



# Adolescent Today

A Subspecialty Chapter of Indian Academy of Pediatrics

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



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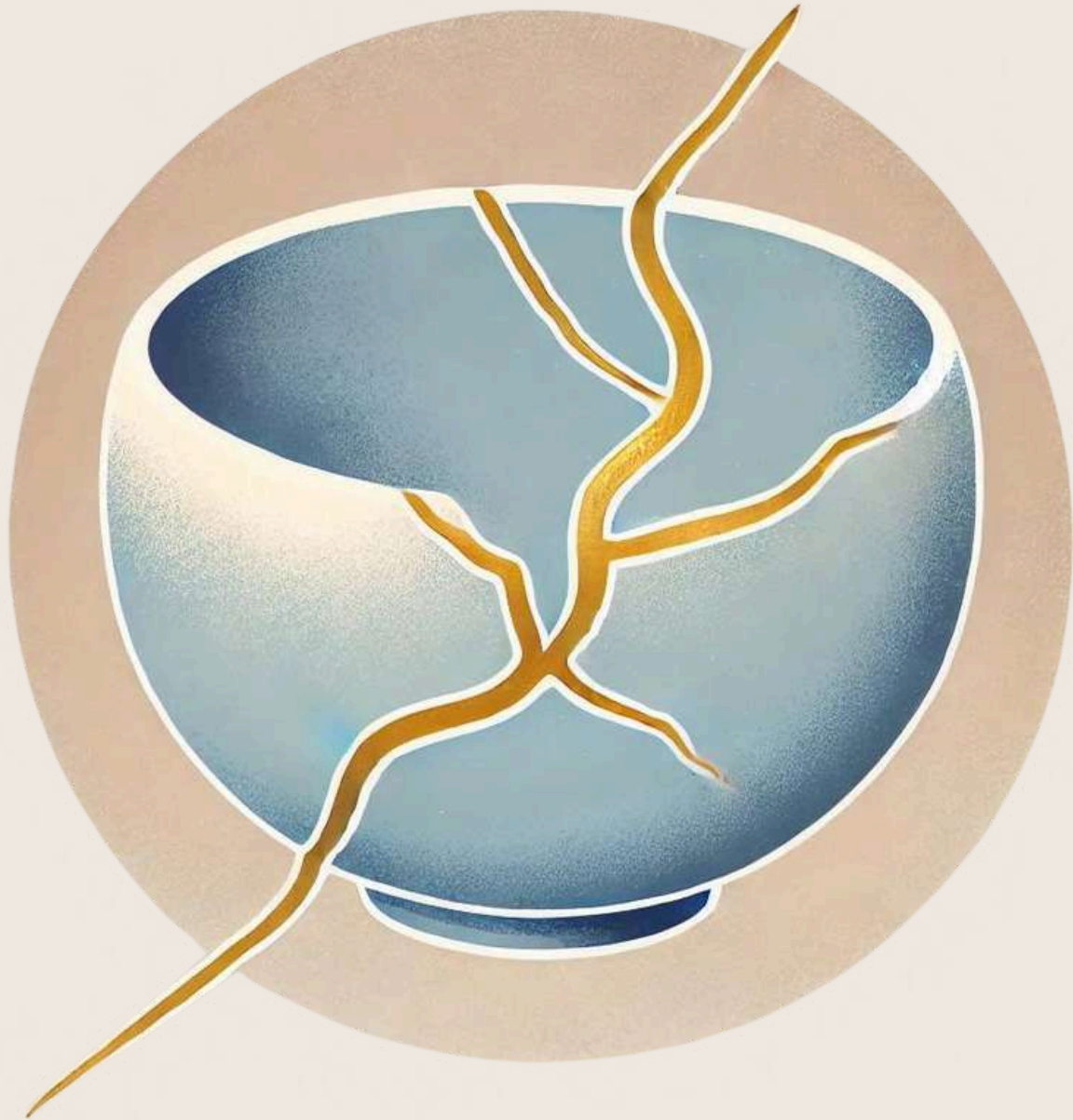
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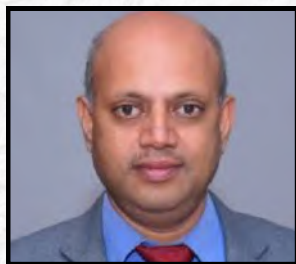
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# CONTENT

<b>1. Team CAHA 2025.....</b>	<b>04</b>
<b>2. Team Of AT .....</b>	<b>05</b>
<b>3. Committees Of AHA .....</b>	<b>06 - 13</b>
<b>4. Message From Chairperson .....</b>	<b>14</b>
<b>5. Editorial .....</b>	<b>15</b>
<b>6. Silver Jubilee Chronicles: The AHA Leadership Experience.....</b>	<b>16-17</b>
• Laying the Foundation: The Birth of the Adolescent Health Academy : Dr. Dileep Mukharjee (Chairperson from 2000-2002)	
• Dr. Swati Bhave (Chairperson from 2003-2006) To be shared in a future edition.	
<b>7. Our Pioneering Study-Stress Among School Going Adolescents During Exams.....</b>	<b>18-29</b>
<b>8. How Medical Foundation Courses Foster Coping Skills?.....</b>	<b>30-31</b>
• Dr. Kavita N Singh	
<b>9. Time Management An Essential Life Skill For Adolescents.....</b>	<b>32-34</b>
• Dr. Geeta Patil	
<b>10.The New ABCs of Education: Activity, Balance, and Calm.....</b>	<b>35</b>
• Mr Biswajit Majumdar	
<b>11. Study Skills to excel in education.....</b>	<b>36-37</b>
• Dr. Yatesh Pujar	
<b>12. Exam Stress Assessment And Management By Caregivers.....</b>	<b>38-39</b>
• Dr. Newton Luiz	
<b>13. Yoga and Stress Management for Adolescents.....</b>	<b>40-41</b>
• Dr. Pratibha Patil	
<b>14. Role of Nutrition to reduce stress.....</b>	<b>42-45</b>
• Dr. Ratna Mulay	
<b>15. Adolescents in Action: Unplugged: Chill, Chat &amp; Conquer .....</b>	<b>46</b>
<b>16. Exam Stress - Case Based Discussion.....</b>	<b>47-48</b>
• Dr Prajakta A. Kaduskar	
<b>17. Adolescents Are not Mini Adults.....</b>	<b>49-51</b>
• Dr Samir Shah, Dr Chitra Kulkarni, Dr Sukanta Chatterjee	
<b>18. Raising Stars: Stories of Resilience and Hope.....</b>	<b>52-55</b>
• Growing Together: Parenting Stories That Inspire- Rekha and Mukund Madhusudan	
<b>19. Against the Odds : Stories of Grit and Triumph .....</b>	<b>56-58</b>
• Exams And Emotions : Dr. Om Adityaraj	
• Stress & Success: The Exam Story : Dr. Gurleen Kaur	
<b>20. Teen Titans: Youth Leading Change.....</b>	<b>58-59</b>
<b>21. Movie Review.....</b>	<b>60</b>
• Dr Shubhada Khirwadkar	
<b>22. The Social Champion.....</b>	<b>61</b>
• Dr Swati Dwivedi	
<b>23. AHA @ PEDICON.....</b>	<b>62-64</b>
<b>24. AHA Activities.....</b>	<b>65-66</b>
<b>25. WAVE 18 Concept.....</b>	<b>67</b>

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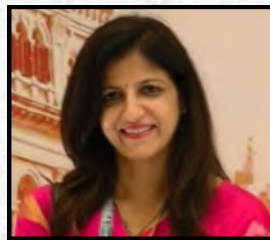


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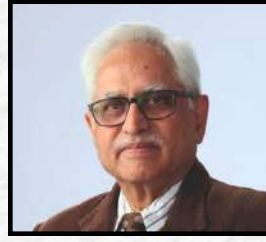
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## *Silver Jubilee Greetings in 2025*

As we celebrate 25 years of the Adolescent Health Academy (AHA), we stand tall as one of IAP's most impactful chapters. We honor our founding fathers and deeply appreciate our 3,400 members for their invaluable contributions. This milestone is both a moment of pride and a call to break new ground together in 2025.

### **AHA Action Plan 2025**

1. Expand membership and create more Adolescent Champions.
2. Strengthen collaborations with WHO, UNICEF, SAHM, and IAAH for global adolescent health.
3. Partner with the Government of India to enhance adolescent healthcare services.
4. Launch the first-ever ADOLESCENT TOT - MPOWER YUVA at Hyderabad Pedicon 2025, with UNICEF's support.
5. Celebrate the 18th of every month as 'Youth Wellness Day' nationwide.
6. Host monthly academic webinars on Adolescent Super Specialties.
7. Revive the Adolescent Journal with a dynamic new team.
8. Develop Adolescent Boy and Adolescent Vaccination Modules.
9. Establish a Parenting Section to engage families.
10. Involve youth in all AHA programs and identify Youth Pediatric Ambassadors.
11. Introduce an Adolescent Counseling Course under ICP.
12. Advocate for Yuva Clinics and push for inpatient care up to 15 years.
13. Organize the Silver Jubilee ADOLESCON in Ahmedabad, alongside zonal/state conferences.
14. Release a book on Preconception Care and launch the Catch 25 – 25 Themes of Adolescent Care initiative.
15. Strengthen engagement with State and City Branches.

This is just the beginning, and we welcome your ideas to shape this landmark year. Our dedicated OB and EB teams are eager to work alongside you.

With deepest appreciation for our past and present leaders who built this thriving academy.

With sincere regards,

With sincere regards

Dr Himabindu Singh

*Greetings from Team AT,*

As we unveil the first issue of 2025, we take immense pride in celebrating a significant milestone—25 years of the Adolescent Health Academy (AHA). This silver jubilee marks not just the passage of time but the evolution of a movement dedicated to adolescent well-being. To honor this journey, we are showcasing reflections from the early years of AHA through the insights of its first two chairpersons—Dr. Dileep Mukherjee, our esteemed founder chairperson, and Dr. Swati Bhawe Ma'am, a dynamic leader who shaped AHA's formative years. Dr. Swati Bhawe's work is nothing short of monumental. Her contributions to adolescent health, medical education, policy-making, and community outreach span decades and multiple global organizations. From establishing adolescent health as a focus area in IPA, IAP, and WHO, to conducting groundbreaking research on mental health, lifestyle diseases, and tobacco prevention, she has shaped the field in ways few have. Their experiences offer a window into the foundation of adolescent healthcare in India and the path forward.

This issue also introduces the WAVE program and highlights IAP-AHA's latest collaboration with UNICEF—Mpower Yuva, an initiative dedicated to adolescent health and well-being. As part of this program, the 18th of every month will now be observed as Youth Wellness Day, with representatives from IAP-AHA across the country organizing activities to promote adolescent and youth wellness.

Exams. Expectations. Endless deadlines. For adolescents and young medical students, the pressure can feel overwhelming. In this issue of Adolescent Today, we provide practical strategies to manage exam stress, sharpen study skills, and build resilience. From exploring the role of yoga and nutrition in stress management to examining the transformative impact of the medical foundation course, our articles offer a holistic perspective on navigating academic challenges.

A particularly moving piece in this issue shares the journey of Rekha and Mukund Madhusudan, offering a glimpse into the realities of raising Srikara, a child with autism. Their story reminds us that resilience is not just for students—it is a lifelong practice.

Adding a fresh perspective, we introduce a student-led column, where young voices share their unique ways of coping with stress. After all, who better to guide their peers than those navigating the same journey?

Our AI-designed cover draws inspiration from Kintsugi, the Japanese art of mending broken pottery with gold. More than just a technique, Kintsugi embodies a philosophy—one that embraces flaws and imperfections as integral parts of an object's history rather than something to be hidden. It teaches us that cracks don't signify weakness; instead, they symbolize resilience, transformation, and beauty.

Similarly, students facing the challenges of adolescence are not broken by their struggles. Every setback, every moment of self-doubt, and every failure is an opportunity for growth. Like golden seams binding shattered pottery, their experiences make them stronger, wiser, and more refined. This concept aligns perfectly with our mission—to celebrate resilience, foster self-acceptance, and empower young minds to see their challenges as stepping stones toward personal growth and success.

By weaving the essence of Kintsugi into our cover, we honor the spirit of every adolescent's journey, reminding them that their scars are not imperfections but testaments to their strength.

This issue is an invitation to rethink stress—not as an adversary, but as a force that, when managed well, shapes us into stronger, more resilient versions of ourselves.

*Warm regards,*

*Team AT*

*Dr Poonam Bhatia*

*Dr Gayatri Bezbora*

*Dr Sonia Bhatt*

*Dr Yatish Pujar*

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## Silver Jubilee Chronicles : Laying The Foundation - The Birth Of The Adolescent Health Academy

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### **Bio : Prof. Dilip Kumar Mukherjee**

MBBS DCH PhD MD FIAP FAMS FAAP

Professor of Paediatrics and Ex Dean Ramakrishna Mission Seva Pratisthan VIMS

Dr. B.C. Roy Award for Eminent teacher

IAP National president 2002

Founder member & Chairperson of growth and development & Adolescent Chapter of IAP

---

Dr. Dilip Kumar Mukherjee, born on 12th February 1939 in Calcutta, West Bengal, is a distinguished pediatrician specializing in Growth & Development, Community Pediatrics, and Adolescent Pediatrics. He completed his M.B.B.S. in 1961, followed by a D.C.H. in 1964, a Ph.D. (Med.) in 1972, and an M.D. (Pediatrics) in 1976 from Calcutta University, where he secured the first rank.

With over two decades of experience in academia, Dr. Mukherjee served as Dean and Professor of Pediatrics at Ramakrishna Mission Seva Pratisthan & Vivekananda Institute of Medical Science. He held various academic positions, including Professor, Associate Professor, and Assistant Professor in Pediatrics. His research career includes five years as an Assistant Research Officer at ICMR. He has also been a guest lecturer at the WHO International Summer School on Child Growth & Development and an extramural teacher at several institutions.

Dr. Mukherjee played a pivotal role in pediatric healthcare as the National President of the Indian Academy of Pediatrics (IAP) in 2002. He was the Founder and Chairperson of both the Growth and Development Chapter and the Adolescent Chapter of IAP, significantly contributing to the extension of the pediatric age group to 18 years. His international contributions include serving as the Secretary General of the Pediatric Association of SAARC and representing India as a speaker and delegation leader at global pediatric forums.

His contributions have been widely recognized with prestigious awards, including the Dr. B.C. Roy Award for Eminent Medical Teacher in 2002 and the Harbhagwan Oration of the Nutrition Chapter, IAP, in 2001. He was honored as a Distinguished International Guest by the American Academy of Pediatrics in 2002 and led the Indian delegation at the UN Children's Summit the same year.

A prolific researcher, Dr. Mukherjee has made 122 contributions to research and publications. His dedication to pediatric healthcare, medical education, and international collaboration has left a lasting impact on child health and adolescent medicine.

### **Adolescence: A Journey of Transformation and Responsibility**

Adolescents form a significant portion of our population, experiencing profound physical and psychological transformations that make their health concerns distinct and complex. This phase of intense change brings a unique set of challenges, necessitating a structured yet flexible approach to adolescent healthcare that evolves with their needs. Adolescence typically begins around 10 years of age and extends up to 18 years, further subdivided into early, middle, and late adolescence.

Adolescent Chapter of the Indian Academy of Pediatrics (IAP) was founded in 2000, there was limited support available to address the diverse issues faced by this age group. The chapter was established with the goal of providing proper orientation and developing strategies to manage these challenges effectively. Our team organized multiple symposiums and workshops to create awareness, gradually bringing together enthusiastic pediatricians dedicated to improving adolescent health in India.

As the first Chairperson of the Adolescent Health Academy (AHA) from 2000 to 2002, I had the privilege of leading this initiative during its formative years. One of the most significant milestones during my tenure was being invited to the United Nations General Assembly's Special Session on Children in New York in May 2002, where I addressed the various challenges faced by adolescents in India.

Over the years, I have conducted and supervised multiple studies on adolescent health, including A Study of Growth and Sexual Maturation & Its Relation to Hormonal Status in Adolescent Girls and Assessment of Factors Associated with Delayed Menarche in a Contemporary Bengali Cohort. My research has explored adolescent health across different socio-economic strata, providing valuable insights into their developmental needs. I continue to educate postgraduate students on various aspects of adolescent health, particularly growth and development.

To truly support adolescents, we must work collectively, shedding our SWEAT:

- S – Screening and a sympathetic attitude
- W – Watchful observation
- E – Education
- A – Awareness of problems
- T – Treatment—physical, psychological, and social

A decentralized approach to adolescent healthcare is essential, considering local cultures and increasing community participation. Schools must be central to this effort, providing both formal and informal education while fostering interactive, non-traditional teaching methods. Adolescents should have access to safe spaces where they can express themselves without fear or hesitation. Additionally, parents must be educated on the developmental changes their children experience and encouraged to seek guidance when needed.

Both governmental and non-governmental organizations must play an active role in preventing exploitation, abolishing child labor, and ensuring the protection of adolescent rights. A strong national economy with appropriate budget allocations for adolescent health will further our mission of creating a healthier and more empowered generation.

The adolescents of today will shape the future as independent, self-respecting adults. It is our responsibility to nurture them with care and commitment. I hope my colleagues will continue to build upon the foundation of the Adolescent Chapter, expanding its reach and achieving new milestones in adolescent healthcare.



Nagpur Pedicon 1992, receiving torch from Dr Bodhankar



The galaxy at Bhubaneswar PEDICON-2008



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## Our Pioneering Study

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### Stress Among School Going Adolescents During Exams And It's Determinants-a Cross Sectional Survey

Sonia Bhatt<sup>1</sup>, Roli Verma<sup>1</sup>, Poonam Bhatia<sup>2</sup>, Utkarsh Bansal<sup>3</sup>, Geeta Bansal<sup>4</sup>, Rashmi Gupta<sup>5</sup>, Dr.Himabindu Singh<sup>6</sup>

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5. Director and consultant Pediatrician ,Adolescent Expert,Vatsalya Hospital
6. Professor of Pediatrics ,Dean,Singareni Institute of Medical Sciences ,Telangana

**Introduction:** Adolescence, defined by the World Health Organization (WHO) as the age group between 10 and 19 years, is a critical developmental period often marked by significant emotional and psychological challenges. One of the primary stressors during this phase is academic pressure, particularly during exams. Adolescents frequently experience anxiety due to various school-related stressors such as exams, school transitions, and bullying.

In today's educational environment, where there is a strong emphasis on academic excellence, exams have become a major source of stress for students. This stress is prevalent not only among high achievers but also among average students, especially those in grades 9 through 12. The intense pressure to perform well and meet the expectations of parents and teachers often leads to persistent anxiety.

This anxiety can significantly impair their ability to focus, leading to poor performance despite adequate preparation and, in some cases, severe emotional consequences such as depression, inferiority complexes, and even school dropouts. Academic stress not only affects the child but also impacts the whole family which further strain the parent-child relationship To mitigate these issues, it is more effective to prevent academic stress through regular planning and preparation throughout the academic year.

**Objective:** The primary aim of this survey was to evaluate the level of exam related anxiety experienced by adolescents.

Inclusion Criteria:

- Adolescents aged 14 to 19 years.
- Currently enrolled in school
- Students appearing for exams in grades 9th, 10th, 11th, and 12th.

**Methodology:** A google form was created, including informed consent form for parents, and assent for students. The link of the form was shared with parents through the teachers. Parents were instructed to guide their child in completing the form independently to ensure accurate responses.

Participation was voluntary, with the option to withdraw at any time.

The responses were kept confidential and analysed to assess the levels of test anxiety among the students.

The study examined **Test Anxiety Scale for Adolescents (TASA scores)** among students based on various factors, including **age, study year, time spent on media, and physical activity during exams.**

---

## QUESTIONS OF TASA SCORE-

1. I have visible signs of nervousness such as sweaty palms, shaky hands, and so on right before a test.
2. I have “butterflies” in my stomach before a test.
3. I feel nauseated before a test.
4. I read through the test and feel that I do not know any of the answers.
5. I panic before and during a test.
6. My mind goes blank during a test.
7. I remember the information that I blanked once I get out of the testing situation.
8. I have trouble sleeping the night before a a test.
9. I make mistakes on easy questions or put answers in the wrong places.
10. I have trouble choosing answers

Students were asked to indicate how often each statement described them by choosing a number from one to five as outlined below and each number received a score-

**Never-1, Rarely-2, Sometimes-3, Often -4, Always-5**

<b>Score</b>	<b>Interpretation</b>
12-24	Low test anxiety
25-36	Moderate anxiety but is manageable
37-48	High anxiety, could impair exam performance and overall wellbeing
49-60	Very high anxiety, needs intervention or support to manage anxiety before and during exam.

A helpline number was also provided at the end of survey form for students who were experiencing stress during exam preparation.

### **Data analysis :**

Data was entered into Microsoft Excel spreadsheet and was checked for any discrepancies. Summarized data was presented using Tables and Graphs. The data was analysed by SPSS (21.0 version). Shapiro Wilk test was used to check which all variables were following normal distribution. For finding the association among categorical data Chi square test was used. Level of statistical significance was set at p-value less than 0.05

## RESULTS OF SURVEY QUESTIONNAIRE

**Table 1 A-AGE DISTRIBUTION OF STUDY POPULATION**

	(N)	Response (%)
<b>Age distribution</b>		
Under 12	104	14.10%
13 years	31	4.20%
14 years	120	16.20%
15 years	137	18.50%
16 years	116	15.70%
17 years	96	12.90%
18 years	38	5.20%
19 years	2	0.20%
Over 20	96	13.00%

The table shows the age distribution of students who took part in the survey. Most were aged 14-16 years (16.2%, 18.5%, and 15.7%). 14.1% were under 12, and 4.2% were 13. Older age groups included 12.9% (17 years), 5.2% (18 years), 0.2% (19 years), and 13% were over 20.

**TABLE 1B- DISTRIBUTION ACCORDING TO EXAM APPEARANCE**

<b>DISTRIBUTION ACCORDING TO EXAM APPEARANCE</b>		
Yes	711	96.20%
No	27	3.60%

The table shows that 96.2% of participants were preparing for exams, while 3.6% were not

**TABLE 1C-DISTRIBUTION OF STUDY POPULATION ACCORDING TO CLASS**

<b>Standard of study</b>		
9th	271	36.62%
10th	199	26.89%
11th	128	17.29%
12th	142	19.18%

This table depicts the standard of participants: 36.7% were in 9th standard, 27% in 10th, 17.3% in 11th, and 19.1% in 12th.

**TABLE 1D-DISTRIBUTION OF STUDY POPULATION ACCORDING TO CHANGE IN PHYSICAL ACTIVITY**

<b>CHANGE IN PHYSICAL ACTIVITY BEFORE VS. DURING EXAMS</b>		
Daily exercise before exams	205	27.70%
Daily exercise during exams	101	13.70%
Exercise a few times a week before exams	196	26.50%
Exercise a few times a week during exams	123	16.60%
Exercise once a week before exams	74	10.00%
Exercise once a week during exams	61	8.30%
Rarely exercised before exams	181	24.50%
Rarely exercised during exams	224	30.30%
Never exercised before exams	83	11.20%
Never exercised during exams	229	31.00%

The table shows changes in physical activity before and during exam preparation. Daily exercise decreased from 27.7% to 13.7%, and those exercising a few times a week dropped from 26.5% to 16.6%. Students who exercised once a week decreased from 10% to 8.3. This highlights a clear decline in physical activity during exam preparation

**TABLE 1E-DISTRIBUTION OF STUDY POPULATION ACCORDING TO TYPE OF PHYSICAL ACTIVITY**

<b>Types of physical activity</b>		
Outdoor sports	413	55.90%
Gym workouts	135	18.30%
Yoga/meditation	118	15.90%
Walking/jogging	228	30.80%
Other activities	235	31.80%

The table illustrates the types of physical activities participants engaged in. 55.9% participated in outdoor sports, 18.3% did gym workouts, and 15.9% practiced yoga or meditation. Additionally, 30.8% took part in walking or jogging, while 31.8% engaged in other activities.

**TABLE 1F- EFFECT OF EXAM STRESS ON PHYSICAL ACTIVITY**

<b>Effect of exam stress on physical activity</b>		
No decrease	118	15.94%
Slight decrease	141	19.05%
Moderate decrease	145	19.59%
Significant decrease	143	19.3%
Completely stopped	193	26.08%

The table depicts how exam stress affected physical activity. 16% of participants reported no decrease in activity, 19% experienced a slight decline, 19.5% had a moderate decrease, and 19.3% saw a significant drop. Notably, 26.1% completely stopped physical activity due to exam stress.

**TABLE 1F- EFFECT OF PHYSICAL ACTIVITY ON STRESS REDUCTION**

<b>DOES PHYSICAL ACTIVITY REDUCE STRESS?</b>		
Strongly agree	296	40.00%
Agree	285	38.50%
Neutral	121	16.30%
Disagree	23	3.10%
Strongly disagree	15	2.00%

This table depicts opinion of students on reduction of stress by physical activity. Most participants believe in its benefits, with 40% strongly agreeing and 38.5% agreeing. 16.3% are unsure, while 3.1% disagree and 2% strongly disagree.

**TABLE 1G- MEDIA USAGE BY STUDENTS BEFORE AND AFTER EXAM**

<b>MEDIA USAGE BEFORE VS. DURING EXAMS</b>		
Less than 1 hour before exams	138	18.70%
Less than 1 hour during exams	323	43.6%
1-2 hours before exams	299	40.40%
1-2 hours during exams	279	37.7%
2-4 hours before exams	219	29.60%
2-4 hours during exams	83	11.20%
More than 4 hours before exams	83	11.20%
More than 4 hours during exams	55	7.40%

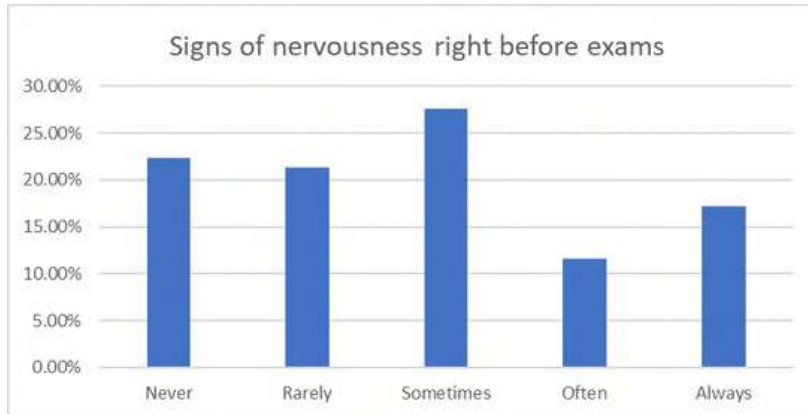
The table compares media usage before and during exam preparation. The percentage of students spending less than an hour on media rose from 18.7% to 43.8%. Media use for 1-2 hours slightly decreased from 40.4% to 37.6%. The percentage of students using media for 2-4 hours dropped from 29.6% to 11.2%, while those spending more than 4 hours on media decreased from 11.2% to 7.4.

**TABLE 1G - PURPOSE OF MEDIA USAGE BY STUDENTS**

<b>PURPOSE OF MEDIA USE</b>		
Education	496	67.10%
Entertainment	382	51.60%
Socializing	161	21.80%
Other	82	11.10%

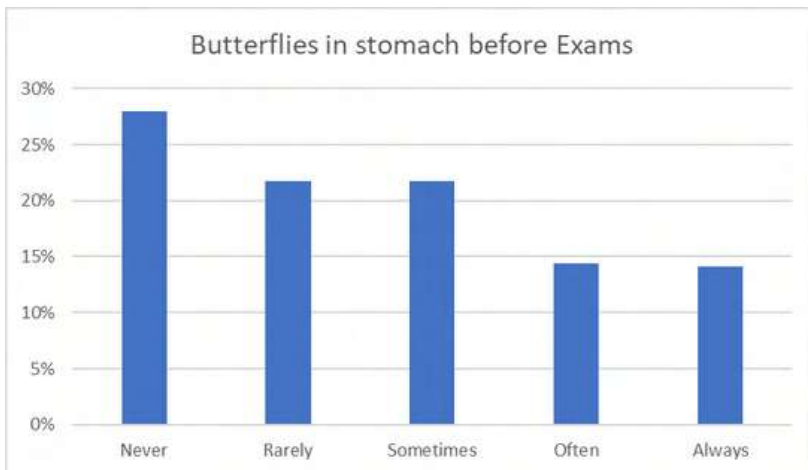
The table shows how participants used media: 67.1% for education, 51.6% for entertainment, 21.8% for socializing, and 11.1% for other reasons. Since multiple choices were allowed, the total exceeds 100%, indicating many used media for more than one purpose

## TEST ANXIETY SCALE FOR ADOLESCENTS (TASA ) SCORE IN STUDY POPULATION



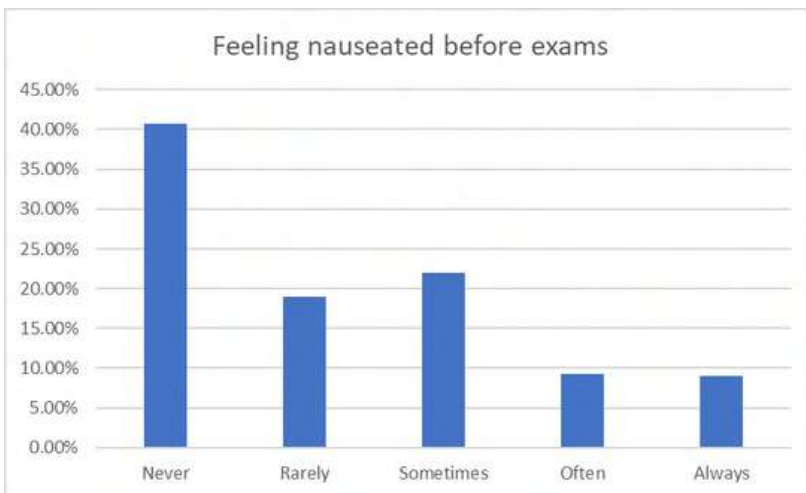
**Figure 1A**

The bar graph shows participants' experiences of nervousness before exams. 22.3% never feel nervous, while 21.3% rarely do. 27.6% experience it sometimes, 11.6% often, and 17.2% always. This indicates that nervousness levels vary, with many feeling it at least occasionally.



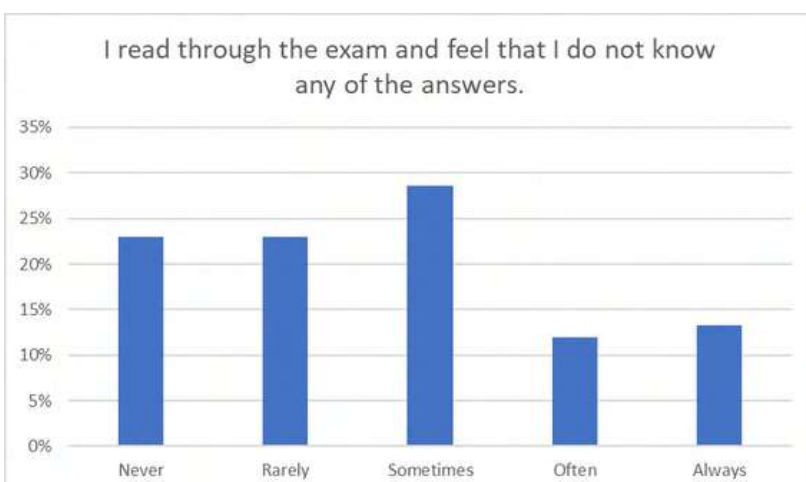
**Figure 1B**

The bar graph also highlights the feeling of “butterflies in the stomach” before exams. 28% never experience it, while 21.7% rarely do. Another 21.7% feel it sometimes, 14.4% often, and 14.1% always.



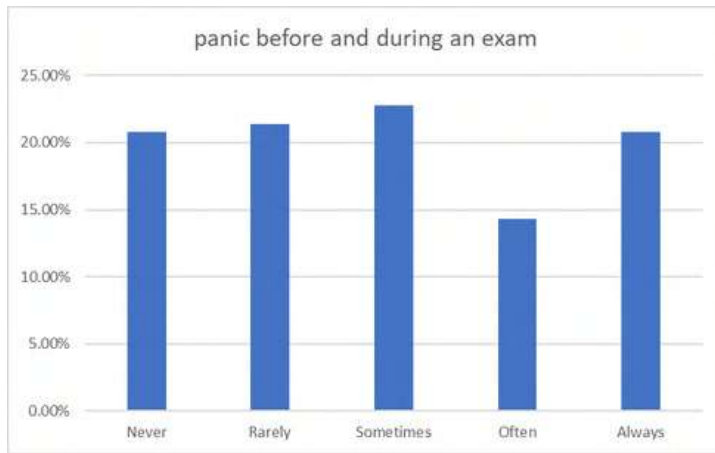
**Figure 1C**

The bar graph shows how often participants feel nauseated before exams. 40.7% never experience it, while 19% rarely do. 22% feel it sometimes, 9.3% often, and 9% always.



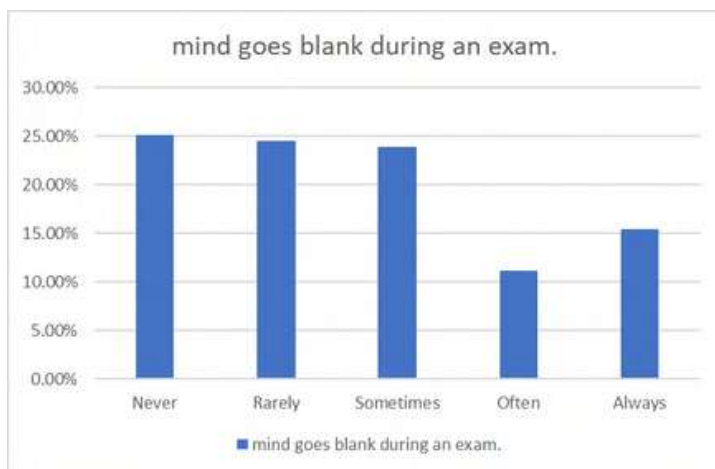
**Figure 1D**

The bar graph represents participants' feelings of uncertainty while reading through an exam. 23% have never experienced this, while 23% have rarely felt it. 28.6% experience it sometimes, 12% often, and 13.3% always.



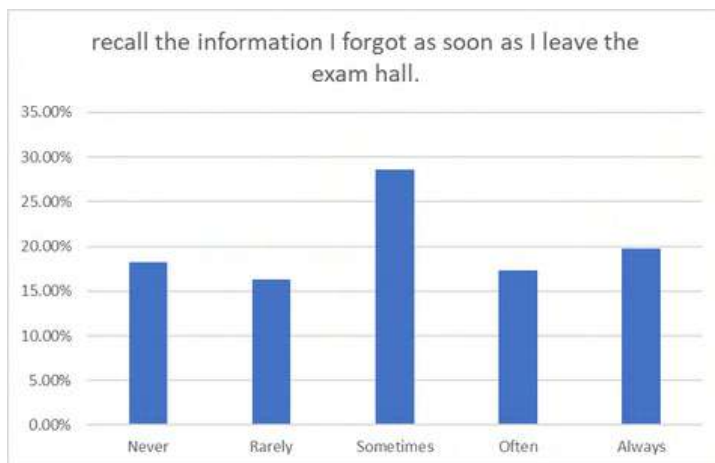
**Figure 1E**

The bar graph illustrates the occurrence of panic before and during exams. 20.8% have never experienced it, while 21.4% rarely feel it. 22.8% experience panic sometimes, 14.3% often, and 20.8% always. This indicates that a significant number of students face exam-related panic to varying degrees.



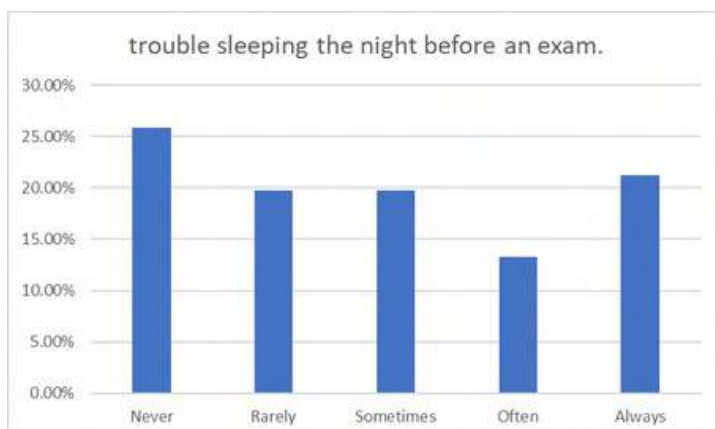
**Figure 1F**

The bar graph shows how often students feel their mind goes blank during an exam. 25.1% have never experienced it, while 24.5% rarely do. 23.9% face it sometimes, 11.2% often, and 15.4% always.



**Figure 1G**

The bar graph represents how often students recall forgotten information after leaving the exam hall. 18.2% have never experienced it, while 16.3% rarely do. 28.6% experience it sometimes, 17.3% often, and 19.7% always.



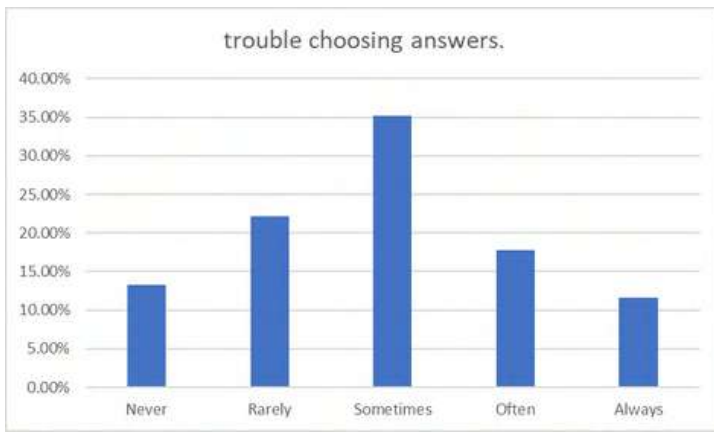
**Figure 1H**

The bar graph illustrates students' difficulty sleeping the night before an exam. 25.9% have never experienced it, while 19.8% rarely do. Another 19.8% face it sometimes, 13.3% often, and 21.2% always. This indicates that many students struggle with sleep before exams.



**Figure 1I**

The bar graph highlights how often students make mistakes on easy questions or place answers incorrectly. 12.8% have never experienced this, while 21.2% rarely do. 33.3% face it sometimes, 18.6% often, and 14.2% always. This suggests that many students struggle with errors under exam pressure.



**Figure 1J**

The bar graph shows how often students struggle with choosing answers during exams. 13.3% have never experienced this, while 22.1% rarely do. 35.2% face it sometimes, 17.8% often, and 11.6% always.

## TASA SCORE (INTERPRETATION)

**TABLE 1: DISTRIBUTION OF STUDY PARTICIPANTS ACC TO TASA SCORE**

		Frequency	Percent
TASA CATEGORIES	Low Test Anxiety	272	25.6%
	Moderate Anxiety	340	32.0%
	High Anxiety	117	11.0%
	Very High Anxiety	11	1.0%
	No Response	323	30.4%
	Total	1063	100.0%

	N	Minimum	Maximum	Mean	Std. Deviation
TASA	740	10.00	50.00	27.8311	8.97839

The study included 1,063 participants, of which 30.4% did not respond to the TASA questionnaire. Among those who responded, the majority experienced moderate anxiety (32.0%), followed by low test anxiety (25.6%), high anxiety (11.0%), and very high anxiety (1.0%). The mean TASA score was  $27.83 \pm 8.98$ , with scores ranging from 10 to 50.

**Table 2: Distribution of Study Participants According to TASA Score by Study Year**

Study Year	No Response (N, %)	Low Test Anxiety (N, %)	Moderate Anxiety (N, %)	High Anxiety (N, %)	Very High Anxiety (N, %)	Total (N, %)
No Response	323 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	323 (100.0%)
IX Standard	0 (0.0%)	113 (41.7%)	118 (43.5%)	34 (12.5%)	6 (2.2%)	271 (100.0%)
X Standard	0 (0.0%)	76 (38.2%)	90 (45.2%)	33 (16.6%)	0 (0.0%)	199 (100.0%)
XI Standard	0 (0.0%)	39 (30.5%)	64 (50.0%)	24 (18.8%)	1 (0.8%)	128 (100.0%)
XII Standard	0 (0.0%)	44 (31.0%)	68 (47.9%)	26 (18.3%)	4 (2.8%)	142 (100.0%)
<b>Total</b>	<b>323 (30.4%)</b>	<b>272 (25.6%)</b>	<b>340 (32.0%)</b>	<b>117 (11.0%)</b>	<b>11 (1.0%)</b>	<b>1063 (100.0%)</b>
P-Value					0.001	

**Anxiety levels varied significantly by grade level ( $p = 0.001$ ).**

- 9th and 10th standard students had higher proportions of low test anxiety, but their moderate anxiety levels were also high (43.5% and 45.2%, respectively).
- 11th and 12th standard students showed a shift toward higher anxiety levels, with XI and XII students having the highest moderate and high anxiety levels (50% and 47.9%, respectively).
- Very high anxiety was observed in a small fraction of students across all study years, peaking in 9th standard (2.2%) and 12th standard (2.8%).

**Table 3: Distribution of Study Participants According to TASA Score by Time Spent on media**

Time Spent	No Response (N, %)	Low Test Anxiety (N, %)	Moderate Anxiety (N, %)	High Anxiety (N, %)	Very High Anxiety (N, %)	Total (N, %)
No Response	323 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	323 (100.0%)
1 to 2 hours	0 (0.0%)	99 (35.5%)	142 (50.9%)	37 (13.3%)	1 (0.4%)	279 (100.0%)
2 to 4 hours	0 (0.0%)	33 (39.8%)	30 (36.1%)	18 (21.7%)	2 (2.4%)	83 (100.0%)
Less than 1 hour	0 (0.0%)	124 (38.4%)	145 (44.9%)	49 (15.2%)	5 (1.5%)	323 (100.0%)
More than 4 hours	0 (0.0%)	16 (29.1%)	23 (41.8%)	13 (23.6%)	3 (5.5%)	55 (100.0%)
<b>Total</b>	<b>323 (30.4%)</b>	<b>272 (25.6%)</b>	<b>340 (32.0%)</b>	<b>117 (11.0%)</b>	<b>11 (1.0%)</b>	<b>1063 (100.0%)</b>
<b>P-Value</b>					<b>0.001</b>	

Time spent on media had a statistically significant effect on test anxiety levels ( $p = 0.001$ ).

- Students who used media for 1 to 2 hours per day had the highest proportion of moderate anxiety (50.9%), followed by those who spent less than an hour (44.9%).
- Students who used media for more than 4 hours daily had higher levels of high and very high anxiety (23.6% and 5.5%, respectively).

Those who spent 2 to 4 hours on media had a relatively balanced distribution across low (39.8%), moderate (36.1%), and high (21.7%) anxiety levels.

**Table 4: IMPACT OF PHYSICAL ACTIVITY ON ANXIETY**

Physical Activity During Exams	No Response (N, %)	Low Test Anxiety (N, %)	Moderate Anxiety (N, %)	High Anxiety (N, %)	Very High Anxiety (N, %)	Total (N, %)
No Response	323 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	323 (100.0%)
Not at all	0 (0.0%)	54 (45.8%)	44 (37.3%)	17 (14.4%)	3 (2.5%)	118 (100.0%)
Slightly decreased	0 (0.0%)	67 (47.5%)	57 (40.4%)	17 (12.1%)	0 (0.0%)	141 (100.0%)
Moderately decreased	0 (0.0%)	59 (40.7%)	68 (46.9%)	16 (11.0%)	2 (1.4%)	145 (100.0%)
Significantly decreased	0 (0.0%)	49 (34.3%)	77 (53.8%)	17 (11.9%)	0 (0.0%)	143 (100.0%)
Completely stopped	0 (0.0%)	43 (22.3%)	94 (48.7%)	50 (25.9%)	6 (3.1%)	193 (100.0%)
<b>Total</b>	<b>323 (30.4%)</b>	<b>272 (25.6%)</b>	<b>340 (32.0%)</b>	<b>117 (11.0%)</b>	<b>11 (1.0%)</b>	<b>1063 (100.0%)</b>
<b>P-Value</b>					<b>0.001</b>	

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## Impact of Physical Activity on Anxiety

A strong association was observed between physical activity reduction during exams and test anxiety levels ( $p = 0.001$ ).

- Students who completely stopped exercising had the highest levels of moderate (48.7%) and high (25.9%) anxiety.
- Those with no decrease in physical activity had the lowest anxiety levels, with 45.8% reporting low test anxiety and only 2.5% experiencing very high anxiety.
- A slight or moderate decrease in physical activity was associated with more students experiencing moderate anxiety (40.4% to 46.9%), but fewer cases of very high anxiety.
- Students who significantly decreased their physical activity had the highest proportion of moderate anxiety (53.8%) but no cases of very high anxiety.

### Conclusion :

Exam-related stress significantly affects adolescents, impacting their mental well-being, academic performance, and daily habits. Many students experience anxiety symptoms such as nervousness, panic, and forgetfulness, which hinder their ability to focus and recall information during exams. Sleep disturbances are also common, with a considerable number of students struggling to rest properly before an exam, further impairing cognitive function.

The study highlights that exam-related anxiety is influenced by study year, media usage, and physical activity.

- Higher study years (XI & XII) had increased moderate to high anxiety levels.
- Excessive media use (>4 hours) was linked to very high anxiety, while moderate use (1-2 hours) had the highest proportion of moderate anxiety.
- Physical activity reduction correlated with increased anxiety, with students who stopped exercising showing the highest levels of high anxiety.

The results suggest that maintaining physical activity, limiting excessive media use, and implementing stress management strategies could help students manage test-related anxiety.

A decline in physical activity is evident, as students reduce or completely stop exercising during exam preparation. This shift in routine contributes to increased stress and reduced overall well-being. Additionally, media consumption patterns change, with students prioritizing educational content over entertainment and social interactions. Exam pressure often leads to careless mistakes, such as struggling with simple questions due to anxiety.

Despite these challenges, most students recognize the benefits of physical activity in managing stress and improving focus. These findings highlight the urgent need for effective stress management strategies, including time management, structured study plans, and relaxation techniques. Encouraging students to maintain a balanced approach, incorporating physical activity, mindfulness practices, and proper study habits which can help them navigate academic pressure more effectively while safeguarding their mental health. This approach provided valuable insights into the extent of anxiety experienced by students during exams and help in identifying potential interventions for better managing academic stress.

**Contributors :** This survey was conceptualised by Dr Poonam Bhatia and approved by Dr Hima Bindu Singh (chairperson-AHA) , Dr Shamik Ghosh and other team members of Adolescent Today. Initial questionnaires were framed by Dr Geeta Bansal and Dr Rashmi Gupta. Dr Utkarsh and Sonia Bhatt created the final draft. Dr Sonia Bhatt and Dr. Roli Verma analysed the data and prepared the final manuscript of the survey.

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# How Medical Foundation Courses Foster Coping Skills?

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## **Bio : Prof. Dr Kavita N Singh (Need Short bio)**

MS, PhD (Gyn. Oncology), FICOG, ACME | Dean, Gandhi Medical College, Bhopal

**Leadership Roles:** President, AMPOGS (2024-26), MP SC AGOI (2023-25), MPMTA NSCB MCH, Rotary Club of Jabalpur

**Awards & Honors :** FOGSI Duru Shah Community Service Award (2023)

- FOGSI-ICOG Dr. Usha Saraiya Guest Lecture Award (2012)
- COVID Warrior Award (MP Govt, 2020)
- DBT-National Young Scientist Award (2002)

**Academic Contributions :** 39 publications, 10 textbooks (UG & PG), 75 guest lectures, 3 live workshops

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## **From Stress to Strength: How Medical Foundation Courses Foster Coping Skills**

The National Medical Commission's (NMC) initiative to introduce a **Foundation Course for medical students** is a transformative step toward bridging the gap between academic learning and the real-world demands of healthcare. This course is designed to prepare students holistically for their medical journey, equipping them with the essential **knowledge, skills, and attitudes** required for success in their careers.

**Bridging the Transition:** The transition from high school to medical school can be daunting. It involves adapting to a **rigorous curriculum, high expectations, and the complexities of the medical profession**. The **Foundation Course acts as a bridge**, providing a structured introduction to medicine while ensuring students adjust better to their new surroundings and the system itself. It **outlines clear objectives**, helping students understand the challenges ahead and develop strategies to overcome them.

Moreover, the **mentor-mentee program** incorporated within this course helps address day-to-day problems, offering emotional and academic support. By fostering a sense of guidance, it ensures that students do not feel lost or overwhelmed in their initial phase of medical education.

**Key Areas of Focus:** The **Foundation Course emphasizes multiple aspects crucial for shaping competent medical professionals:**

- **Communication Skills** – Essential for building trust with patients, collaborating with colleagues, and expressing medical information clearly.
- **Stress Management & Emotional Resilience** – Medicine is a demanding field, and developing coping mechanisms early ensures students maintain mental well-being.
- **Time Management & Professionalism** – Students learn the importance of discipline, ethical responsibility, and handling their workload efficiently.
- **Ethics & Doctor-Patient Relationship** – Understanding the moral and ethical dimensions of medicine helps students develop integrity, empathy, and accountability.

Additionally, computer and English language classes help students overcome miscommunication barriers, ensuring seamless learning and effective interaction with patients and medical literature.

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**The Role of Physical & Mental Well-being: Recognizing the importance of holistic development, the Foundation Course integrates:**

- **Sports** – Encouraging teamwork, endurance, and fitness.
- **Yoga & Meditation** – Enhancing focus, reducing stress, and improving emotional balance.

Such activities help students build physical and mental strength, preparing them for the demanding nature of medical education and practice.

### **Hands-On Exposure & Real-World Learning:**

To demystify medicine and offer early exposure, foundation courses often include:

- **Community Visits & Patient Interaction** – Helping students understand public health issues and diverse patient needs.
- **Workshops & Clinical Exposure** – Introducing medical terminology, case discussions, and ethical dilemmas to make learning practical and engaging.

This real-world exposure instills a sense of purpose and commitment to the medical profession, allowing students to see the direct impact of their future role in healthcare.

### **Potential Challenges & Solutions**

*While the Foundation Course offers numerous benefits, a few challenges exist:*

- **Over-Familiarity** – With an informal start, some students might become too relaxed or undisciplined.
- **Taking It for Granted** – Some students may not take the program seriously, assuming it is just an introductory phase.

However, setting clear expectations, structured activities, and maintaining a balance between interaction and discipline can ensure that students make the most of this critical phase.

### **Conclusion :**

The Foundation Course is more than just an academic program—it is a stepping stone that nurtures well-rounded, competent, and compassionate doctors. By focusing on holistic development, ethical values, communication, stress management, and hands-on learning, the course ensures students are prepared not only for medical school but also for their future roles as resilient and empathetic healthcare professionals.

A two-week duration provides an ideal timeframe for students to intermingle, adapt, and gain confidence, setting a strong foundation for the years ahead. With such initiatives, medical education can truly equip students with the right mindset and skill set to excel in their careers and serve society effectively.

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# Time Management An Essential Life Skill For Adolescents

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## Bio : Dr Geeta Patil, MD, FIAP

- Senior Consultant Pediatrician, Adolescent Health Specialist & Counsellor
- Chaitanya Hospital, RT Nagar | Visiting Consultant, Manipal Hospital, Hebbal, Bangalore

### Leadership & Contributions:

- President, IAP Bangalore (2017) – Best Branch Award
- Central AHA Chairperson (2024)
- CIAP EB Member (2020, 2022) | IAP ECHC EB (2023, 2024)
- National Scientific Coordinator, IAP KI BAAT COMMUNITY KE SAAT (2024-25)

### Organizing Roles:

- Chief Organizing Chairperson, National Adolescon (2019) | Joint Organizing Secretary, National Pedicon (2017)
- Organizing Secretary, South Zone Pedicon (2020), PEDENVICON (2023)

### Academic Contributions:

- FIAP Awardee (2021) | Dr. S. Bhaduri & Dr. D. S. Das Oration, IAP Jamshedpur (28th Annual Conference)
- Editor, IAP-AHA Textbook of Adolescent Medicine
- 23 publications, book chapters, and national advisor for Indian Pediatrics (2024)

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## Time Management: An Essential Life Skill for Adolescents

Adolescence is a pivotal stage in development, characterized by significant physical, emotional, and cognitive changes. During this transformative period, adolescents face the challenge of juggling academic demands, extracurricular activities, social interactions, and personal growth.

For Paediatricians, understanding the importance of time management as a critical life skill can provide unique opportunities to support and guide adolescents toward healthier lifestyles and successful futures. Time management is not just a practical skill but a developmental milestone that equips adolescents to handle the demands of modern life. The importance of time management in adolescent development, strategies to nurture this skill has to be fostered.

### The Importance of Time Management in Adolescents

Time management is the ability to plan, organize, and allocate time effectively to accomplish tasks and goals. During adolescence, the lack of this skill often manifests as procrastination, disorganization, or chronic stress. From a Paediatric perspective, the consequences of poor time management are often seen in the form of psychosomatic symptoms like headaches, fatigue, and sleep disturbances. Adolescents who are unable to manage their time effectively are more likely to experience heightened levels of stress, which can impact both their physical and mental health.

### Why Time Management is an Essential Life Skill?

#### 1. Supports Cognitive and Emotional Development

Time management encourages adolescents to develop executive functions such as planning, prioritization, and self-regulation. These skills are not only essential for academic success but also for managing emotions, building resilience, and fostering mental well-being.

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## **2. Improves Academic and Extracurricular activities**

Adolescents who master time management are better equipped to balance competing demands. This balance prevents burnout, ensures active participation in extracurricular activities, and promotes holistic development.

## **3. Promotes Mental Health**

Poor time management can lead to chronic stress, anxiety, and feelings of inadequacy. By helping adolescents organize their time, paediatricians can indirectly reduce these mental health risks and enhance overall well-being.

## **4. Prepares for Adulthood**

Adolescents who learn to prioritize tasks and meet deadlines develop a sense of accountability and discipline that will benefit them in higher education and professional life. Strong time management skills foster self-discipline and responsibility, essential traits for success in adulthood.

## **Key Strategies for Effective Time Management**

### **1. Encourage Goal-Setting**

Adolescents benefit from setting SMART goals. Paediatricians can discuss the importance of both short-term and long-term goals during consultations, emphasizing their role in providing direction and motivation.

### **2. Teach Prioritization**

Adolescents often struggle to distinguish between urgent and important tasks. Encouraging the use of simple to-do lists can help them to allocate their time wisely.

### **3. Promote the Use of Schedules and Planners**

Can recommend the use of daily planners, calendars, or digital apps to organize tasks. Structured planning reduces the likelihood of procrastination and provides a visual representation of their responsibilities.

### **4. Address Procrastination**

Procrastination is common among adolescents and often stems from fear of failure or task aversion and counselling adolescents on starting with small, manageable tasks to build momentum and confidence.

### **5. Encourage Digital Discipline**

The rise of social media and digital entertainment has increased distractions for adolescents. Educate families on setting boundaries for screen time and creating technology-free zones to enhance focus.

### **6. Foster Reflective Practices**

Paediatricians can encourage adolescents to review their schedules weekly, reflecting on what worked and what didn't. This practice helps them develop self-awareness and adaptability.

## **The Role of Paediatricians in Promoting Time Management**

### **1. Identifying Warning Signs**

Poor time management often manifests in physical and psychological symptoms such as chronic fatigue, sleep issues, or heightened stress and can be identified these warning signs during routine check-ups and address them proactively.

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## 2. Counselling Adolescents and Families

Paediatricians can educate both adolescents and their caregivers on the importance of time management. By involving parents, can ensure that the home environment supports the development of these skills.

## 3. Promoting Healthy Routines

Establishing routines is central to time management. Paediatricians can counsel families on the importance of regular sleep schedules, balanced meals, and designated study times to create a stable framework for adolescents.

## 4. Timely reference

In cases where time management issues significantly impact an adolescent's mental health or academic performance, paediatricians can refer families to school counsellors, psychologists, or time management workshops.

## 5. Advocating for Life Skills Education

Paediatricians can advocate for schools to incorporate time management and other life skills into their curricula..

## Challenges in Developing Time Management Skills

Despite its importance, time management is a skill that many adolescents struggle to master.

### Common challenges include:

**Overcommitment:** Adolescents often take on too many activities, leading to burnout.

**Distractions:** The pervasive presence of media/technology makes focus difficult.

**Lack of Motivation:** Adolescents may lack the intrinsic drive to manage their time effectively.

Paediatricians can address these challenges by fostering open communication and providing practical, realistic advice. They can also help adolescents understand the link between effective time management and their overall health.

### Benefits of Effective Time Management :

**Improved Academic Performance:** Timely completion of assignments and better preparation for exams lead to higher grades.

**Reduced Stress Levels:** Organized schedules alleviate the anxiety associated with last-minute cramming and missed deadlines.

**Enhanced Self-Discipline:** Regular practice of time management fosters self-control and accountability.

**Better Work-Life Balance:** Efficient time allocation allows for a harmonious balance between academic responsibilities and personal interests.

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# The New ABCs of Education: Activity, Balance, and Calm

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## **Bio : Mr Biswajit Majumdar**

Headmaster, MCKV, Liluah, Howrah

The National Education Policy 2020 of India recognizes the importance of mental health in the overall well-being and development of students and stresses the need for a holistic approach to education that includes attention to mental health. The policy states that mental health and emotional well-being are critical components of holistic development, and schools should ensure that they are integrated into the curriculum.

The policy emphasizes on “basic training in health, including preventive health, mental health, good nutrition, personal and public hygiene, disaster response and first-aid will also be included in the curriculum, as well as scientific explanations of the detrimental and damaging effects of alcohol, tobacco, and other drugs” (NEP-2020). It talks about the need for early identification and intervention for mental health issues in students. It also stresses the importance of promoting positive mental health practices and creating a safe and supportive school environment that encourages students to seek help when needed.

The policy further emphasizes the need for collaboration between schools and other stakeholders, including parents, community organizations, and healthcare providers, to address mental health issues effectively. Awareness and sensitization, counselling services, mental health curriculum, and support for special needs students and capacity building are the key areas to be specially taken care.

The National Education Policy (NEP) 2020 of India includes provisions for physical activity and mental relaxation in schools for adolescents as well. The policy aims to promote health, discipline, and fitness while balancing academic learning. The following can be included in the school calendar: physical activity, regular health check-ups and sports competitions etc. Schools can organize an annual sports day to ensure maximum participation. These will surely improve and take care of the mental relaxation, mental health and emotional wellbeing at the same time. Schools can organize regular sports competitions, including indigenous sports. The NEP integrates physical education and sports into the school curriculum. It recommends regular health check-ups for students, including growth monitoring. Physical activity shows numerous benefits for mental health, including reducing stress levels, improving mood and taking care of emotional well-being.

Multidisciplinary and holistic educational approach are part of the key principles of the NEP. Along with subjects like the sciences and social sciences, the curriculum must contain courses that make education well-rounded, useful and fulfilling, including games, sports and fitness and that is why it also proposes other ways to increase school students’ exposure to sports and other activities. It offers increased flexibility and choice of subjects, allowing students to choose physical education as part of the curriculum. The Policy also proposes ‘bagless’ days to allow students to engage in local vocational and other activities, such as sports and gardening.

The NEP further encourages formation of clubs for sports, yoga, health and well-being at the levels of schools, districts and beyond.

The National Education Policy 2020 aims to provide equitable and inclusive education to all learners in India. While the policy focuses on various aspects of education, it recognizes the importance of mental health and well-being of learners with special emphasis on physical activity. It clearly emphasizes the need for integrating mental health education and services into the education system along with physical activities into the school curriculum helping learners understand the importance of mental health and physical activities in the real sense of the term. As an educator, I believe that it is high time to give the true colours to the vision encapsulated in the New Education Policy making a better country for the posterity.

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## Study Skills To Excel In Education

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### **Bio : Dr. Yatesh Pujar**

MD, DNB, PGDAP, is a Consultant Pediatrician and Adolescent Specialist at Shri B M Patil Medical College Hospital, Vijayapura, Karnataka.

His areas of interest include adolescent medicine and parenting.

He has conducted parenting workshops across Karnataka and served as the President of IAP Karnataka in 2018

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In the world of education, the possession of good study skills is the key that unlocks the door to success. These skills not only enable students to comprehend and retain information but also assist in cultivating a structured approach to learning. The primary purpose behind the act of studying is to acquire knowledge, skills and to achieve success. It aids individuals in reaching personal and professional goals, fostering passion, perseverance, and dedication to their work.

### **Requirements for Good Study Skills**

The development of good study skills necessitates a combination of factors related to both the student and their environment. Crucial characteristics include a positive temperament, an IQ between 100-130, cognitive flexibility, and a strong academic orientation. Equally important are good health, adequate sleep, and a healthy understanding of sexuality. Supportive elements such as a conducive home environment, positive parenting, school and peer support, and societal encouragement also play a significant role.

Several factors can impede a student's ability to study effectively, including fear, stress, distractions, low self-esteem, feelings of being overwhelmed, and a lack of a proper plan. Procrastination, poor health, and improper use of the internet are also detrimental, alongside a negative attitude and irregular attendance.

Every student possesses a unique learning style, be it visual, kinaesthetic, or auditory. Understanding one's learning style can facilitate the tailoring of study methods to be more effective. Visual learners benefit from diagrams and written notes, while auditory learners absorb information best through listening. Kinaesthetic learners, conversely, prefer hands-on activities.

### **Study skills**

A conducive study environment is paramount. An ideal study area should be free from distractions, well-lit, and comfortable. It is also beneficial to have all study materials readily accessible to maintain focus. The establishment of SMART goals—Specific, Measurable, Achievable, Relevant, and Timed—assists in creating a clear roadmap for studying. Planning daily and long-term schedules, breaking down tasks, and setting realistic deadlines are vital strategies. Effective time management and self-discipline are foundational to successful studying. Creation of a daily routine can aid in managing time efficiently. Rewarding oneself after completing tasks can also enhance motivation. Maintaining focus and concentration is essential for effective studying. Techniques such as using a timer, meditating, and decluttering the study area can aid in sustaining focus.

### **Thinking, memory and revision**

Both critical and creative thinking are indispensable in solving problems and generating new ideas. While critical thinking involves logical analysis, creative thinking encourages brainstorming and the exploration of new perspectives. A good memory is crucial for retaining information. Techniques such as rehearsal, mnemonic devices, and creating mind maps can significantly enhance memory retention. Efficient reading skills encompass the ability to comprehend material quickly and

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effectively. Note-making, whether through summarization, outlining, or using the Cornell method, aids in the retention and understanding of the material. Regular revision is essential for the long-term retention of information. Utilizing tools such as flashcards, mnemonic devices, and mind maps can facilitate effective revision.

### **Internet, AI and studying**

The digital age has introduced new avenues for studying. Effective online study requires a stable internet connection, necessary resources, and a distraction-free environment. Some ideas to make the most out of AI tools available now are:

1. **Homework Help:** Using AI-powered apps like Socratic by Google or Photomath or Deep seek to get step-by-step solutions and explanations for math problems or homework questions. These tools help to understand the maths concepts better.
2. **Study Aids:** Platforms like Quizlet use AI to create flashcards and quizzes tailored to various subjects. They also offer adaptive learning techniques to improve retention of information.
3. **Time Management:** Apps like Microsoft To Do or Google Calendar with AI features can help organize study schedule, set reminders for assignments, and manage time effectively.
4. **Writing Assistance:** Grammarly can help in improving writing skills. It offers AI-powered grammar and style suggestions to write essays, reports, and assignments more effectively.
5. **Language Learning:** Duolingo uses AI to adapt lessons and make language learning more personalized and engaging.
6. **Research:** Tools like Deep seek, Perplexity AI and Bing's ChatGPT-4 integration can help to find information quickly, summarize articles, and assist with research for projects and assignments.
7. **Note-Taking:** Use of apps like OneNote or Evernote, which have AI features to organize and tag notes, making it easier to review and find information.
8. **Interactive Learning:** Platforms like Khan Academy and Coursera offer personalized learning experiences with AI-driven content, helping students understand subjects better through videos, quizzes, and interactive exercises.
9. **AI Tutors:** If you need extra help, AI tutoring services like Khan Academy or Socratic can provide explanations and tutorials in various subjects.
10. **Creative Projects:** AI tools like Canva can be used for designing posters, presentations, or any creative projects.
11. **Integrating these AI tools in study routine,** will make student learn more efficiently and effectively.
12. **Parents and Teachers play a crucial role in a student's academic success.** Providing emotional and financial support, maintaining realistic expectations, and creating a positive home and school environment can significantly reduce a student's stress.

In conclusion, the development of effective study skills is a multifaceted approach that involves not only the student's individual efforts but also support from their environment. By combining good health, structured planning, and supportive environment, students can enhance their academic performance and achieve their educational goals.

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- "AI tools for high school/college students" search on Microsoft Co-pilot

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# Exam Stress Assessment And Management By Caregivers

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## **Bio : Dr. Newton Luiz | MD DCH DNB FIAP**

Senior Consultant Pediatrician, Dhanya Mission Hospital, Potta, Kerala | Published a Malayalam book on Child Care in 2019 | Academic Editor, IAP-AHA Textbook of Adolescent Medicine 2024 | Author of chapters in IAP PG Textbook of Pediatrics and Bhavé's Textbook of Adolescence | 109 talks as AHA or IAP Faculty at National and State level | 148 talks on Adolescence in schools to students and/or their parents | Former Secretary and President of AHA Kerala and IAP Thrissur

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Exams are an integral part of student life. They are a necessary stimulus for the child to study. They provide feedback on his level of knowledge. Frequent brief tests throughout the year encourage regular study and discourage cramming, and are proven to help with lasting retention of knowledge.

Unfortunately, research has consistently shown that Indian schoolchildren experience excessive academic stress in high school. This is counterproductive, and may result in poor self-esteem, loss of motivation to study, poor concentration, anxiety, depression, school phobia, and even substance abuse and adolescent suicide.

The causes of this undue pressure are not hard to seek. Academic achievement is the most reliable path to financial enrichment, social mobility and a bright future. Society measures the adolescent's personal worth primarily by his academic performance, downplaying his talents. Well-intentioned parents of high school students pressurize their children to study hard, foregoing hobbies, sports, social activities, and even adequate sleep. Parental pressure is cited by 66% of students as the primary cause of their exam stress.

After their 10th year exams, adolescents must choose a stream of study and a career path, which is usually irrevocable. Learning is twice as difficult for those who must switch from studying in the vernacular to English. Adolescents are often asked to prepare simultaneously for both regular board exams and entrance exams. In the 12th year exams, the competition escalates from the school level to the state or national level.

Parents can help their children to perform optimally by having realistic expectations, encouraging a balanced lifestyle and maximizing time management. They should

- Acknowledge exam stress and offer emotional support, reminding the children that exams come and go, and they have already faced many exams in the past.
- Appreciate effort and progress rather than grades, recognizing that all children cannot score equally well.
- Minimize distractions at home.
- Guide their children in wise time management. There should be regular study periods, interspersed with time for recreation and socialization.
- Sleep is the best stress-buster, and the adolescent must get his daily 8-10 hours of sleep; late and irregular sleep times should be discouraged.
- Focus on study at school, rather than parallel learning in time-consuming tuition classes and entrance coaching.

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## Teachers can

- Conduct frequent brief tests throughout the year to ensure regular study
- Be friendly and approachable for students to get their doubts clarified
- Motivate children to study, and guide them in time management and study techniques
- Look out for obvious signs of stress, like recent underperformance, sleepiness, tearfulness
- Encourage parents of struggling children to seek support from the school counsellor or a Pediatrician.

Pediatricians must advise parents and teachers on the need for adequate sleep, regular study, and relaxation. They can guide students on how to approach exams, clarifying that mild anxiety is normal and unavoidable at exam time, even among good students. They should warn students against negative stress relief strategies like procrastination, distraction (excessive screen time or focus on sports and recreation) and avoidance of study (consumption of alcohol or drugs).

## Adolescents should use positive strategies:

- Study from Day 1 of school
- Study each day's portions on the same day whenever possible
- Revise portions regularly, on the weekend, month end, and at exam time
- Have a time management schedule, allotting reasonably fixed times for school, home study and sleep

## At exam time,

- Stop studying, and switch to revision
- Avoid too much caffeine, as it may cause insomnia.
- Pack up for each exam the day before, including the identity proof and hall ticket
- Reach the exam hall 15 minutes earlier
- Avoid discussing the paper after the exam, and focus on the next day.

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# Yoga and Stress Management for Adolescents

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## Bio : Dr. Pratibha Patil

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**Introduction** : Adolescence is a transformative phase marked by rapid physical, emotional, and cognitive changes. Increased academic pressure, social challenges, and digital distractions contribute to heightened stress, anxiety, and mental health issues. Research suggests that adolescents today face higher stress levels than previous generations, leading to sleep disturbances, emotional instability, and even early-onset lifestyle disorders. Yoga, an ancient yet scientifically backed practice, offers an effective, drug-free approach to stress management, improving emotional resilience, cognitive function, and overall well-being.

### Scientific Basis of Yoga for Stress Management in Adolescents-

**1) Regulating the Nervous System for Emotional Stability** : Adolescents often experience heightened emotional responses due to an underdeveloped prefrontal cortex and an overactive amygdala, which processes fear and emotions. Yoga helps regulate the autonomic nervous system (ANS) by increasing parasympathetic activity (calm state) and reducing sympathetic dominance (stress response). Studies using neuroimaging have shown that yoga enhances activity in the prefrontal cortex, leading to improved impulse control and emotional regulation (Goyal et al., 2014).

**2) Reduction in Academic Stress and Improved Focus** : School-related stress, exams, and peer competition can lead to burnout and poor academic performance. Yoga improves concentration, enhances memory retention, and reduces cortisol levels, helping students perform better under pressure (Pascoe et al., 2017). Regular practice of mindfulness-based techniques and breath control (pranayama) has been shown to improve cognitive flexibility and executive function.

**3) Boosting Mental Health and Reducing Anxiety and Depression** : Adolescents are particularly vulnerable to anxiety and depression, often exacerbated by social media exposure and unrealistic societal expectations. Yoga increases levels of gamma-aminobutyric acid (GABA), a neurotransmitter associated with relaxation and mood stability. Studies show that adolescents practicing yoga experience reduced symptoms of anxiety, depression, and social withdrawal (Cramer et al., 2013).

**4) Enhancing Sleep Quality and Reducing Insomnia** : Irregular sleep patterns and late-night screen exposure disrupt melatonin production, leading to poor sleep quality in teenagers. Yoga Nidra, a guided deep relaxation technique, has been shown to improve sleep latency, increase deep sleep phases, and enhance overall restfulness.

**5) Yoga for Physical Fitness and Postural Health** : With the rise of digital device usage, postural problems such as forward head posture and chronic back pain are increasingly common in adolescents. Yoga strengthens the musculoskeletal system, improves flexibility, and enhances lung capacity, benefiting growing bodies.

### 6) Sudarshan Kriya Yoga (SKY) :

- **A Powerful Stress-Relief Tool** : Sudarshan Kriya Yoga (SKY), a rhythmic breathing technique developed by Sri Sri Ravi Shankar, has been extensively researched for its effects on stress reduction and emotional well-being. SKY involves specific breathing patterns that,
- **Reduce Cortisol Levels** : SKY practitioners show a significant decrease in stress hormone levels, promoting relaxation.

- Enhance Mood and Emotional Stability : SKY increases serotonin and dopamine production, reducing symptoms of depression and anxiety (Brown & Gerbarg, 2005).
- Improve Attention and Cognitive Function : Studies in students have demonstrated improved focus, better decision-making, and enhanced academic performance after regular SKY practice.
- Strengthen the Immune System : By reducing inflammation and oxidative stress, SKY contributes to better overall health and disease resistance.

#### 7) Practical Yoga Practices for Adolescents :

- **Morning Routine** : Simple stretches like Tadasana (Mountain Pose), Bhujangasana (Cobra Pose), and Surya Namaskar (Sun Salutation) boost energy and flexibility.
- **Breathwork for Exam Stress** : Anulom Vilom (Alternate Nostril Breathing) and Bhramari (Humming Bee Breath) instantly calm the mind.
- **Yoga Nidra for Better Sleep** : Practicing 10 minutes of Yoga Nidra before bed improves sleep quality and recovery.
- **Meditation for Emotional Balance** : Even 5 minutes of guided meditation can significantly enhance focus and emotional control.

**Conclusion** : Adolescents today need effective, holistic tools to manage stress and build emotional resilience. Yoga, with its well-documented neurophysiological, endocrine, and cognitive benefits, is a powerful practice that can significantly improve their quality of life. Sudarshan Kriya Yoga (SKY), in particular, offers profound benefits for stress reduction and emotional stability. By integrating yoga into daily routines, adolescents can develop better focus, improved mental health, and enhanced overall well-being.

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## Role Of Nutrition To Reduce Stress

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### Bio : Dr. Ratna Mulay

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Director, SM Ethical Trades Pvt. Ltd.

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Expertise: Pediatric & Adolescent Medicine, Nutrition, Public Health

#### Key Contributions:

- Led initiatives in Routine Immunization, Disease Surveillance, RNTCP
- Established India's first Skills Lab under NHM
- Pioneered Measles Surveillance in India
- Formulation & manufacturing of nutrition supplements
- Research on nutrition, gender, and public health

#### Publications & Recognitions:

- Studies on H1N1, COVID-19, Malnutrition, NCDs, and Women's Health
- Research on MMND in young adult women of Bhopal

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#### How can good nutrition reduce stress-?

To understand the role and relationship of nutritious food and nutrients in stress we need to understand what is stress.

#### What is stress-

WHO defines stress as “a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree. The way we respond to stress, however, makes a big difference to our overall well-being.”

Stress can be actual or perceived (virtual).

In current situation where the upbringing of children is politer, trying to expose them to no stress, less number of children around, inexperienced parents etc. makes children weaker both physically and mentally. Parents give in to the demands of children (regarding everything, not only food), and as a result, children when exposed to resistance tend to secrete more cortisol and their coping mechanism turn to comfort food which is invariably unhealthy. Lack of activity, more of screen time add further fuel to the problem.

Nowadays stress has become a norm of life, in different range of ages in both males and females. It can be acute, acute episodic, or chronic. A mix of one or more than one may be experienced.

The human body reacts to any kind of stress by a release of adrenalin and cortisol in different amounts and depending on the persons reaction, heart rate increases to provide extra blood and oxygen to heart, brain and body cells, to execute a fight or flight response, but as a result, decreases blood flow to other organs.

In the long term if stress is not taken care of, it may lead to chronic inflammation and damage to cells thereby leading to multiple diseases and disorders. It can actually lead to –digestive disturbances (acidity, regurgitation, indigestion, diarrhoea, constipation, flatulence etc.), repeated infections, hypertension, skin problems, body ache, sleep alterations, infertility, anxiety and depression and many other ailments.

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This kind of food will not help overcome stress but may lead to poorer response to stress and result in many problems like anxiety, depression, obesity, early onset of non-communicable disorders etc.

Inclusion of good nutritious food, consistent exercise, breathing exercises help to cope with stress in the long-term.

**Relation of diet with stress and mental health :** Regular consumption of an unhealthy diet, with refined flour, refined oils, excessive salts, preservatives, food colouring, sugars, sugar substitutes, processed foods etc. have definitive evidence of affecting not only general health but also mental health. Poor diet is related to anxiety and depression. But at the same time anxiety and depression or mental condition may lead to unhealthy eating as well. The unhealthy diet can also lead to early onset non-communicable disorders and hormonal imbalances too which in turn themselves are very stressful conditions.

Stress creates greater physiological demands of more energy, oxygen, circulation, and therefore increase the demand of vitamins and minerals. The issue is that stressful conditions need a nutritionally dense diet, but sufferers of stress often prefer comfort foods, which are nutrient deficient. This further exposes them to micronutrient deficiencies and compromises their metabolic systems. This situation can be further complicated by the use of medications and substance abuse, especially in adolescents who are in their growth spurt. This depletion of micronutrients affects their physical and mental development and health adversely, especially in girls because of their smaller organs, low muscle mass and shorter period of growth.

Stress affects various body organs differently.

Microbiota of gut gets altered with stress and unhealthy foods which further adds to the stress even in the absence of a stressor. Once the microbiota which thrives on the unhealthy foods takes hold of body, then this microbiota drives the food signals and needs, which are not good for the health. Similarly, deficiency of Magnesium, B12, B complex, Manganese, Selenium, and Zinc may cause stress, depression and anxieties.

Diet can help in stressful situations- Dietary deficiencies can lead to stress but at the same time dietary choices can help relieve stress.

Healthy eating practices- Helps recover in general from the damage caused by stress hormones and improves immunity too. This includes consumption of a variety of coloured food like seasonal fruits (orange, mango, banana, papaya, lichi, apple, guava), vegetables (tomato, lemon, green vegetables, cucumber, reddish, beetroot), for white milk & milk products, whole grains, whole pulses and lentils, sprouts, eggs, nuts and dry fruits etc. If one likes non veg they may include non veg (meat, chicken, fish etc.) in reasonable quantities, preferably cooked in low oil.

Different coloured foods are rich not only in different vitamins and minerals but also contains natural antioxidants. Prefer traditional foods instead of ready to eat ones.

Add fruits as comfort food instead of juice or any other processed food. When cravings for pizza, pasta, samosa, chaat arise etc. try eating fruit chaat, salads, smoothie with fruit/ milk/ butter milk with dry fruits and nuts, or regular home-made food instead.

Drink plenty of water. There is no fixed amount but for a person of normal height & weight, male or female both, consumption of 2-4 litre of potable water is sufficient in pleasant weather conditions. One can adjust hydration according to harshness of heat or cold.

Remove different food colours and preservatives, which are part of junk food, from the diet. So also remove white refined flour/ salt/sugar/ oils.

It's a misconception that fruit juices are good for health. Once in a while fresh fruit juice is fine but packaged juices are always unhealthy because of high fructose content. Very strong caffeine, alcohol and other substances may add to the stress. They may reduce stress for a while but the stress bounces back with a vengeance once effect of stress buster has vanished.

Excess of unhealthy foods is bad but excess of anything is bad. Avoid too much of fruits, oils, caffeine, for that matter even too much of vegetables. A well balanced diet helps to cope with stress better.

Stress causing foods/ substances- fatty, refined processed foods, fried carbohydrates, sweets, excessive fructose, Alcohol, excessive caffeine, tobacco, abusive substances, artificial sweeteners etc.

**Stress buster foods :** Fruits, avocado, simple vegetarian food (with light oil and light spices), milk and milk products, dry fruits and nuts, fermented foods, home-made soups and smoothies etc can reduce stress and anxiety by providing multiple macro and micronutrients, flavonoids and other anti-oxidants.

A huge number of students are suffering from stress and anxieties. The foods described are a basic way to deal with it. One can understand and adjust dietary habits by going through the following examples- These are basic examples for a life with medium activity level. One can adjust amounts according to their activity levels.

Breakfast	Mid-Morning snack	Lunch	Mid evening snack	Dinner
Sprouts one to two cups with tomato, Cucumber, chilli, salt and lemon drops, and a cup of buttermilk. And a seasonal fruit	Some peanuts or buttermilk	2-4 roti, 2 serving dal, 2 serving veg and raita/ salads	Same as mid-morning	Similar as lunch
Half cup peanuts and bhuna chana with curds, salads	10-15 nuts and a fruit	Non veg or paneer or dal rest will be similar to above	Same as mid-morning	Similar as lunch
2 eggs in any form with a roti or two, some salads and a fruit.	Milk/ coconut water/	Non veg or paneer instead of dal rest will be similar	Same as mid-morning	Similar as lunch
Two cheela with paneer or cheese and a tomato.	Lemonade/water	Non veg or paneer or daal rest will be similar	Same as mid-morning	Similar as lunch
Chicken (100-150 gm) salad (for non-vegetarians), with buttermilk	Bhuna Chana	Non veg or paneer for daal rest will be similar	Same as mid-morning	Similar as lunch
Some fish or mutton with lots of salad and a roti or two	Water and dry fruits	Non veg or paneer or dal rest will be similar	Same as mid-morning	Similar as lunch
One serving of poha/ upma/ idli/dosa/ mungode or dhokla with an egg or a cheese cube or milk and fruits/ salads	Nuts and dry fruits	Non veg or paneer or dal rest will be similar	Same as mid-morning	Similar as lunch

By a fruit it means an apple or orange, few grapes, a medium slice of pineapple, melon, water melon etc. whichever is possible. But do not have a whole water melon in one go thinking its low calorie. Daal includes all pulses, lentils and beans in all forms. Always remember that excess of anything might prove pretty harmful. Veg and non-veg is a preference, and one can adjust their diet accordingly. All three meals are interchangeable. Which means if you want to have dosa for lunch rather than breakfast, it's perfectly alright.

There are many more choices for foods and variations, which is not possible to cram in this article Lunch available at a canteen or outside are mostly junk food. You could always carry lunch box. Usually school or college starts at 7-8am. One

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can take milk, buttermilk or soy milk or some fruits and nuts before leaving home. Mid-morning snack may not be available, but it's ok, ensure you don't end up eating chips or similar processed foods. Avoid tea/ coffee/ energy drinks/ cola/ alcohol/ addictive substances etc. in general and especially with meals, because they hamper proper absorption of essential nutrients. But junk food in limited quantity once or twice a week is affordable for health.

At this point it needs to be mentioned that addictive habits are developed during adolescence. Alcohol and cigarettes are easily accessible and they affect the developing brain in an adverse manner since these substances alter neuronal transmitters which may result in lifelong addictions.

**Along with nutritious food there are three simple activities which can reduce stress to a great extent-**

- Deep breathing- Most of us breath very lightly forgetting the fact that oxygen is the most important nutrient for our body, for which a whole organ system is made i.e. respiratory system. Conscious deep breathing many times a day not only provides good amount of oxygen to the body thereby improving metabolism but also reduces stress and anxiety effectively. This not only helps in dealing with day to day stress, but it improves immunity, metabolism and provides healthier skin and hair.
- Exercise- Inclusion of some or other kind of exercises for 1-2 hours, like cardio/ yoga/ stretching/ dancing/ weights or mix of them, even if in small sets, improves metabolism, organ functions, improves absorption and assimilation of nutrients, improves blood and oxygen flow, and exercise itself produces endorphins and multiple feel good hormones and thereby helps in coping with stress.
- Positive thinking and affirmations- Positive affirmations always adds to good health and lower stress or anxiety.

Dietary choices and food preferences added with these three activities can not only help manage stress and anxiety but also helps to lead a happier and calmer life, where one is capable of choosing better for oneself. Best thing is that healthier choices can be started at any point of our life, right from childhood to adulthood.

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## Adolescents in Action: Unplugged: Chill, Chat & Conquer



I know exams can be stressful, but I remind myself to take a deep breath and focus on one question at a time. I've prepared, and I've got this! I love doing mandala art to relieve stress during exams—it helps me relax and clear my mind. I'll take breaks when I need to and be kind to myself through the process.

**Bhavya Agarwal | 10th - A | Delhi Public School Agra**



The expression of application of human creativity, human skills and human imagination is art.. My art is drawing, sketching and painting beautiful things I love my art to clearly show everyone how i see the world as colourful and vibrant as possible Art is a form of therapy and a stress buster for me to relax. The most favourite part of my art is not only creating but also looking at the expressions of people and watching them enjoy my art.

**Gaurika Mishra | 10th | Delhi Public School, Agra**



Music is one of the oldest methods created for expression of human emotions. It works for stress relief, anxiety and has been scientifically proven to help with many forms of mental and emotional disorders. For me, it has served as a method for stress relief over the years. Be it exams or a big competition, music always helps.

**Vardaan | Class 10th | Jayshree Periwai International School, Jaipur**



Timmy, my pet dog is a major stress buster for me. Timmy is someone I can't really look at without my worries melting away. He assumes that I don't have a worry in the world. But when I'm stressed, he can sense it and he comes up to me and falls asleep, and then he's right next to me for the next 3 hours. His behaviour, appearance, habits and demeanour; they all just make me forget what I'm doing and go pet him.

**Shivank Sharma | Class 10th | Delhi Public School, Agra**

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## Exam Stress – Case Based Discussion

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### **Bio : Dr Prajakta A. Kaduskar**

MBBS, DCH, PGD-AP, MA (Clinical Psychology)

Consultant Adolescent Health and Psychologist.

Director, Blooming Buds Child and Adolescent Care Centre, Dhantoli, Nagpur, Maharashtra

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Exam stress is a common phenomenon that affects students of various age groups, often manifesting in anxiety, nervousness, or physical symptoms. This case study explores the impact of exam stress on students, the causes and potential coping strategies.

#### Case Study (HEADDSSS):

Aarya is a 12th standard student who is preparing for her JEE exams. She is an overachiever, always striving for perfection in her studies. Despite her hard work, she feels overwhelmed by the volume of material she needs to cover. As the exam date approaches, she starts feeling anxious and unable to focus. Aarya has trouble sleeping, and her appetite has decreased. Her friends notice that she's becoming more withdrawn, spending less time socializing, and family members notice that she is isolating herself in her room but not addicted to screen.

**Case Study Overview :** Aarya, a junior college student, has been preparing for her 12th Board exams and JEE entrance exam over the past few months. She is an outstanding student but has always felt pressure to perform well. In the weeks leading up to the exams, Aarya notices that she begins to feel anxious and overwhelmed. She struggles with sleeping, experiences difficulty in concentrating, and becomes irritable. Despite her efforts to study, she feels uncertain about her ability to perform well.

#### Causes of Exam Stress :

- **Academic Pressure:** Aarya's family places a high value on academic success contributes to her stress though they are not pressurizing.
- **Fear of Failure:** She fears that performing poorly on her exams will negatively affect her future opportunities, such as college admissions.
- **Perfectionism:** She tends to have high standards for herself, which leads to excessive worry about achieving perfect results. This mindset is contributing to heightened anxiety during exams.
- **Lack of Effective Study Habits:** Despite studying, Aarya finds it hard to concentrate and organize her study sessions. She thinks that she lacks efficient study techniques leads to feeling of frustration and stress (Self Doubt).
- **Comparison with Peers:** Aarya notices her classmates performing well in spite of enjoying in leisure time, which triggers feelings of self-doubt. The belief that everyone else is more capable exacerbates her stress.

#### Impact of Exam Stress :

- **Physical Symptoms:** Aarya experiences insomnia, headaches, and loss of appetite, which negatively affect her health and well-being.
  - **Emotional Symptoms:** Feelings of helplessness, irritability, and mood swings are common during the period
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of stress. Anxiety increases to the point where she has difficulty in calming her mind.

- **Cognitive Effects:** Aarya finds it hard to focus during study sessions and struggles to retain information. This results in an inability to feel adequately prepared for her exams.
- **Social Impact:** Due to her stress, Aarya withdraws from social activities, avoiding time with friends or family, which further isolates her during a time when support could be helpful.

### **Coping Strategies :**

- **Time Management and Study Techniques:** Aarya could benefit from implementing more structured study schedules, using techniques like the Pomodoro method (breaking down study material into smaller, manageable chunks).
- **Stress-Reduction Techniques:** Practicing mindfulness, meditation, or deep breathing exercises could help her manage her anxiety and improve focus during study sessions.
- **Positive Self-Talk and Reframing:** Challenging negative thoughts about her abilities can help Aarya shift her mindset. Rather than focusing on the fear of failure, she can practice self-compassion and remind herself that exams are only one measure of her abilities.
- **Seeking Support:** Reaching out to teachers, family, or peers for guidance and emotional support could alleviate some of the stress. Talking about her feelings with someone she trusts might help Aarya feel less isolated.
- **Physical Exercise and Rest:** Ensuring that she takes regular breaks and engages in physical activity can reduce stress levels. Additionally, prioritizing sleep will improve her overall mood and cognitive function during exams.

Various Studies show that both perceived stress and mental distress were lower before the exams than during the exam period, but higher before the exams than after the exams. Students who already had mental health problems before the exam period were most prone to develop increased levels of stress during the exam period. Higher mental health problems before the exams increase the risk of developing more perceived stress during the exams, which in turn increases the risk of a less successful (or quick) recovery of mental distress after exams.

Exam stress, though common, can be detrimental to a student's mental and physical health. Identifying the causes of stress and adopting healthy coping mechanisms can help students like Aarya manage anxiety and perform better in exams. The goal should be to create a balanced approach that considers both academic achievement and well-being, allowing students to thrive under pressure while also learning to manage stress effectively.

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# Adolescents Are not Mini Adults

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**Authors – Dr. Samir Shah, Dr. Chitra Kulkarni, Dr. Sukanta Chatterjee**

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## Introduction

Adolescence (10-19 years as per WHO) is a crucial transition period between childhood and adulthood. The term originates from Latin, meaning "to mature". It is characterized by rapid physical, psychological, and social changes. While pediatric care is well-established in India, adolescent healthcare remains fragmented. The question arises: Is our healthcare system equipped to address the unique needs of adolescents?

## Understanding Adolescence

Adolescents are not "mini adults" but undergo distinct developmental phases. Adolescence does not progress at the same pace for boys and girls. For girls, the period from thelarche (breast development) to menarche (first menstrual cycle) lasts about 3-4 years, whereas in boys, the process extends over 7-9 years, starting later and ending later.

## Key developmental aspects:

- Physical growth – Rapid height gain, hormonal changes
- Biological changes – Hormonal shifts impact mood and behavior
- Psychosocial development – Identity formation, peer influence, independence-seeking

## Stages of Adolescence:

- Early (9-13 years) – Emotional instability, rebelliousness
- Middle (14-16 years) – Self-awareness, body image concerns
- Late (17-19 years) – Transition to adulthood, decision-making

## Challenges in Adolescent Health

- Mental health concerns – Rising cases of depression, anxiety, and self-harm.
- Nutritional problems – Obesity, eating disorders, and lifestyle diseases like diabetes.
- Substance abuse and risky behaviour – Early exposure to tobacco, alcohol, and drug use.
- Sexual health – Lack of education on contraception, sexually transmitted infections (STIs), and consent.
- Digital overuse

## Need for Adolescent-Specific Healthcare Model

- Adolescent-friendly clinics – Safe spaces with trained professionals.
- Holistic healthcare approach – Integration of mental, physical, and social healthcare.
- Training healthcare professionals – Specialization in adolescent medicine should be encouraged.
- Improved accessibility and affordability – Expansion of telemedicine and digital health solutions.
- Role of Stakeholders -
  - Parents and Caregivers – Open communication, guidance, and emotional support.
  - Schools and Educators – Mental health awareness, life skills education.
  - Government and Policymakers – Strengthening health infrastructure, policy reforms.
  - Healthcare Professionals – Creating a trust-based, confidential, and inclusive healthcare system. Team approach to get best out of this transitional period including pediatrician, psychologist, psychiatrist, dietician, school representatives, school counsellor parents and grandparents. Provide anticipatory guidance and follow up every 3 months to see the effect of implementation.

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## **Current Challenges in Adolescent Healthcare in India**

### **Limited Adolescent-Friendly Services**

- Few dedicated adolescent health clinics.
- Limited adolescent-specific healthcare services – Most healthcare setups are child- or adult-focused.
- General OPD settings often lack confidentiality and sensitivity.
- Low awareness among adolescents about available health services.

### **Gaps in Healthcare Professional Training**

- Medical curriculum lacks a dedicated focus on adolescent health.
- Lack of training among healthcare professionals – Many physicians lack expertise in adolescent medicine.
- General practitioners and pediatricians often lack training in adolescent psychology and mental health management.
- Need for structured training in adolescent communication and counselling skills with inclusive approach.

### **Mental Health and Substance Use Issues**

- Rising cases of anxiety, depression, and self-harm among adolescents often overlooked.
- Poor accessibility to mental health professionals and services.
- Increase in substance abuse, with limited intervention programs.

### **Reproductive and Sexual Health Concerns**

- Lack of open discussion on sexual health due to cultural taboos.
- Stigma around sexual and reproductive health discussions – Leads to misinformation and risky behaviours.
- Inadequate access to contraception and reproductive health education.
- Rising cases of teenage pregnancies and sexually transmitted infections..

### **Nutritional and Lifestyle Diseases**

- High prevalence of obesity and eating disorders among adolescents.
- Increased junk food consumption due to changing lifestyles.
- Lack of awareness about balanced nutrition and exercise.

**Transitioning from pediatric to adult care** – Many adolescents struggle to navigate the shift in healthcare systems due lack of any structured protocol pertaining to the Indian scenario.

### **Government Initiatives and Policies**

India has implemented several programs to address adolescent health issues, including:

#### **Rashtriya Kishor Swasthya Karyakram (RKSK, 2014)**

- Focuses on adolescent health, nutrition, reproductive health, and mental well-being, substance abuse, sexual health, and violence.
- Provides Adolescent Friendly Health Clinics (AFHCs).

#### **National Health Mission (NHM, 2023)**

- Expands healthcare access to marginalized adolescents.
- Integrates adolescent health with primary healthcare services.
- Focuses on adolescent-friendly health services in schools and primary healthcare centers.
- School Health Program
- Aims at early identification of adolescent health issues.
- Focuses on mental health, nutrition, and hygiene.
- Includes vaccination initiatives (HPV, Hepatitis A & B, Meningococcal).

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## Recommendations for Strengthening Adolescent Healthcare in India

### 1. Parental and Community Involvement

- Screening & Surveillance of adolescents during acute care visits in paediatric practice, with the reports of screening questionnaires, encourage open conversations about adolescent health issues to parents, grandparents & caregivers.

### 2. Promote life skills education in schools.

- School based mental health education programs are mandatory in every school every 3 months.

### 3. Training and Capacity Building

- Introduce adolescent health training in medical and nursing curricula.

- Conduct regular CMEs and workshops on adolescent mental health and behavioural issues.

### 4. Improving Healthcare Infrastructure

- Increase the number of adolescent-friendly health clinics.

- Ensure accessibility, affordability, and confidentiality in adolescent healthcare services.

### 5. Mental Health Support and Preventive Strategies

- Expand mental health helplines and online counseling services.

- Integrate mental health screenings into routine check-ups.

## Conclusion :

It is high time; we have to act now! Each one of us should treat it like an emergency! Adolescents are not mini adults; their avenues of development and mental health have to be addressed by team approach and they require your priority attention like in the emergency room of a hospital. They require specialized healthcare that addresses their physical, emotional, and mental health needs. IAP 2023 initiative of Sankalp Sampurna Swasthya (SSS) to be followed every year in all schools. While India's healthcare system has made progress, it is still evolving to meet adolescent-specific needs. Advancements in training, policy changes, and infrastructure development—particularly in mental health, nutrition, and risk behaviour management—require a multidisciplinary team of paediatricians, psychologists, dietician, psychiatrist, school counsellors & parent representative collaborative efforts from families, educators, and healthcare providers. A mature healthcare system should be responsive, accessible, and adolescent-friendly. By ensuring comprehensive adolescent healthcare services, we can shape a healthier and more resilient future generation.

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# Raising Stars: Stories of Resilience and Hope

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## Growing Together: Parenting Stories That Inspire- Rekha and Mukund Madhusudan

Sreekara - diagnosed with ? And at what age

What were his early years like . What as parents did you engage him with . How was his progress , what was lacking

What changed recently ? How ? Techniques ?

What is his next goal ?

What has been your experience sharing with special child and challenge of devoting as much to your second one

What message will you share with other parents?

Shrikara is a 15 year old neurodivergent teen. He is a rising 9th grader at a public charter school in the bay area. He enjoys his home based learning, and getting to school for certain classes, enjoys socializations with friends over zoom, and an occasional meetup at a pool or a good round of basketball.

He is an active teenager, loves the outdoors, and is a beach baby, loves long walks by the beaches enjoying the cool salty breeze. He is a sun worshiper and is most active and available for learning during the spring and summer. He was diagnosed as being autistic at around the age 3 and a half. Early years were characterized with typical development, meeting most the milestones from birth till about 2 years.

He was quick to learn things, and was a very curious and social child, who played with all the usual toys like the channapatna wooden stacking rings, pullout cars, animal toys and such. There was an early app called first words on the iphone then, which he played and picked up spelling words very easily. He would gravitate towards books, I remember the animal board books that he would ask me to read to him and he would go over any and all children's books with great interest and attention.

After about 2 and a half , there were some changes / regressions noticed in that the speech had not emerged yet, and responding to his name was reduced. He would be more interested in spinning toys and looking at them, he would be lost looking at the spinning fans, looking at bike handles turning this way and that. He was mostly a very active baby, most of the time running around the house.

When the speech did not emerge even a 3 years, we consulted his pediatrician then, who referred us to see another pediatrician and began a series of testing, and he was diagnosed as probable PDD NOS. The prognosis given to us was dire, he would never be independent, he would need institution, he could not be educated etc. It was a tough time for me as his mom, as my career had taken off quite well, and I was poised to achieve greater success at my work. After a lot of consultations with a lot of professionals, therapists the picture that emerged was that this child needed a lot of support, teaching and dedication and that I could probably not manage my demanding software professional career and also the exceptional needs of our child. I decided to take a break from my career to see how best I could help and teach my child and to find some measure of hope and direction for him at that point.

My thinking was that of an engineer, that I will put in all my energy and efforts and learn this therapy and teaching and we can quickly close the gaps and get him into some level of neurotypicality. We began a quest of learning every and all modalities that have helped or are purported to help alleviate autism symptoms in children. I was very confident that we could still pull it off. Slowly over the course of that year, when we were turned away from 2 or 3 preschools and then when we were told that he is nowhere near the skills level of any other kid his age, it was a huge hit on my confidence.

Around the same time, due to implementing dietary changes, of going completely gluten free and casein free, and adding some basic supplements like omega 3 fish oils and b complex and iron supplements, we saw changes, he was no longer on

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diapers, he started having formed bowel movements, he showed readiness for potty training , he was pee trained by 3. He started sleeping through the night too. We were consulting with a audiologist who also worked as speech therapist , who got him to speaking in our native language, there was joint play, joint attention and all the skills were coming back due to timely intervention of everyday speech (4 times in the week) and neurodevelopmental play based therapy 2 times a week while we were in bangalore.

Meanwhile at his father's job , there was a good opportunity for him to move back to US and the therapists in bangalore also urged the same, since these therapies are readily available and accessible in the US and the fact that our son was a US citizen , it would be in his best interest if we moved there and got him the best of therapies and schools here. So when he was about 3 and a quarter years of age, we moved to the US, and we also welcomed another child around this time. Here a flurry of assessments and questionnaires and finding and getting into therapies filled our time. At that time, ABA therapy was also highly recommended and we quickly got aba therapy started and our child was almost as much hard working as a full time adult. 4 hours of school and 3 hours of aba at home , with speech and occupational therapy as well. Slowly, I could see the happy , connected child, drift further and further away from us, into his world. I realized that these therapies are maybe not of big help, rather they are taking away his essence and disconnecting him from us.

For a couple of years, he bounced from one classroom to another, the school system was trying to find the right classroom that fit his needs. All these changes were too much on him, in hindsight, i think, love consistency and play trumps any school or therapy at that age.

I also tried pulling him off school and only having aba, focused on the play and tried to make it as child led as possible. We were working on handwriting skills, and I think too much work with too many teachers focused on speech and handwriting actually had put him off these and he would abhor anything to do with coloring or even to speak. I stopped speech therapy as well.

Then I attended a seminar here, organized by one of the parent support groups about the Rapid prompting method. This was in 2014, and shrikara was 6 years old. I was trying to find practitioners who did teaching using this method, and I heard about Soma Mukhopadhyay who single handedly taught her son everything, and her son's profile was very similar to mine, and she was immensely successful in getting the kids connected with their parents or teachers. At this point, all I wanted to know was what was his favorite food, what color he liked, or what he wanted to do on a holiday . I wanted a connection with my child, I wanted to know who he is and what his likes and dislikes are. I could see so much love, intelligence and understanding in his eyes, that I wanted a bridge for us to connect with each other. I bought all possible early education books and read them, and I started to work with him, mostly as arts and craft work of learning by doing art and cut and glue activities, since drawing and coloring were not of his interest.

By 2015, I had come to know that a very good teacher was visiting Sacramento (a city close to ours) and that she could see my child as well. All I had to do was read Soma's book and answer some questions, and send a small video of me working with my child.

At that time shrikara was 6 years old. I did all that and found a time slot for him, and we drove to Sacramento to see this teacher. Shrikara was a very hyperactive 6 year old and it would be a miracle if he could sit with this teacher, and we were hopeful, but we were unsure of success and our son's abilities .

As soon as she started working /teaching him, his demeanor changed, he was the most quiet and diligent student and he was working with her as if he was doing it all along. In the first session itself, she did a lesson on rocks and types of rocks, which was a grade 1 lesson. he taught about different kinds of rock. She said "igneous is one kind of rock, and here, let me see you

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spell the word 'igneous' on this board. This kid then coolly spelled the word igneous , on the alphabet stencil board that she had, and it was accurate . It was as if a miracle was unfolding in front of our eyes. Our kid, who the school said is not able to read, was spelling the word igneous. From then on, there was no looking back, I was fully committed to this and I saw the potential and I wanted this to be the bridge that connects me to my son.

It was easier said than done, because while he was an excellent student with her, there was a bit of rebellion and reluctance with me. Over the course of the next few years, rpm was always happening, but not the center stage, since I had this younger son, who was also at risk of being classified as being autistic. I had to intervene and change his course, incorporating a lot of play based learning, project based learning, parent participation preschools and play based interventions and never aba for the younger child. These were successful and by divine grace, the younger son started kindergarten as a regular student, though there were some minor hiccups, he was settling down into that school. I now had the time I needed to work with my older son.

I had to learn teaching strategies, laws around special education, and also intervention strategies that we can implement every hour everyday. Since oral speech was not very successful and since I had seen his intelligence and communication shine through the rpm method, I embraced this method and started to work with him using this method at home.

At this point, one of the therapists suggested the use of AAC , speech generating apps on Ipad would probably help shrikara . So I bought an ipad, bought this app called proloquo2go installed and played around the app a bit to learn how to use it. I started to show this to my son, on how we could build sentences using this app. So we did this activity of looking at a picture and coming up with a sentence of what is happening in the picture. To teach this, I had to then teach some bit of basic grammar and language.

This was a good refreshing change because up until this point, the regular school was just working on basic level of comprehension and addition/ subtraction , but I had actually seen he was capable of much more. Their argument was they were not seeing these skills at school, even after I provided video proof of him answering questions on the circulatory system (one of the lessons that I had made at home), which was almost at a higher elementary level of complexity.

When covid distance learning, i found the disconnect, that he needed someone to give him encouragement and support, and have an expectation on him to do well. Since he was home, and logging into the classroom over zoom, I was able to see how dismal the school environment is, they do not have any expectation at all from the student. It was a very disturbing environment for a child to be in.

I had heard of a charter school that can give the curriculum to the home educator, and the whole responsibility of teaching the child would be on the parents, but we get access to curriculum and we will have regular check in/testing with a school teacher who can provide for the testing of learnt concepts for the student. I decided to give it a try. At this point, we were not interested in having a hectic schedule going from one therapist to another, rather we wanted the child to learn with natural curiosity and at his own pace. This model of schooling was ideal for our situation and we applied for enrollment. After the enrollment process, the school administered a sort of a test for Shikara to see what grade level he is at in reading and math, to provide the right curriculum.

This test showed me where he was truly at. He scored a 10 grade level in math, and almost collegiate level of reading/english language skills . The school was not fazed, it almost seemed like the school knew of this. I was very encouraged, and I was fortunate to meet more parents of such kids, who are non speaking, but who are capable beyond anyone's expectations in reality . All we needed was an alternate way for them to reliably express their capabilities , and a whole lot of right expectations and respect and validation given to them, that they are indeed complete human beings, capable of intelligent

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thought, and the expectations that we do want to see them succeed and scale new heights.

I was encouraged and motivated to be the primary teacher, in his education journey from here on. I have been blessed that I have always got the answers to the questions I had, and help was always a few phone calls/ few consults away. A successful home educator requires a lot of know-how from a lot of sources, an occupational therapist, a foundational educational support person, a language therapist, a bit of child psychologist support and loads of love, tempered with objectivity and the fire to succeed. This is but a very abridged version of how things unfolded to where we are now.

I can say that it is never the end, as long as we continue on and choose to take control of the narrative and have the courage and belief in ourselves to take it to the direction we want to be going. Our children will follow us, so long as our guidance is filled with love, encouragement and the support that encourages their sense of adventure and belief in themselves as capable strong people.

I encourage all parents to see the child for who he is, no matter the diagnosis or the prognosis. Every child deserves love and respect, and the complete expectation of success tempered of course with a healthy dose of structure, discipline and consistency. A parent of a neurodivergent child has a lot of hats to wear, and I urge parents to seek help, and learn for yourselves. The mother is the first teacher for the child, and the most important one too



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## Against the Odds: Stories of Grit and Triumph - Exams And Emotions

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### Bio : Dr. Om Adityaraj

Age 18, class 10 & 12 from DAV Public School, Tensa, Sundargarh, (rural forest hilly remotely located area of Odisha, vicinity of Saranda Forest), secured percentile of 99+, in January 2025 attempt

गिरा हूँ..रोया हूँ..  
चोट भी लगी है,  
हार कैसे मान सकता हूँ..  
जब जीत का इंतज़ार मेरी मां कर रही है।

For me, I had to leave all my emotions to be focused on what I wanted to do. Success demands stillness of mind. I understood in my JEE journey there is nothing like motivation or demotivation. It's just stillness of mind. For example, a world class top chess player will not make perfect move, when he is happy or sad either. He plays the game forgetting the past and without thinking of the future. It's just his still and calm mind. I trusted in Karma from beginning, I studied initially in many wrong directions but that struggle didn't go waste. Karma comes 100% for sure. I always trusted in Shri Krishna.

Friends, "A consistent man is more dangerous than a motivated one".

I don't trust in motivation or demotivation. The thing that a student must have consistency, discipline, dedication and hard work.

Even if you cry, if you feel lost, you feel broken, cry for 4 hours straight, then restart. Online education is best, it gave me sufficient time for self study as there was no wastage of time in travelling and waiting for teachers in offline classes. With it, there is a huge amount of emotional support too. For example, whenever I got less marks in my mock test, mummy, papa and didi show more love and care than ever, which I liked and whenever I get good marks I show them, my love, which they like. Healthy diet and write amount of fear from mummy and love from her made my path more easy towards success. I got my 100% emotional support from mummy and little bit from didi. 100% doubt support from papa and Didi which are from IIT and NIT respectively. There was no time for doubt counter, I can ask my doubt whenever I want to, from didi and papa. Mummy used to feed me like a little baby so I can save time even while eating and solve few more questions. And the best part, whenever I feel broken I summoned "Family Time", lie on mummy's lap and cry, till I gain my energy back. Also during my preparation, my family took my health very seriously and during this time only I was able to lose about 12 kgs of weight to solve my health issues. From badminton to cycling, mummy always accompanied me. In short, I don't support any feelings to come in my preparation, if it comes, my family is there to make me strong again. It is a repetitive process, with each time me getting stronger. With these emotional support and hard work I am able to score 99+ percentile in JEE Mains 2025 January attempt.

Remember friend, "Motivation may get you started but it takes consistency to keep going".

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## Against the Odds: Stories of Grit and Triumph – The Exam Story

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### **Bio : Dr. Gurleen Kaur**

Intern

AIIMS Patna

Former ICMR STS and IAP research scholar

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I was first introduced to the English alphabet in kindergarten, trained to outperform my peers in alphabet exams, and conditioned to maintain that lead for the rest of the semester—until someone else knew better than me. Over time, tests and exams became more than just assessments; they turned into a pedestal for reputation. As Maslow categorized the need for reputation as part of esteem needs in his well-known classification, one's confidence grows on the reputation. Once someone grows accustomed to a certain level of confidence, they become reluctant to experiment with other ways of living.

Building a good reputation is partly in your hands—it's all about managing how you act, keeping any questionable behavior under wraps, and making sure you're showing up in ways that fit what society expects. But accountability isn't always a perfect system and can be pretty stressful in the workplace, sometimes leading to strain and burnout.

When you come to think about it, we have been primed to live for reputation before dealing with it. But life isn't solely defined by man-made timelines, tools, and teachings; ultimately, survival skills promote your pawn. I remember my pre-medical coaching years, mindlessly memorizing whatever was taught in those echoing classrooms, mistaking it for learning. But then, I hit my lowest percentage—an outcome that overshadowed my long-standing reputation from school. One might assume that, for a so-called "topper," hitting rock bottom was the ultimate downfall. And in a way, it was.

I felt betrayed by the very societal norm that had once defined my existence. Until then, I had built my identity around academic reputation, and now that it had abandoned me, I found myself in an unfamiliar life—one where I had nothing left to prove except to the riddles on an exam paper. So, I did the only thing I could: I studied. But this time, I studied to understand—at my own pace—rather than rushing to meet deadlines designed for the privileged few who smirked at the scoreboard every two weeks. I changed my strategy. I redefined my goals. And in doing so, I discovered the true meaning of testing intelligence.

Looking back, I realize that I was meant to experience this shift—to truly understand the essence of testing myself, not to outshine others, but to emerge stronger. All this time, it wasn't the stress of maintaining a reputation that kept me going—it was the stress of survival. And that, in the end, made all the difference.

That instinct was tested even further when I stepped into college. The college semesters felt like an entirely new battlefield in my kingdom—a game where sleep and food were the stakes, the rules were unclear, and survival was the trickiest challenge of all. Sticky notes covered my front wall, a chaotic collage of mismatched colors, topics, and energies that didn't quite resonate with me. Yet, every night, I found myself befriending them before curling

up in my blanket with my books. Sleeping with books was supposed to help, or so they said—but they also served as midnight stress alarms, jolting me awake whenever I turned over.

Waking up to the silent judgment of sticky notes still standing vigil over my anxiety, I realized I had, indeed, befriended them. As they echoed the topics I had memorized, I sifted through my books—1,000 pages of seemingly sensible statements slipping through my fingers. With stress lingering at my SA node, it was time to wash my nerves with caffeine, priming my anxiety for its final performance in the exam hall.

I never understood how people judge questions in the exam without yet conquering them, while I just bow down and answer all of them. Thanks to a working SA node and breathing stress, I left all the answers behind in the exam hall before exiting it. Now that I no longer measured my worth by scores, my friends believed I slept peacefully. But of course, that wasn't the case—I had a wall to dress up again.

## Teen Titans: Youth Leading Change

**THE TIMES OF INDIA**  
City institute bags 6 patents for creative shoes

Hyderabad: In less than eight years, since its inception, Hyderabad's Footwear Design and Development Institute (FDI), has managed to obtain six patents for products designed by its students. Their unique writing points (UNP), eco-friendly and useful for the blind, are among the patents.

The central government institute is under the leadership of Abdul Rehman, Hyderabad's Footwear Design and Development Institute (FDI), has managed to obtain six patents for products designed by its students. Their unique writing points (UNP), eco-friendly and useful for the blind, are among the patents.

at design student has created a red light therapy shoe that can treat foot pain and skin lesions. "The shoe contains red lights which is an emerging treatment for skin lesions like acne, rashes, scars and other signs of aging. It was tested with one of the professors who had a chronic foot pain and he said the shoes working," Vijay says.

**Solar-powered shoes**  
Three students from the third year - Hemant Thawari along with her classmates Lijana and Kariti Nair - made sandals using photochromic pigments and light powered by solar panels. These sandals can change colour when exposed to sunlight and revert back when returning indoors.

**For visually impaired**  
A third year Bachelor of Design (BDes) student Ishu Sharma from Uttar Pradesh has come up with an ultrasonic sensing technology that will warn the visually impaired of obstacles ahead of them, while walking. "Once the sensor detects the nearby obstacles, it makes an audible sound that would alert the person wearing the shoe," Ishu said.

**Healing touch**  
Chandni Vijaywargi from Hyderabad, another third-year student, has created a shoe with a sensor that detects the nearby obstacles, it makes an audible sound that would alert the person wearing the shoe.

**dnaindia.com** **communities**  
AHMEDABAD • Thursday 31/12/2015

Being diagnosed with HIV is not easy, but these brave hearts are managing to pick up the threads of a normal life

# HIV +ve, but nothing -ve in these kids' minds!

**Damayanti Dhar** @damayantidhar

Sixteen-year-old Saurabh (name changed) is just like any other teen. Passionate about wanting to be an engineer, he studies, plays and shyly admits he likes girls.

Jolly and easy to get along with, he also loses his cool with his siblings. Just your everyday teenager, you would say. Well, not really: Saurabh is HIV positive.

Diagnosed with blood cancer in 2003, Saurabh needed blood transfusion. Transfusion done, Saurabh emerged out of the OT. And that was that, or so thought everyone.

Later that year, after recurring complaints of fever and weight loss, Saurabh was back visiting doctors. Only this time it was something far more dangerous than blood cancer. The youngster was diagnosed HIV positive.

First, came shock and then fear as his family stared at a lifelong uncertainty. Saurabh was introduced to anti-retroviral treatment (ART), but taking medicine everyday for the rest of his life seemed mentally tiring and frustrating. He would miss his doses. Angry and scared, he lacked confidence. Envious of his siblings, he fought with them because they were not HIV positive.

But he managed to gradually pick up the threads of his life. "I like to fly kites," says a confident Saurabh today.

Bhavna's (name changed) twelve-year-old son has a lot of questions for his HIV positive parents. He wants to know why they were HIV positive. And he wants to know why his younger brother is not HIV positive like him. But Bhavna has no answers.

Pankaj Patel is a psychologist who works as a counsellor for HIV positive kids. He is also a member of Gujarat's AIDS Awareness and Prevention Unit (GAP) - a part of International Research on Civilisation Diseases and on Environment (IRSCE), who have been working with children with HIV positive in Gujarat, states, "A kid needs to be counselled twice. Once when he is diagnosed and then when he is stepping into adolescence. As a teenager he begins to understand and ask questions and is more sensitive than others."

The world seemed to have come crashing down for Lalubhai (name changed) when his seven-year-old son was diagnosed HIV positive in 2008. His son, a student of class I, was turned out by the school authorities when they learnt of his medical condition.

Now 12, Dhaval (name changed) is studying in the same school that closed its doors on him once.

Dhaval's life changed the day he underwent a blood transfusion in a city-based private hospital after suffering from a parasitic attack.

Five years later, he was admitted and was diagnosed HIV positive.

It was during one of his trips to the government hospital that he met his 'counsellor mama' - Harshad Jani, who works with GAP.

"Under our programme Bal Gopal, we counsel kids and their parents. We also provide them with kits and protein-rich diet which is a must for people living with HIV (PL-HIV)," Jani adds.

Jani counselled Dhaval's mother who talked the school into taking her son back. Dhaval knows he has to religiously take his medicines daily, but he does not understand why.

"I am scared of the day when he will ask why he is HIV positive," shares Lalubhai.

Jogendra Upadhyay, who has been working with PL-HIV, states, "Children with HIV sometimes are difficult to handle. They usually go from anger to denial. They are unable to accept the reality and are confused. They need emotional counselling and also need to be told how to take their medicines and adhere to ART."

**G** A kid needs to be counselled twice. Once when he is diagnosed and then when he is stepping into adolescence.

**G** Children with HIV sometimes are difficult to handle. They go from anger to denial and are unable to accept the reality.

**PANKAJ PATEL**, psychologist

**JOGENDRA UPADHYAY**, social worker

### Children take centre stage to raise awareness about sexual abuse of boys

Performances were organised on the occasion of the Blue Umbrella Day, marked across the world, to encourage adults to play a bigger role in protecting boys from harm and caring for them in ways that best support their well-being

Published - April 10, 2021 01:33 am IST - NEW DELHI

ALISHA DUTTA

READ LATER PRINT

These inspiring stories showcase the creativity, resilience, and social commitment of adolescents. They remind us that young minds are not just the future—they are already shaping the present in remarkable

**Aarav Anil** has represented India in over 20 robotics competitions held in the US, Russia, France and other countries. The TOI #Unstoppable21 jury has picked the teenager from Karnataka as one of the Unstoppable 21 Indians under 21 years

## Bengaluru teen builds smart spoon for Parkinson's patients

**Anil.Ranjani**  
#timesgroup.com

**A**rav Anil was searching for ways to make life a little easier for his grandfather who has Parkinson's, so he built a battery-operated smart spoon that would let a patient feed themselves more independently. His prototype bagged first place in a robotics competition held in Germany last November where the 17-year-old represented India.

"One of the symptoms of Parkinson's disease is hand tremors that make it difficult to do basic things like inserting a shirt or feeding yourself. My grandpa has used to shake so much that by the time the spoon reached his mouth, most of the food would spill over. I made the spoon using a 3D printer and service motors. The spoon compensates for his hand tremors and maintains stability," Anav said.

Earlier this year, he developed with IIT College of Physiotherapy in Bengaluru to validate the product and gather feedback on if it can be made commercially friendly before mass production begins.

"Working on the feedback that the spoon was rather bulky, I tweaked the design to make it easier to grip and used it back for trials. I also improved sensitivity to make it more responsive to higher frequencies," Anav said.

A student of class 11 at Presidency School in Bengaluru South, Anav has represented India in over 20 robotics competitions held in the US, Russia, France and other countries.

"His fascination with robotics started at the age of nine when his mother gifted him a Lego kit that he just couldn't stop playing with. 'The combination of mechanics, software and electronics absolutely captivated my interest. Looking at other kids who can find a video about anything on that

platform," he said.

"When it comes to working on projects to change the world for the better, Anav is busy using his skills to upgrade his room. 'I like to build stuff for myself, there is a lot of trial and error involved but there is so much to be learned from fail-

ures as well. It was very hot in Bengaluru this year, so I built a fan with speed controls, and lights with sensor-based brightness adjustment for my room.'"

With just a few months left to start applying to colleges, he wants to pursue a degree in robotics and engineering in the Netherlands.

"When I visited the country for a competition, I found that they have good courses that are practical-oriented. Engineering courses in India are very the-

oretical and very stressful to get into. I don't like studying up just to write exams. But I'll be doing practical work and build stuff," he added.

**#Unstoppable21**

**TOI** initiative to identify and celebrate 21 of India's young prodigies, under 21. To know more about those selected by a jury of eminent personalities and making their mark in the world, visit [www.unstoppable21.in](http://www.unstoppable21.in)

**ROBOTICS ACE:** Anav's prototype bagged first place in a robotics competition in Germany last year.

job and started an institute called Robotics Team Studio to provide other children with a platform to learn such 21st-century skills six years ago."

His father is a mechanical engineer and Anav's work as a mechatronics engineer compares the best of both worlds, that whenever he hits a wall while work-

**Anav's fascination with robotics started at the age of nine when his mother gifted him a Lego kit. 'The combination of mechanics, software and electronics absolutely captivated my interest. Looking at how I was inspired by robotics, my mother quit her job and started an institute called Robotics Team Studio to provide other children with a platform to learn such 21st-century skills six years ago,' he said.**

**HELPFUL IDEAS:** Hemesh created the smart wristband for dementia patients after witnessing his grandmother's struggles

time for patients to take their medication.

He won the Pradhan Mantri Rashtriya Bal Puraskar for his work in 2021. Those who've closely followed

**#Unstoppable21**

**A TOI** initiative to identify and celebrate 21 of India's young prodigies. To know more about the young prodigies of India under 21, visit: [www.unstoppable21.in](http://www.unstoppable21.in)

Hemesh's journey attributes his success to his dedication.

"I first met him in 2019 during 'Ideate For India', a nationwide event that selected 50 out of 1.2 lakh school students. Among these tal-

ented individuals, Hemesh stood out. What set him apart was his exceptional aptitude for thorough research and implementation.

"When I provided guidance on prototype development, testing, and monitoring, Hemesh displayed tremendous dedication. He

delved deep into the subject and executed the recommendations with great precision. His achievements and recognition are a testament to his own hard work and brilliance," said Dhruv Sridava, co-founder, Tinkering India.

The young innovator also credits his parents for his achievements. "Apart from encouraging me through the developing process, they also offered financial support. It cost around Rs 1 lakh to build the final prototype and they helped with that," says Hemesh, who secured a grant of Rs 33 lakh from Samsung and IIT Delhi last year.

"I plan to launch the 'AlphaMonitor' in the next six months following research at IIT Delhi and the acquisition of intellectual property certification," he said.

And what's next for him? "I am currently in class 12 and want to pursue electronics engineering and robotics either from an IIT or from an overseas institute after this... I want to transform my passion into my career," said the teenager, who has also designed a pothole detection system using machine learning, an accident notification system, and an AI chatbot for career counselling.

## Adolescents in Action: Stories of Creativity and Impact

### Young Changemakers Use Theatre to Raise Awareness

Children aged 8 to 14 are using street plays to educate communities about sexual abuse among boys. Their performances aim to break the silence on this critical issue, fostering awareness and encouraging open discussions about safety and protection.

### Teen Innovators Tackle Environmental Issues

A group of high school students has developed a cost-effective water purification system using locally available materials. Their innovation addresses water scarcity in rural areas, showcasing their commitment to environmental sustainability.

### Students Turn Waste into Art

Adolescents from various schools are repurposing waste materials to create stunning artworks and installations. Their initiative not only promotes creativity but also spreads awareness about recycling and reducing waste.

### Teen Athletes Shine in International Competitions

Young sports enthusiasts are making their mark on the global stage, with several teenagers winning medals in athletics, gymnastics, and swimming. Their dedication and hard work inspire others to pursue sports passionately.

### Youth Drive Mental Health Awareness Campaigns

Teenagers are launching social media campaigns and community discussions to address mental health challenges among their peers. Their efforts aim to break stigma, promote emotional well-being, and encourage help-seeking behavior.

### Adolescents Use Technology for Social Good

Tech-savvy teens are developing apps and digital platforms to assist differently-abled individuals in communication and daily tasks. Their innovations highlight how technology can be leveraged for inclusivity and empowerment.

### Budding Writers and Poets Find Their Voice

Teenagers are winning national and international accolades for their literary skills, publishing poems, short stories, and essays on social issues. Their writings reflect deep empathy, creativity, and a strong sense of social responsibility.

**Hemesh Chadalavada** has already created multiple devices and is interested in electronics and robotics. The TOI #Unstoppable21 jury has picked the Hyderabad boy as one of the Unstoppable 21 Indians under 21 years

## He has crafted a device to help dementia patients

**Amisha.Ranjani**  
#timesgroup.com

**W**hen he was 12, Hemesh Chadalavada witnessed his grandmother's struggle with Alzheimer's. "She had no control over her mind and body. Sometimes, she would leave her bed in the middle of the night, and we couldn't find her," Hemesh, 16, recalls. The available gadgets, he says, offered little assistance. Driven by his grandmother's challenges, Hemesh embarked on a mission to create a smart wristband to aid the elderly afflicted with dementia, relying on the internet for guidance.

Today, the Hyderabad boy's 'AlphaMonitor' is creating waves with accolades pouring in from all quarters. The device is on the cusp of hitting the commercial market. However, a bittersweet feeling lingers as his grandmother never got to benefit from the device. By the time it was completed, his grandmother was no more. Nevertheless, Hemesh's device holds the promise of helping countless others facing similar difficulties.

So, what does his 'AlphaMonitor' do? The device comprises two interconnected components - a watch-like device that can be worn on the wrist, or as a badge. This monitors a patient's gait, posture, body temperature, and pulse. It can even detect falls.

The second component is an alarm system for caregivers, which promptly notifies them in case the patient falls, wanders away, or suffers an accident. Further, the alarm includes a 'Pillbox' feature that sends alerts when it's

**HELPFUL IDEAS:** Hemesh created the smart wristband for dementia patients after witnessing his grandmother's struggles

time for patients to take their medication.

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**Hemesh won the Pradhan Mantri Rashtriya Bal Puraskar for his device in 2021. 'I plan to launch the 'AlphaMonitor' in next six months, following research at IIT-D and the acquisition of intellectual property certification,' he says.**

## Student-Led Initiatives for Gender Equality

Young leaders are spearheading discussions on gender equality in schools, advocating for inclusive policies, and supporting their peers in breaking stereotypes. Their activism paves the way for a more equitable future.

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## Movie Review

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### Bio : Dr Shubhada Khirwadkar

MD (Pediatrics);

Masters in Clinical Psychology

Director, Tender Buds Child and Adolescent Clinic, Nagpur

Project Director,

SEHAT (Strategic Enhancement of Health amongst Adolescents in Tribal Melghat)

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"Eighth Grade" is a thought-provoking coming-of-age film that explores the challenges of adolescence in the digital age. The movie follows Kayla, a shy and anxious eighth-grader, as she navigates her final week of middle school.

The protagonist Kayla Day, an eighth-grader is an introvert but also posts videos about self-confidence on the internet. The story revolves around how she realises that she is not the person she pretends to be and how she overcomes her innermost fears.

The film tackles themes such as social media obsession, anxiety, and the struggles of growing up. Kayla's experiences are deeply relatable, and her character serves as a role model for young viewers, promoting self-love, boundaries, and open communication with parents.

The movie has received widespread critical acclaim for its realistic portrayal of adolescence, with many praising its honest depiction of the challenges faced by teenagers today. The film's writer and director, Bo Burnham, aimed to create a realistic and authentic representation of eighth-grade life, drawing from his own experiences with anxiety and panic attacks.

I feel that the film's 'R-rating' is excessive, given its realistic and educational content. The movie's themes and language are ultimately designed to spark important conversations between parents and teenagers, which are extremely important in that vulnerable age, dotted with emotional turmoil, indecision, and an urge for freedom. The conversation between Kayla and her parents strongly brings forth the point that however teenagers seem to have a 'who cares' and a 'to hell with elders' attitude, they are often in need of strong parental support.

Overall, "Eighth Grade" is a poignant and relatable film that offers a nuanced exploration of adolescence in the 21st century.

This 2018 film has bagged many awards including the prestigious American Writer's Guild award and Critic's Choice award for best movie of the year. It is available on Prime Video.

### Key Takeaways are:

#### Relatable protagonist:

Kayla's character is deeply relatable, making her a great role model for young viewers.

Realistic portrayal: The film offers an honest and authentic representation of an eighth-grader's life.

**Important themes:** The movie tackles themes such as social media obsession, anxiety, and the struggles of growing up.

Conversations starter: The film's content is designed to spark important conversations between parents and teenagers.

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## The Social Champion

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### Bio : Dr Swati Dwivedi

MBBS, DNB Pediatrics

Private practitioner

Visiting consultant at Lotus Superspeciality Hospital & Womens Hospital Agra

Treasurer IAP, Agra branch

Women Wing Chairperson IMA, Agra branch

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I have always believed in the saying \*Sharing is Caring\*. I truly think, those who are blessed with abundance, success and good fortunes should share a part of it with those who are lesser privileged or are not as fortunate as them. I loved dogs since I was a kid and always wanted to adopt some pretty exotic breed...until one day, when I realised that our very own Indie dogs, suffers a lot on road and that too because of two reasons. First and foremost, we are obsessed with everything foreign (so investing more in foreign breeds) and secondly because we think they are \*awara kutte\*; a nuisance . But the sad truth is they are not awara but homeless because we never try to adopt our own dogs. I have seen them suffering in extreme climatic conditions and dying on road after suffering immensely. As Mahatma Gandhi has said \*If you are not a part of the solution then you are part of the problem\*, so I started taking care of Indian dogs. It started from a couple of dogs and now we have around 150 dogs. We focus on their sterilization, feeding,, vaccination and deforming. Being a medico I feel it is much easier for me to handle even their ailments. My sister is the one who handles everything with me. Together with the support of our family we are trying to make a difference in their lives. I request you all to stop calling them sadak ke awara kutte or stray dogs, instead start calling them Indian ladoos. They are as beautiful, as smart and as playful as any other dog on this planet. Trust me you will never get a more loyal friend than a dog ever.



Besides these canine friends, I have strong passion to work against sexual offense which happens with kids. My parents told me since childhood I would get furious on such incidents so once I was in position where I could put efforts to bring some change in the society, I started my “good touch bad touch workshops” for younger kids and for elder kids I run workshops on “how to overcome sexual, emotional and physical abuse?”. I usually schedule these workshops on Saturdays, because they are emotionally draining for me and I need Sunday to bounce back. Emotionally draining because, once I have sensitized kids about basic aspects of sexual abuse, I ask them and their teachers to share their own experiences, and seeing such young innocent kids suffering to this extent breaks my heart. Till date I have conducted around 53 workshops. I am never surprised when I see boys narrating their horrific incidents. I wish to conduct more and more workshops for kids . If I could save even a single child from molestation, I would consider my mission successful.



In the end I request everyone , as summers are approaching please keep a bowl filled of clean water and a chapatti for community animals. Temperature might reach 50, so if possible please give them a shelter during day time. Little kindness costs nothing.

# AHA @PEDICON

We are thrilled to share a few glimpses of the impactful contributions of our AHA family at PEDICON 2025! From seasoned mentors to enthusiastic young minds, every member represented us with pride and excellence.

A special congratulations to Dr. J. S. Tuteja for receiving the IAP Social Championship Award in recognition of his immense contribution to Adolescent Health.

Our esteemed members actively participated in significant initiatives, including the release of the Girl Child Position Paper, engaging discussions at IAP Coffee SIPS, and authoring chapters in various books. AHA members also delivered insightful talks on crucial adolescent health topics, making a strong impact across multiple sessions at this prestigious platform.

Adding a dynamic touch, our members performed powerful role-plays, shedding light on key adolescent health challenges and offering practical solutions in an engaging format.

AHA's presence at PEDICON 2025 was truly remarkable—strengthening our commitment to adolescent health and shaping conversations that matter!



# AHA @PEDICON



**ACADEMY OF INDIAN PEDIATRIANS**

**IAP**

**Coffee SIPs**

Adolescent Health Academy Chapter

Presidential Action Plan - 2025

# AHA @PEDICON



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## Activities of AHA Branches (JAN-MARCH 2025)

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The year 2025, is the Silver Jubilee year of AHA. It started off with a National Pedicon in January, at Hyderabad, where the novel Yuva Shakti Program was launched, with a view to empower our YUVA. The new Executive Board of AHA-2025 was Installed in the same conference. Our enterprising President/ Chairperson Dr. Himabindu Singh, personally motivated the members to do as many activities as possible, for the welfare of adolescents in our country.

The energetic AHA members started their spree of all kinds of activities ranging from

1. Scientific CNEs, Workshops, Webinars etc. keeping doctors, and para-medical staff updated.
2. At the same time, our members, who are very active in the community, started helping adolescent children all over the country, by delivering talks, and discussions with Yuva, everywhere, guiding them about Nutrition, Lifestyle, Importance of an Active life, Obesity- the emerging problem in our country, Family life education, Menstrual Hygiene for girls, Sexuality Education- which is very rare to find in our country. The members also covered topics like Mental health, Emotional wellness, Anemia. The adolescents were educated about the need of vaccinations at their age, and what all vaccines are important to them.
3. Topics like Substance abuse were covered.
4. Workshops were held in various places teaching , and demonstrating CPR to adolescents. To learn the skill of helping people in case of an emergency.
5. Talks were conducted for parents, at various places, empowering them with parenting skills.
6. Lactating mothers were educated about proper feeding techniques, right at their door step or hospitals where the delivery was conducted.
7. Adolescents were taught skills to handle exam stress, and also made aware of the importanc of Eustress.
8. Activities are being conducted all over India, for Mass awareness of CPR, Mental health, Suicide prevention.
9. Not only, did our members present talks, but also conducted Health Welfare Camps all over the country, in different zones, in collaboration with IAP, for children and adolescents.
10. Adolescents were also made aware of Cyber crime, and how to keep themselves protected from it.
11. They were also taught about the hazards of media, by our enterprising Pediatricians, and about Road Safety awareness.
12. Activities were conducted by our members, all over the country on World anemia day.
13. A new program called WAVE -18 was launched by our esteemed President, Dr. Himabindu Singh. It is a novel idea of celebrating Wave-18 from 18th to 25th of every month. This whole week will be devoted to adolescent -care all over the country, where all doctors will especially take care of their adolescent patients, and focus on all their problems. The Topics focused were- Road Safety and Immunisation, as well as Obesity-wellness-Lifestyle-and Metabolic Syndrome. 1
4. Our President, Dr. Himabindu Singh, has also launched a CATCH-25 Program, where 25 catchy slogans will be released, in the Silver-jubilee year, one by one, round the year. Each slogan will convey an important message to the adolescents, in easy to understand words. These slogans will be printed in colourful designs, and the energetic AHA member pediatricians can paste them in their waiting areas.
15. A webinar is being conducted every month for keeping our members updated on latest topics.
16. Adolescent Today Magazine, also has the purpose of keeping updated; our pediatricians, who work tirelessly, and voluntarily, for adolescents.

# FEW EVENTS TO REMEMBER : PICS



**दैनिक भास्कर**

2025-03-23  
ग्वालियर सिटी भास्कर (1)

## बच्चों का स्क्रीन टाइम बढ़ा, नींद हुई 8 घंटे से कम, पैरेंट्स को देना होगा ध्यान



**सिटी रिपोर्टर • ग्वालियर** | बड़े ही नहीं अब बच्चे भी अपने स्वास्थ्य को लेकर लापरवाही बरत रहे हैं। इससे बच्चे कम उम्र में ही डायबिटीज के शिकार हो रहे हैं। स्क्रीन के सामने वे अधिक बैठ रहे हैं और नींद आठ घंटे से भी कम ले रहे हैं। स्ट्रीट फूड पर पूरी तरह से निर्भर हो चुके हैं। इस दिशा में पैरेंट्स को सोचने की जरूरत है।

यह बात डॉ. रश्मि गुप्ता गुप्ता ने ओबेसिटी एवं लाइफस्टाइल विषय पर एडोलेसेंट हेल्थ एकेडमी की तरफ से रखे गए सेमिनार में कही। अन्य वक्ता के रूप में डॉ उषा बांगा और डॉ प्रतिभा धीर मौजूद थीं। उन्होंने कहा कि डब्ल्यूएचओ के आंकड़ों के हिसाब से भारत में 2030 तक विश्व हर दसवां बच्चा ओबेसिटी का शिकार होगा।



# Wave 18 Concept

The Mpower Yuva program, initiated by the Indian Academy of Pediatrics (IAP) - Adolescent Health Academy (AHA) with technical support from UNICEF, aims to promote adolescent health and wellbeing. Here's a breakdown of the program:

## # Key Components

- **Youth Wellness Day** : Celebrate the 18th of every month as Youth Wellness Day, with activities extending throughout the week.
- **Priority Topics** : Focus on areas like **Sexual Wellness, Preconception Wellness, Metabolic Wellness, Emotional Wellness, Digital Wellness, and Road Safety.**

## # How to Contribute

- **As a Pediatrician** : Volunteer for adolescent health and wellness training sessions, adolescent education sessions, and free clinics for adolescents.
- **As a Healthcare Facility/Institution** : Expand clinical services, improve preservice education, and capacity-build medical officers.

## # Rationale

- India has 253 million adolescents, who are susceptible to various preventable and treatable health problems.
- Investing in adolescent health and wellbeing will yield long-term benefits, including delayed age at marriage, reduced teenage pregnancy, and improved maternal health.

## # Collaboration and Awards

- Collaborate with government programs like the School Health & Wellness Programme and Rashtriya Kishore Swasthya Karyakram.
- IAP-AHA Youth Wellness Awards will recognize pediatricians and institutions making significant contributions to adolescent health and wellbeing.





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



Ahmedabad Management Association (AMA),  
ATIRA, AHMEDABAD

## THEME



SCAN QR CODE  
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