



Vol. 13 / Issue 2 | APR-JUN 2025

# Adolescent Today

A Subspecialty Chapter of Indian Academy of Pediatrics

Society Registration No. 02/42/01/14649/11



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# CONTENT

1. Team CAHA 2025 .....	03
2. Team Of AT .....	04
3. Message From Chairperson .....	05
4. Editorial .....	06
5. Silver Jubilee Chronicles: The AHA Leadership Experience .....	07-10
• Dr. MKC Nair	
• Dr. CP Bansal	
6. Internet Gaming Disorder (Ashwini Tadpatrikar and Manoj Kumar Sharma) SHUT Clinic .....	11-14
7. Adolescent sleep patterns and their association with academic performance: a cross sectional study (Dr. Kusum Kalla, Dr. Madhu Mathur, Dr. Rajeev Yadav) .....	15-21
8. Case Discussion: Impact of Screen on Teenagers (Shreshta Chattopadhyay) .....	22
9. Tech for Good: Positive Screen Use During Holidays (Dr. Aparajita Das Mukherjee).....	23-25
10. When Summers Meant Stories: Memories from Our Seniors .....	26-29
• Dr. Kiran Vasvani	
• Dr. Rashmi Gupta	
• Dr. Omesh Khurana	
• Dr. Avinash Bansal	
• Dr. Harinder Singh	
11. Boxy screens and breezy summers stories from those born in 90s .....	30-32
• Dr. Neeti Priya Pandey	
• Dr. Girish	
• Dr. Priya Tushar Jadhav	
• Dr. Nishith Agarwal	
12. GEN Z LINGO - IT'S LIT! (Dr. Gowri Somayaji) .....	33-34
13. Parenting page (Shikha Kuchhal & Aanya Kuchhal) .....	35-37
14. Cyber Bullying and Cyber Safety: Through My Eyes (Sai Isha) .....	38
15. From the Author's Desk : A Glimpse into The Body Nirvana (Garima Gupta) .....	39-41
16. Activity reports .....	42-46
17. WAVE 18 Activities .....	47-48

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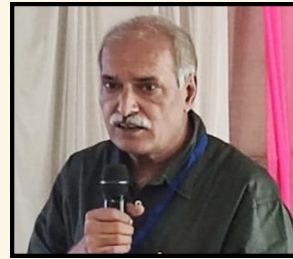
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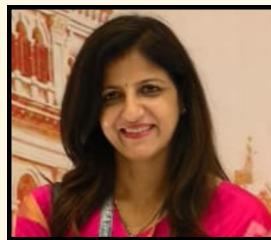


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## CHAIRPERSON'S MESSAGE



### *Greetings from the Adolescent Health Academy (AHA)!*

As AHA proudly celebrates its Silver Jubilee, we reflect on a legacy of dedication and innovation in adolescent health—and more importantly, we envision a stronger, more inclusive future for our youth. This milestone is a springboard for renewed action and transformative programs across the country.

Under the flagship initiative Wave 18: Youth Wellness Day, observed on the 18th of every month, AHA has championed creative and impactful outreach—ranging from digital detox campaigns, adolescent boys' engagement, to positive parenting programs. Each AHA committee has played a vital role in driving these youth-centric missions.

This holiday season, our focus shifts to a timely concern—screen time management among children and adolescents. We call upon all members to lead awareness activities and educate families on healthy digital habits that safeguard mental health and overall well-being.

As part of our strategic action plan:

Standard Operating Procedures (SOPs) for Yuva Adolescent Clinics have been developed to ensure quality and consistency in youth-friendly services.

Parenting Guidelines have been rolled out to support caregivers in nurturing confident, informed adolescents.

We are excited to invite you all to the upcoming Zonal Adolescons and the National Adolescent Health Conference, platforms where innovation, research, and collaboration converge.

We urge every member to establish Yuva Adolescent Clinics in their areas—safe spaces where adolescents receive the care, support, and empowerment they deserve.

Together, let us commit to reaching every adolescent, listening to their needs, and building a healthier, more resilient generation.

A handwritten signature in blue ink, appearing to read 'Himabindu Singh'.

Dr. Himabindu Singh  
Chairperson, AHA

## EDITORIAL

*In the hush of the forest,  
Light dances gently through leaves  
Not blinding, but soft.  
This is how light should touch us,  
And how screens should reach teens.*

Our cover page draws inspiration from **Komorebi**, a Japanese term for sunlight filtered through leaves — *gentle, natural, and never overwhelming*. In contrast, today's digital glow floods adolescent lives without pause.

A small internal survey and recent national data (PGIMER Chandigarh, 2021; AIIMS Mangalagiri & KGMU; AIIMS Bhopal) highlight growing concerns:

- Smartphone overuse, anxiety, and sleep disturbance are rising.
- Screen-linked depression, irritability, and reduced physical activity are affecting even young children.
- Emotional regulation, posture, and sleep are all at risk with prolonged screen exposure, especially beyond two hours a day. These aren't just statistics — they reflect how unfiltered digital use affects the developing adolescent brain.

Yet not all screen time is harmful. Like light through leaves, digital engagement too can be soft and nourishing if guided with intention. That's the focus of this issue.

Our Silver Jubilee Chronicles section honors the legacy of visionary chairpersons:

- **Dr. M.K.C. Nair**, who has enriched AHA by developing screening tools and innovative training modules.
- **Dr. C.P. Bansal**, who brought SUNAMI in adolescent health in India through his MKU initiative.

We eagerly await the reflections of **Dr. Swati Bhawe**, a pioneer whose vision and dedication built the foundation we all stand upon.

Gratitude flows to my team, especially Dr. Sonia Bhatt and Gowri Somayaji, their quiet persistence helped this journal to bloom. Special thanks to Apoorv Bhatia for capturing & sharing the picture for our cover page

We invite caregivers, educators, and professionals to build a digital culture:

*Where light reaches but doesn't blind.  
Where connection doesn't cost attention.  
Where screens serve not steal the self.*

Just as Kintsugi taught us to mend with gold, Komorebi teaches us to filter, not erase, the digital world. Let this issue be that gentle filter, a guide through the digital forest.

### Editors

Dr. Poonam Bhatia  
Dr. Gayatri Bezboruah  
Dr. Sonia Bhatt  
Dr. Yatish Pujar

# Development of Adolescent Paediatrics in India: Vision & Strategies



## **Prof (Dr). MKC NAIR | D.Sc. Ph.D., MD, M. Med.Sc, MBA**

Former Vice-Chancellor, Kerala University of Health Sciences, and founder Director of Child Development Centre, Kerala. Dr. Nair was the National President of the Indian Academy of Pediatrics-2004, Indian Clinical Epidemiology Network-2005-07, and National Neonatology Forum-2011-12 was also the Founder Secretary of Growth & Development Chapter and Adolescent

Pediatrics Chapter of Indian Academy of Pediatrics, both of which have established annual Oration Awards in his name. Dr. Nair was the first recipient of a Doctor of Science in Medicine from Kerala. He received his training in research methodology from New Castle University, Australia and he is a renowned researcher in developmental and adolescent Pediatrics. He published many books in developmental pediatrics, adolescent care counseling, parenting, premarital health counseling. He wrote more than 200 articles in international and national journals. Premarital health care counseling is a passion for him. He has experience in counseling more than 60,000 families.

IAP Adolescent Paediatrics Chapter was born on 23/04/2000 by 25 members with myself as secretary with the vision embodied in the 2004-IAP executive decision “We promise to look after you till you are 18 years“. By end of five years, we had 518 members and now it has grown into ‘Adolescent Health Academy’ with over 3000 active members. The historical turning point was Dr S S Kammath and myself convincing Dr Swati Bhawe to take up ‘Adolescence’ as her presidential program, which played a crucial role in making it more visible. The experience of conducting child guidance clinic at SAT Hospital, Govt. Medical College, Trivandrum from 1980 onwards led to CDC-Kerala Model Adolescent Care Counselling Program that formed the technical and logistic basis for adolescent care counselling research and community service models.

**1999: Understanding Adolescence:** With UNICEF support, a pilot study was done to understand adolescents – developed ‘family life education (FLE)’ module and ‘teenage screening questionnaire-Trivandrum (TSQ-T)’

**2001: Comprehensive Adolescent Care:** With the support of Unicef, a pilot project on comprehensive adolescent care was done - teen clubs, adolescent clinic and teenage day celebrations and adolescent care module was developed.

**2002: Family Life Education Program:** Trivandrum district panchayath supported “family life education program” for five years covering all Government / Aided High schools of Trivandrum.

**2004: State Plan of Action for the Child in Kerala:** The “State Plan of Action for the Child in Kerala-2004” had included a separate chapter on adolescent care specifically focusing on nutritional aspects of adolescents.

**2005: Adolescent Reproductive Sexual Health Need Assessment:** With UNFPA support, an adolescent reproductive sexual health (ARSH) need assessment study was done in three districts of Kerala covering 15 to 24 year olds.

**2006: Adolescent Health District Plan project:** With support of European Commission and NRHM Kerala, Adolescent Health District Plan project was done for 5 years in Trivandrum district covering over 50,000 adolescents.

**2008:** Adolescent Reproductive & Sexual Health Research (ARSH):Ph.D. projects completed – (i) teenage pregnancy, (ii) adol. polycystic ovary syndrome, (iii) adol. reproductive tract infections and (iv) marital harmony among youth.

**2012-13:** Community Adolescent Care Counseling Services: CDC-Adolescent care counseling camps were held, one in each panchayath in Kerala covering over 150 thousand adolescents, using the ICDS network.

2004: PG diploma in Adolescent Pediatrics Course: PGD-AP course was conducted by CDC Kerala in collaboration with University of Kerala and till now over 600 Pediatricians from all over India was trained.

**2004: PG diploma in Child, Adolescent, Family Counselling Course:** PGD-CAFC course was conducted by CDC Kerala in collaboration with University of Kerala and till now over 750 Professionals from all over India was trained.

**2013:** *Follow-up of a cohort of 1000 at-risk babies at 1, 2, 13, 16, 19 and 24 years looking for metabolic syndrome at 25 years of age has led to awarding of Doctor of Science (D.Sc.) degree to Dr. M.K.C. Nair, by University of Kerala.*

All the respected past chairpersons of IAP-AHA like Dr MKC Nair, Dr Swati Bhave, Dr J S Tuteja, Dr C.P Bansal, Dr Shaji Thomas, Dr Sangita Yadav, Dr Preeti Galagali, Dr Ajit Singh Chawla, Dr Harish Pemde, Dr Sukanta Chatterjee, Dr Geetha Patil had completed action plans during their terms. The present chairperson Dr Himabindu Singh has set high standards by her work so far.

*We, the members of Adolescent Health Academy agree on the following;*

- Adolescence is a critical point of intervention for current, future and intergenerational health
- GoI-RKSK, IPA, IAP, WHO, UNICEF, the stakeholders who are key in uplifting Adolescent Health Care, have programs to achieve the goal.
- Realization about this has happened among policy makers, government, care takers like parents, teachers, community workers and pediatricians.
- Unless we plan for the physical, mental, emotional, spiritual well-being of teenagers, we cannot achieve SDG goals.
- We need to have special focus on underprivileged, rural, marginalized (orphans, abandoned, abused, school drop outs, those with special needs, tribal).

### **Future Plans**

1. It's a proud moment to convey that AHA is the largest subspeciality branch, with the maximum life members of IAP.
2. "IAP-AHA Textbook of Adolescent Medicine"
3. IAP -Fellowship in Adolescent Health Care by Indian College of Pediatricians
4. Separate Adolescent wards for boys and girls in major hospitals
5. Continue previous projects of AHA like;
  - "Adolescent Health Care Orientation Program"
  - E Bulletin of AHA-AdolescenToday,
  - Monthly Webinars on d-IAP platform,
  - Publications related to adolescent health,
  - Inclusive policy and increasing life members of AHA.

# With Gratitude and Grit: My AHA Experience as Chairperson (2010–2011)



## Dr. C.P. Bansal | 38 Years of Experience

**Designation:** Co-Chair Working Group AH – International Pediatrics Association

**Positions Held;** Former, President IAP 2013, Founder President SAPA Former Chairperson and HSG – AHA; CMIC | **Affiliations:** IAP, AHA, CMIC, ID Chapter, SAPA and IPA.

**Major Achievements:** Launched Mission Uday, BLS Mass Awareness Program, Mission Kishore Uday & many other Programs of IAP

**Awards;** MKC Nair Oration, Swati Bhawe MKC Nair Oration, Dr DS Dave Oration, Dr YC Mathur Oration, Dr Dilip Mehlanabis Oration.

**Guest Faculty** – 500+; Publications – 13 in India Pediatrics.

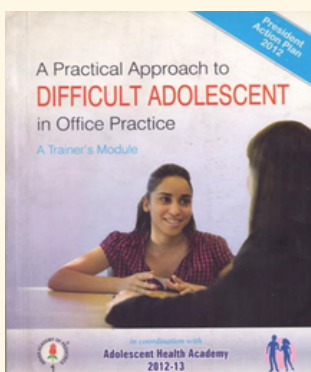
## A Transformative Chapter

Looking back, my tenure as Chairperson of the Adolescent Health Academy (AHA) in 2010–2011 remains one of the most transformative chapters of my professional life. It was a period of challenge, growth, and deep fulfilment. My journey into adolescent health was profoundly shaped by my training under the legendary Prof. M.K.C. Nair, from whom I gained invaluable insights during the Adolescent Counselling Certificate Course and the Postgraduate Diploma in Adolescent Pediatrics at Kerala University.

## Institutionalizing AHA

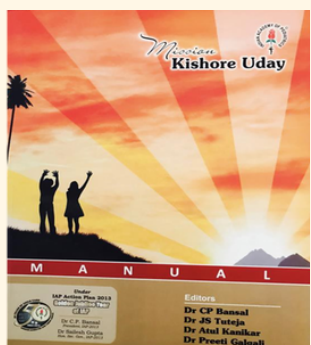
At the core of my vision was the desire to establish AHA as a nationally recognized and independent institution. This vision materialized when AHA was formally registered in Gwalior with the Registrar of Societies. It marked a foundational shift—securing administrative strength while preserving our integral relationship with the Indian Academy of Pediatrics (IAP).

Alongside this, we launched a dynamic membership drive, leading to unprecedented engagement across India. During this period, adolescent health gained increasing recognition from the Government of India, UNICEF, and WHO. I was fortunate to start the State and City Branches of AHA – First State Branch was of Madhya Pradesh (Chairperson - Dr JS Tuteja) and First City Branch was of Nagpur (Chairperson - Dr Rajiv Mohte), under the dynamic leader.



**Flagship Initiatives :** One of our major contributions was the creation and national rollout of practical, scientifically-grounded training modules on topics such as:

- Adolescent Care in Office Practice
- Managing Difficult Adolescents
- Stress and Mental Health
- Impact of Media
- Nutrition and Immunization
- Suicide Prevention, Road Safety, Yoga & Meditation



These modules served as catalysts for nationwide conversations and capacity-building in adolescent care.

A special milestone came later when I served as National President of IAP: the launch of Mission Kishore Uday (MKU)—a program that resonated deeply with both pediatricians and the general public across the length and breadth of the country. MKU is still fondly remembered as one of the most widely embraced adolescent health initiatives in our nation's pediatric history. Support of Dr JS Tuteja Sir and Dr Atul Kanikar was phenomenal.

**Leadership, Mentorship & Gratitude:** I owe a deep debt of gratitude to Dr. Swati Y. Bhawe, whose mentorship laid the foundation of my leadership journey. Working as her Honorary Secretary General (2004–2006) was an empowering experience that shaped my future contributions to both AHA and IAP. Special thanks to Dr. JS Tuteja Sir and Dr. Atul Kanikar, whose constant support gave me the courage to take decisive, and sometimes difficult, steps forward.

**The Spirit of Gwalior:** My hometown of Gwalior was a pillar of strength. Together, we sustained the AHA bulletin for nearly 15 years—without external financial assistance. It was a true labor of love, made possible by a dedicated local team: Dr. J.C. Garg, Dr. A.K. Banga, Dr. Usha Banga, Dr. Mukul Tiwari, Dr. Rashmi Gupta, Dr. Ajay Gaur, Dr. Deepak Agarwal, Dr. Sneha Gadkar, Dr. Rahul Sapra and many others.

My heartfelt appreciation also goes to Prof. Harish Pemde, my HSG during the chairpersonship, whose academic clarity and quiet strength fortified our shared vision. I deeply valued the steadfast presence of Dr. J.S. Tuteja Sir, my Co-Chairperson, who managed execution with calm precision, and to Padmashri Dr. Pukhraj Bafna—his elder-brotherly affection and encouragement were a constant source of inspiration.

**A Collective Commitment:** This journey was never mine alone. I was privileged to work with a deeply committed team: Dr. Yamuna, Dr. Preeti Galgali, Dr. Hima Bindu Singh, Dr. Piyali Bhattacharya, Dr. Poonam Bhatia, Dr. Sushma Desai, Dr. RN Sharma, Dr. Newton Luiz, Dr. Amit P Shah, Dr. Rashmi Diwedi, Dr. Kiran Waswani, Dr. Sushma Kirtane, Dr. Paula Goel, Dr. Roli Mohan, Dr. Shailja Maine, Dr. Rajiv Mohate, Dr. R.G. Patil, Dr. Nishikant Kotwal, Dr. Beena Johnson, Dr. Narmada Ashok, and many more who gave their heart and soul to the mission.

Collaborating with stalwarts like Dr. Ajit Singh Chawla (whose enduring affection is a treasured asset), Dr. Shaji Thomas, Dr. Sangeeta Yadav, Dr. Madhushri Deshpande, Dr. Prema R, Dr. Geeta Patil, Dr. Chitra Dinakar, Dr. A.R. Somashekhar, Dr. Sukanta Chatterjee, Dr. Harinder Singh, Dr. Sibia, Dr. Daljit Singh, Dr. Harmesh Bains, and Dr. Omesh Khurana was an absolute honor.

**A Journey That Continues:** My association with adolescent health began in 2003 when I served as the Organizing Secretary for a landmark Adolescon in Gwalior—still fondly remembered for its glitter and impact. I was later honored to be unanimously elected as Honorary Secretary General of AHA and Editor-in-Chief of the AHA official Bulletin. roles I fulfilled with support from my Gwalior colleagues.

Words for Future Leaders:

To today's and tomorrow's leaders of AHA: Lead with empathy. Stay grounded in evidence. Listen deeply. Adolescents are not just patients—they are individuals full of promise, potential, and dreams. Let us continue building systems that empower, educate, and uplift them.

**In Deep Gratitude:** I remain eternally grateful to my mentors—Prof. R.K. Taluja, Prof. K.M. Belapurkar, Dr. A.G. Shingwekar, Dr. Y.P. Thawrani, Prof. Swati Y Bhawe, and Prof. MKC Nair — for their blessings, wisdom, and unwavering belief in me.

Today, my commitment continues on a broader canvas, serving as Co-Chair of the IPA Working Group on Adolescent Health, extending this mission across South East Asia.

**In Closing : It was an honor to lead—and an even greater honor to serve.**

# Internet Gaming Disorder in Indian Context: Prevalence, Impacts, and Policy Implications



## Manoj Kumar Sharma

- Professor of clinical psychology, NIMHANS (National Institute of Mental Health and Neuro Sciences), Bengaluru, Karnataka.
- He is credited to start India first tech deaddiction facility called, SHUT Clinic (Service for Healthy Use of Technology).
- He is member of WHO group on addictive behaviors and lancet group on gambling, recipient of WHO fellowship in tobacco control, JCMR DHR senior scientist fellowship.
- He got National and International funding for work in area of tool development, addictive behaviour and intervention for gaming.
- He got 180 research papers on his credit. [shutclinic@gmail.com](mailto:shutclinic@gmail.com)



## Ashwini Tadpatrikar

Clinical Psychologist & working as Assistant Professor Vidyashilp University, Bangalore. She got 25 publications on her credit. [tadpatrikarashwini6@gmail.com](mailto:tadpatrikarashwini6@gmail.com)

The inclusion of 'Gaming Disorder' as a formal diagnosis in ICD-11 (World Health Organization, 2019) and 'condition warranting further research' in DSM-5 (American Psychiatric Association, 2013), underscores the need to understand its prevalence and diagnostic discrepancies. By definition, IGD is categorized as a pattern of persistent or recurrent gaming behavior, whether online or offline, characterized by impaired control over gaming, prioritization of gaming over other life interests, and continuation despite negative consequences. The rapid proliferation of smartphones and internet access globally has led to a surge in internet gaming, raising concerns about its prevalence and associated impacts, particularly among vulnerable populations like children and adolescents. The International Classification (WHO) has recognized Internet Gaming Disorder (IGD) as a condition warranting further clinical attention, highlighting the significant impairments it can cause in personal, social, educational, and occupational functioning (World Health Organization, 2019)

## Prevalence and Patterns

Globally, internet gaming has become a ubiquitous activity among youth. A meta-analysis of 22 studies revealed that the pooled prevalence of IGD is 6.7% (95% CI: 5.7–7.7%) across different countries (Zhou et al., 2024). Additionally, this study found that the prevalence of IGD in Asia is significantly higher than in Europe. In India, the scenario mirrors global trends with adolescents' significant internet gaming engagement. Recent surveys have reported that about 85% of urban teenagers in India engage in some form of online gaming (Undavalli et al., 2020). A comprehensive study (Amudhan et al., 2022) conducted in 8 districts in India found that the prevalence of technology addiction was 10.69%, in which phone addiction was 8.91% and gaming was 2.55%. Furthermore, they reported that 99% of school-going children use some form of technology and adolescents typically spend 2-3 hours per day gaming, although some heavy users report playing for more than 6 hours daily. Smartphones are the most commonly used devices for gaming, followed by personal computers and gaming consoles. The prevalence is even more alarming in college-going adolescents, a meta-analysis analyzed 50 studies conducted across 19 states in India. The overall prevalence of IGD among college students was estimated to be 19.9% (based on the Young Internet Addiction Test (Y-IAT) cut-off score of 50) and 40.7% (based on a Y-IAT cut-off score of 40) (Joseph et al., 2021). Gender differences are notable, with boys being more likely to engage in gaming than girls which can be seen changing in the future as reported by one

study which found 0.8% of evidence addiction in 707 female adolescents (Thakur et al., 2023). Popular games such as PUBG, Free Fire, Fortnite, & Call of Duty dominate the gaming landscape worldwide as well as in India. The growing percentages of addiction highlights the need for target interventions to promote healthy use of technology especially gaming in vulnerable populations like children and adolescents as it has higher psychological and physical implications.

### **Psychological Effects**

The psychological effects of internet gaming among adolescents in India are profound. IGD can lead to significant impairment in various aspects of life, including personal, social, educational, and occupational domains. Adolescents may experience withdrawal symptoms such as irritability and restlessness when unable to play (Király et al., 2015) they can also use it as a coping mechanism. A systematic review (Sinha et al., 2023) found that individuals often resort to gaming as a means of escaping real-life stress and emotional difficulties. However, this coping strategy can lead to problematic gaming behavior, exacerbating mental health issues such as anxiety and depression. A study by Ravish. H et al ( 2021) (Ravish et al., 2021) assessed salivary cortisol and mental health assessments of medical graduates and found that they use gaming as a coping mechanism for stress, with excessive gaming linked to increased levels of anxiety and depressive symptoms. Gaming motives of escape and avoidance can help distinguish between problematic gaming behaviors and gaming addiction (Amudhan, Sharma, et al., 2022). These findings highlight the need for stress management and emotional regulation interventions among students to prevent gaming. Additionally, sleep disturbances and poor academic performance are commonly reported among heavy gamers (Shakya et al., 2023). While some research suggests that action games can enhance certain cognitive skills like attention and visuospatial abilities (Archana et al., 2019), the negative impact on academic performance due to reduced study time is more pronounced.

### **Physical Effects**

The physical implications of excessive internet gaming are significant. Prolonged gaming sessions contribute to a sedentary lifestyle, increasing the risk of obesity and related health issues such as hypertension and diabetes (Straker et al., 2018). Extensive screen time can lead to digital eye strain, headaches, and visual disturbances (Rosenfield, 2011). Poor posture during gaming is also associated with musculoskeletal problems, including neck, shoulder, and back pain (Kumar et al., 2023). Hence there is a need to encourage physical activities and offline activities in the young population.

### **Financial Effects**

The financial implications of internet gaming are another area of concern. Many online games feature in-game purchases, which can lead to significant spending, often without parental consent (King et al., 2018). Furthermore, certain games incorporate gambling elements, potentially leading to financial losses and gambling addiction. A study explored college students' views on fantasy sports, revealing that many perceive it as a blend of gaming and gambling. The research found that attitudes toward fantasy sports were generally positive, with participants enjoying the strategic and competitive elements. However, 18% of students also acknowledged the gambling-like aspects, expressing concerns about the potential for addiction and financial loss (Balhara et al., 2015).

### **Social Effects**

The social effects of internet gaming among adolescents can be substantial. Excessive gaming often leads to social isolation, with adolescents spending less time in face-to-face interactions with peers and family (Lemmens et al., 2011) While gaming can provide a sense of community and belonging through online multiplayer platforms, it can also expose young users to cyberbullying and inappropriate content. Family

dynamics may also be affected, with conflicts arising over gaming time and behavior, which can strain family relationships (Ajith et al., 2024).

### **Physical Effects**

The physical implications of excessive internet gaming are significant. Prolonged gaming sessions contribute to a sedentary lifestyle, increasing the risk of obesity and related health issues such as hypertension and diabetes (Straker et al., 2018). Extensive screen time can lead to digital eye strain, headaches, and visual disturbances (Rosenfield, 2011). Poor posture during gaming is also associated with musculoskeletal problems, including neck, shoulder, and back pain (Kumar et al., 2023). Hence, there is a need to encourage physical activities and offline activities in the young population.

### **Government Initiatives and Recommendations**

India is one of the largest gaming markets globally, with approximately 570 million gamers. The Indian government has recognized the growing issue of technology addiction among the youth and has taken several steps to address this concern. These efforts include public awareness campaigns, regulatory measures, and educational initiatives aimed at promoting healthy digital habits.

### **Specific Programs and Policies**

**Digital India Initiative:** As part of the broader Digital India initiative, the government promotes the responsible use of technology. This initiative aims to increase digital literacy and ensure that citizens, especially the youth, are equipped to use digital tools effectively and responsibly. The Indian Ministry of Electronics and Information Technology indicated that the government would bring China-like time and spending limits for online gaming and establish self-regulatory bodies for age restriction and data privacy (Firstpost, 2024). State governments like Karnataka have introduced digital detox clinics across the state to manage technology addiction (NDTV, 2024). Kerala state government has introduced Digital De-addiction centres (D-DAD) for students addicted to online gaming and pornography (Onmanorama, 2022).

**Revised Education Policies:** The National Education Policy 2020 includes provisions for the integration of digital literacy and well-being into the educational framework. This policy emphasizes the need for balanced technology use and encourages schools to adopt comprehensive digital wellness programs.

### **Clinical services**

The first tech-addiction center Services for the Healthy Use of Technology (SHUT Clinic) was opened at the National Institute of Mental Health and Neurosciences (NIMHANS) in 2014. The SHUT clinic has treated 611 youths so far with a variety of technology addictions like online gaming, online gambling, social media addictions, and pornography along with other mental health problems. The treatment follows motivation enhancement techniques, cognitive behaviour therapy, and family and parental counseling (Sharma et al., 2022). SHUT clinic has launched a national-level digital detox helpline which operates biweekly as an outreach program for India to combat the increasing numbers of technology addiction (Yasmeen, 2022) (Yasmeen, 2022). Additionally, there are other services in the country like, the Armed Forces Medical College (AFMC), Pune; Institute of Neurosciences, Kolkata; The All-India Institute of Medical Sciences Behavioural Addictions Clinic (AIIMS-BAC), Department of Psychiatry, New Delhi; The All-India Institute of Medical Sciences (AIIMS), Kalyani; Central Institute of Psychiatry (CIP), Ranchi and E-Mochan clinic at Government Mental Health Centre, Kozhikode.

The Indian government has recognized the potential negative impacts of internet gaming and has taken several initiatives to address these concerns. These include discussions on regulations to limit screen time and restrict access to certain games for minors, as well as promoting digital literacy and responsible gaming practices (Press Information Bureau, 2021). However, more comprehensive measures are needed. At the policy level, the government should implement stricter regulations on game content and in-game purchases to protect young users from excessive spending and exposure to inappropriate material. Mental health professionals should be trained to identify and treat IGD, integrating digital health literacy into their practice. Schools and teachers should incorporate digital wellness education into the curriculum, teaching students about the risks of excessive gaming and encouraging balanced use of technology. Parents need to be educated about the signs of gaming addiction and strategies for setting healthy boundaries around gaming. Finally, children and adolescents themselves should be encouraged to engage in a variety of activities that promote physical, mental, and social well-being.

### **Conclusion**

Internet gaming among children and adolescents in India presents a complex interplay of benefits and risks. While gaming can improve certain cognitive skills and provide entertainment, the potential psychological, physical, financial, and social drawbacks necessitate careful consideration and monitoring by parents, educators, and policymakers. Promoting a balanced approach to gaming, with limits on screen time and encouragement of other healthy activities, is essential to mitigate the negative impacts.

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# A study of adolescent sleep patterns and their association with academic performance in Jaipur city, Rajasthan: a cross sectional study



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**Abstract :** Background: Sleep is a vital part of adolescent development and may have potential impact on academic performance. Various factors affect sleep pattern the most important being media usage.

**Objectives:** To study the sleep patterns of adolescents, their association with academic performance and to find out associated factors of sleep pattern including social media.

**Study Design:** Cross sectional

**Participants:** School going adolescents 11-18 years old.

**Methods:** This study was conducted among 890 students aged 11-18 years of two higher secondary private schools in Jaipur city, Rajasthan. Students were evaluated by using anonymous google forms based on predesigned semi structured study proforma. Sleep pattern including the seven sleep components was assessed by using an online PSQI calculator.

**Results:** Poor sleep quality as per global PSQI score  $>5$  was reported in 30.79% students. Sleep pattern and all PSQI components were found significantly associated with academic grade (all  $P < 0.001$ ). There was significantly more risk of poor sleep pattern associated with use of video games [OR 6.423(95% CI: 4.037- 10.219)], with use of Instagram App [OR 1.609 (95% CI: 1.203- 2.153)], with use of Snapchat App [OR 1.729 (95% CI: 1.249- 2.395)] and with electronic media use for socializing and communication purpose [OR 1.469 (95% CI: 1.096- 1.968)].

**Conclusions:** Poor sleep patterns are associated with poor academic performance in adolescents. Electronic media usage partially mediates association between sleep patterns and academic performance. Reducing use of electronic media could be useful in improving sleep quality with positive effects on academic performance.

**Keywords:** Sleep patterns, Academic performance, Electronic media

**INTRODUCTION :** Adolescence represents one of the critical transitions in the lifespan and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Adolescents constitute over 20% of the population of our country. [1] Sleep is a vital part of child and adolescent development. It is a biological necessity for regeneration of mind and body. [2] Adolescent sleep patterns deserve particular attention because of the potential impact on academic performance. As per the National Sleep Foundation (NSF), India, the recommended sleep duration for adolescent is 8-10 hours. However, the literature studies show that the average sleep duration in adolescents tends to be lower than the recommended. The sleep pattern is affected by biological, environmental, life style factors

including media usage and hence a comprehensive perspective of adolescent sleep and its consequences is need of the hour as it affects memory and learning capacity. [3]

Surveys in both Asian and European cohorts have recently shown that a significant proportion of school aged children perceive the quality of their regular sleep to be insufficient. [4,5,6] As a consequence, they may perform poorly in school. The total daily screen time in adolescents had increased from 5 hours per day in 1996 to 8 hours per day in 2016. [7] Various studies have been conducted and published worldwide relating sleep patterns in adolescents with academic performance, however there is paucity of Indian studies.

The present study is designed to investigate the sleep patterns and their association with academic performance in school going adolescents aged 11-18 years. It considers the combined influence of the various aspects of sleep on the outcomes of academic performance in adolescents

**METHODS :** A cross-sectional type of observational study by questionnaire was conducted by questionnaire in the private co-education senior secondary schools in Jaipur city, Rajasthan. The study received approval from ethical committee of SDMH, Jaipur and clearance from CDC, Kerala. A legal valid consent was taken from parents in writing after explaining the purpose of study. It began in first week of June 2021 and continued till desired sample size was achieved. Google forms were sent via email/WhatsApp to all the eligible students (11-18 years of age) of the selected schools, by respective principals and responses were accepted till desired sample size was achieved.

At absolute allowable error (precision) of 3%, minimum 888 adolescent children were required as sample size which was further enhanced and rounded off to 950 children as final sample size expecting 10% attrition/non response/partial response.

$$n \geq Z_{1-\alpha/2}^2 \frac{p(1-p)}{d^2} = 1.96 \times 1.96 \times 0.29729 \times 0.70 / 0.03 \times 0.03 = 888.27$$

888.27 is rounded off to 950 (considering 10% attrition)

$n$  = sample size,  $Z_{1-\alpha/2}$  = 1.96,  $P$  = prevalence of sleep disturbance = 0.29729,  $1-P = Q = 0.70$ ,  $d$  = absolute allowable error (precision) = 0.03

The schools were selected from the list by simple random sampling using chit box method. The identity of the study participants was kept anonymous. Total 950 responses were obtained out of which 60 were incomplete and only 890 were complete.

As the schools were closed due to ongoing Covid19 pandemic, data was collected by using a google form based on predesigned semi-structured study pro-forma comprising of socio-demographic characteristics of students, dietary behaviour, academic grade obtained in the last exam and use of social media/screen time related questionnaire along with any relevant information which may affect sleep pattern and academic performance. Quality of sleep was assessed by using an online PSQI calculator based on modified and validated Pittsburgh Sleep Quality Index (PSQI). The PSQI is a 19 item self-report questionnaire designed to assess overall sleep quality over a 1month period.

The 19 items within this instrument pertain to different determinants of sleep quality, and are grouped into seven components: (a) subjective sleep quality, (b) sleep latency, (c) sleep duration, (d) sleep efficiency, (e) sleep disturbances, (f) use of sleeping medications, and (g) daily dysfunction due to sleep (drowsiness, etc.). Responses to the PSQI yield seven component scores from 0 to 3, and the total PSQI score ranges from 0 to 21 points, with higher scores suggestive of poorer sleep quality. A score greater than 5 was indicative of poor overall sleep quality, whereas a score of 0-5 was indicative of good overall sleep quality.

Outcome Variables were: 1. Sleep quality using PSQI 2. Good quality sleep 3. Sleep duration 4. Good sleep duration  $\geq 6$  hours and 5. Academic performance – grade

Statistical analysis: Linear variables were summarized as mean and standard deviation, whereas nominal/categorical variables were presented as proportions (%). Unpaired t-test was used to analyse linear variables, while Chi-square test was used to analyse nominal/categorical variables. Risk was estimated by calculating unadjusted Odds ratios. P value  $< 0.05$  was taken as significant. Medcalc19.4 version software was used for all statistical calculations.

## RESULTS

The most common age group was 11-14 years with 570 (64.04%) of the participants falling in this group. Males were 46.63% (415) and females were 53.37% (475). Maximum number of students were of class 9<sup>th</sup> – 205 (23.03%).

483 (54.27%) students were having their dinner after 8 PM. 502 (56.40%) students were engaged in moderate physical activity.

Overall sleep quality or sleep pattern was poor (PSQI  $> 5$ ) in 274 (30.79%) participants and was good (PSQI 0-5) in 616 (69.21%) participants. Good sleep pattern was found more in lower class (6<sup>th</sup>) as compared to higher class (12<sup>th</sup>).

Females had slightly higher incidence of poor quality of sleep 31.37% than males (30.12%).

Table -1 shows gender wise association of sleep components where none of the sleep component analysed statistically significant difference between males and females.

Overall good sleep quality was found significantly associated with achievement of higher academic grade. Among the study participants with good overall sleep quality/ sleep pattern. 77.92% achieved grade A in the last exam attempted while only 16.42% of participants with poor sleep pattern achieved grade A. (Graph1) Good sleep pattern was found significantly associated with higher academic grade as shown in table 2 where academic performance shows statistically significant association with all the sleep components.

A complete analysis of electronic media usage, its different types (Table-3), purpose and time with sleep pattern shows statistically significant association between the two in terms of watching TV, playing video games, using computer, Instagram and snap chat.

Poor sleep pattern was reported in 40.08% of study participants who were not watching television, while it was reported in only 27.01% of study participants who were watching it. When statistically analysed, watching television had significantly less risk of poor sleep pattern [Odds ratio= 0.553 (95% CI: 0.408 – 0.751)].

Poor sleep pattern was found in 34.79% of adolescents who were not using computer/laptop, while it was found in only 28% of adolescents who were using computer/laptop. When statistically analysed, there was significantly less risk of poor sleep pattern associated with use of computer/laptop [Odds ratio 0.729(95% CI: 0.547- 0.972)]

Poor sleep pattern was found in 69.47% of study participants who were using video game, while it was in only 26.16% of participants who were not using video game. (Graph 2) When statistically analysed, there

was significantly more risk of poor sleep pattern associated with use of video games [Odds ratio= 6.423(95% CI: 4.037- 10.219)]

Poor sleep pattern was reported in 37.27% of study participants who were using Instagram App., while it was reported in only 26.96% of study participants who were not using Instagram App. When statistically analysed, there was significantly more risk of poor sleep pattern associated with use of Instagram App. [Odds ratio= 1.609 (95% CI: 1.203 – 2.153)]

Poor sleep pattern was found in 40.20% of study participants who were using snapchat app., while it was found in only 27.99% of participants who were not using snapchat app. When statistically analysed, there was significantly more risk of poor sleep pattern associated with use of snapchat app. [Odds ratio= 1.729 (95% CI: 1.249 – 2.395)]

**DISCUSSION :** The results confirmed that poor sleep quality, short sleep duration, inconsistent sleep schedules and sleep disturbances were associated with poor academic performance. Older adolescents presented with significantly greater number of sleep problems. Similarly, female adolescents reported higher PSQI scores that are indicative of poor sleep quality, but the difference was not statistically significant. This study suggests only a partial mediating effect of electronic media use on the association between poor sleep quality and lower academic grades. Significantly more risk of poor sleep pattern was found to be associated only with use of video games and social networking sites like Instagram and snapchat.

The prevalence of poor sleep pattern/ overall sleep quality (global PSQI score>5) was 30.79% in the present study which is less than that observed in study by Maria Dolores Toscano-Hermaoso et al., [8] from Spain in 2020, where it was 56.6%. Paavonen et al., [9] reported poor sleep quality prevalence as 17.8% in their study which was less than in the present study, however, the study was not based on PSQI score but included all the self-reported sleep complaints like problem of sleep onset, night awakening etc. Our study findings are similar to those by Olga E. Titova et al., in 2014[10] who reported poor sleep quality as 30% in their study.

The study shows significantly more risk of poor sleep pattern in older adolescents as compared to younger adolescents. It was 36.69% in age group 15-18 years, whereas only 25.79% in age group 11-14 years [OR=1.894 (95% CI: 1.414-2.536)]. According to school class/standard in which the enrolled students were reading, good sleep pattern was significantly associated with lower class/standard (P<0.001). This result was in accordance with many published surveys and studies. One such study was published by Strauch and Meier (11). Similar results were published in studies by Carskadon et al., (12) by Carskadon MA (13) and Olds et al. (14). This result was also consistent with the US poll of sleep patterns in adolescents, NSF in 2006 (15) and with study by Tavey F Dorofoeff et al., in 2006 (16)

The risk of poor sleep pattern (Global PSQI Score> 5 points) was less in males (30.12%) than in females (31.3%) but was not significant [OR= 0.943 (95% CI: 0.709-1.255)]. This finding was in accordance with the study by Mireia et al., [17] where it was in 66% of females and in 26% of males. However, the percentage of females affected was much higher in the latter study. In the present study, prevalence of poor Sleep duration (< 6 hours, PSQI score: 2-3) is 24.38% which is higher than that observed in study by Tavey F Dorofoeff in 2006 (16) and by Maria Dolores et al., in 2020 (8).

The risk of poor sleep duration in present study was more in females (24.84) than males (23.86%) [ OR=

0.948 (95% CI: 0.697- 1.288)]. This gender based difference was consistent with study by Maria Dolores et.al.(8)

In the present study 58.99% students achieved Grade A in the last exam attempted and Grade B was achieved by 32.13% students. 7.19% and 1.69% students achieved Grade C and Grade D/E, respectively. Regarding academic performance obtained by adolescents and its relationship with the quality of sleep, it has been found that poor sleep quality correlate with difficulties in achieving academic success. In the present study, 77.92% of adolescents with good sleep pattern achieved grade A in the last exam attempted and only 16.42% of adolescents with poor sleep pattern achieved grade A. Statistical analysis revealed significant association between good sleep quality and higher academic grade ( $P < 0.001$ ). Similarly, all the 7 sleep components were significantly associated with academic performance, individually (all  $P < 0.001$ ). The results of the present study concur with study by Mireia et al., in 2018[17] except the sleep duration component which was not observed to be associated with academic performance in the latter study. The results were in line with several other studies which include study by Carskadon in 1998 (18), study by Amy R. Wolfson et al., in 2003(19), clinical review by Guiseppe. Curcio et al., in 2006(20), by Kwok-Kei Mak et al., in 2012(21), a systematic review by Tomer Shochat et al., (22) study by Olga E. Titova et al., (10) by Ruchi singh et al., in 2018. (2)

The association of video games with poor sleep patten in our study is similar to study by Dworak et al., [23] and the US NSF poll of students in 2006[15]. Similar results were published in study by Owens et al. [24].

There are potential implications of my study findings. These may help clinical and public health interventions. My study findings suggest that academic performance of adolescents can be improved by improving their sleep quality and hereby support and supplement the existing information in the previous studies. Besides, my findings also suggest the association of sleep quantity with academic performance, which is not consistent with few of the previous studies. Considering the strong influence of sleep on the academic performance, it would be relevant to develop preventive and educational initiatives aimed at optimizing sleep habits. My findings suggest that by restricting the use of video games, Instagram App, Snapchat App and other similar Apps, adolescents may be able to reduce the likelihood of poor sleep pattern. Thus, if confirmed prospectively, reducing electronic media use in adolescents might be an achievable intervention for improving sleep pattern with potentially positive effects on academic performance.

Among limitations, the study's cross-sectional design precludes establishing causal inference on the association between sleep pattern including all sleep variables and academic performance. Self- reported questionnaires to assess sleep pattern were used instead of objective measures like 24- hour diary data, actigraph and polysomnography. Academic performance was based on self- report as school records were considered sensitive information. Considering the ongoing Covid 19 pandemic, schools were closed and direct interaction with the study participants was not possible. Anonymous google forms were used to collect the information.

In conclusion, the data supports the hypothesis that short sleep duration and inconsistent sleep schedule are associated with poor academic performance. This is confirmed through the different indicators studied: sleep pattern/ overall sleep quality and all the sleep components / subscales (subjective quality, latency, duration, efficiency, sleep disturbances and daytime dysfunction). The data suggests that electronic media partially mediates the association between sleep pattern and academic performance.

Among all the electronic media usage variables analysed, the present results revealed negative impact of playing video games, using social networking sites like Instagram, Snapchat etc. on sleep pattern. While no negative impact of watching TV, using smartphone or using computer/laptop was revealed.

### What this study adds?

My study may help clinical and public health interventions. Besides sleep quality, my findings also suggest the association of sleep quantity with academic performance, which is not consistent with few of the previous studies.

Moreover, in my study the association between sleep pattern and academic performance seems to be mediated by electronic media use. Thus, if confirmed prospectively, reducing electronic media use in adolescents might be an achievable intervention for improving sleep pattern with potentially positive effects on academic performance.

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**Funding** None

**Data availability** The data is not publicly available due to confidentiality concerns

**Ethical clearance** By Ethical Committee of SDMH 2021

### TAKE HOME MESSAGES

- Poor sleep quality is associated with poor academic performance. Electronic media usage has negative impact on sleep pattern.
- Electronic media usage partially mediates the association between sleep pattern and academic performance. Playing video games, using social networking sites like Instagram and Snapchat have significant negative impact on sleep pattern
- Poor (short) sleep duration is also associated with poor academic performance

### TABLES

**Table 1.** Association of gender with sleep components

S.No.	Sleep Components	P value	Significance
1.	Subjective sleep quality	0.583	Not significant
2.	Sleep duration	0.792	Not significant
3.	Sleep latency	0.846	Not significant
4.	Habitual sleep efficiency	0.317	Not significant
5.	Sleep disturbance	0.965	Not significant
6.	Use of sleep medication	0.079	Not significant
7.	Day time dysfunction	0.963	Not significant

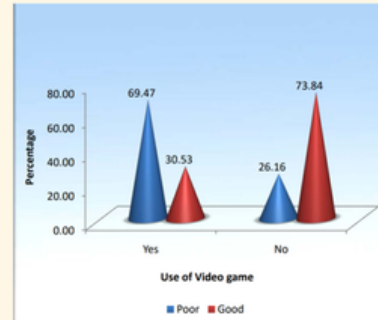
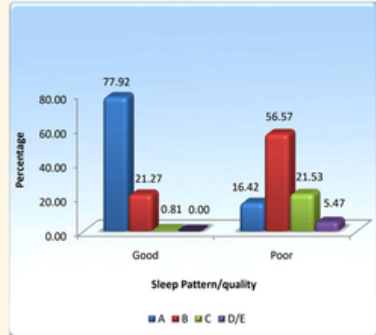
**TABLE 2:** Association of academic performance with sleep components

S.No.	Sleep component	P value	Significance
1.	Subjective sleep quality	<0.001	Significant
2.	Sleep latency	<0.001	Significant
3.	Sleep duration	<0.001	Significant
4.	Habitual sleep efficiency	<0.001	Significant
5.	Sleep disturbances	<0.001	Significant
6.	Use of sleep medication	<0.001	Significant
7.	Day time dysfunction	<0.001	Significant

**Table3:** Association of different electronic media use components with sleep pattern

S. No.	Component	P value	Significance
1.	No. of social networking sites (>1)	0.113	Not Significant
2.	Screen time <2 hours during working	0.675	Not Significant
3.	Screen time < 2 hours during weekend	0.165	Not Significant
4.	Watching TV	< 0.001	Significant
5.	Use of Smart phone	0.858	Not Significant
6.	Use of Computer/ Laptop	0.037	Significant
7.	Video game	< 0.001	Significant
8.	WhatsApp	0.640	Not Significant
9.	Instagram	0.002	Significant
10.	Snapchat	0.001	Significant
11.	Other Apps	0.450	Not Significant

## GRAPHS



Graph 1: Distribution of study participants according to overall sleep pattern/quality and academic Grade

Graph 2: Distribution of study participants according to use of video game and sleep pattern

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# A Case Discussion : Impact of Screen on Teenagers



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**Abstract :** Excessive screen use among adolescents has emerged as a growing concern, often linked to behavioral issues, emotional dysregulation, and interpersonal conflict within families. This case discussion explores the therapeutic journey of a 13-year-old boy exhibiting problematic screen use, highlighting the clinical approach to managing digital dependence, parental conflict, and emerging low self-esteem.

**Case Summary :** A 13-year-old boy from an urban, lower socio-economic background presented with complaints of excessive mobile phone use over the past year and anger outbursts upon restriction in the last two months. The concerns were voiced by his parents, particularly his father, due to escalating parent-child conflicts centered around screen time. Initial rapport-building was prioritized by interviewing the adolescent independently. Establishing trust involved engaging the teen in conversations about popular online games like Clash of Clans and Battlegrounds India, helping to normalize the therapeutic environment. The boy expressed feeling misunderstood and criticized by his parents, although he reported healthy peer relationships primarily sustained through online gaming. He found a sense of belonging and competence in the virtual space, which contributed to his self-worth. From a clinical standpoint, awareness of adolescents' digital interests is invaluable in understanding their coping styles and facilitating engagement. Teenagers often feel invalidated by adults regarding their online activities, making the therapeutic alliance critical in bridging generational gaps.

Following this, the parents were interviewed and encouraged to reflect on their communication patterns. It was observed that their responses to their adolescent mirrored those used with younger children, fueling further conflict. The intervention emphasized psychoeducation for the parents on adolescent developmental needs, peer validation through digital spaces, and the importance of respectful dialogue. Both parents and the adolescent were engaged in role-play exercises—parents were trained in using non-comparative, non-critical language, while the adolescent was taught assertive communication skills. The goal was to develop a collaborative family dialogue around screen use, rather than impose rigid restrictions. A mutually agreed screen schedule was formulated.

Additionally, cognitive-behavioral strategies were introduced to address the teen's low self-concept and patterns of self-criticism. Activities such as thought diaries helped challenge distorted thinking and build emotional insight. Over time, the adolescent demonstrated reduced emotional reactivity to peer judgment and reported improved self-confidence. The parents also noted a decline in conflicts and a better emotional connection with their son.

**Conclusion :** This case underscores the nuanced role of screens in adolescent life—not just as a source of conflict but as a medium of identity and social connection. Therapeutic interventions must balance validation of the adolescent's digital world while guiding families towards healthy boundaries. Building empathetic communication within the family remains key to resolving screen-related conflicts and supporting adolescent mental well-being.

# Tech for Good: Positive Screen Use During Holidays



## Dr. Aparajita Das (Mukherjee)

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**Beneficial effects of activity on the screen for adolescents during summer holidays :** As summer temperatures soar, children and teenagers are frequently forced indoors and away from parks, playgrounds, and other outdoor recreational areas due to the unbearable heat. What used to be a season of outdoor exploration and camaraderie now frequently takes place indoors in air-conditioned spaces. Since prolonged outdoor activities are discouraged by the scorching sun, many young people naturally turn to digital devices as a way to kill time.

With a vast array of entertainment, education, and social interaction at their fingertips, the internet in particular becomes an integral part of their everyday lives. Their indoor time is typically dominated by screen-based activities, whether they are social media browsing, streaming television, playing interactive games, or participating in online workshops and classes. It is crucial to understand that not all online activity is necessarily harmful, even though parents may frequently voice concerns about excessive screen time. Digital activities can actually provide a number of advantages that promote emotional health, creativity, and cognitive development when used responsibly and with the right guidance.

**Learning a Language :** Using digital platforms to learn a language is one of the most fulfilling and thought-provoking ways for teenagers to spend their summer vacation screen time. Being able to communicate in multiple languages is a valuable skill in today's interconnected world, and learning a new language is no longer limited to traditional classroom settings or textbooks thanks to technology. Language learning is now not only accessible but also genuinely enjoyable thanks to a vast array of apps, websites, and interactive tools.

With points, streaks, and levels that keep students motivated, language learning becomes a game with apps like Duolingo, Babbel, Rosetta Stone, and Memrise. These platforms are thoughtfully crafted to combine enjoyment and usefulness, assisting teenagers in improving their grammar, expanding their vocabulary, and solidifying their pronunciation through practice and immediate feedback. More experienced students can improve their fluency at a rate that works for them by using virtual tutors, e-books, or online courses.

This type of screen time is an activity that enhances memory, fosters global awareness, and promotes cognitive development. It imparts cultural appreciation, empathy, and curiosity in addition to language. Additionally, teenagers who learn a new language during the summer have a significant advantage in the classroom, on trips, and even in their future employment prospects.

**Chess :** Teenagers can use screen time to explore chess, another extremely beneficial and intellectually stimulating activity. Chess, which has long been hailed as a game of strategy, patience, & mental dexterity, has flourished in the digital era.

Young players can now study, practice, and compete with players worldwide without ever leaving their homes thanks to a number of online platforms, including Lichess and Chess.com.

Teenagers have the ideal opportunity to immerse themselves in chess during summer break, away from the demands of the academic year. Chess is now accessible to both novice and expert players thanks to online platforms that offer interactive tutorials, grandmaster video lessons, strategy-tuning puzzles, and AI opponents of various skill levels.

The advantages of chess, however, extend well beyond the board. Chess improves critical thinking, focus, problem-solving abilities, and even mathematical reasoning, according to a number of studies. It promotes foresight, flexibility, and composed decision-making under duress—all critical life skills. Additionally, taking part in online competitions and clubs fosters discipline, sportsmanship, and global friendship while providing teenagers with a controlled, safe social outlet during the frequently isolating summer months.

Chess provides a profoundly fulfilling alternative that develops the mind and the character for people who might not do well in conventional team sports or who would rather engage in more solitary, contemplative activities. Additionally, young people now find chess to be more exciting and relatable than ever thanks to the game's resurgence in popular culture, which has been fueled by shows like “The Queen's Gambit”.

Playing online chess is a prime example of how digital platforms can foster intellectual curiosity in a time when screen time is often linked to passive consumption. It is one of the most admirable uses of the screen during the summer holidays since it turns leisure time into a place for personal development.

**Digital Art** : Another way for adolescents to productively spend screen-time during their summer break is by expressing their creativity through the medium of digital art. Through softwares like Canva, Procreate , and Adobe Frisco, they can create artistic masterpieces with the help of a simple stylus; no paint required. Young , budding artists can attain professional proficiency through online courses and videos, without any formal instruction from an art school.

Engaging in digital art nurtures self-expression, creativity, attention to detail, patience, and technical proficiency. Moreover, it opens up multiple avenues of further development. Digital art can foster entrepreneurship, as young creators can share their work on platforms like Instagram, DeviantArt, or Etsy, gaining recognition and even starting small businesses or commissions.

In a world where visual media is more influential than ever, equipping teens with digital art skills also opens doors to future careers in animation, game design, marketing, architecture, and beyond. What begins as a hobby during the summer can evolve into a lifelong passion or even a professional path. In this light, screen time spent on digital art is not only beneficial—it is transformational. It turns passive viewing into active creating, and idle moments into opportunities for vision, innovation, and self-discovery.

**Creating Music** : With the digital era, music making is now one of the most fun and affordable methods for teenagers to express their creativity via screen time. With the assistance of accessible software and user-friendly apps, teenagers can make, arrange, and produce music from home—no costly studio necessary.

Tools like GarageBand, Soundtrap, BandLab, and FL Studio give young creatives a place to experiment with beats, loops, instruments, and vocals through genre. They are engineered to be fun for newbies while providing sufficient complexity for more advanced users, so they're perfect for teens at any level of proficiency. Teens can start creating their own songs, remixing hits, or scoring animations and short films even if they have no musical background.

What makes music production particularly worth it is its multifaceted benefit. It increases creative expression, pattern recognition, emotional intelligence, and even math through rhythm and timing. It shows them concentration, patience, and the fulfilling process of creating something from nothing. It can even be a positive emotional release—enabling teenagers to vent complex emotions through melody and lyrics, particularly in moments of stress or loneliness.

Collaborative tools such as Soundtrap also enable users to co-create simultaneously, which supports teamwork, communication, and even cross-cultural collaboration. Teenagers can collaborate to create digital bands, give each other feedback, and construct whole albums without ever having met in person. This supports both social bonding and digital citizenship.

Additionally, teens are able to demonstrate their work through posting to Spotify, YouTube, or SoundCloud, which earns them confidence and creates digital portfolios. Others also convert summer hobby projects into a lifelong hobby or career goal in music, audio engineering, or sound design.

Briefly, music creation converts screen time from passivity to creation. It invites teenagers into a universe where they are not only passive consumers of content, but also active designers of sound—uncovering identity, learning new technology, and creating something truly theirs.

**Conclusion :** Even as the blistering summer sun tends to confine teens indoors and increase screen time, this transition does not have to be something negative. Indeed, with purposeful use and thoughtful supervision, screens can be invaluable learning tools, catalysts for creativity, and agents of personal development. Whether learning a new language, the strategic complexity of the game of chess, the creative universe of digital art, playing an instrument, or delving into code and narrative, the digital platforms of today provide an endless array of avenues for teenagers to expand their minds and express themselves.

Instead of considering screen time a hindrance, we can decide to look at it as a portal—a doorway to intellectual exploration, skill development, and world connectivity. With intent, the internet gives adolescents the power to take inactive time and turn it into purposeful moments that instill confidence, curiosity, and an ongoing love for learning.

Thus, summer breaks should not be a break in growth, but a time of self-initiated discovery—when screens are not used as distractions, but as tools of imagination, creativity, and learning.

# “When Summers Meant Stories: Memories from Our Seniors”



## Kiran Vasvani : A Time Without Screens



Memories flood my mind of days by gone; of the time before the TV era; of lazy summer days before mobile phones. No computers, no screens; our days and nights were totally ours to plan. It never mattered that there were no screens and no internet. Our hands, legs, brains, and an overactive imagination were all we needed.

Voracious readers we mostly were and started young; Enid Blyton, Panchatantra, fairy tales, junior and senior classics. Eager for adventurous tales of valour, hungry for knowledge and lore, we were. Our minds like blotting papers -we absorbed anything and everything we saw, heard, or read. Letter writing, especially to pen pals, was fun. Role play was exciting -be it family members, doctor-patient, teacher-student.

Gentle dabbling with colours in books, embroidery, fabric painting, and greeting cards. Word puzzles, numerical puzzles, crossword puzzles, and word games kept us busy, whilst snacks filled our ever-hungry, growling tummies. Full of energy, we played for hours. We learnt teamwork, preparing skits, and entertaining family and neighbors. Our giggles filled the rooms, our shrieks of joy echoing around.



Morning walks and trekking with dad-Naubat Pahad or Kala Pahad... Whilst mums, aunts, and grannies were busy in the kitchen with elaborate cooking. Aromas of hot food greeted us through the open windows and verandahs. We were often rounded up for chores, too. House cleaning, making papads, wafers, pickles, drying veggies with mum, billing and balance sheets with dad -gosh, those memories of the good old days! I remember games galore. No discrimination-girls n boys alike. Marbles, gilli dhanda, cricket n kabbadi too. Dog n bone, football, badminton, tennikoit, hide and seek out in the open, or just indoors. Hopscotch, five stones, rummy, chess and board games. A grown-up was always dispatched to watch over us!

The afternoons were hot and humid lingered long card games, snakes and ladders, ludo. Reading comics, listening to Chandamama's long-winding stories of Vetaal and what not the squeals, the incessant giggles of tickling sessions. Silly games like 'Statue' or 'Staring No blinking', and incessant loud chatter. Beautiful memories of our childhood days. Trips to parks, museums, zoo, aquarium, planetarium, Golconda fort, and Gandipet. Friends could visit friends with no prior appointments. We could always go unannounced everywhere and feel welcomed. Homemade 'lime juice' with spicy snacks whilst adults gossiped, we kids bonded, chatted, showed off, and played happily. Those were the days, my friend, when life was full of time for friends and time for cheer. Our nights without a TV screen, a mobile phone, or a computer were full of joy, laughter, and talk. Movie nights or evenings. Everyone was a fan of the radio Binaca Geet Mala, the news, and songs -all a joy to our ears. We often read ourselves to bed -comics, novels, newspapers ... Those wonderful days of no screens n yet life was full of joy!

# “When Summers Meant Stories: Memories from Our Seniors”



## Dr. Rashmi: Fun in Mango Groove!



*Forty years down the lane...*

Summer vacations used to be a cherished delight, back from boarding school was as freedom in sight! No stress of coaching classes for admission to medical school.

Just spontaneity and joy were at their best. As i knew i would be in a medical pool of whatever kind. It was passion ingrained in my veins and mind.

Late afternoons in Mango Groove, we'd play, Eyes Piece, Pitto, Khokho, on all sunny days. Climbing trees, plucking ripe mangoes with glee, and glam. The brothers, sisters, cousins, together we'd roam, creating memories, in our childhood home.

My spirit high up in the skies, my small town lies at the foot of the far-set Himalayan heights. My memories remain bright with a nostalgic smile on this summer night.



## Dr. Omesh : Cool Pool Summer Experience !!!



Summer vacations with children !!! Relaxation is at its peak. Examinations over. Results were declared, and children were promoted to the next class.

*A perfect menu for celebrations.*

We planned our summer vacations in Sydney, Australia. We are in shorts and T-shirts. We dip ourselves in the pool. Wow !!! It is so cool and refreshing.

We showered pool water on each other, laughed and giggled, and stayed in the pool for more than 2 hours. No mobiles, no calls, just fun.

Later, we moved near the beach. The children counted the frothy waves approaching us and then receding again. We strolled on the beach, played football, and were exhausted.

We received energy from the ever-smiling sun and decided to stroll back to our hotel rooms for showers. We hydrated ourselves with coconut water. What a relief from mobiles, close to Nature for happiness.

# “When Summers Meant Stories: Memories from Our Seniors”



## Dr. Avinash Bansal : Summer Of 1970—Cool- Cool Fun unlimited



Summer vacations were family get-together times. All my brothers & sisters, one plus one 11 came to our home in Jaipur in the months of May & June. There were no cousins, only brothers & sisters. Their interest varied; one of my sisters was an avid book fan, one of them had an interest in making sketches, one of them remained glued to the radio hearing commentary, & I was a movie buff.

Mornings were lazy, getting up late. We plugged the drain of our bathroom to collect water & create our pool. Breakfast was not healthy by today's standards. Samosa, kachori, dudh- jalebi, ad lib, along with “aap ke geet” on Radio Ceylon. Following a sumptuous breakfast out to play in the backyard.

We used to play sitoliya, kho kho, cricket, etc., was a balanced meal of chapatti, dal, green vegetables, and buttermilk. Post lunch was time for afternoon siesta & gossip. There were no coolers or ACs. Indigenous khus khus cooling devices & fans were used.

Evenings for a long walk 4-6 km to the statue circle gardens. A glass of sugarcane juice was a must mast. Dinner was served by 7.30 pm. Mother made assorted parathas served with green chutney, curd & achar ( mango & nimbu). We all looked forward to bedtime stories by Amma (mother's pet name).

She used to tell us stories of Veer Vikramaditya, from Ramayana, krishan katha & ghost stories. The stories taught us moral values, frugality, caring, sharing & trust.

I remember most of them & used to tell them to my son. We did not have a TV in our home. There was one TV in our neighbor's house & we went there to see Chitrahhar on Wednesday & a movie on Sundays.

Our only source of information was newspapers & radio. Day after day passed, and the vacation came to an end. There never was a dull moment or time to spare.

Even today, when we meet, there is no need for media. Time flies. “Koi lauta de mere bite hue din” Media & connectivity has made life easier, knowledge at fingertips, widened our horizon & decreased the distances.

It has taken away the charm of face-to-face interaction, playing on fields & the pleasure of counting stars at night.

यह दौलत भी ले लो, ये शोहरत भी ले लो,  
भले छीन लो मुझसे मेरी जवानी,  
मगर मुझको लौटा दो बचपन का सावन,  
वो कागज़ की कश्ती, वो बारिश का पानी।

# “When Summers Meant Stories: Memories from Our Seniors”



## Dr. Harinder Singh : HOLI-DAYS AT NANKA, TARN TARAN



### HOLI-DAYS AT NANKA, TARN TARAN

Summer holidays meant true Holi and Holy days. Every June, during the Martyrdom of Guru Arjun Dev Ji, we gathered at our maternal grandparents' home in Tarn Taran. It was a time to reunite with cousins, uncles, aunts—our extended Kutumbam.

On Gurpurab, all the kids woke early for Chhabeel Seva. Each family contributed to set up the stall—mixing sweetened water with Roohafza, jaggery, milk, white chana, and kulchas. A prayer marked the beginning. The day was spent joyfully serving, washing glasses, preparing food, and connecting across generations. No plates—just delicious kulcha and chana, eaten from our hands. Kirtan played in the background, and in the evening, another prayer concluded the day with gratitude.

### HO...LI DAYS

These mornings began with our grandfather's 4 AM walk. None of us stirred until our grandmother chased us out at 5! He met us with datun sticks, and we'd brush while walking to the fields. The older cousins played kabaddi, and we wrestled in the mud before diving into the tube well's water ditch. By 8 AM, we returned to hot aloo parathas, butter, and lassi.

Afternoons were spent indoors—laughing, teasing, and occasionally hushed by elders. Evenings took us to the fields, gurdwara, or buffalo shed. We helped with fodder and sometimes drank warm milk straight from the source! Dinner was hearty—roti, sabzi, dal, makhana, lassi. Nights were magical—charpais on the terrace, bedtime stories of gurus, and a glass of slow-simmered milk from cow dung fire. Then... “Get up! It's 4 o'clock!” and it all began again.



# Boxy screens and breezy summers stories from those born in 90s



## Dr. Neeti Priya Pandey

Senior Resident Institute of Medical Sciences (BHU) VARANASI



Dancing... always dancing



Or this... daily walk on the ghats



Treking up to Sri Kedarnath dhaam

The years of childhood and adolescence are like brightly multi-coloured threads in the tapestry of life. Childhood, adolescence is lived in a fluid continuum of home, school, festivals, friends and vacations. The most iconic of vacations is the summer vacation; 4 weeks of freedom- a break from the structure of the classroom and drudgery of homework and unit tests.

Summers were lofty affairs of sleeping in, watching cartoons on TV and spending extended periods of time outside playing. One of my favourite summers was spent tramping around in the ravine and creek that ran behind our apartment building. It was a relaxed schedule- wake up late (comparatively), break-fast, cartoons and a quick trip to the library- advancing on the summer reading quest, learning arts and crafts, summer sleepovers. My friends and I would head out by late afternoon- playing in the park, playing sports. Creatively assigning spaces to play land and water, London statues and role playing.

The dramas we would enact- everything from playing house to wild mountaineering adventures. In course of our wild storylines, we would find ourselves in the ravine, the creek babbling, inviting; climbing up the escarpment, falling into the brook. As I look back, it feels like I starred in myriads of live action plays, acting out a multitude of characters and it instilled so many skills. The art of improvisation, problem solving, decision making- all in real time, all while having fun. The only tech interface was with the TV and video games, all in fixed locations with designated times. To everyone reading this, I invite...

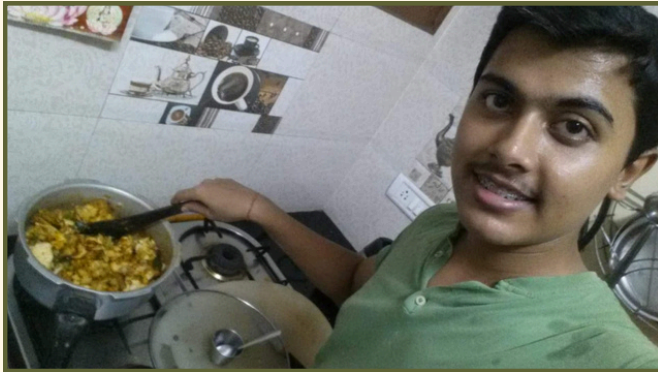
Come walk in the woods where memories lay  
Where silent whispers of shared secrets are found  
rustling in the leaves

Let us sit at the babbling brook to re-live the mirth of  
carefree summers gone by...

# Boxy screens and breezy summers stories from those born in 90s



## Dr. Girish : How I Spent My Summer Vacation



This summer was a breath of fresh air— I found myself reconnecting with the little joys I had almost forgotten. Mornings began with the chirping of birds, not alarm tones, and afternoons drifted by under shady trees with a book or a game of cards with cousins. Cooking with mom, going on street shopping and throwing temper tantrums for icecreams while back to home.

We played outdoors until the sun dipped below the horizon—cricket on dusty fields, hide and seek in the lanes, and the occasional race that ended in laughter more than victory. I listened more—to stories my grandparents told, to the rustle of leaves in the wind, and to my own thoughts. Meals were shared without scrolling, and memories were captured not in photos, but in the mind's own frame.

This summer reminded me that the best connections don't need a signal—just time, nature, and the people around you.



## Dr. Priya Tushar Jadhav



Summer vacations were a time of boundless joy and freedom. I remember travelling to my maternal place in train, coloring and drawing sketches throughout the journey, chitchatting with cousins. Our days were filled with mango-stained hands, makeshift tree swings, and endless games of hide-and-peek that spilled into twilight. We built forts out of old bedsheets, had a little kitchen set and served little chapatis made out of leaves, and slept on a terrace under the starry sky. The only screen we knew was the sky turning from blue to orange. There was laughter, bonding over games like carrom and cards with all family members.

# Boxy screens and breezy summers stories from those born in 90s



## Dr. Nishith Agarwal : How I Used to Spend My Summer Vacations

MBBS, DCH, DNB PEDIATRICS SENIOR RESIDENT, FHMC AGRA

Summer vacations during my school days were nothing short of magical — a perfect blend of rest, learning, fun, and discovery. As someone who grew up in the early 2000s, when Cartoon Network ruled the afternoons and mobile phones were still shared among family members, I cherish those summer breaks deeply.

Our school holiday homework was surprisingly creative. One year, we were asked to watch all episodes of Scooby-Doo — in English — to build our vocabulary. I gladly took that up! For EVS, I went around collecting leaves from different trees in the park and pressing them into scrapbooks. I still remember sticking newspaper cuttings of major headlines into a GK notebook, pretending to be a serious journalist. Watching movies like Lakshya was also part of our tasks, and it left a deep impression — teaching me about focus, responsibility, and purpose.

Summer camps were a yearly ritual. My parents, both doctors, believed that holidays should also involve kuch naya seekhna. So I was enrolled in painting classes one year, computer coding the next, and even origami once — each adding a new spark to my creativity. I also took lawn tennis lessons every summer, which not only gave me a routine but also a love for sport.

Since my papa is a pediatrician, I often accompanied him to his clinic. I'd sit beside him, observing silently as he comforted crying babies or joked with toddlers. Maybe that's where the seed of my own career was quietly planted.

Of course, summer wasn't complete without watching Pokémon every morning, stuffing myself with mangoes, drinking chilled aam panna, and making short trips to nani ghar. Evenings were for gully cricket, cycling, and occasionally, writing in my secret diary.

There were no filters or reels back then — just real moments. Those summer vacations weren't just holidays; they were little chapters that shaped who I am today — a pediatrician who still believes in fun, curiosity, and the magic of childhood.



# GEN Z LINGO – IT'S LIT!



## Dr. Gowri Somayaji, MD

- Pediatrician with special interest in Adolescent Health
- Editorial Team member for Adolescen Today 2024-25
- Aruna Clinic, Bangalore

*Yo, no shade, but older folks just don't get it. They're out here still typing with one finger, using Facebook like it's 2011, and acting like memes are some kind of mystery code. Like, sorry Sush, "LOL" isn't a personality. They try to relate but end up saying stuff like "yeet" completely wrong, and it's giving secondhand embarrassment. We're living in a whole different vibe — streaming, vibing, soft-launching our entire lives, and they're still asking what TikTok is. Bruh. When we talk mental health, vibes, or even fashion, they hit us with "back in my day..." Like no, Karan, it's our day now. It's not that we don't care, it's just... you're lowkey stuck in the past. We're evolving, they're buffering. So yeah, love y'all, but respectfully — y'all ain't it. It's giving dusty. Stay in your lane and let Gen Z cook. Periodt.*

Decoding the speech of a teen has never been more of a challenge and they often take pride in not being understood. The example above is one of the more easily recognisable words I have encountered. Their language is a partly their expression and partly their secret code.

*No shade* = No offence meant

*Yeet* = to throw something with force, not caring where it lands.

*Lowkey* = slightly

*Giving dusty* = outdated

*Cook* = perform or do something well (in a different context, also means failing!)

Each generation has rebelled against and broken the rules of the previous generation and now it extends to the rules of language itself.

The language, much like the teens themselves, is global, digital and changes every day. It's a constantly evolving lingo with new words and expressions getting added and deleted daily. It is influenced by music, digital shows, shared popular culture and slang from different continents and cultures. It's all shared online, making it almost a universal language.

The evolution is also very democratic, as anyone can make up words or define its usage and if it becomes popular, it gets adopted into general usage. There are no rules and no arbiter.

Commonly used phrases online are:

*Spill the tea*: An invitation to share gossip.

*No cap*: Means someone is being serious.

*Shook*: To be amazed or shocked.

*Fam*: A term of endearment for close friends or family.

A single word or phrase in this language could have varied meanings based on context. So, learning just the words does not help. Not just the context but the tone of voice and the underlying emotions will render the meaning. This is similar to a lot of the Asian languages. Most Indian languages too have colloquialisms that vary with usage.

Hence it becomes important in trying to use words we are not familiar with as they can be construed as offensive or abusive.

At the same time, there are multiple expressions to convey a single idea - *it's Fire, it's Lit, it Slaps, it's Goated, it's Valid, it's Hard* – so many ways to express what we Gen Xers would just call “Cool”. The vocabulary is wide and would take us years to learn it all by which time it may be obsolete.

The language used is very casual, informal and conversational. There is also a lot of short-hand communication, the speech not far off from their texting. There are almost no rules to be followed, yet they do have unspoken rules of communication.

The Gen Z lingo gives these teenagers the freedom to communicate without being censored for thought by adults in their vicinity. It reminds me of the ‘P’ language we used as school children – how simple we were in comparison!

Adults do use the same trick – two Indians speaking in Hindi in Japan, hoping that the locals would not understand them?

#### **Here's an example of an online conversation between two teens:**

**Ava:** Yo, did you see what happened on Finsta (private Instagram) last night?

**Jay:** Bruhh, yes. Tyler got exposed HARD (totally). Full receipts (completely).

**Ava:** I was screaming. Man thought he was slick sliding (sneaking) into DMs like it's 2016.

**Jay:** He's sooo cooked (done for, in trouble). L ratio (negative comments) + no riz (no charm)+ banned from the groupchat 🤔

**Ava:** For real (true), and then Emma popped off (exploded) in the comments. Full-on nuclear (had a meltdown).

**Jay:** She don't miss (doesn't hold back). Lowkey, she's chaotic good (bit of a wild card, but good).

**Ava:** Facts 9true). But keep it lowkey (quiet), my mom be lurking (is around). She thinks I'm doing “homework” rn (right now) 🤔

**Jay:** Same, my dad be acting like FBI. Can't even sneeze without him asking for a life update.

**Ava:** We def (definitely) need a GC (group chat) that's deep, deep (very) private. Like, no trace (completely hidden).

**Jay:** Bet (yes). New code name: “Math Notes 2.0” 😎

**Ava:** LMAO (laughing my ass off) yes. Let the ops (older people) stay clueless.

**Jay:** Stay woke (alert). Stay off main (do not discuss on the main group).

We need to respect their need for private conversation yet ensure that they are not planning on engaging in reckless behaviour. We need to understand them without forcing them to give up their language. Imitating them will not help nor will enforcing our rules of communication on them. This maybe an ongoing War of Words and it is important to keep the communication channels open wide, always.

# Parenting : Shikha Kuchhal, Aanya Kuchhal

## Shikha Kuchhal

I am a compassionate Psychologist and a Behaviour Therapist with a Fellowship in Psychology Counselling (Adults), specializing in Cognitive Behaviour Therapy (CBT) and Child and Adolescent Counselling, certifications entitled to International standards. Founder and Director at MIND TALKK, Gurgaon [NCR]. [www.mindtalkk.com](http://www.mindtalkk.com). Our motto “Mental peace is your prerogative, make it a top priority”.

My journey into the realm of Psychology is deeply rooted in my role as a mother of two spirited daughters. The blend of personal experience and professional commitment fuels my dedication to fostering emotional well-being and building resilience in Children and Young Adults.

My focus lies in creating a supportive environment for Children, Adolescent and Adults to thrive emotionally, socially and academically. Specializing in normative development and mental health issues, I bring expertise in managing post-traumatic stress disorder (PTSD), anxiety, mood disorders like depression and bipolar disorder. Behavioural challenges like Oppositional Defiant Disorder (ODD), temper tantrums, and aggression in Children.

Additionally, I am proficient in addressing gadget addiction issues and enhancing parent-child relationships. My goal is to assist Young Adults (20s and 30s) in overcoming personal, professional, and relationship challenges while fostering resilience.



**MIND TALKK**  
...in Conversation with SK

**"Mental peace is your Prerogative, make it a top Priority"**

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- Intrusive Negative Thoughts
- Stress Management / Building Emotional Resilience
- Teenagers Group Therapy

Mail ID : [info@mindtalkk.com](mailto:info@mindtalkk.com)  
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**If you THINK you are EXPERIENCING any of the Below:-**

- Feel lost & find difficult making choices.
- Feel stuck looking for a Change but don't know how?
- End up crying, feeling low and indecisive.
- Relationship Challenges.
- Fear OF BEING judged.
- Unfair treatment within the family, organisation or community.
- Bullying, peer pressure, social isolation, & difficulty making friends.
- Feeling of missing out (FOMO).
- Handling academic stress.
- Addicted to gadgets & anger issues.
- Hyperactivity & Difficulty Concentrating .
- Behavioural Issues.

CHILDREN	TEENAGERS	YOUNG ADULTS
5 TO 12 YEARS	13 TO 18 YEARS	19 TO 39 YEARS

Book Your Session  
**"FIRST CONVERSATION WITH SK"**  
WE ARE HERE TO HELP YOU

## “Screen and Teen!”

“Screen and Teen!” — two words no parent can go a day without uttering at least once, if not more. Screens have become an integral part of our lives! For adults, they are essential tools for work and communication; for children, they serve as primary means of education and entertainment. Moreover, increased smartphone usage, affordable data plans, widespread popularity of OTT platforms, social media, and online gaming have further amplified their presence in our lives.

So keeping children away from screens can indeed feel daunting! Instead of restricting adolescents from screens entirely, it's crucial to promote a balanced and intentional approach to screen usage – That's the

key takeaway!

As a mother of two beautiful daughters—one navigating adolescence and the other on the cusp of it—I understand the complexities of parenting during these transformative years. My journey has been relatively smooth, thanks in part to my background as a practicing psychologist specializing in children and young adults at MIND TALKK ([www.mindtalkk.com](http://www.mindtalkk.com)), my brainchild.

My husband and I embrace an authoritative parenting style, setting clear expectations and rules. Adolescence is a pivotal time when children strive to establish their own identity and autonomy. So, it's crucial to support with warmth and open dialogue—be it about their interests, opinions, relationships, peer pressures, or academic challenges.

This approach transforms parenting from a source of mental exhaustion into a joyful experience, nurturing confident and resilient children. I also advocate and conduct Parent therapy @ MIND TALKK, a powerful tool for effective parenting. Once you acquire the necessary skills, life becomes more manageable for you and more meaningful for your children. No yelling, no lectures—just joy.

We have collaboratively designed a well-structured “screen time plan” that reflects our family's values and priorities. All four of us has input into selecting their preferred time slots permissible in a day, ensuring a sense of autonomy while maintaining balance. Our approach includes a designated MUST “2 screen-free” days each week to encourage offline activities and one relaxed screen day to accommodate special occasions or needs. Basically, a personalized "screen time algorithm"—fostering harmonious family dynamics.

The potential harms of excessive screen time on developing adolescents are profound and, in some cases, irreversible. Scientific and psychological research underscores that excessive screen exposure can interfere the adolescent brain, which is still in its formative stage. Thus struggling to process complex narratives and make nuanced judgments. It can disrupt cognitive functions, alter brain structures, and impair emotional regulation. Studies have shown that increased screen time is associated with mental health issues such as depression and anxiety. I have been working on this currently with my clients (Children and young adults both). Additionally, it can also hinder social and emotional development, affecting a child's ability to form healthy relationships and manage emotions effectively. Sleep disturbances are also prevalent, as screen exposure, especially before bedtime, can interfere with the production of melatonin, the hormone responsible for regulating sleep.

Once we understand these impacts, it automatically prompts reflective and responsible parenting. As parents, it's our responsibility to actively safeguard our children's mental well-being as it is foundational to their ability to navigate life, build joyful relationships an experiences daily.

As parents, we make it a point to connect with our daughters daily. We ask about the funniest part of their day, memorable moment, challenge faced, and what could have been improved. This practice allows us to understand their emotions and underlying feelings. We offer guidance only when they seek it, refraining from unsolicited advice. Instead, we sit beside them, providing quiet support, and let them find their balance.

My Credo “One Joyfully nurtured child holds the transformative power to change the world!”.

## Aanya Kuchhal (Grade IX) : The Digital World: Struggle of life without Screens

**The Digital World :** Struggle of life without Screens For today's Generation also known as Gen-Z and Gen-Alpha, living without digital screens is like having to live in a world with no oxygen. It sounds really dramatic but it is true. The first thing any teenage kid does after waking up in today's time is pick up the phone and check messages even before brushing teeth or having breakfast because it has somehow become the new "basic necessity" of life for them. I am a teenager too and to be frank yes kids of my age are just like this. I have seen 70% teenagers with their heads down glued to their screen and ears covered with wireless air pods and the first thought that comes to my mind is— "Is this really where we are heading towards?"

Yes, I agree screens are tied up with the idea of being a bad influence for a kid but it's not even easy to live a day without it. It's not just about scrolling through reels or making random vlogs and posting them.

Since COVID-19 most of the world has adopted using the digital world as a source for connecting, working, learning and teaching. So when our brains were developing we got used to the new kind of world which was to do our work using the available technologies. We teens learnt to use these digital gadgets in innovative ways to get our work done quicker and faster and that's where AI also came into the picture. After the pandemic, when we returned to schools, we saw that our schools had also shifted from teaching on boards to teaching on smart boards connected to the internet, being handed over online worksheets instead of hardcopies and being shown learning videos instead of being taught by writing on the chalkboard. This has just changed us in all these years into being more dependent on the digital life than we are supposed to.

If I would have to live without screens in today's world I agree, it would have been really difficult for me. The only mode of connecting with people is through phones, tablets and laptops. If I would not be able to connect with them I would be left behind in getting to know what's going on in the world be it current affairs or any new trends. Other than that as I said the digital world plays a very vital role in the functioning of school too. I would have not been able to keep up with the projects assigned online or any kind of online competition forms to be filled up. Also, candidly, peer pressure regarding social media is another level. The pressure to increase followers, get as many as likes as possible, being at par with all the recent trends and fashion is so much on minds of teens these days that they spend more than 50% of the day thinking around this.

I think it haunted me too in the beginning with school friends reluctant to make me part of their groups as I was not active on social media, however, gradually I realized that it is a waste of time.

I believe I could battle some of these challenges by meeting like-minded people who are not so indulged in social media, posting vlogs or creating reels... and do not have their lives revolving around it 24/7. To manage my school work I connected with my teachers and spoke to them about me not using screen too much and asking them for a solution. They helped me regarding completion of assignments and advising me on several important events in advance. To get used to it was not so easy but yes nothing is impossible if you have the right mindset. So to sum it up I would say for kids my age it is really not easy to be able to live without digital screens around us. Yes, it can have a negative impact if not used mindfully, having said that the world is changing at a fast pace so to keep up with it we do need screens to understand the world better and grow along. At the same time, we need to be cautious about what, when, and how for our mental well-being.

# Cyber Bullying and Cyber Safety: Through My Eyes



## Sai Isha, 15-year-old, Grade 10 student

In today's fast-paced digital world, the internet is an essential part of our lives. From social media to online classrooms, we are always connected. But with this rise in digital interaction comes a dark side—cyberbullying. It is the act of bullying online through platforms like social media, messaging apps, and gaming forums. This includes sending or sharing harmful, negative, or false content about someone to hurt or embarrass them. Unlike traditional bullying, cyberbullying can happen 24/7, and its effects can be long-lasting.

### **But why do some people feel the need to hurt others behind a screen?**

This is where cyber safety becomes important. Cyber safety means protecting ourselves online by using strong passwords, thinking before sharing personal information, avoiding suspicious links, and reporting inappropriate behaviour. It is not just about using the internet carefully—it is about being respectful, smart, and cautious online.

For today's adolescents, facing cyberbullying is, unfortunately, common. Some ignore it, others suffer silently, and a few seek help. But many do not know how to protect themselves or where to go for support.

I remember an incident involving my close friend, Riya. These days, having an Instagram account is seen as trendy. Riya was an agile dancer, the best in our class, and quite popular. A group of jealous students created a fake Instagram account in her name and began trolling her dance videos. At first, we thought it was a silly prank, but the bullying worsened. Hateful comments and cruel messages flooded in. Riya was emotionally stressed. She stopped going to dance class and went off social media. She did not talk to anyone for days. When I visited her, she looked unwell. Her mother said she was not eating and refused to speak. My friends and I tried to cheer her up and gave her the courage to act. With her parents' support, Riya stood up to the bullies and returned to dancing.

Another example is my neighbour Samiksha, a young writer who shares poems and stories online. Her content was creative and fun, but she received rude comments and cruel messages that mocked her work. This deeply hurt her, and she was emotionally down for weeks.

These incidents made me realize how dangerous careless online behaviour can be. They showed me the importance of standing by someone being bullied and speaking up when something is wrong. Cyberbullying does not just affect the victim—it assesses how others respond too.

Cyberbullies themselves might be struggling with emotional issues, low self-esteem, or social challenges. Some may even be past victims of bullying. Understanding this does not excuse their actions but can help address the root cause better.

Today, many teens face similar challenges. Some stay silent out of fear or shame, while others do not know whom to talk to. This is why we must spread awareness about cyber safety and teach one another how to stay protected. Schools should conduct sessions on digital behaviour, and students should feel safe reporting harmful activity.

As the saying goes, "Words can wound more deeply than any sword." And truly, "Cyberbullying is bullying. Hiding behind a screen does not make it less real." Through my eyes, it is time we all choose empathy over cruelty—both online and offline.

# The Body Nirvana: More Than Just a Weight Loss Book



## Garima Gupta

Psychologist and International Happiness Coach. She started the Happiness Institute - an academy for research and education in human happiness that runs wellbeing programs for corporates, colleges and schools. She Chairs the All Ladies League Pune Parenting Chapter.

She is also an award-winning author of several books including *The Body Nirvana*, *I'm Going To Be A Big Brother*, *First Teach Your Kid To (Succeed) Fail* and *Birth of Sibling*. She is a parenting expert on Momspresso & First Cry - India's largest parenting portals. Her articles have been translated into various regional languages.

Garima returned to India after learning about wellness and rehabilitation in the US. She established her counselling practice in India and has been helping clients for the past 17 years.

She was recognised as a Corona Warrior by Pune Municipal Corporation for her counselling work. She volunteered with the Indian Army to offer counselling to wives of jawans and officers. She runs parenting and wellbeing seminars for corporates.

Garima writes on mind body wellness and mindful parenting in various Indian and international platforms like Daily-O, Women's Web, GQ, Wellness Universe, Having Time etc. Her repertoire includes several holistic health techniques like Mindfulness, EFT or Tapping Technique, Presence Oriented Psychotherapy, Shadow-to-Gold transformation etc.

Garima is a trained Kathak dancer, Tango dancer, and classical singer. Garima won the 2019 International Book Award in Health, 2018 Orange Flower Award Finalist by Women's Web, 2018 Readers' Favourite 5 Star among others.

The other day, a mother told her 8 year old daughter, "You have grown fat. You cannot take the lift with your friends anymore. You must climb the stairs to the 10th floor." Even with all good intentions, this parent had now created a psychological disturbance in an impressionable child. The ideas that I am not okay, my body is not okay, and I can't do what my friends can, had been planted. Low self esteem, sadness, emotional eating and further weight gain will soon follow.

Over the years, many such misguided conversations led me to write the health psychology and happiness book *The Body Nirvana: More Than Just A Weight-loss Book* (2017, Harper Collins). The core idea was simple, our body does not work independent of our emotions. Rather, our mind and body are parts of a single, closely connected matrix. From that we can see that the global epidemic of obesity is also a mind-body problem.

While advice on healthy diet and activity is necessary it is not sufficient to bring a person back to a healthy body weight. I am sure doctors have seen it repeatedly in their clinical practice and personal life. Studies have shown that dieters regain lost weight most of the time. Also, the body compensates for energy lost in exercise by reducing energy expenditure elsewhere and increasing appetite. Overall, calorie math is an oversimplification.

Our mind, including our dreams, frustrations, anger, shame and sadness is the missing piece of the weight-loss puzzle. This is the first trapdoor to losing weight. The mind does not let many people even start the health journey. So, we need to set up the mind for healthier choices first, even before the person takes a gym membership.

The Body Nirvana is about this missing piece of the weight puzzle- our emotions. It has eleven chapters. Here's a peek into each:

First one shares health psychology insights in the way of myths and facts. Quote: Digestion is influenced by emotions.

The second lays bare the mind games that may be blocking our health journey. Quote: Eating mouth-watering treats is not a crime and losing weight is not a punishment.

The third chapter covers conscious visualisation as if you can't see it, you can't be it. For many people on a weight loss journey they can't imagine weighing less. This triggers self sabotage behaviours. Quote: Our body does not work like a machine. What we expect affects how our body functions.

Chapter four covers intentional goal setting using the power of language. Quote: Replace the word 'dieting' with more natural phrases like 'I'm taking care of myself'. All diet plans end but a healthy lifestyle lasts a lifetime.

Chapter five focuses on self love and handling life's pressures better. Quote: Less focus on the weighing scale means less pressure; less pressure means less stress; less stress means more health.

Chapter six is rooted in design psychology and helps the reader design their space so it supports rather than hinders their health and life goals. Quote: Basically, arrange your life for maximum movement, not maximum efficiency.

Chapter seven applies mindfulness practices to eating so that we maximise satiety and pleasure, thereby reducing cravings and overeating. Readers uncover the 4S strategy to eating mindfully. Quote: Undeniably, we eat with our eyes. Using a large plate makes it easy to pile it up with more than what we really need.

Chapter eight talks about how we relate to food and how to stop fighting an inner battle with food. Quote: You may realise now that you are not at peace with food. It either gives rise to panic, guilt or anger (because it seduces).

Chapter nine is about forgiveness because nothing keeps us chronically stressed more than resentment. It shares multiple strategies for letting go of past hurts. Quote: To forgive is allow our body to recover from toxic stress reaction

Chapter eleven covers sleep as medicine. The reader is encouraged to create a sleep routine for deep, healing nightly sleep. Quotes: If you can pinpoint what is bothering you and you can do something about it in the moment, do it.



# THE BODY NIRVANA

more than just  
a weight loss book

Garima



**Takeaway for Professionals:** The Body Nirvana offers a fresh lens to rethink their approach to weight and well-being. Despite decades of research, global obesity rates continue to rise—largely because conventional care often overlooks the critical role of the mind.

Instead of focusing solely on restrictive diet plans or short-term outcomes, guide your patients toward sustainable, self-compassionate habits. Encourage them to make manageable lifestyle shifts—like adding whole fruits, lean proteins, or more movement into their day—not punishing restrictions.

Equally, highlight the importance of creating a home environment filled with rest, joy, and emotional ease. Most importantly, be mindful of your language.

A seemingly simple remark like “You need to lose weight” can add to an already overwhelmed mental load. In the words of Priya, a physiotherapist quoted in the book, “With my experience now, I say forget the weight, just workout and have fun!”

**A final word:** *The Body Nirvana helps us understand that lasting health isn't about dieting—it's about befriending your body, managing stress, and building habits that feel good. For those working with teens, focus on self-worth and fun, not just weight. Make wellness joyful, not judgmental.*

# Adolescent Health Academy

## ACTIVITY REPORT APRIL-JUNE-2025

Adolescent Health Academy “Best Buy” for the silver jubilee year is its community connect & youth involvement.

Exam time and school vacation time did not deter our team from reaching out to adolescents, parents, the community & other stakeholders. Positive media use, continued through Meta, Instagram, Zoom, and X. Many new informative role-plays have been put up by our enthusiastic working teams on YouTube, and will remain there and provide guidance to innumerable young people and their parents.

It is important that the youngsters get the right information when they access the media, and AHA aims to provide them with that.

Our website also provides access to adolescents and parents, and a lot of the latest information has been put up for them, to get the guidelines directly from the website.

**Almost 150 new activities were also conducted, in the period of April-June, in various other areas. The Activities covered the following areas:**

1. Scientific Workshops, for the professionals
2. Awareness programmes for the youth
3. School College Health programmes,
4. IAP Day celebrations for World Autism Awareness,
5. Health Checkup Camps
6. Wave 18 programs were conducted on awareness of obesity, and overweight,
7. Talks were conducted on Future Readiness, and other important areas.
8. Orphanages were addressed and important information was imparted to the youth residing there.
9. Publications pamphlets for awareness, newspaper articles were written by our esteemed members, to empower the adolescents, and their parents.
10. Poster, Essay, painting competitions were held,
11. Debates were organised on important topics in colleges, to generate insight.
12. Water Service Campaigns were held with the participation of our Yuva, in humanitarian work.

**Our Members spread the message on the following topics during this period:**

1. Adolescent Health Awareness programs & talks
2. Autism awareness programs.
3. Healthy Lifestyle awareness
4. Anaemia, its prevention & Management
5. Reproductive Health & Sexuality Education
6. Vaccination in adolescents, and awareness about Cervical health and prevention of disease.
7. Awareness of Cervical Cancer
8. Adolescent Nutrition and junk foods were discussed in various cities of the country.
9. Puberty and Menstrual Hygiene
10. Functional Disorders in Adolescents
11. Self-Defence workshops were held.
12. Adolescent Dermatology

13. Positive Parenting in today's digital world
14. Study skills
15. Medicolegal aspects and POCSO
16. Career guidance, and prevention of Child marriage.
17. CPR for mass awareness
18. Gender challenges
19. Dealing with Examination stress
20. Adolescents and Screens
21. Role of fear/ Respect/ Discipline/ Punishments/ Consequences etc in parenting.
22. Paediatricians were given training sessions on Adolescent Friendly Office Practice.
23. Pre-Conceptional care
24. Road safety programs were organised all over the country in a mission-mode
25. Parents were given guidelines on " Parenteening."
26. Issues for the caretakers of Adolescents in Foster homes and Orphanages were taken up.
27. A Module was released on Adolescents with special needs.
28. Social media programs were made on Parties in adolescents
29. Scientific workshops were held on Navigating Challenging Child Behaviour.
30. A Scientific publication was presented on 'Teens and gangs'
31. Webinars were conducted on 'Adolescent Eating Disorders'
32. Webinars were conducted on dental issues of adolescents, to update the paediatricians.
33. Talks were held on Cyber Bullying and Substance Abuse.
34. Workshops were held to train Paediatricians on How to M- Power the youth, our theme of this year.
35. Talks and awareness programs were held all over the country on Down's Syndrome Day.
36. Effects of Digital Exploration on Child Development
37. Yuva Metabolic wellness and Noncommunicable diseases, are the issue of the hour, and was discussed at various platforms all over.
38. Thalassaemia Education was imparted on the World Thalassaemia Day, by our esteemed and active members,
39. Scientific workshops were held, on Anticipatory guidance, Suicide prevention, and adolescent health awareness.
40. Psychosomatic symptoms were discussed through posters, essays, and drawing competitions.
41. ADHD in child and teens was discussed.

Up till now, 305 different activities have been reported by our members and numerous adolescent health issues covered by them.

We convey our heartfelt thanks to all these organisations for extending their support in adolescent care at all times.

An estimate that more than 50,000 people must have benefited from these programs through direct and indirect connections via media.

We applaud our members, appreciate their energy, selfless efforts, and inspire them to continue their untiring hard work, for improving the physical and mental health and wellbeing of the future generation of our country.

**KEEP IT UP!!**

# AHA Activities a Glimpse

## Sickle Cell Anemia Awareness Session



Dr Alpna Shukla with IAP, Red Cross Chhindwara conducted Sickle cell anemia awareness session in MLB Girls School, Chhindwara. Students were told about Sickle cell anemia, Importance of Nutrition, avoidance of juncs, reading labels and importance, POCSO act, Menstrual Hygiene and Health.



## Free Medical Checkup Camp

Organised by Raigad IAP & AHA Raigad with Bharat Vikas Parishad, Panvel and Shri Satya Sai Seva Samiti, Panvel on 18th June 2025 from 9 AM till 1 PM

**At Sri Sai Narayan Baba Mandir, Panvel**

For all age group people from the nearby slum areas of the Ashram 🏠👨👩👧👦

👩⚕️👨⚕️ Pediatricians & Adolescent experts Dr Sunita Ingle (President, AHA Raigad)

Dr Neha Singh

(Secretary, AHA Raigad; Editor & Jt. Secretary IAP Raigad)

Dr Swati Likhite

(VP, AHA Raigad) examined around \*88\* children

🚑 Ambulance with Free medicines and Supplements like Vit D, Iron, Zinc, Multivitamins also antibiotics, antifungal, deworming, antipyretics, ear drops, eyes drops were provided .



## Celebrating Empowerment Through Engagement



On 1st June, IAP Navi Mumbai and AHA Navi Mumbai conducted a one of its kind workshop :

Teen Upgrade: A Power-Packed Workshop on discipline, Focus, life skills and Self-Discovery for 60 enthusiastic teenagers. This dynamic and immersive workshop was designed and executed by AHA Navi Mumbai Chair person Dr Kalyani Patra, AHA Navi Mumbai Secretary Dr Amog Shahane, with support from IAP Navi Mumbai President Dr Mangai Sinha.

Led by Teen Ambassadors Viraj Patra, Nivedita Sinha, Saanvi Shahane and Rounak Gavhane the program combined storytelling, peer-based learning, hands-on challenges, and team-building exercises that spoke directly to the real-life struggles, aspirations, and distractions faced by today's adolescents.



### Poster Competition & Debate

Gwalior Adolescent Health Academy, under the aegis of IAP AHA Mpower Yuva – Wave 18, successfully organized a 🎨 Poster Competition and Debate on the thought-provoking topic:

**"Social Media: Boon and Bane"**

📅 Held on: 18th June, as part of this month's theme — Digital Wellness.



Despite it being a holiday, the adolescents from Kiddy's Corner Group of Public Schools, Gwalior, participated with great enthusiasm and energy.

This impactful event was made possible by the dedicated efforts of our team, led by Dr. Pratibha Dhir, Dr. Rashmi Gupta, and Dr. P.V. Arya, whose collective vision and coordination ensured its grand success.

## Navi Mumbai on Obesity Awareness



With the growing incidence of Childhood Obesity & India becoming the Diabetes hub of the world, it's alarming to see the trend picking up both in urban & rural India due to faulty nutritional habits.

Navi Mumbai IAP Joint Secretary & Secretary Navi Mumbai AHA, Dr Amog Shahane had the opportunity to take a session on the same for more than 100 students of 6th to 12th stds at Greenfingers Global

School, Kharghar teaching them all about 'Sugar Mania', including food sources of high sugars, the harmful effects of excess sugar consumption & reading food labels of packet foods which was carried out in a fun & interactive way.

The session ended with the kids taking a pledge to become better snackers & avoiding sugars to lead healthy & happy lives . The session was extremely appreciated by the Principal, teachers & students.

## Screening for Sickle Cell Anemia, TB, NAFLD



Dr Alpana Shukla with IMA,IAP with Red Cross conducted a screening camp in MLB Higher Secondary School. Screening for Sickle Cell Anemia, TB, NAFLD was done for students, and teachers.





**IAP-AHA YOUTH FORUM PRESENTS**

**MPower YUVA Program Series**

**WAVE FOR PRECONCEPTION CARE & ADOLESCENT VACCINATION**

**ON 18TH APRIL 2025 4 PM**

Meeting ID: 841 8207 7735  
Passcode: 960027

<https://www.youtube.com/live/0Uj-mv4Aaok?feature=share>

- Youth Led Panel Discussions
- Preconception Care
- Adolescent Vaccination
- Along with:
  - Launch of Qlip 2
  - Awareness Kit
  - Declaration of winners of Qlip 2

DR. VIKASANT BHALLAKAR PRESIDENT 2024, NATIONAL IAP	DR. NEELAM MOHAN PRESIDENT ELECT 2025, NATIONAL IAP	DR. G V BASAVRAJ PRESIDENT 2024, NATIONAL IAP	DR. YOGESH PARIKH HON. SECRETARY GEN., NATIONAL IAP	DR. ATANU BHADRA TREASURER, NATIONAL IAP
DR. HIMANSHU SINGH CHAIRPERSON 2024, CENTRAL IAP	DR. GEETA PATIL CHAIRPERSON ELECT 2025, CENTRAL IAP	DR. SUSHMA DESAI CHAIRPERSON ELECT 2025, CENTRAL IAP	DR. PRIYADRSHI ARYA HON. SECRETARY, CENTRAL IAP	DR. SHAMIK GHOSH JOINT SECRETARY, CENTRAL IAP
DR. SHEENA GADKAR TREASURER, CENTRAL IAP	DR. SRIGALAM PROGRAM INCHARGE	DR. SAMIR SHAH PROGRAM INCHARGE	DR. SANGETTA LOOHA CO-ORDINATOR	DR. SHIBHU K. CO-ORDINATOR
COMMITTEE MEMBERS				
DR. ANIL PABAR	DR. ANOOP SHAWNE	DR. ANITA BONGALA	DR. NEHA SINGH	DR. RIKHA PARAGAR
DR. SHREY SIDDHANT	DR. SHREYASHA RIV	DR. SUNITA MANOHARA		



**April**  
**PRECONCEPTION CARE INCLUDING VACCINATION**

**IAP-AHA YOUTH FORUM PRESENTS**

**MPower YUVA Program Series**

**WAVE 18: NAVIGATING PARENTING THROUGH TEEN LENS..**

**ON 18TH MAY 2025 SUNDAY, 3 PM**

Meeting ID: 847 6824 2330  
Passcode: 059023

<https://www.youtube.com/live/0Uj-mv4Aaok?feature=share>

**A PANEL DISCUSSION WITH ADOLESCENTS, PARENTS & EXPERTS**

DR. VIKASANT BHALLAKAR PRESIDENT 2024, NATIONAL IAP	DR. NEELAM MOHAN PRESIDENT ELECT 2025, NATIONAL IAP	DR. G V BASAVRAJ PRESIDENT 2024, NATIONAL IAP	DR. YOGESH PARIKH HON. SECRETARY GEN., NATIONAL IAP	DR. ATANU BHADRA TREASURER, NATIONAL IAP
DR. HIMANSHU SINGH CHAIRPERSON 2024, CENTRAL IAP	DR. GEETA PATIL CHAIRPERSON ELECT 2025, CENTRAL IAP	DR. SUSHMA DESAI CHAIRPERSON ELECT 2025, CENTRAL IAP	DR. PRIYADRSHI ARYA HON. SECRETARY, CENTRAL IAP	DR. SHAMIK GHOSH JOINT SECRETARY, CENTRAL IAP
DR. SHEENA GADKAR TREASURER, CENTRAL IAP	DR. SRIGALAM PROGRAM INCHARGE	DR. SAMIR SHAH PROGRAM INCHARGE	DR. SANGETTA LOOHA CO-ORDINATOR	DR. SHIBHU K. CO-ORDINATOR
COMMITTEE MEMBERS				
DR. ANIL PABAR	DR. ANOOP SHAWNE	DR. ANITA BONGALA	DR. NEHA SINGH	DR. RIKHA PARAGAR
DR. SHREY SIDDHANT	DR. SHREYASHA RIV	DR. SUNITA MANOHARA		

**May**  
**NAVIGATING PARENTING THROUGH TEEN LENS**

**IAP-AHA YOUTH FORUM PRESENTS**

**MPower YUVA Program Series**

**WAVE FOR DIGITAL DETOX**

**ON 18TH JUNE 2025 WEDNESDAY, 3.30 PM**

Meeting ID: 842 4284 8450  
Passcode: 049203

<https://www.youtube.com/live/0Uj-mv4Aaok?feature=share>

**A PANEL DISCUSSION WITH ADOLESCENTS, PARENTS & EXPERTS**

DR. VIKASANT BHALLAKAR PRESIDENT 2024, NATIONAL IAP	DR. NEELAM MOHAN PRESIDENT ELECT 2025, NATIONAL IAP	DR. G V BASAVRAJ PRESIDENT 2024, NATIONAL IAP	DR. YOGESH PARIKH HON. SECRETARY GEN., NATIONAL IAP	DR. ATANU BHADRA TREASURER, NATIONAL IAP
DR. HIMANSHU SINGH CHAIRPERSON 2024, CENTRAL IAP	DR. GEETA PATIL CHAIRPERSON ELECT 2025, CENTRAL IAP	DR. SUSHMA DESAI CHAIRPERSON ELECT 2025, CENTRAL IAP	DR. PRIYADRSHI ARYA HON. SECRETARY, CENTRAL IAP	DR. SHAMIK GHOSH JOINT SECRETARY, CENTRAL IAP
DR. SHEENA GADKAR TREASURER, CENTRAL IAP	DR. SRIGALAM PROGRAM INCHARGE	DR. SAMIR SHAH PROGRAM INCHARGE	DR. SANGETTA LOOHA CO-ORDINATOR	DR. SHIBHU K. CO-ORDINATOR
COMMITTEE MEMBERS				
DR. ANIL PABAR	DR. ANOOP SHAWNE	DR. ANITA BONGALA	DR. NEHA SINGH	DR. RIKHA PARAGAR
DR. SHREY SIDDHANT	DR. SHREYASHA RIV	DR. SUNITA MANOHARA		

**June**  
**WAVE FOR DIGITAL DETOX**

**Theme for July**  
**ADOLESCENT SEXUALITY IS RAW CLAY – MOULD IT WITH BEAUTIFUL IDOLS**  
Core Team working behind the scenes



**I take CARE of you  
from day one to 18 years.**

**I am your PAEDIATRICIAN**





Organised by  
Gujarat Adolescent Health Academy  
In Association With  
AOP Ahmedabad & AOP Gujarat



# ADOLESCON

2025

19<sup>th</sup>, 20<sup>th</sup> & 21<sup>st</sup> September 2025

Crowne Plaza Ahmedabad City Centre  
SG Highway, Ahmedabad



SCAN  
QR TO  
REGISTER



THEME

**MPOWER  
YUVA**

Accelerate Action  
For Health of  
Adolescents

AAHA



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