Vol. 9 / Issue 1
JAN - MAR 2024

Adolescen today

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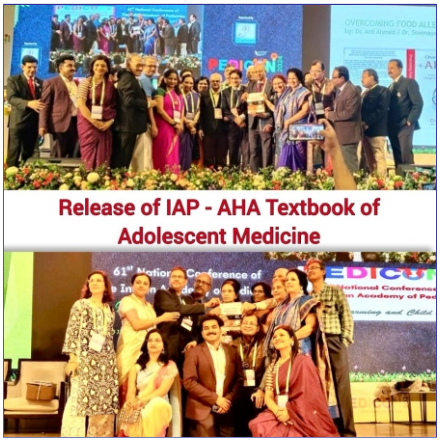
ADOLESCENT HEALTH ACADEMY
A Subspeciality Chapter of Indian Academy of Pediatrics
Society Registration No. 02/42/01/14649/11

AHA @ Pedicon

Adolescent Health Academy stalwarts participated in sessions at the Kochi National Pedicon 2024 in January . Topics were stimulating and speakers scintillated . Here are some images for you .



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Message From Chairperson

Warm greetings from AHA Team 2024

We are delighted to inform you that IAP - Adolescent Health Academy was well represented in PEDICON, 2024 in Kochi on various platforms.

AHA Workshop, Adolescent CME, Symposia during PEDICON were very well attended and appreciated.

Now we publish our first official E- bulletin of the year "AdolescenToday."

Theme of this bulletin is "Behavioral issues during Adolescence". Developmental and Behavioral Pediatrics is a specialized branch of Pediatrics, with many of us unaware of the science.

Steady decline in infectious diseases, increased survival of high-risk neonates shrunken families, rising affluence and overall increase in life aspirations, has resulted in parental search and seeking to help manage neuro developmental and behavioral problems.

Behavior is the response of the individual to his/her environment and closely linkedto his/her temperament.

The information shared in this bulletin will be useful for dealing with various behavioral problems in day-to-day practice. Post graduate students will find common topics useful in their study and mental health professionals will see that adolescent psyche is unique.

Team AHA2024, thanks all the contributors Dr Sameer Dalwai, Dr Joydeep Choudhari, Dr Suchit Tamboli, Dr Sushma Desai, Dr Poonam Bhatia, Dr Prashanth Kariya, and the prime spot featured, young Anjali Ambarish. Dr Gowri Somayaji has spent a lot of time and effort collating the images of the activities sent by you all. Please continue to work hard for the adolescent in your clinics and community and keep posting to us.

Pediatricians can play a major role in reassuring parents that their teenagers do not have behavior problems which need further evaluation or treatment, while picking up, early, those that need help.

Dr Geeta Patil

AHA Chairperson, 2024

Editorial

Welcome to the first issue of the **ADOLESCENTODAY 2024!**

The new team with Dr Geeta Patil in the chair promises to make each of the 40,000 paediatricians in the country 'adolescent -friendly'. 'Beyond Basics' along with research and knowledge dissemination is the target for all those already in adolescent health practice.

We bring you Adolescent behaviour in this issue The five leading characteristics of adolescence are biological growth and development, an undefined status, increased decision making, increased pressures, and the search for self. Is it nature or nurture that features in shaping behaviour?

"Nature versus nurture" a famous phrase, was first used by the scientist Francis Galton In 1874, who published the book 'English Men of Science: Their Nature and Nurture', arguing that inherited factors were responsible for intelligence and other characteristics. The debate of nature vs nurture surfaces from time to time and we revisit it here.

'The way people turn out has a lot to do with how their cognitive abilities develop. And the cognitive development process depends on a whole lot of schemas, heuristics, developed by experiences collected all through the years which include observational learning, social and cultural teachings, moral awareness, conditioning via important events in life and a plethora of other external influences. All this forms a part of "nurture".[Brian White]'

These days, things are much more complicated, thanks to greater understanding about the epigenome, the microbiome, and other "omics" that we are coming to grips with. Nurture doesn't just affect an organism during its lifetime, it also can directly affect the expression of genes in offspring through factors such as DNA methylation, histones, and other mechanisms we're just starting to understand. Nature and nurture do a delicate dance together. Now that we have genome wide association studies, researchers have identified large numbers of single nucleotide polymorphisms that are associated with physical and behavioural traits. [Prof Dyphers, Harvard]

And the Microbiome! The microbiome contributes 2–20 million genes to the merely 20,000 genes of the genome The gut microbiome has a measurable impact on the brain, influencing stress, anxiety, depressive symptoms and social behaviour. This microbiome–gut–brain axis may be mediated by various mechanisms including neural, immune and endocrine signalling. Could gut microbiota influence the brain and mental health in several ways, such as the vagus nerve, microbial regulation of neuro-immune signaling, microbiota-mediated tryptophan metabolism, microbial control of neuroendocrine function, and microbial production of neuroactive compounds? That's for another time! 'It's not just genomics, but also the use of proteomics, transcriptomics, metabolomics, epigenomics, lipidomics and also microbiomics which will finally help us resolve our diagnostic dilemmas in the near future. [IAMG2024]'

Robert Plomin - Blueprint : How DNA Makes Us Who We Are, as also Stephen Pinker's The Blank Slate are two books that come highly recommended, and many books on gut health exist.

We have many interesting articles from well-knownspecialists. An adolescent speaks from her heart, a case study demystifies management, and a poet shares his creation.

Activities galore from all over the country have been reported, we hope to be able to show case as many as possible. As we warmly welcome the new team AHA, wewant ideas to improve our AT! Do reach out to us !

Jai AHA! Jai IAP! Jai Hind!

Regards from the **Editorial Team!**

Dr Shubha Badami
Dr Gowri Somayaji
Dr Deepa Passi
Dr Poonam Bhatia
Dr Abhijit Bharadwaj
Dr Joshi Anand Kerketta

POSITIVE PARENTING : PROTECTIVE ARMOUR FOR BEHAVIORAL PROBLEMS

Dr. Suchit Tamboli
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CHIRANJIV CLINIC, AHMEDNAGAR

Positive parenting can serve as a protective armour against behavioural problems in children. Research has shown that various positive parenting strategies and programs can have a significant impact on children's behaviour. One study investigated the effectiveness of the Positive Parenting Program (Triple-P) in reducing parental stress and behavioural problems in children. Research has demonstrated that positive parenting can act as a protective factor against the development of anger, aggression and other behavioural problems in children.

These findings highlight the significant role of positive parenting in preventing and addressing behavioural problems in children. By implementing positive parenting strategies and programs, parents can effectively contribute to their children's emotional and behavioural well-being, ultimately providing them with the necessary protective armour against a range of behavioural challenges.

Some examples of positive parenting strategies include :

1. Triple P (Positive Parenting Program) : This is a flexible program with multiple stages and has been found to be effective in reducing parental stress and behavioural problems in children of different age groups, behavioural issues and ethnicities. www.triplep.net
2. Parent-Child Interaction Therapy (PCIT) : Internet-delivered PCIT has been shown to increase positive parenting behaviours, such as the use of praise, reflections, imitations, descriptions, and enjoyment/enthusiasm, which can help maintain children's good behaviour over time. www.pcit.org
3. Emotional and Behavioural Competence : Encouraging and nurturing children's emotional and behavioural competence, including their beliefs in the future, spirituality, and social competence, has been associated with a reduced risk of social networking addiction and other behavioural problems.
4. Warm Parenting and Positive Affect : Parents' beliefs in warm parenting and their observed positive affect while interacting with their children have been identified as protective factors against the development of anger, aggression, and behavioural problems in children.

These examples demonstrate the diverse range of positive parenting strategies that can contribute to the well-being and positive development of children.

Positive parenting strategies can be implemented in teenagers through various approaches that take into account their unique developmental needs and challenges. One effective method is the use of evidence-based programs such as the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline **(VIPP-SD),** which is based on insights from attachment theory and social-learning theory. This program has been demonstrated to be effective in several populations, with significant effects on sensitive parenting and positive child outcomes.

Research from Hong Kong has shown that specific positive youth development attributes

and positive parenting behaviour can serve as important protective factors against the development of social networking addiction among adolescents. This suggests that fostering positive parenting behaviours and promoting adolescents' positive development can contribute to reducing the risk of various behavioural challenges, including addictive behaviours.

Challenges : Implementing positive parenting strategies with teenagers can be challenging due to various factors. One is the need to **balance autonomy and independence with parental guidance and support.** Teenagers are at a stage where they are seeking more independence and control over their lives, which can sometimes conflict with parental expectations and rules. This can lead to conflicts and resistance to parental authority, making it challenging to implement positive parenting strategies effectively.

Another challenge is the need to adapt parenting strategies to the **changing needs and developmental stages of teenagers.** For example, strategies that work well with younger children may not be as effective with teenagers, and parents need to find new ways to communicate and connect with their teenagers.

Additionally, the use of **technology and social media** can pose its own challenges. Research has shown that excessive screen time and social media use can be associated with negative parenting strategies and behavioural problems in children and teenagers. Therefore, parents need to be aware of the potential risks associated with technology use and implement positive parenting strategies that promote healthy digital habits and behaviours.

Misconceptions : There are some common misconceptions about positive parenting strategies for teenagers. One misconception is that positive parenting means **being permissive** and allowing teenagers to do whatever they want. However, positive parenting is not about being permissive, but rather about setting clear boundaries and expectations while also providing support and guidance.

Another misconception is that positive parenting strategies are **only effective for younger children** and are not relevant for teenagers. However, research has shown that positive parenting strategies can be effective for teenagers as well, and that they can contribute to their well-being and positive development.

Additionally, some people may believe that positive parenting strategies are **too time-consuming or require too much effort.** However, positive parenting strategies can be integrated into daily routines and can be adapted to fit the unique needs and challenges of each family.

Positive parenting involves supportive and warm interactions, proactive teaching, inductive discipline, and positive involvement, which have been linked to improved child behaviour and reduced behavioural problems. Additionally, positive parenting has been found to help children do better in school, have fewer behavioural problems, and stronger mental health. By promoting secure attachments, quality relationships, and using specific strategies to encourage positive behaviours, positive parenting can significantly contribute to the healthy behavioural and emotional development of children, serving as a protective factor against the development of behavioural problems.

Besides positive parenting, there are other effective ways to prevent behavioural problems in children. Some of these strategies include :

1. **General parenting strategies :** Providing clear, consistent, and safe responses to unacceptable behaviours, ignoring low-level provocative behaviours, and using techniques to increase appropriate behaviour or decrease inappropriate behaviour.
2. **Observe behavioural problems and causes :** Caregivers should be well-versed in the tried-and-true approaches proven to remedy behavioural problems, and these should comprise the first line of defence against behavioural problems because they are truly the agents of change.
3. **The Power of Positive Parenting :** Research shows that positive parenting helps children do better in school, have fewer behavioural problems, and stronger mental health. Positive parenting techniques include using the PRIDE skills, which are five positive parenting techniques that can easily be used in everyday life.
4. **Behavioural modification programs :** Behaviour modification programs can be applied to children in the natural environment of home by parents.
5. **Consistent consequences :** Using consistent consequences for negative behaviours and providing positive attention for positive behaviours can help prevent behavioural problems in children.

Shared Decision-making : Parents can involve their child in decision-making to prevent behavioural problems by allowing them to make choices within appropriate limits. This can be done by asking for their input and discussing options when decisions affect them, such as what to wear or which books to read. Additionally, **parents can model their decision-making process** aloud, provide verbal guidance, and maintain a positive affect while keeping the child involved in the decision-making process. The American Academy of Paediatrics emphasizes the importance of shared decision-making for routine decisions and well in advance of any major medical decisions, as it prepares the child for adulthood and fosters a sense of responsibility. By involving children in decision-making, parents can help them develop important skills, gain a sense of autonomy, and reduce the likelihood of behavioural problems.

Some examples of decisions that parents can involve their child in to prevent behavioural problems include :

1. **Daily routines :** Allowing the child to have a say in their daily routines, such as bedtime, mealtime, and playtime schedules.
2. **Clothing choices :** Giving the child options and allowing them to choose their outfits for the day, within appropriate guidelines.
3. **Activity selection :** Allowing the child to choose activities or outings within reasonable options, such as selecting a game to play or a place to visit.
4. **Homework and study habits :** Involving the child in decisions about their study environment, study schedule, and methods for completing homework.
5. **Household responsibilities :** Allowing the child to have a say in the allocation of age-

appropriate chores and responsibilities within the household.

By involving children in these types of decisions, parents can help them develop important skills, gain a sense of autonomy, and reduce the likelihood of behavioural problems.

Effective ways to address behavioural problems in adolescents include :

1. **Open communication and empathy :** Foster open communication with adolescents, listen to their concerns, and show empathy to understand the underlying issues contributing to their behaviour.
2. **Building trust and respect :** Establishing trust, showing respect, and offering help can aid in managing teenage behaviour effectively.
3. **Setting boundaries and rules :** Clearly communicate and enforce boundaries and rules, while involving adolescents in the decision-making process to help them understand the reasons behind the rules.
4. **Early intervention and support :** Early intervention can prevent negative teenage behaviours from developing into more serious issues. Providing support, guidance, and positive relationships during adolescence is crucial for addressing and preventing behavioural problems.
5. **Professional intervention :** In cases of persistent behavioural problems, seeking professional intervention and treatment strategies, such as cognitive therapy, behavioural training, and medication management, may be necessary.

Effective ways to reinforce positive behaviour in adolescents include :

1. **Selective rewards :** Offering rewards based on the adolescent's interests and hobbies, but not for every good behaviour. This approach reinforces positive behaviour and encourages the adolescent to make responsible choices.
2. **Descriptive praise and encouragement :** Actively noticing and commenting on responsible choices and positive behaviour can motivate adolescents to continue behaving in a similar manner. It's important to praise them privately, as teenagers often prefer this over public praise.
3. **Early and consistent reinforcement :** Providing positive reinforcement, such as praise or rewards, immediately after the positive behaviour occurs. This helps adolescents understand the connection between their actions and the reinforcement.
4. **Recognition of positive behaviour :** Creating a supportive environment that recognizes and encourages positive behaviour, which can be critical in fostering the development of positive behaviour in adolescents.

In summary, positive parenting strategies can be implemented in teenagers through evidence-based programs, the promotion of positive youth development attributes, and the cultivation of positive parenting behaviours. These approaches can play a crucial role in supporting teenagers' well-being and positive development.

SUICIDALITY - BEHAVIOUR CLUES A PEDIATRICIAN NEEDS TO KNOW.

Dr. Samir Dalwai
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The worst discovery as a parent is, that, your child is having suicidal thoughts. But it's not an impossible situation to manage. The pediatrician can play a major role by picking up the tell-tale signs early and in coaching the parent through this crisis. Staying calm, reconnecting and seeking help are the cornerstones to safety.

As a third-year student of a medical college, I once wrote a story for the college magazine. It was a simple though starkparable about a medical student's suicide. The week before the magazine was published, unfortunately, there indeed was another suicide. The unfortunate student's friends were incensed that I had written about their friend. They had to be reassured that the article had been submitted months ago and was not personal. It just demonstrated how similar and typical was the course of situations. The author had merely stated the predictable course of circumstances and events that usually surround these situations.

Though suicides are not always predictable, the sad truth is that there are easily recognisable factors that may enhance their likelihood, and that opens them up to prevention. That such typical situations can be the cause of tremendous tragedy is stupefying.

According to statistics from the Centres for Disease Control, suicide is the second leading cause of death in the 10-34 age range. More than 47,000 people killed themselves in 2017, one suicide every 11 minutes, while 10.6 million adults seriously thought about suicide. The year 2024 has already begun with heart wrenching news about suicides in one of the 'coaching hubs' of India.

ESSENTIAL RED FLAGS TO LOOK OUT FOR

I had a family who was referred to me for the child's undiagnosed headache and stomach pains. Since there was no evidence of any medical illness, the pediatrician wanted me to have a look. When asked in detail, the mother shared that her teenaged son's behaviour had changed in the past couple of months. His sleep and eating habits had become erratic. He had stated avoiding his friends and extra-curricular classes and was withdrawn and isolated recently. We found that he had been depressed after a series of events wherein he had a relocation of residence, a change of schools, lost a grandparent who he was extremely close to, had missed scoring well in some key exams and was subject to bullying in his new school. He had not shared the latter with his parents as he thought they were undergoing stress as well. He had attempted to swallow some sleeping pills but didn't muster the courage to go through it, he said.

Subtle unexplained changes in baseline behaviour can often be a clue to something going drastically wrong in the child's mind; similarly, symptoms unexplained by medical evaluations (psychosomatic) need to be looked at in detail. One or multiple events like death of a dear one, including a pet, change of schools with disruption of peer group, examination induced stress and bullying are all too common but missed. The social isolation and feeling of hopelessness are give-away signs that should alert every parent. Softly spoken statements

like "I don't want to be a burden on you any more", or "No one really cares or misses me" may be far more sinister than they seem, suggesting a preoccupation with death, suicidal thoughts or even ways to die. Giving away of loved possessions, like a prized scrap book or a camera or a favourite jacket may not be altruistic as much as a sign of innocent bequeathing of possessions.

BUILDING AN ARCH

Recognising red flags, respecting high risk factors and beginning intervention are the three most important things that a pediatrician should keep in mind.

A child with a sudden or subtle change in behaviour could be a red flag. If a child suddenly shifts from calm and relatively happy to aggressive, completely withdrawn, or very anxious, it is important to address it. Signs of social isolation and hopelessness, failure to proactively engage with anyone or share affection, giving up without trying, preoccupation with death, prolonged grieving are late stage red flags. Pay especial attention to words or signs of helplessness and hopelessness. Finally, never ignore your gut feeling. Even if the so-called red flags aren't obvious, but you have a bad feeling about it, don't ignore it.

If you recognise that risk factors exist, you should have an even lesser threshold for action. Death or suicide in the family, broken relationships, history of depression, domestic violence, substance abuse, chronic illness, financial burdens, screen addiction and bullying, existing mental health disorders are all high risk factors.

It transpires that **any intervention is better than no intervention.** Any attempt to connect with the child is better than masterly inaction. Any affection is better than no affection. Any ray of hope is better than darkness. Unfortunately, we are socially averse to discuss this topic and the parents' first reaction is either to brush it under the carpet- "No this can never happen" or to panic – "Oh my God, what am I to do?", and that panic stuns us into inaction, till it is too late. Sometimes, especially with today's generation, it is difficult to guess if the red flag is true or a blackmail tactic used by the child. "Doctor, you asked me to restrict screen access and gaming. My child threatens he will jump out the window if I don't allow him right away!" Well, the real answer is - you can never be sure. But you have a clear course of action: begin to deal with it and seek help.

You may ask simple questions in a calm tone like, "Are you feeling depressed or very sad lately?" or "Are you thinking about hurting or killing yourself?" or even "Is anything bothering you?" Now the child at least knows that you understand and care. Conveying empathy in a time of emotional crisis is crucial. Your reaction to the child's response is even more crucial. Regardless of whether your child answers or how he answers these questions, you need to maintain your calm because your reaction is going to mean the most to your child. Take care not to launch into a lecture on blame, behaviour, emotions and actions; a casual arm around the shoulder or a simple hug would be far more effective. Spending time with the child while not seeming judgemental or fussy are extremely important. A sudden overload of attention will perhaps overwhelm the child.

If this is first-aid, you need to remember that it is too serious a matter to be left to that. It is essential to seek an evaluation by a practitioner who specializes in adolescent health. Beware

of numerous services that have sprung up of late that advertise well but may be completely unprofessional. With proper support in place, including medications at time, children can work through the feelings and triggers that result in suicidal thinking and learn effective coping skills to deal with difficult life situations.

Parents as well as paediatricians need to be reminded to stay calm and look after themselves. Remember, on an aircraft, they always ask you to "fasten your own mask before helping others". Remember also, that we have an important role to play but the most vital role is of the child her/himself. Your job is to do the best you can, which includes seeking the best help for the child and the parents- this is Rule Number 1. If you are a cinema buff, as I am, you would love watching Roberto Benigni's "Life is Beautiful" – it would teach you more about parenting than any expert could!

During the Covid lockdown, our team at New Horizons Child Development Centre came up with an acronym 'ARCH' that many parents found useful including in a small study at Sir J J Hospital, Mumbai. ARCH stands for Attempting to Adapt to change, fostering Resilience, enhancing Care and Cooperation between the child and others and, finally, inculcating Humor and Humility. Building an 'Arch' with your child may help you to bridge many stormy waters.

In conclusion, be very careful and connected once red flags emerge. The Pediatrician can be the cornerstone of prevention. Having the patience and perseverance to look beyond the usual medical issues and being involved with the child's concerns, and aware of the family's challenges and coping mechanisms are some of the attributes pediatrician's can easily inculcate. Lastly, reaching out for help to colleagues and other stakeholders can help us manage these issues better. Even if we each save one life in our career, we would have done well.

"It is hopelessness even more than pain that crushes the soul" (William Stryon)

CONDUCT DISORDERS PREDICTIVE OF JUVENILE DELINQUENCY

Jaydeep Choudhury
Professor, Department of Paediatrics
Institute of Child Health, Kolkata

The ability to communicate feelings and decision and oppose others' decision is crucial to the process of development. It is also a step towards establishing autonomy and creating an identity. Defiance to some extent is developmentally normal in children.

The chapter on disruptive, impulse-control and conduct disorders is new in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 2013. According to DSM-5 the symptoms go beyond the description of temperamental children and far beyond temper tantrums. It is characterized by the following:

(a) Severe and recurrent temper outbursts that are out of proportion in intensity or duration to the situation

(b) It occurs on an average three or more times each week for one year or more

© In between the outbursts these children display persistently irritable or angry mood, most of the day and almost every day

(d) This feature is observed by parents, teachers or peers

(e) The above symptoms should be present in at least two settings, at home, school or with peers for 12 or more months

(f) Symptoms must be severe in at least one of these settings

(g) During this period the child must not have gone three or more consecutive months without symptoms

(h) The onset of symptoms must be before age 10 years and diagnosis should not be made for the first time before age 6 years or after 18 years.

Disruptive behaviour is categorized into two distinct constellations of symptoms, oppositional defiant disorder and conduct disorder.

In Oppositional Defiant Disorder (ODD), the child's annoying behavior, temper outbursts and refusal to comply with rules and norms exceed expectations for these behaviors in children of same age. But they do not violate the social norms or the rights of others. Oppositional defiant disorder may be precursor to conduct disorder.

Conduct Disorder (CD)

It characterized by severe repeated acts of aggression that can cause physical self harm and others and violate the rights of others. The enduring set of behaviour evolves over time. The following four categories of behaviour are demonstrated by children with conduct disorder:

(i) Physical aggression or threats of harm to people

(ii) Destruction of property – self or others

(iii) Theft or acts of deceit

(iv) Frequent violation of age-appropriate rules.

Occasional rebellious behavior and rule breaking is common in childhood and adolescence. But in conduct disorder, the behaviors that violate the rights of others are repetitive and out of

proportion. The disorder is more common in boys. It occurs more in children of parents with antisocial behavior, substance and alcohol addiction. It is also affected by socio-economic factors. Conduct disorder is often associated with other psychiatric disorders like learning disorder, ADHD and depression.

Factors :

Parental factors – Authoritarian type of parenting. Harsh, punitive attitude with severe physical and verbal aggression predisposes to children's maladaptive aggressive behavior. Parental negligence, child abuse and neglect, parental psychiatric disorders, alcohol or substance abuse by parents may contribute to the development of conduct disorder in children. Divorce may be a risk factor too. But persistence of hostility and bitter interactions between separated parents may be of significance.

Sociocultural factors – Economically and socially deprived children are at greater risk for development of conduct disorder. Children of unemployed parents and lack of supportive social network may contribute to the development of CD.

Psychologic factors – Children reared in a chaotic, negligent environment, express poor control of anger, frustration and sadness.

Neuro biologic factors – There is decreased noradrenergic functioning. This is also found in ADHD. Some children may have high serotonin level.

Child abuse – Aggressive behavior is often the outcome of exposure to physical or emotional violence or sexual abuse that starts at a young age. Children are also likely to exhibit violence if their care givers are exposed to violence.

Co-morbid factors – ADHD, CNS dysfunction and early extremes of temperament.

Violence in media and entertainment – Regular exposure to violence in movies, video games and other forms of entertainment and relaxation may aggravate violent behavior.

Diagnosis :

A. Repetitive and persistent pattern of behavior where the basic rights of others or major age-appropriate societal norms or rules are violated. The manifestations should meet at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months :

Aggression to people and animals -

1. Often bullies, threatens, or intimidates others
2. Often initiates physical fights
3. Has used a weapon which can cause serious physical harm to others
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
7. Has forced someone into sexual activity

Destruction of property –

8. Has deliberately engaged in fire setting with the intention of causing serious damage
9. Has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft –

10. Has broken into someone else's house, building, or car
11. Often lies to obtain goods or favors or to avoid obligations
12. Has stolen valuable items without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules –

13. Stays out at night despite parental prohibitions, before age 13 years
14. Run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
15. Is often truant from school, beginning before age 13 years

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

Severity :

Mild : Few conduct problems that cause only minor harm to others

Moderate : Number of conduct problems and effect on others, in-between "mild" and "severe"

Severe : Many conduct problems in excess of those required to make the diagnosis, or conduct problems cause considerable harm to others.

The severe form of CD may be predictive of juvenile delinquency. **Juvenile delinquency is a legal term that describes when minors engage in illegal behavior before they have reached the statutory age of 18 years.**

Clinical features :

The symptoms of conduct disorder evolve over time. The age of onset of conduct disorder is usually 10-12 years in boys and 14-16 years in girls.

Aggressive antisocial behavior in children may manifest by cruelty towards peers, bullying and often physical aggression. They may be defiant, hostile, verbally abusive and negativistic towards adults. Repeated lying, stealing, truancy, physical violence and vandalism are present often. Sexual behaviours may manifest early. Use of addictive agents like tobacco, liquor or other abusive agents begins early.

These children and adolescents have poor self esteem. They usually project an image of toughness. Though they often feel guilt or remorse for their behavior, they try to blame others. They lack the skill of socially acceptable communication. They have little regard for feelings for others. They may befriend much older or younger people or have superficial relationship with antisocial people.

Children and adolescents with conduct disorder are most of the time uncooperative and hostile when they are interviewed. Denial and blaming others are common. They become angry if they are questioned repeatedly.

Assessment and evaluation of family members is an important aspect. Marital disharmony is often present. Children with conduct disorder are more likely to have been unwanted or unplanned babies. Parents of children with conduct disorder, especially the father may have antisocial personality or addictions. Close family members of children with conduct disorder may have similar pattern of impulsive and hostile behavior.

Differential diagnosis :

Mood disorders may manifest with similar features. ADHD and learning disorders are often associated with conduct disorder. About one third of all children with ADHD have coexisting oppositional defiant disorder, and up to one fourth have coexisting conduct disorder.

Treatment :

They should be subjected to **multimodal treatment.** Behavioral intervention, social skill training, family education and therapy, and pharmacologic intervention are the modalities. Certain reward system can be instituted where nonaggressive behaviors are rewarded.

Ideally the family environment should provide support. Definite rules and expected consequences should be enforced in a gentle way so as not to provoke aggressive behavior. **Sometimes parental psychiatric evaluation may be required to promote parental understanding and environmental stressors.**

Violence and aggression should be reduced in school also.

Behavioral therapy is a key factor as these children have maladaptive response to daily situations. Responsible children and adolescents should be taught self control and avoidance of the trigger factors of unwanted behaviour.

***Pharmacotherapy* –** Drugs are often needed to treat aggression and it is an adjunctive treatment. Pharmacotherapy should be initiated under psychiatric guidance. The choices of drugs are haloperidol, the atypical antipsychotics risperidone, olanzepine, the serotonin reuptake inhibitors fluoxetine, sertraline and other drugs like lithium, carbamazepine or clonidine may be used depending on various manifestations. Pharmacotherapy should be monitored cautiously as all these drugs have various side effects.

Further Reading

1. Sadock B J, Sadock V A. Kaplan and Sadock's Concise Textbook of Child and Adolescent Psychiatry, 1st edition. Philadelphia: Lippincott Williams & Wilkins, 2009.
2. Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision. American Psychiatric Association.
3. Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Washington DC: American Psychiatric Association, 2013.
4. Choudhury J. Disruptive behaviour. In : Choudhury J, editor. Behavioral Problems in Children and Adolescents, 2nd edition. New Delhi: Jaypee Brothers 2024.

ADOLESCENT BEHAVIORAL PROBLEMS : A CASE DISCUSSION

Dr. Sushma Desai
M.D., D.C.H., P.G.D.-A.P.
Cons. Pediatrician and Adolescent Health Expert, Counsellor
Director : Gopi Children Hospital & "Tarun" Adolescent Health Care Center

Vinay, a 14-year-old boy, 9th std student presented with excessive anger, frequent fights using abusive words with siblings & friends, and misbehavior in the class for the past 6-8 months.

Past history of restlessness & misbehavior in the class, more remarkable after the 2nd standard. History of inability to sit still in class or at home, not able to focus for a longer time on studies as well as games since early childhood.

Vinay visited my clinic accompanied by his mother & elder sister.

He was averagely - groomed, well oriented and coherent, fidgety, looking disturbed, avoiding eye contact.

HEEADSSSS :

Home : Staying with parents & two elder siblings- sister (18y, just entered First year B.Com.) & brother (16y 11th std, commerce).Father- an authoritarian parent, businessman (12th pass) and mother- a permissive parent, housewife (9th pass).

Vinay is close to his elder sister. Shares the bedroom with his brother.

Eating Habits : Choosy about specific food, fond of enjoying street food with a bunch of friends.

Education : Below average in studies, was upgraded every year up to 8th std (school policy), failed in last unit test. He finds Mathematics as a hard subject. He is often punished in the class because of his habit of moving around & inability to sit still.

He mingles mostly with a group of 3boys- all are childhood friends since LKG.

Activities : He is a good Kabaddi player and a runner. Regularly participates in school sports.

He is mostly on mobile phone during after school free hours, usually playing video games & enjoys virtual sports. (Vinay uses his mother's mobile phone).

He often plays video games till late night & has a disturbed sleep. His brother had heard him speaking incoherently during sleep.

Drugs / Addictive substance use : He had tried smoking cigarettes 2-3 times with a group of elder boys in the society. He didn't enjoy though. No addictive substance use in family.

Safety : He occasionally drives his brother's two-wheeler, without helmet.

Sexuality : He likes a particular girl in the class, couldn't get a courage to speak to her. He worries about nocturnal ejaculation, which has recently increased in frequency.

Suicidality/ Depression : He sometimes verbalizesa death wish whenever his father scolds him for his repeated failure in exams as well as his misbehavior at home and in the school.

Spirituality : Vinay regularly visits a nearby temple with his mother and chants Hanuman Chalisa regularly on her insistence.

Vinay's Perspective:

He says he doesn't want to hurt anyone, but is unable to control his anger, especially when being teased.

He is unable to sit for a longer time in the class, for which he has been punished frequently. upon which, he feels very humiliated. He says he just can't stay still and is not able to focus on the subject.

He feels nobody understands his problems & everyone, including his father & brother behaves grudgingly with him. He is the only one who receives punishment even if not at fault.

He confided that he is fed up of everything, one day he will hang himself when nobody around.

Perinatal and developmental history normal.

Physical examination : Anthropometry & SMR appropriate for the age. General & Systemic examination clinically normal.

Impression :

? ADHD

? SLD

? Borderline ID

? CD

? Depression

Suicidality

Screening :

Mental Health Assessment Tools used;

1) TSQ-M : Score- 25 Positive for Depression, ADHD.
2) Vanderbilt ADHD Rating Scale (Parent's,Teacher's version), DSM 5 ADHD Symptom Checklist : Predominantly Inattention type of ADHD.
3) PHQ 2 : Score 4, Positive for major Depression.
4) PHQ 9 : Positive for Major depression of moderate severity, functional impairment at academic & social fronts.
5) ASQ 4 Suicide Screening Questionnaire: Non-Acute positive screen for suicidality. Potential risk is identified.
6) IQ Assessment : Revan's Standard Progressive Matrices -Score 5 (Average).
7) NIMHANS SLD test : Inadequate Attention & concentration deficit, rest all adequate.
8) Kimberly Young Internet Addiction Scale: Score 45- Internet Addiction (Mild).

Diagnosis : ADHD with comorbidities Depression & Suicidality, and Internet Addiction.

Management :

1) CBT, Motivational Interviewing, Joining professional coaching for Kabaddi.
2) Warm & caring support from the family members, keeping him under strict supervision for any suicidal behavior, and making the surroundings completely free from any means of suicide.

3) Family Media Literacy & Cyber safety awareness, Personal media plan.
4) Parent Counselling & Teachers' awareness sessions for ADHD.
5) Individualized Remedial Education
6) Psychopharmacotherapy : Methylphenidate20mg/day in 2 divided doses, Fluoxetine 20mg OD.
7) Psychiatric reference with regular follow-up.

Follow-up& reassessment : Regular biweekly follow-up for 2 months & monthly follow-up for the next 6 months, showed significant improvement in symptoms.

Discussion in brief : ADHD in teens is presented as 1) predominantly Inattention 2) Predominantly Hyperactive/Impulsive or 3) Combined type. In adolescents, predominantly Inattention type is more common.

The clinician must screen for the comorbidities in Adolescents with ADHD. Common morbidities are ODD & Conduct disorder (35-60%), anxiety disorders (25-30%), Depressive disorders (18-25%), Learning Disorders (15-40%) & Tic disorders (20-50%) & Sleep disturbances.

Risk taking behavioral pattern is more pronounced in adolescents with ADHD leading to higher risk of impulsive suicidal attempts.

Excessive use of digital device in children & adolescents has a bidirectional relationship with ADHD. It increases the impulsivity and inattention (lack of focus) in them, at the same time the adolescents with ADHD have a higher chance of excessive digital media use.

US guidelines recommend Combined treatment of ADHD consisting of behavioral therapy along with medication.

The Duryodhana Syndrome : Parental Influence on Moral Development of their Children

Dr. Poonam Bhatia
Tots 2 Teens Clinic
Dewas (MP)

Introduction :

The Sanskrit verse :

"जानामधिमर्ंनचमेप्रवृत्तः जानाम्यधमर्ंनचमेनवृित्तः"

"Jānāmi dharmaṃ na ca me pravṛttiḥ jānāmyadharmaṃ na ca me nivṛttiḥ"

translates to "I know what Dharma (righteousness) is, yet lack the inclination to follow it; I recognize Adharma (wrongdoing), yet cannot refrain from it." This inner conflict, depicted in Duryodhana, the eldest Kaurava prince, is known as the "Duryodhana Syndrome."

This syndrome describes a **behavioral pattern** where individuals struggle to **align their actions with their moral compass,** often prioritizing **ego, desires, and self-interest over ethical principles.**

The Role of Parents in Moral Development :

Parents must prioritize moral values over personal ambitions. They should teach their children to embrace failure and prioritize kindness over success. By teaching children about consequences and setting clear boundaries, parents can help them develop ethical and responsible behaviour.

Parental Influence and Child Development :

As children grow, their **belief systems, morals, and behaviors** are significantly shaped by **parental influence.** Parental decisions and actions, rooted in their own upbringing and experiences, play a pivotal role in shaping their children's personalities. Additionally, **extended family members** contribute to a child's upbringing, instilling cultural, religious, and familial values that mould their world view and sense of identity.

Children learn by observing :

First role-model for any child is parents. Other family members, even servants, influence the young ones in various ways. Children closely **observe family interactions,** including conflict resolution, solidarity, and support during crises. These observations shape their understanding of empathy, ethics, religion, and goal-setting. They often **emulate the behaviour of their parents :** displaying arrogance or lacking empathy can lead children to develop similar attitudes. Conversely, parents who nurture **resilience, empathy, and humility** foster a healthy ego and promote self-confidence and openness to learning from mistakes.

The Development of the Negative Ego :

Several factors can contribute to the development of a negative ego, characterized by:

- **Superiority :** Feeling superior to others, often masking underlying insecurities.
- **Arrogance:** An inflated sense of self-importance.
- **Desire to stand out :** A constant need for attention and validation.

Children with these tendencies often **resist criticism** and believe they are always right. Their inflated egos hinder personal growth and relationships.

Duryodhana : A Case Study from the Mahabharata :

The Mahabharata, an ancient Indian epic, portrays a profound battle between Dharma and Adharma. Duryodhana consistently chose the path of Adharma, evident in the deceitful game of dice, the humiliation of Draupadi, and his denial of the Pandavas' rightful claim to the throne. His **unchecked ambition** led him to disregard societal norms, moral codes, and ultimately, wage a destructive war against his own kin. While ambition itself isn't condemned, the epic underscores the **destructive potential of unchecked desires** and the importance of humility.

The Duryodhana Syndrome : Root Causes and Manifestations :

This syndrome stems from the dominance of one's lower nature, driven by instincts, desires, and emotions. Four major factors contribute to this moral decline:

- **Greed :** An insatiable desire for power, wealth, and success.
- **Anger:** Obscures judgment and fuels a desire for vengeance.
- **Jealousy :** Diminishes our higher nature and fosters negativity.
- **Attachment :** Intense fixation on possessions or relationships.

Duryodhana's downfall stemmed from these unchecked emotions, leading him down a path of deceit and war. His relentless pursuit of power, fuelled by parental favouritism and ambition, serves as a **cautionary tale.**

The Role of Parents in Moral Development :

Parents must prioritize **moral values** over personal ambitions. They should teach their children to embrace failure and prioritize **kindness over success.** By teaching children about consequences and setting clear boundaries, parents can help them develop **ethical and responsible behaviour.**

Food for Thought :

The Influence of Dhritarashtra :

Dhritarastra, Duryodhana's father, harbored a lifelong desire to rule Hastinapur, influencing his son's ambition and scheming. Duryodhana's arrogance and egotism stemmed partly from his father's unconditional favouritism.

The influence of Shakuni :

Shakuni, another family member of Duryodhana, influenced him with negative values and fuelled his revenge for his own personal agenda.

Disregard of sane advice of Krishna :

Because of his greed, anger and jealousy, Duryodhana resisted the sane advice of Krishna several times.

Parents must teach children to **value all relationships** and consider others' feelings. They should encourage children to **accept challenges and setbacks** with grace and learn from them. Additionally, parents must be mindful of the impact of their own behaviour on their

children. Prioritizing morality and kindness over power and success creates a model for the next generation.

Conclusion :

The Duryodhana Syndrome serves as a reminder of the importance of **aligning our actions with higher values** and transcending our baser instincts. The Mahabharata offers timeless wisdom on the complexities of human nature and the dangers of unchecked desires Parents play a crucial role in shaping children's moral compassby teachingempathy & instilling a sense of right or wrong.

Parents what are you raising ? Duryodhana or Arjuna ?

Parents, be mindful : are you raising Duryodhanas by indulging their every whim, or are you empowering them to conquer challenges like Arjuna, earning their crowns through resilience and determination.

References:

1. https://nextfuture.aurosociety.org/the-duryodhana-syndrome-causes-andremedies
2. https://www.researchgate.net/publication/374913617_childhood_trauma_of_Duryodhana
3. https://gurukul.org/blog/21st-century-parenting/parenting-lessons-frommahabharat/
4. https://ossweb.wordpress.com/2016/07/05/the-duryodhana-syndrome/

ADOLESCENT'S PAGE

Anjali A

THE CHOICE AT THE BUS STAND

Raju stood at the bus stand, wondering what to do. The sign boards on both the buses were clear. 'Engineering Bus: only top 3000 rank holders' read one, 'Medical Bus: only up to rank 3200' read the other. He looked at his marks card- rank 2980 – he could board either bus.

"Board a bus before it's too late!" someone behind him urged. "Choose medical and you'll be rich!" someone said. "No! You'll have to study medicine for at least ten years! Way too long." Another stranger disagreed. "Study engineering and you'll start earning early."

These people disturbed Raju. He tried to ignore them and looked down at his marks card. 2980 – this was a number he had worked very hard for. He wanted to make sure he boarded a bus, and went on a journey worthy of this number, worthy of his priceless brain.

Engineering or medical- which was the right bus to board? He had no idea which one he must choose. He stared at the bus stand. He realised that there were many options other than the only two hehad considered.

Suddenly, a bus with bright lights caught his attention. 'Music Bus: no rank requirement'. He knew this was the bus for him. Before anyone could stop him, Raju ran to the music bus- to experience the journey of his dreams. He was on the bus that made him happy.

The bus took him up the hill. Very soon, he was at the peak of his career.

One day, the bus stopped. Raju looked out the window. There stood a girl with a number below 3000 on her marks card, staring at the two most popular buses. "What am I to do?" she asked. "Do what you love, and you'll never have to work a day in your life." Raju answered.

BETRAYAL

Life had evolved over millions of years, and finally, nature seemed to have created a being that was almost perfect. The humans: they could build their own settlements, grow their own food; and, except for the fact that they still depended on nature for oxygen, they had left the ecosystem. Nature was truly proud of her achievement.

Then came the flaw. A single drawback that nullified all the achievements and intelligence of mankind. It was the mobile phone. Man had dug his own grave so well that in less than a decade nearly every single human being was arrested in his or her own 'cell' phone.

Nature knew she was the boss of all life on the planet. Her rule for humans was that they were social animals, and had to interact with each other regularly. Yet, humans would rather stick to their phones and Ipads than talk to each other. How could any life disobey her rules? Sure, humans had nearly left the ecosystem, but she was still the humans' mother, their creator, the one that had given them everything.

Soon, Nature started realizing that an object less than half a foot long was overpowering her. People would sit at home on their phones all day long rather than step out and enjoy the fresh air she offered them. When they felt hungry, they opened a food delivery app and ordered whatever they wanted. "Humans are meant to walk and run, not sit and stare at screens all day!" Nature thought in despair. "How are you going to reproduce and keep your kind alive?"

Man was ready with a curt answer. "I have dating apps in which I can view thousands of potential mates and pick one of my likings. Don't be so overbearing, Ma."

Nature smiled, but on the inside, she could not believe her ears. She could not help but think: Should she give up on man? Was her 'perfect creature' a failure? Should she start afresh?

Her brow wrinkled. "I'm really proud of your technology, son. Why don't you make invincible atomic weapons that can destroy cities? I'll give you plenty of uranium." Man had betrayed nature. She was going to betray him too.

Young Anjali Ambarish, author of these two engaging pieces of prose, is a grade 9 student from Bangalore. She is academically brilliant, an avid reader, wildlife enthusiast, artist and writer. She has attended the journalism internship of the Times of India and competed in the national level Indian Army Quiz, winning accolades for her team's performance. She has attended public speaking courses and represented her school at creative writing competitions. She has dreams of pursuing research and teaching. We wish her the very best!

IN THE EMBRACE OF LOVE : A PARENTING ANTHEM

Dr. Prashant Kariya
Consultant Pediatrician and Adolescent Health Specialist
President AHA Surat

In the tender embrace of physical touch,
My parents conveyed love, oh, so much.
Their hugs, their kisses, a language pure,
In their arms, I found love's allure.

Through quality time, a bond did form,
In conversations deep, we weathered life's storm.
From morning's dawn to the night's embrace,
Their presence, a gift, I'll never replace.

Acts of service, a silent creed,
In their deeds, love took the lead.
From chores to tasks, they lent a hand,
Teaching me love's language, oh, so grand.

Gifts, tokens of love, both big and small,
Expressed affection, they did enthrall.
For good deeds done and lessons learned,
Their gifts, a symbol, for which I yearned.

Words of appreciation, like sweetest honey,
Poured forth freely, like rain on a sunny day.
For triumphs and failures, both great and small,
Their words, a balm, soothing through it all.

In these languages of love, so deep and true,
Parent and child, a bond to renew.
And through their guidance, their wisdom to bestow,
We learn to balance, and love's language we grow.

Written 25 years ago , this poem echoes in every Paediatrician's soul even today . Late Prof Dr MK Chandrasekhara's tutoring and service in Pediatrics and adolescent health is well acknowledged , his poetry is a hidden treasure ! This is the original version, shared by his son.

Dr. M. K. CHANDRASEKHARA,
M.B.B.S., D.A.B.P. F.A.A.P. (U.S.A.)

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Phone 256205 600100
Hospital : 565135
5307..

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BANGALORE-560 034

Residence : 217, Middle School Road
Visveswarapuram, Bangalore-560 004

1990 - "The Year of the Horse" for the Dragon countries and "The Year of the Girl Child" for the S.A.A.R.C. countries. In the Far East, "the Horse girls" born this year are believed to be fiery, hence shunned or prevented altogether by female foeticide. In South Asia, the conditions are worse. The success or failure of the "Year of the Girl Child" is our responsibility.

THE BATTLE OF THE GIRL CHILD - 1990

I love you- you whisper in the dark
to the dainty maiden, but
Do you know, that she is a survivor
of the darkest race .

Shunned at birth, stunted always,
suppressed to too few words,
She is sold in the market.
you get her to work and entertain you
and bear, bring up and bow to your progeny.
And, better than the best bargain on the street,
You get paid, before the wedding.

What price, young man,
have you paid for this mother,
in silent tears, suffering and death.
Or worse still, a living martyr
bearing fruits, withering and bitter.
What joy in this squalid procession
of your own destiny.

This year, you have a choice ,
of Hope or Disdain.
The Year of the Girl Child-
to nurture the blossom,
to kiss a tender shoot
into a bundle of joy.
Or the Year of Horse
Unbridled, to trample
the flowers of love,
to slash and burn, the very source of life.

Bridle the Horse, will your,
Let the Girl Child through. Thank You.

Dr. M.K.Chandrasekhara
Professor and Head,
Department of Paediatrics
St.John's Medical College,
Bangalore-34

AHA ACTIVITIES - SOUTH ZONE

Coimbatore AHA

Adolescent Health Education
Paravathoor, Kerala

Mysore AHA Inauguration

Holistic Health, AHA Tamilnadu

Empowering Adolescents, Kerala

Puberty and Sexuality session at
APS Public School, Bangalore

BAHA Inauguration

Mysore AHA

Anemia Awareness, Nursing College
Kerala

AHA ACTIVITIES - NORTH ZONE

Obesity Awareness, Jalandhar

Obesity Awareness, AHA Noida

Obesity Awareness, Punjab

Obesity Awareness, Amritsar

AHA DELHI

AHA DELHI

AHA DELHI

AHA DELHI

AHA DELHI

AHA DELHI

AHA JAIPUR

AHA PUNJAB

AHA ACTIVITIES - EAST ZONE

Social Media and Mental Health
New Kolkata

Sports in Adolescence, Kolkata

Life Skills and Mental Health Issues
in Adolescents, Kolkata

Nations Girl Child Day, Liluah, WB

AHA ACTIVITIES - WEST ZONE

Nagpur AHA Installation

Nashik 2

AHA Raigad

Balsadan, Nashik

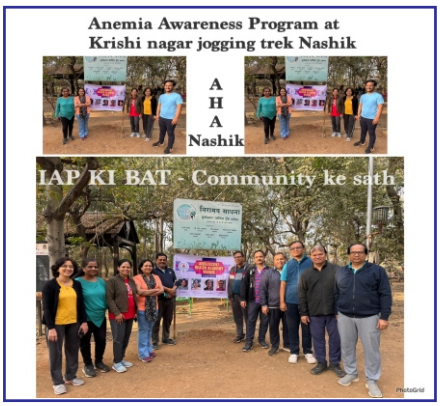
Obesity Awareness, Ahmedabad

World Obesity Day, Ahmedabad

World Obesity day, Ahmedabad 2

Enjoy exams, Surat

World Anemia Day, Surat



Anemia Awareness, Nashik

Anemia Awareness, Navi Mumbai

Surat AHA

AHA ACTIVITIES - WEST ZONE

Nashik

AHA Surat Inauguration

Exams, Surat

Exam Stress, Nagpur

Exam Stress 2, Nagpur

Navi Mumbai AHA

Common Adolescent Issues, Nagpur

Adolescent awareness Program, Nagpur

Cervical Cancer Awareness, Navi Mumbai

AHA ACTIVITIES - CENTRAL ZONE

HPV awareness @ Raipur, Chattisgarh

Hyderabad AHA

AHA Chattisgarh

Durg Bhilai, Chattisgarh

World Anemia Day, Gwalior

World Obesity Day, Durg Bhilai

Gwalior AHA

World Anemia Day, Hyderabad

WEBINARS


IAP ADOLESCENT HEALTH ACADEMY CHAPTER
STRATEGIES FOR DIGITAL SAFETY
DR GEETA PATIL
CHAIRPERSON
PROF HIMABINDU SINGH
CHAIRPERSON ELECT
PROF SUKANTA CHATTERJEE
IMM PAST CHAIRPERSON
DR P V ARYA
HON SECRETARY
DR SNEHA G GAIKAR
TREASURER
Speaker
Dr Samir Shah
Speaker
Dr Mohit Vohra
Speaker
Dr Yatin Mehta
THURSDAY, 15 February 2024
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KARNATAKA AHA IN ASSOCIATION WITH IAP
ADOLESCENT HEALTH ACADEMY CHAPTER
BREAKING THE SILENCE '' UNDERSTANDING
ADOLESCENT SUICIDE & MANAGING EXAM STRESS
DR GEETA PATIL
CHAIRPERSON AHA
PROF HIMABINDU SINGH
CHAIRPERSON ELECT AHA
PROF SUKANTA CHATTERJEE
IMM PAST CHAIRPERSON AHA
DR P V ARYA
HON SECRETARY AHA
UNDERSTANDING ADOLESCENT SUICIDE
MANAGING EXAM STRESS
Speaker
Dr Suhas Chandra
Presenter
Dr Janardhan
THURSDAY, 22 February 2024
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Happy New Year 2024
Journal Journey
1st January, 9 PM
Expert
Dr. Atul Kanikar
Chief Guest
Dr. G V Basavaraja
President, National IAP
Expert
Guest Of Honor
Presenter
Dr. Purva Jain
Dr. Vasant Khalatkar
President Elect, National IAP
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Dr. Rajshree Rajurkar
Brain Networks & Adolescent Alcohol Use
Pancreatitis in Children
1 MMC POINT


PATH
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Join our Icons for the cause of Teenager's Healthcare
PRESIDENTIAL ACTION PLAN MAHAIAP 24
SUNDAY, 7th JANUARY 2024 10:30 AM
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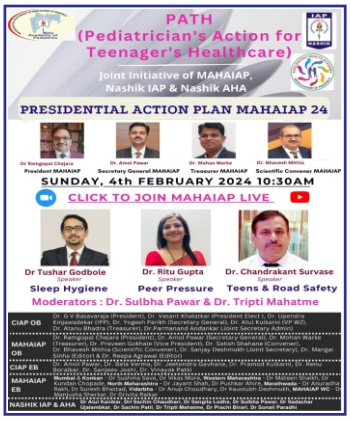
Dr MKC Nair
Expert
Parenting of Teenagers in New Era
Dr. Atul Kanikar
Expert
Five Basics of Parenting


INVITATION TO JOIN THE FIRST WEBINAR OF 2024 BY WEST BENGAL ADOLESCENT HEALTH ACADEMY: WBAHA IN ASSOCIATION WITH CAHA
DATE: 17TH JANUARY 2024 TIME: 8.30 PM TO 9.30 PM
8.30 - 8.45 PM INAUGURAL SESSION
CHIEF GUEST: Dr GEETA PATIL, National Chairperson, AHA
SPEAKERS
8.45 - 9.05 pm
DR. PREETI GALAGALI
BASICS OF ADOLESCENT COUNSELLING
9.05 - 9.25 PM
DR ATUL KANIKAR
RATIONAL EMOTIVE BEHAVIOUR THERAPY (REBT)
9.25 - 9.30 PM
VALEDECTORY


PATH
(Pediatrician's Action for Teenager's Healthcare)
Joint Initiative of MAHAIAP, Nashik IAP & Nashik AHA
PRESIDENTIAL ACTION PLAN MAHAIAP 24
SUNDAY, 4th FEBRUARY 2024 10:30AM
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Dr Tushar Godbole
Speaker
Sleep Hygiene
Dr. Ritu Gupta
Speaker
Peer Pressure
Dr. Chandrakant Survase
Speaker
Teens & Road Safety
Moderators : Dr. Sulbha Pawar & Dr. Tripti Mahatme


Chhattisgarh Adolescent Health Academy
Date : 2nd March 2024, Saturday Time : 9.00 pm to 10.00 pm
Speakers
TOPICS
1 Understanding Teenager Behaviour Dr. Geeta Patil
2 Management of Teenager Behavioral Issues Dr. Surubhi Dubey
Join Zoom Meeting - https://zuventus.zoom.us/j/94607798713
Meeting ID : 946 0779 8713 Passcode: 282352
Feronia-XT
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Coralium-D3
Bevon


AHA TAMILNADU
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PROGRAMME SCHEDULE
CHIEF GUEST ADDRESS
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SPECIAL INVITEE ADDRESS
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ADOLESCENT DERMATOLOGY
DR GEETA PATIL
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IMM PAST CHAIRPERSON
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DR SNEHA G GAIKAR
TREASURER
Topic: Skin manifestations of systemic diseases
Topic: Dealing with Adolescent Dermatological Problems
Speaker
Dr R Madhu
Speaker
Dr Ram Gulati
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adolescon2024@gmail.com

ADOLESCON 2024

ENGAGE EDUCATE EMPOWER

27-28-29 September 2024

Registration Details

Date	IAP/ AHA	Non IAP/ Non AHA	Accompanying (All ages)	Resident	>70 yrs (Only IAP/ AHA)
Before 15th February 2024	Rs. 3500	Rs. 4000	Rs. 3500	Rs. 3000	FREE
By 31 March	Rs. 4500	Rs. 5500	Rs. 4000	Rs. 4000	FREE
By 30 June	Rs. 6000	Rs. 6500	Rs. 5500	Rs. 5500	Rs. 6000
By 30 August	Rs. 7000	Rs. 7500	Rs. 5500	Rs. 6500	Rs. 7000
On Spot	Rs. 7500	Rs. 7500	Rs. 7500	Rs. 7000	Rs. 7500
Corporate Registration : Rs. 7500/-					

Bank Details

INDIAN ACADEMY OF PAEDIATRICS

Name : Indian Academy of Paediatrics
Bank : Bank Of Maharashtra
A/c No.: 20046647717
Branch : Canada Corner Branch
TYPE : Savings Account
IFSC : MAHB0000672

Click Here for Registration

After filling Google form & making payment by Netbanking / UPI, Please call / whatsapp for confirmation.

Dr. Tripti Mahatme	Dr. Mohan Warke	Mr. Datta Kedar
8805965950	9922532881	9623917452