beginning of study. 67% had thyroid function test done prior to therapy,all of them had normal levels of fT4,fT3,TSH.After the end of study, free thyroxine levels were significantly decreased,whereas TSH levels were significantly increased.Triiodothyronine levels were significantly decreased at 24 months of therapy,TSH = 5 mIU/mL. Mean menarche age was 12.5years.Menstrual irregularities like oligomenorrhea and hypomenorrhea were noted in 53% cases. PCOS was noted in 15%. No to mild increase in height was seen in only 9%.BMI of 27 was noted in 11% whereas 2 out of 33 cases were underweight. Prompt treatments were started on individual basis and Endocrinologist and Gynaecologist opinion were taken. Vaccination and psychological counselling were also given on individual basis.

CONCLUSION PDSA model helped to continue the therapeutic algorithm but at the same time helped to manage promptly side -effects . Valproate monotherapy may cause significant alteration in thyroid profile in children with epilepsy , occurring early in the course of treatment and persisting as long as VPA is initiated . Therefore , it may be useful to measure serum thyroid hormone concentrations routinely in children with epilepsy taking VPA . Gynaecological and growth and developmental changes are significant and needs urgent attention .

IMPLICATIONS Management of adolescent girls with seizure disorder is a combination of medications , psychotherapy and longterm follow -up for detection of any side -effects . Monitoring of growth and development , checking thyroid profile and assessing menstrual cycle status is of utmost importance .This can bring significant change in the health and mental status of these adolescent girls .

Keywords VPA -Valproic acid , PDSA -Plan -Do -Study -Act model , fT4 - Tetraiodothyronine , fT3 - Triiodothyronine , TSH -Thyroid Stimulating Hormone

POSTER PAPER

TRANSFER OF CARE IN PEDIATRIC RHEUMATOLOGY: AN INDIAN PERSPECTIVE

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INTRODUCTION:
The transition from pediatric to adult health care is often a challenging process due to multiple interwoven complexities, especially for children with chronic rheumatological conditions. Transition of care is a process of moving from pediatric to adult model of health care with or without a transfer to a new clinician.

OBJECTIVES:
Highlighting the need for proper transition of care for chronic rheumatology conditions.

METHODS:
This paper focuses on the concerns of the rheumatological patients who were treated by us in childhood and chose to come back to us follow-up while continuing management under adult medicine. The rheumatological patients who actively followed up as adults or returned to us as adults with concerns have been included in the study. In this paper we have tried to analyze their problems and main concerns. This is a retrospective study done with 10 patients whose mean follow-up time ranged from 7 to 18years post initial diagnosis.

RESULTS
10 patients who received treatment as children returned with concerns on followup during adulthood. 7 patients were follow-up cases of juvenile idiopathic arthritis, 3 patients of Systemic Lupus Erythematosus, 1patient had Kawasaki disease with coronary artery aneurysm during childhood and 1 patient was a follow-up case of polyarteritis nodosa. 7 out of them were female. The primary concern among males were limitation of physical activity affecting job profile and organ specific health. Females on the other hand were concerned with future fertility, transmission of disease to progeny. The common parental concern was for adequate growth and return of disease activity.

CONCLUSION
Due to the chronic nature of the rheumatic diseases, most pediatric rheumatology patients require transfer of care from pediatric to adult rheumatology providers. Studies examining the transfer of care process in pediatric rheumatology and other chronic childhood diseases suggest that significant barriers exist with this process. The role of pediatricians in the process of transition of care is especially important, since we are in frequent contact with adolescents and build a close relationship with their families.

RECOMMENDATIONS:
The process of transition of care should begin with the development of a transition policy and its dissemination to all families to ensure easy understanding of the importance for chronic care management.

Key Words: Transfer of care, Rheumatology, Chronic disease

POSTER PAPER

CLINICOEPIDEMIOLOGICAL OUTCOME OF GENDER DYSPHORIA AMONG ADOLESCENTS REFERRED TO AN ADOLESCENT CLINIC OF EASTERN INDIA

Anirban Manna

Aims & objectives:
This retrospective case-control study among adolescents to determine the developmental pattern of childhood gender dysphoria among study subjects, assess the pattern of age of onset, referral, assessment, persistence, or desistence of GD among the study subjects, the pattern of mental health problems (if any) among the study samples and to understand psychosexual outcome of gender dysphoric children.

Method:
Concurrent gender identity was evaluated using a During an audiotaped interview, each participant was asked to describe their current feelings about being a biological male. They were also asked to describe positive and negative aspects about their gender identity. All adolescents attending our adolescent clinic were screened for gender dysphoria through semistructured interview and self-report questionnaires. The adolescents who reveal long-standing cross-gender behaviors were included as study subjects the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) and each participant was asked to describe their feelings about being a biological male or female and positive and negative aspects about their gender identity. The confidentiality had been strictly maintained, the duration of the study would be for one year from August 2022 to July 2023. 23 adolescents were enrolled as study subjects. Demographic parameters like age, sex, socioeconomic status, parental support and concern were noted. Other pertinent history like duration of gender identity, development of gender status and associated psychiatric comorbidities were noted. Sexual fantasy was assessed with the help of self-reported Erotic Response and Orientation Scale (EROS) Tanner stage was assessed. Anthropometry was done for each patient with reference to predicted heights calculated from mid-parental target, and skeletal age was determined. Chronic illnesses of any kind and neuro-psychiatric illness of any kind were excluded.

Results:
Genotypic male: female ratio was 10:13 (0.8) with slight preponderance of female patients. Mean age of presentation was 14.8 ± 3.4 years (mean ± SD) with no statistical sex difference (P =0.78). Tanner stage at presentation was more than 4 for genotypic female patients and genotypic male patients. Cross-dressing in daily and public life was present in 15 (65.2%) cases; 11 patients (47.8%) presented with significant psychiatric history which included 5 selfmutilation (20.6%), 2 suicide attempts, 2 eating disorders and 4 significant depressions. Clinical examination showed iron deficiency among 13(56.5%) and hypovitaminosis D among 17(73.9%) of the subjects. Parents of 14 cases (60.8%) were against cross-hormone treatments and surgical procedures.

Conclusions:
Mean age and Tanner Stage were found to be advanced for pubertal suppressive therapy and seemed to be an unaffordable option for most patients. Greater awareness to start early medical intervention is needed in developing countries. There is need for development of screening methods at community levels pubertal suppression with cross-sex hormones and early referral to endocrinology department. [WORD COUNT: 448]

Keywords: Gender dysphoria, puberty, Tanner staging, adolescent, behavioral disorder.

KEY-MESSAGE: SCREENING OF ALL ADOLESCENTS FOR POSSIBLE GENDER DYSPHORIA

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