Vol. 12 / Issue 4
OCT - DEC 2024

Adolescentoday

Registered Office
1/5, Shabd Pratap Ashram
Gwalior - 474012 (MP)
Ph. 0751-2418600

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

Chairperson's Message

This is my thanking note!! End of the year is the time to reflect on the journey we have taken together over 2024 , celebrate our successes and prepare for the future with renewed hope and determination.

The year has been one of growth of IAP- AHA in many aspects, including an increase in numbers of life members, making it one of the subchapters of IAP with the maximum life members.

AHA subchapter has achieved many mile stones that fill us with pride. These include the release of the unique IAP Textbook of Adolescent Medicine. Monthly webinars, covering physical and mental health problems were conducted with maximum viewership. Orientation program had an overwhelming response, as did counselling sessions with experts by Chhattisgarh AHA.

Newly formed UP AHA arranged sessions covering important aspects of new age parenting. Kerala state, Bengaluru, and Nagpur city branches were always in forefront in school, community, and academic activities.

All state and city branches were performing in excellent way and AHA award committee was spell bound, but selected Maharashtra, Gujarat, Chhattisgarh state branches as winners. Similarly, it was difficult to choose among city branches. Mysuru, Gwalior, New Kolkata city branches were winner among city branches.

Quarterly publication of AdolescenToday(official E bulletin of AHA) under the leadership of Dr Shubha Badami and Dr Gowri Somayaji has set high standards and each issue was dedicated to particular theme. Resilience in adolescents is a crucial quality that enables them to cope with the various challenges they encounter during this critical phase of life. Adolescence is marked by significant physical, emotional, social, and psychological changes. Building resilience helps them navigate these transitions successfully and prepares them for future adversities. Last issue of the year 2024 is dedicated to the Theme "Resilience"

ADOLESCON 2024 Nashik was a bench mark conference with excellent scientific content, attended by almost 800 delegates (online, offline together). I will fail if I do not mention contribution by Dr J C Garg, Dr R N Sharma, Dr Vimochana, Dr R G Patil, Dr Swati Ghate and many more. Success of the year is because of great team work and shouldering the responsibilities by all EBs and Zonal coordinators of AHA 2024. Ready to serve IAP-AHA in future.

Wishing all the best for the IAP-AHA Team 2025 !! Jai AHA!! Jai IAP!!

Dr. Geeta Patil

Bengaluru.

Editorial

Dear reader,

We bring you the last issue of the year, and we are delighted to share one that high lights resilience and thriving. To us, as practitioners, each memorable patient and client that we have cared for, each troubled life we have tended to, every family that we have helped heal, have been sources of immense learning. The six young persons, whose stories our stalwarts Dr Sushma Desai, Dr Piyali Bhattacharya, Dr Swati Ghate, Dr Poonam Bhatia, Dr Nishikant Kotwal Dr Vani and Dr Hema Sharma have brought to life, are models of resilience. The commitment to restore, of our experts, matched the youths' desire to heal! Inspiring indeed!

The young artist Aparna Sontakke, a sprightly eleventh-grade commerce student created our cover page, in three days, when she was given the theme 'Resilience'. I discovered her special talents, art and fortitude, when she came in for a broken metatarsal and was laid up in a splint!

The memorable Dr Bansal and Dr Tuteja Oration was conferred on Dr Sivananda at the ADOLESCON 2024, Nasik. We have attempted to precis his slides, and hope to have done justice to his impassioned talk.

Dr Swati Bhave, doyen of Adolescent Health, has inspired hundreds, and wisely leads from the front for decades. Here, she tells us about how a wellness approach simultaneously treating the family, is the only way forward. Also, with Dr Swati Ghate, we have Dr Bhave s topical write up on Gender.

Dr Ritu Gupta 's elegant 'Parenting the Teen' will be helpful to many of us. AHA has taken on a mission to sensitise the most important influence [after parents and possibly peers!]in a teenager's life, the teacher, with the T -TEACH module. Dr Shubhada Khirwadkar, integral part of the module, introduces its concept, many of you have been at the launch.

'Our young adult page this time depicts Dr SaiKrishna s absorbing adolescent journey .

Our photo/activity pages have been collated at great effort, and arranged by editor Dr Gowri Somayaji meticulously. We sincerely acknowledge Dr Vimochana s immense efforts. Dr Geeta Patil has been an inspiration and guide with all the issues. Team 2024 signs off, wishing all of you a very happy end of 2024 and a brand-new beginning in 2025 under a new team. An AT every quarter for two years, we trust you valued them as much as we did in bringing it to you.

Jai AHA! Jai IAP! Jai Hind!

Dr. Shubha Badami, Dr. Gowri Somayaji, Dr. Poonam Bhatia

Dr. Deepa Passi, Dr. Abhijit Bharadwaj, Dr. Joshi Kerketta

1. **Dr. Harish Pemde, former Chairperson AHA on being elected Vice President North Zone of the Indian Academy of Pediatrics.**
2. **Dr. Preeti Galagali, former Chairperson AHA on being elected Vice President South Zone of the Indian Academy of Pediatrics.**
3. **Congratulations to FIAP awardees :**

   Dr. R G Patil
   Dr. Chenthil A
   Dr. Manmeet Kaur Sodhi
   Dr. Amarsingh Thakur
   Dr. Prashant Kariya
   Dr. Shamik Ghosh
   Dr. Ramesh Dampuri

4. **Results for AHA Awards**

State Branches

1st Maharashtra
2nd Gujarat
3rd Chhattisgarh

City Branches

1st Mysore
2nd Gwalior
3rd Kolkata

Individual Activities

1st Dr. Amogh Sahane
2nd Dr. Deepa Passi
3rd Dr. Shalini Bhasin

Zonal Awards

North Zone - Dr. Manmeet Kaur Sodhi
Central Zone - Dr. R. N. Sharma
West Zone - Dr. Samir Shah
East Zone - Dr. Atanu Bhadra
South Zone - Dr. Lakshmi Shanthi

ADOLESCON 2024



SAATHI - Scope And Action for Teenage Health Interventions

Workshops

Workshops

Workshops

Inauguration

Inauguration

Poster Competition

Love You Zindagi

General Body Meeting

Woman Power

ADOLESCON 2024

'MARGINALIZED ADOLESCENTS - CHILDREN OF A LESSER GOD'

Dr. Shivananda, DIRECTOR
(RTD) PROF AND HOD PEDIATRICS
INDIRA GANDHI INSTITUTE OF CHILD HEALTH
& BANGALORE MEDICAL COLLEGE

Dr. C P Bansal

Dr. J S Tuteja

Dr C. P. Bansal and Dr J. S. Tuteja oration, conferred at ADOLESCON 29 Sept 2024, Nashik' 'Marginalized Adolescents- children of a lesser God'

The absolute number of adolescents aged 10-19 years in India is 25,31,60,473, as per Census 2011, a 20.9 per cent of the total population of the country. The youth population aged 15-24 is 23,18,78,057, 19.2 % percent of the total population. One-fifth of the world's adolescents and youth reside in India.

These adolescents live in each corner of the globe in different situations. They could be privileged and entitled with the best resources, both material and mental available to them as they grow up or they could be marginalised.

Categories of the marginalized -

DELIQUENT ADOLESCENT / TRANSGENDER / SCHOOL DROPUTS / BEREAVED ADOLESCENTS / RUNAWAY / MISSING ADOLESCENTS / STREET ADOLESCENTS / HOMELESS ADOLESCENTS / TRIBAL ADOLESCENTS / ADOLESCENTS IN CONFLICTS WAR/ADOLESCENTS IN SLUMS / ADOLESCENTS IN RURAL AREA / DISABLED ADOLESCENTS / SINGLE PARENT ADOLESCENTS / ADOLESCENTS in MIGRATION and more!

Issues all over the globe include

Economics - Poverty, poor housing, food scarcity **Education opportunity**-little or no exposure to education and training, **Employment** Often lack access to productive employment **Community -** Socially and economically unassimilated. **Social problems -** Alcohol and drug abuse, crime and juvenile delinquency and mental health disorders are linked to marginalization **Living -** ever-widening gap in the standards of living of adolescents **Health -** mental and substance use disorders, Chronic physical illnesses including anemia **Sexual Abuse, crime, and violence** esp in settings of refugees, homeless and regressive rural areas. **Gender issues** in all settings **Housing** - deprivation **Family** - abandonment /disruptions

[Prof Shivananda spoke of many of these issues at length , only some are reproduced here, due to space constraints -Ed]

Adolescent labour

Adolescent Labour exists hugely worldwide, below minimum legal age. Employed for a pittance in factories in Asia, Latin America, and the Middle East mostly and in depressed areas of industrialised nations, adolescents work in the cloth manufacturing, food processing, canning, tanning, weaving, and mining industry etc. HAZARDOUS! Prevalence of adolescent domestic labour- 700,000 in Indonesia, 559,000 in Brazil, 250,000 in Haiti, 264,000 in

Pakistan, 200,000 in Kenya and 100,000 in Sri Lanka.

Girls 10-14 yrs old working in domestic service represent 22 percent in Brazil; In the Peruvian capital alone, it was estimated 15000 girls under 18, work in domestic service. Brought by parents to cities with total absence of outside control. Always a potential danger of overwork, neglect, mistreatment with little pay and much exploitation

Consequences?

The economic exploitation of children may damage their health, minds, morals and personalities. They may be crippled, maimed and killed. Associated with malnutrition, disease and physical impairments that can be genetically transferred. It is estimated that a total of 20.25 million child labourers between the ages of five and 14 exist.

Since 2005, Indian Govt claims 200,000 kids have been removed from hazardous occupations

Gender Disparity : Girls experience early / child marriage, early pregnancy, and school dropout. A 2023 UNESCO survey found each year, 23 million girls drop out from school, due to poor menstrual hygiene management, 71% of girls are unaware of menstruation until menarche. After leaving school, girls are often given domestic chores and care work in preparation for marriage

Gender-based violence and teenage pregnancy are contributing to higher maternal and infant mortality, while limiting a girl's opportunities to learn. In Sierra Leone, which has one of the highest teenage pregnancy rates in the world, teenage girls account for 40 per cent of all maternal deaths. Child marriage is more prevalent among the world's poorest countries. Five per cent of girls have completed secondary or post-secondary education in Tanzania.

Poverty contributes to lack of resources and family instability, poor parenting and often domestic violence, poor education and academic failure, lack of role models, with substance abuse of drugs and alcohol impairing judgement and promoting risky behavior, increased aggression and violence. Living in an environment of crime often.

Runaways are minors who have left their parents or legal guardians without permission. Statistics show that females are more likely to run away than males. Family problems (ranging from arguments to abuse),drug abuse, sexual or physical abuse, financial pressures ,growing number of single-parent families, are contributory.

Approximately half a million adolescents are running away from or being forced out of their homes every year in the US. In 1989, in the UK the number of runaways was officially estimated at approximately 100,000 cases, most commonly 15-year-olds. Half returned within 24 hours, a further quarter after 72 hours, and 3% were away for 10 days or more.

About 40% of those who stay away from home enter the care of a municipal authority and about half of these repeatedly go missing. In 2022, more than 13 million children between the ages of 10 and 14 in India were affected by poverty, and age

groups 0–19 are generally the most impacted by extreme poverty. Children living in poverty face many challenges, including:

POOR NUTRITION-Adolescent girls are especially vulnerable to poor nutrition, which can affect their ability to live healthy lives.

EARLY MARRIAGE AND CHILDBEARING-India ranks fourth in South Asia for child marriage prevalence, which can affect adolescent girls' ability to live healthy lives and can impact the next generation.

VIOLENCE AT HOME-Violence against girls and women can keep them trapped in poverty, making it difficult for them to leave abusive relationships and find steady jobs.

MENTAL AND PHYSICAL ISSUES-Children living in poverty experience mental and physical issues at a much higher rate than those living above the poverty line.

What the adolescents surveyed revealed.....

Around 7% get involved in prostitution and 20% with drug abuse

About one-third of the adolescents interviewed reported

Cutting or skipping meals, not eating for a whole day and/or reporting hunger because they could not afford food at least 'a few times' in the past 30 days. Twenty-five per cent reported that they had gone a whole day without food at least 'a few times' in the past 30 days. Insufficient food can have significant health implications during adolescence, critical developmental consequences and reducing the effectiveness of the immune system in resisting potential infections

Children of single parent feel frustrated stressed and frightened by the difference between their lives and their friends'. Children of single parents are more prone to various psychiatric illnesses, Substance abuse, suicide attempts than children from homes with two parents. Having less money. ...Spending less quality time. ...overload and multitasking...Negative feelings. ...discipline, behaviour and relationship issues

On the other hand, Single parent advantages include undivided attention of a single parent usually, freedom to make decisions, fewer arguments. Good role modelling, independence and responsibility. Sense of belonging, close relationships with positive parenting is possible.

Female teens in slums along with exploitation, face inequitable gender norms, early/forced marriage, engagement in sibling care, poor delivery of education, and lack of a safe and secure environment in schools, community and at home, preventing girls from fulfilling their full potential. Girls' voices are unheard, they have very low aspirations and don't have the courage to take decisions for themselves and pursue life's opportunities.

Specially challenged adolescent : adolescents with disabilities are one of the most marginalized and excluded groups in society, experiencing widespread violations of their rights. They are most likely to face severe social, economic, cultural and civic disparities compared to those without

disabilities.

Negative attitudes, stereotyping, stigma, violence, abuse, isolation, lack of adequate policies and legislation, and educational and economic opportunities are daily experiences. Families are constantly experiencing barriers to human rights and inclusion in society

Adolescents with disabilities are likely to be among the poorest and least likely to attend school, access medical services or have their views heard in society. Are at higher risk of abuse and violence, and when institutionalised, badly nurtured or what's even more awful, abandoned or neglected

Intervention Include them in policies and programs, design specific measures as they need, ensure equal and equitable rights with no discrimination, create awareness of available resources and more.

Rural adolescents. Data are obtained from interview samples conducted among 12 villages in north India.

Female adolescents suffer from a variety of poverty-ridden village life conditions: face casteism and discrimination, lack amenities, educational backwardness, malnutrition, anaemia, early marriage, and domestic burden. Girls carry a heavy work burden Girls are expected to get married and produce children. Control of female sexuality is shifted from the father to the husband. There exists a strong push to marry girls off soon after menstruation, with a strict control of sexuality, the desire to ensure 'social security' for daughters. Girls are ignorant of health and sex education and lack access to education and sanitation facility.

Adolescents in urban slums

Adolescents in urban areas perceive their physical environment as very poor. Social capital and cohesion are poor. Increasing child marriage and poor antenatal care among adolescents are key challenges in improving the reproductive and sexual health. More than half of adolescents are undernourished and have double burden of obesity and micronutrient deficiency

Conflicts and the adolescent During war, adolescents are exposed to atrocities, organised violence, and loss of social networks Resettlement happens during crucial phases of their physical, emotional, social and cognitive development. Psychological impact is horrendous and long lasting. Countries that accept refugees also need to be aware and need to provide them with effective and timely services

The cross-sectional study included 2,766 adolescents living in the war-torn Donetsk region and the more peaceful Kirovograd region of Ukraine the study was from September 2016 to January 2017, more than two years after Russia invaded Ukraine in 2014.This study showed that adolescents in war-region had experienced high war trauma and daily stress. Adolescents living in war region, 60% had witnessed armed attacks, 14% were victims of violence and 30% had to abandon home. [Sanju Silwal, Postdoctoral Researcher, University of Turku, Finland]

Before the conflict in Syria, nearly every child was enrolled in primary school and by 2013 about 1.8 million children and adolescents were out of school. It took just two years of civil war to erase all education

progress made since the start of the century. More than 50% under the age of 20 in countries impacted by crises and fragility are affected. 10-30% of armed forces are young women worldwide. In 2008 estimated 100,000 girls under 18 were fighting armed conflicts globally.

Millenium Development goals targets -

Millennium Development Goal- Direct or indirect youth-specific Target Goal 1.

Indirect goal- Eradicate extreme poverty and hunger. Target 12

Achieve universal primary education Target 8.

Literacy rate of 15- to 24-year-olds. Target 3

Promote gender equality and empower women target 9

Ratio of girls to boys in primary, secondary, tertiary education Target 10.

Ratio of literate women to men, ages 15–24 Target 4.

Reduce child mortality indirect goal 5

Improve maternal health indirect goal 6

Combat HIV/AIDS, malaria and other diseases Target 18.

HIV prevalence among pregnant women age 15–24 years

Ratio of school attendance of orphans to school attendance of non-orphans age 10–14 years Goal 8.

Develop a global partnership for development Target 45

Interventions ?

WHO and the Food and Agriculture Organization of the United Nations (FAO), the UN Decade of Action on Nutrition calls for policy action across 6 key areas:

Create - sustainable, resilient food systems for healthy diets;

Provide - social protection and nutrition - related education for all

Align - health systems to nutrition needs, and providing universal coverage of essential nutrition interventions;

Ensure - trade and investment policies improve nutrition;

Build - safe and supportive environments for nutrition at all ages;

Strengthen and promote nutrition governance and accountability, everywhere.

Prof Shivananda thanked the audience for their engagement and rapt listening. All of the audience rose in applause. Thank you Sir!

ADOLESCENT WELLNESS CENTRE

Prof. Dr. Swati Y Bhave
Child and Adolescent Health Specialist
Head of Family Guidance Center and Adolescent Wellness
New Jehangir Hospital Wellness Centre, Pune.

Thank you, Dr Swati, for freely sharing your experience, wisdom and innovative work! What is the concept of an adolescent wellness clinic? When did you start this service in Jehangir Hospital?

Way back in 1992-2001, I used to have a weekly adolescent clinic at Bombay Hospital & Medical research center and found the experience very satisfying.

From 2001 to 2014 when I was in Delhi, I used to conduct a home-based adolescent clinic.

When I relocated to Pune, I joined Jehangir Hospital & Medical Research Centre which is a renowned corporate Hospital in Pune. I started the Adolescent Wellness Clinic services in December 2014, so working on this for nearly 10 yrs now!

In 2023, Jehangir Hospital started a state of the art, New Wellness Centre outside the hospital premises, where I added the concept of **'Family Guidance Centre'**

You are well aware of the concept of" Well Baby Clinic". Everyone takes their child to a pediatrician for the first five years of life. The pediatrician monitors growth and development to detect any deviation from norms, alert to detect NDD, vaccinates the child, gives counseling on correct nutrition at various ages, and advice on dealing with common behavioral problems like thumb sucking, bed wetting, temper tantrums etc. Most parents read up about normal development of a child and are aware of what is abnormal and immediately ask the pediatrician "Is something wrong with my child?"

The adolescent is defined by WHO as age 10-19 yrs. However, most parents do not read up about normal adolescent psychosocial, emotional and physical development and are not aware of the issues of early (10-13yrs) middle (14-16 yrs) and late adolescence (17-19 yrs). Due to this, many parents label the adolescent as abnormal when they are just going through the various stages. This leads to lots of parents- teen conflict. As adolescent experts, it is our job to make parents understand what is normal and what is not, and how to handle it.

The Adolescent Wellness Clinic has the same concept of monitoring a normal adolescent. In western countries there is a scheduled adolescent visit at 11-12 yrs of age. In India most parents do not take a child between age of 6-18 yrs for any well ness check-up. They go to doctors only when they are sick!

What do you do in the adolescent wellness clinic ?

1] We monitor an adolescent during puberty and also asses the physical, emotional and psychosocial growth and development

Monitoring puberty

Most children fall into a normal range of puberty, but there are some early bloomers and some late bloomers. So, in the same class some children look different. In

adolescence everyone wants to fit in with their peers. Looking different leads to teasing or bullying by the others. It also causes problems in these children.

For e.g. if a boy has early puberty, he has an advantage because he looks big and he can boss over the others and these boys of early puberty can go the right way - becoming a leader of their class or the wrong way by bullying the other children who are smaller than him. A boy who has late puberty looks small and puny and that is why he becomes a victim of bullying and sometimes even of sexual abuse by older boys.

A girl who gets early puberty has the body of a woman but the mind of a child and hence she can easily become victim of sexual abuse of older boys or even adult men. A girl who has delayed puberty feels very self-conscious about not having feminine curves like her peers and this can lead to high-risk behavior to attract attention.

So, if we have an early or late bloomer, we guide the parents on handling them and also counsel the adolescent on issues they worry about.

There are lot of questions these children have on various aspects of sexuality and if not addressed in a scientific way, they do get misconceptions about normal sexual behavior from peers or websites which can affect their healthy sexual life. We answer all their questions, to their pleasant surprise.

Nowadays PCOs/PCOD is on the rise in girls due to a variety of factors but mainly due to unhealthy life style, and weight gain. Early detection and timely intervention help to reduce the incidence of infertility, metabolic and psychological issues associated with this condition.

Dealing with common issues that trouble adolescents as part of normal growing up

During adolescence the children of today, are undergoing tremendous stress. Academic competition makes both parents at home and teachers in school put intense pressure on them to excel impossibly. Well, not all children can handle this academic pressure.

Social media and advertisements of looking beautiful all the time cause tremendous body image issues, and children can have anxiety, depression and eating disorders and often, execute self-harm.

Rampant new age cyber bullying in addition to physical bullying at school, is a threat today, causing low self-esteem which is a risk factor for high-risk behavior.

Compared to the earlier generations, children today are more precocious, but immature. Romantic relationships and breakups have started occurring, as early as even 8 to 10 years and they are not able to handle these rejections/ failures.

Children at a very early age, learn to deal with stress in a very unhealthy manner, which could be addictions- emotional eating of junk food, smoking /drinking, internet overuse on mobile and digital devices, addictions which then can soon lead on to hard core drugs and sexting and pornography use. Very few parents have excellent ongoing communication with their teenagers where teens can feel comfortable in confiding problems in adults, so all the above serious concerns may never come to a dialogue at home.

In our clinic we assure them of confidentiality and provide a safe and non-judgmental atmosphere, and hence they are very open to discussing problems they are undergoing. We can give timely guidance and support. We can also guide parents on how to handle these issues.

2] **We take detailed life style and psychosocial history -** We guide the teen and family in maintaining a healthy life style-- sleep, exercise, healthy diet to prevent NCD – non communicable diseases like obesity, hypertension, diabetes type 2 etc.

3] We do **a physical checkup** as well, and offer an adolescent package for **baseline medical investigations,** needed at this age, including **screening for vision and hearing.** We plan management based on what we find on evaluation. We also advise various **vaccinations.**

What is the concept of the family guidance center ?

A child is the product of the family and school environment they are nurtured in.

Those adolescents that are brought to us have issues directly related to the family dynamics, parenting styles, interpersonal relationships of the family members!

It is not easy to parent today's adolescents, who are exposed constantly to the global digital world. Parents also have no support of an older generation in house, to guide or advise. In joint families sometimes teens have more problems with grandparents whom they consider strict and old fashioned.

Hence parents are often very anxious and frustrated about their childrens behavior. Common problems that are brought with are - poor academic performance, addictions, not motivated or having any goal in life, keeping 'bad company', underage driving and drinking, romantic relationships negative peer pressure etc.

Parents are also very upset about the behavior at home, where the teens are rude, arrogant, not accepting their discipline, threatening with consequences, including self-harm, or running away. This happens when parents try to enforce rules, specially for not permitting excessive media use, underage drinking, underage driving, going overnight for peer activities etc.

We also teach parents about warning signs, flag signs, to identify if their child is going through depression, suicidal thoughts, addictions of all types, physical mental abuse etc., so that timely intervention can be done

Parents of today often require some guidance to deal with their teenage children. Our job at the Family Guidance Center is to understand the issues from both sides, parents as well as teens, and guide both for a behavior change, to bring harmony into the family. **When we succeed, it's the exact same satisfaction we get when we cure a patient from illness.**

Every Wednesday we conduct one-hour complimentary sessions for both parents and adolescents on all topics pertaining to the holistic mental and physical health of adolescents. We have done 45 sessions so far.

We work in a team. I have another adolescent pediatrician Dr Bageshree Deokar with whom I do joint sessions. We also have a clinical psychologist, psychiatrist, an adult physician and a gynecologist for referral, under the same roof.

I feel very passionate about this – that we can make a differnce in the lives of parents, teens and the whole family. As they come for our regular sessions, the clients body language, changes from negative and frustrated, to happy and confident.

Wonderful! You also do handle young adults?

In addition to seeing adolescents 10-19 yrs, I have done various training courses to handle young adults 20-24. We guide them in romantic relationships, handling rejections in a positive manner, premarital counseling, creating work life balance. maintaining a healthy lifestyle, sleep, exercise, healthy diet to prevent NCD – non communicable diseases like obesity, hypertension, diabetes type 2 etc.

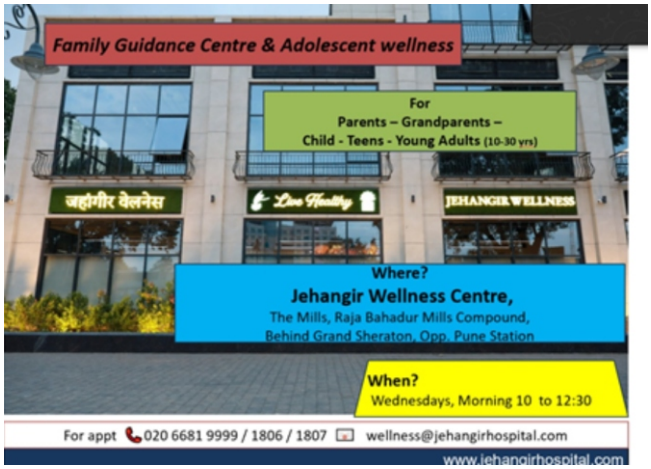
It is very interesting that you also do specialized grandparent counseling in your center! Can you tell us more about this?

Grandparents may affect youth through their influence on parental behaviours. If grandparents provide advice and emotional support to parents, this could translate into decreased parental stress or improvements in parental emotional health, which ultimately may lead to positive youth outcomes.

Ever since I started adolescent practice, I have been making an effort to have at least one session with the grandparents, if they are in close contact with the teens, to take their help also to help address issues of the teenager brought to me.

I did a lot of grandparent counseling in my teleconsultations during the lock down of covid period when the families were all closeted together in the home. I got lot of cases where there was a lot of intergenerational conflict within the families and the counseling of the whole family, teenagers, parents and grandparents got better results. So, I decided to add this component in the Family guidance center

Prof Dr Swathi, thank you for sharing your life goals and focus of pioneering work on adolescents, with us. 'Wellness' focus is something that every pediatrician can emulate in their workplace with no extra effort, with the right mindset. We wish your Jehangir Wellness Centre the very best!



UNDERSTANDING GENDER DYSPHORIA

Dr. Swati Bhave
sybhave@gmail.com

Dr. Swati Ghate
ghateswati19@gmail.com

Q 1 : What are some of the important terminologies one should know to understand various Gender - related Issues ?

1. Sex : Biological or physical combination of chromosomes, hormones, gonads, external gender organs & secondary sex characteristics.

2. Sexuality : The quality or state of being sexual

3. Sexual Orientation : Pattern of sexual attraction towards others.

4. Gender Expression : External presentation as expressed through name, clothing, behavior, hairstyle, voice etc.

5. Gender Diverse : people who do not conform to the societal/cultural expectations for males/females

6. Intersex : People born with sex characteristics like chromosomes, gonads, genitals etc. not fitting into binary notion of male or female.

Q. 2 : How does gender identity develop during childhood and adolescence ?

Gender is a social construct.

It states the individual's roles as males /females, as expected by the society.

Children start knowing their gender by 3 years.

Gender identity,

This evolves as an interplay of biology, development, socialization, and culture.

It starts shaping in early childhood, evolves during adolescence and is well established by early adulthood.

It is the individual's internal sense of self, being male, female, both, or neither or both.

It is different from sexual orientation which involves sexual attraction.

Developmental aspects during adolescence

Puberty is said to be the dawn of sexual attraction.

The discovery of physical/romantic attractions is intense, confusing and sometimes an overwhelming of feelings.

Adolescents explore their own sexuality and experiment with varied sexual experiences.

During this phase, they may recognize that their sexual orientation could be different.

Sometimes, it is just transient and part of the process of maturity and consolidation.

Teens with different sexual orientation

Are often stressed and unsure of acceptance by family/friends/society.

There is fear of prejudice, discrimination and rejection.

After accepting their own sexual identity, they gather a lot of courage, think of various ways to express and finally let a few friends/ family know about it.

This is called "Coming Out".

Stress reduces substantially, if they are accepted by family and friends.

Q 3. What are the different types of Gender Identities ?

The following are the types of human gender identities :

1. Cisgender - Gender identity aligns with sex assigned at birth.
2. Trans or Transgender- someone whose gender identity is not congruent with their sex assigned at birth
3. Trans Male - Born female who identifies as a Male.
4. Trans Female - Born male who identifies as a Female.
5. Non-binary - Does not identify exclusively as male or female
6. Gender Fluid- Flexible gender identity and expression that can changes over time
7. Gender Queer- The individual does not correspond to conventional binary gender distinctions

According to Indian Census 2011, 1.2-2.7 % of adults and 2.5 -8.4 % children/adolescents are gender diverse.

Q. 4 : What is Gender Dysphoria? What are the different nomenclatures ?

Gender dysphoria is a condition where a person experiences :

- Clinically significant distress due to mismatch between his own gender experience identity and assigned sex.
- It affects important areas of daily functioning.
- He/she faces prejudice, victimization and suffers from mental health issues including suicidality.

Gender Diverse Individuals

They are no more under Mental health code in the classification systems of mental health disorders .

They are now included in Sexual Health Codes. The various standardized nomenclatures alloted to the condition are

- GID- Gender identity disorder (DSM 4)
- GD - Gender Dysphoria (DSM 5)
- Transgender (Trans men, Trans women) (ICD 10)
- Gender Incongruence (ICD 11)

Q. 5 : What are the diagnostic criteria for Gender Dysphoria ?

Basic Principles for diagnosis :

- Transgender identities & diverse gender expressions do not constitute a mental disorder.
- Variations in gender identity & expression are normal aspects of human diversity.
- Binary definitions of gender do not optimally reflect emerging gender identities.

If a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.

Diagnostic Criteria for Gender Dysphoria :

- Persistent incongruence between assigned gender and experienced gender for at least 6 months
- Significant distress or impairment in social and occupational functioning
- Strong desire for opposite/alternative/different gender
- Living fully in the assigned gender

- Willingness to undergo sexual reconstruction surgeries

DSM 5 Criteria :

At least two of the following to be met :

1. Severe incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics or anticipated secondary sex characteristics
2. Strong desire to get rid of one's primary and/or secondary sex characteristics
3. Strong desire for the primary and/or secondary sex characteristics of the other gender
4. Strong desire to be of the other gender
5. Strong desire to be treated as the other gender
6. Strong conviction that one has the typical feelings and reactions of the other/alternative gender

Q. 6 : What are the different red flags of gender dysphoria seen in children and adolescents ?

Both Children and adolescents show dilemma, confusion and discomfort with assigned gender roles and express desire to belong to the other gender

Children

- Insist on name, pronouns, toys, clothing, hair styles, roleplays according to desired gender
- They dislike their anatomy and may harm genitals
- Children may openly say: "I am not a boy/girl."

Red flags in adolescents :

- Distress increases during puberty and adolescents look disturbed.
- They may avoid mixing with people and exhibit social withdrawal
- Anxiety, depression, or self-harm behavior are common.
- They desire and search for information/ facilities helping them for physical changes (makeovers, hormones, surgery)

Q 7. Are there any differences between childhood and adolescent Gender Dysphoria?

- Gender dysphoria during childhood does not inevitably continue into adulthood.
- Follow-up studies of prepubertal children (mainly boys) who were referred to clinics for assessment of gender dysphoria, the dysphoria persisted into adulthood for only 6- 23% of children (Cohen-Kettenis, 2001; Zucker & Bradley, 1995).
- Boys in these studies were more likely to identify as gay in adulthood than as transgender (Green, 1987; Money & Russo, 1979; Zucker & Bradley, 1995; Zuger, 1984).
- Newer studies, also including girls, showed a 12- 27% persistence rate of gender dysphoria into adulthood (Drummond, Bradley, Peterson-Badali, & Zucker, 2008; Wallien & Cohen-Kettenis, 2008)
- Persistence of gender dysphoria into adulthood is much higher for adolescents. But, there are no formal prospective studies available as yet.
- Follow-up study of 70 adolescents with

gender dysphoria and given puberty suppressing hormones, all continued with the actual sex reassignment (deVries, Steensma, Doreleijers, & Cohen-Kettenis, 2010).

- Sex Ratios in children and adolescents varies considerably.
- GD children <12, the M/F ratio ranges from 6:1 to 3:1 (Zucker, 2004).
- GD adolescents > 12, M/F ratio is close to 1:1 (Cohen-Kettenis & Pfäfflin, 2003).
- (Source Dr Anagha Jaykar – Australia - IATPAH 2019)

Q. 8: How to manage Gender Dysphoria?

Principles of Management :

- Every patient is different: Individualized care.
- Multidisciplinary approach with team of professionals is needed.
- Avoiding harm during intervention
- Sociocultural factors need consideration
- Psychological and mental health support is a must
- Partnering with caretakers like parents, teachers etc.
- Legalities to be followed scrupulously.
- Pronouns should be used carefully.
- Using someone's correct pronouns is an important way of affirming someone's identity and is a fundamental step in being an ally. (she/her/hers, he/him/his, and they/them/theirs)

Management :

I. Psychological support

A. A developmentally appropriate, gender affirming approach is adapted.

B. Family support is associated with improved outcomes.

C. Clinicians may need to work with family members to develop a common understanding of the child's experiences.

II. Helping through Transitions :

A. Social transition – The process by which a person changes his/her gender expression to better match his/her gender identity.

B. Medical transition – The process by which a person changes his/her physical sex characteristics via hormonal intervention and/or surgery to more closely align with his/her gender identity.

C. Surgical transition – It is irreversible and achieved through reconstruction surgeries.

D. Legal transition--- It includes getting legal documents amended.

III. Medical Management:

A Stage 1: Puberty suppression

- It is reversible and temporary
- It relieves the distress & halts progression of physical changes. Linear growth and weight gain continues.
- It gives adolescents time to develop emotionally and cognitively.
- Hormonal treatment for suppression of puberty constitutes: Gonadotropin releasing hormone analogs or alternative progestins

B Stage 2 : Gender affirming cross hormone treatment

- It is potentially irreversible

- Estrogen / Testosterone used to feminize / masculinize the adolescents.
- It aligns the appearance to desired sex by inducing the onset of secondary sexual characteristics
- Informed and legal consent- from both parents / guardians is a must.
- Cognition is assessed as part of the mental health assessment before giving the therapy. It may commence after 15 years of age
- Hormones used for induction of pubertal changes of affirmed gender are:

Oral estrogen for feminization and injectable testosterone for masculinizing.

Target levels are to reach the physiological range (serum estradiol: 100–200 pg/mL and serum testosterone: 300–1000 ng/dl respectively).

IV. Fertility Counseling And Preservation Procedures:

It is offered to all young people before starting medical treatment and should

include the following points positively:

- Trans males are counseled for risks of unwanted pregnancy
- In case of trans females, estrogen impairs sperm production although whether these effects are permanent is unknown.
- Testosterone does not necessarily cause infertility.
- Semen can be stored by cryopreservation through masturbation or surgical extraction

V. Gender Affirmation Surgeries

Q. 9 : What are gender affirmative surgeries? When and how are they undertaken?

Gender affirmation surgeries are the surgical procedures carried out on gender dysphoric individuals with an aim to align their physique with their gender of choice.

They are of two types:

- Core surgeries which are those of the reproductive system organs
- Supportive surgeries for secondary sexual characters.

They are irreversible and major. They are undertaken after:

- The individual attains the age of legal maturity and adulthood
- The individual demonstrates the emotional and cognitive maturity required to provide informed consent.
- The individual is living in a gender-congruent role for at least 12 months before surgery
- The reproductive options are discussed in detail before
- Chest reconstructive surgery (top surgery) can be undertaken after the age of 16 years, if a consensus is reached between the adolescent, their guardians and the clinicians involved in their care
- Genital surgeries are delayed until adulthood because:
  - There is a greater risks associated with major surgery and
  - The impacts on long-term sexual function and reproductive potential is vital

Core surgeries for trans women

Include breast augmentation, orchiectomy, penectomy, vaginoplasty, clitoroplasty, labiaplasty, vulvoplasty, corporectomy, feminizing urethroplasty etc.

Supportive surgeries for trans women

Include hair transplants, advancement of hairline, facial feminizing surgery

Core surgeries for trans men

include reduction mammoplasty, hysterectomy and bilateral salpingo-oophorectomy, vaginectomy, phalloplasty, metoidioplasty, scrotoplasty, urethroplasty, placement of a testicular prosthesis and an erectile implant/penile prosthesis etc.

Supportive surgeries for trans men

Include mandibular transplants, pectoral/ calf implants, facial masculinization surgery, voice affirmative surgery, Thoracic shaping, Abdominoplasty, lipofilling, high-definition body contouring and many other non-invasive aesthetic procedures.

Supportive procedures that can be done for both

Rhinoplasty, laryngeal and voice affirmative surgeries, thoracic shaping, body contouring, noninvasive aesthetic procedures

Q. 10 : What are the psychosocial issues faced by gender dysphoric individuals ?

- Low self-esteem, stress, frustration
- Anxiety, depression, suicidality
- Substance abuse
- Neglect, discrimination, rejection, bullying
- Violence, sexual abuse
- Abandoning
- Less educational/work opportunities
- Poor health care support

Q. 11 : What is Gender Affirmative care ? What are the pros and cons ?

Gender Affirmative Care model is based on integration of medical, mental health, social and legal services. It :

- Uses specific resources and support for parents and families.
- Tries to destigmatize gender variance,
- Promotes the child's self-worth,
- Facilitates access to care,
- Educates families,
- Advocates for safer community spaces where children are free to develop and explore their gender
- Results in young people having fewer mental health concerns

Gender Affirmative care TEAM

- Includes parents, pediatricians, society, teachers, social workers, psychologists, legal and ethics members, pediatric endocrinologists, and surgeons
- They interact with each other with a focus on the child with gender incongruence.
- They facilitate gender-affirmation process and the gender journey to avoid gender dysphoria

Q 12 What is the current Stand on Gender Affirmative Care

Individually tailored interventions depending on physical & cognitive development of youth is promoted by :

- WHO
- ATHI : Association for Transgender Health in India

- AHA : (AHA statement on Transgender Care, IP May 23):
- WPATH : World Professional Association for Transgender Health
- AAP
- Australian Standards of care and treatment guidelines
- Mental Health Services Administration USA
- Canadian Pediatric Association

Some organizations are strictly against promoting gender affirmative care that involves social gender transition in prepubertal children

They include :

- NHS England
- SEGM : Society for Evidence Based Gender Medicine
- British and Scottish Pediatric Association
- AAP had opposed for some time

Q13 : What are the reasons for opposition ?

The reasons for their opposition are multifold. Some important arguments are :

- Sex is a biological reality.
- Gender diverse children/adolescents are dramatically increasing
- Psychotherapy and psychoeducation as the first and primary line of treatment
- No evidence that GAC reduces risk of suicide
- It is hard to predict the course of their gender identity development as many gender-dysphoric adolescents can also suffer from mental illness and neurocognitive difficulties
- Childhood dysphoria continued to adulthood only in 12% to 27%.
- Long -term effects of puberty blockers are unknown

Q. 14 : What are provisions under Transgender Persons (Protection Of Rights) Act 2019 ?

Indian Laws are very protective and accommodative for persons with gender variations. They are treated as equals and helped to make a comfortable living in the society.

Their rights and entitlements include :

- Provision of a Certificate of Identity as 'transgender'.: on self- declaration and psychologist's evaluation by District Magistrate,
- Prohibition against Discrimination
- Right of Residence, Education, Employment, Reservations (OBC category)
- Right to Health Care
- Establishments of special facilities (washrooms, special wards etc.)
- Public Awareness regarding the nature of and rights of issues.

Q. 15 : Are there any authentic organizations working scientifically and empathetically to support gender diverse individuals ?

1. WPATH: World Professional Association for Transgender Health https://www.wpath.org
2. ATHI : Association for Transgender Health in India https://www.athionline.com

'Conscious Parenting : A Shift from Control to Connection in Raising Adolescents'

Dr. Ritu Gupta, Noida
Consultant Paediatrician, Adolescent Health Expert, Certified Parent & Teen Coach
Secretary, Adolescent Health Academy Uttar Pradesh, 2024-25

'Conscious Parenting : A Shift from Control to Connection in Raising Adolescents'

Parenting in today's world comes with unique challenges. For centuries, traditional parenting has relied on discipline, authority, and control. While effective in some cases, today's adolescents need a different approach—one that emphasizes connection, empathy, and mutual understanding. Conscious parenting challenges us to look within, recognizing our own conditioning, to better meet the needs of our children.

'Traditional Parenting : Fixing Behaviours with Control ' - Traditional parenting often focuses on correcting behaviour rather than understanding the emotions driving it. Rooted in hierarchy, this approach uses punishments and rewards, aiming for compliance without necessarily addressing emotional needs. While short-term compliance may occur, this approach often harms the parent-child bond and leaves adolescents feeling misunderstood.

'Conscious Parenting : Connection Over Correction' - Conscious parenting treats behaviour as communication. Instead of correcting, it invites us to explore the reasons behind behaviours. By connecting and empathizing with our children, we can address the deeper issues behind surface-level behaviours.

Reflecting on Our Own Conditioning - Our parenting often reflects our own upbringing and unresolved emotional patterns. Without realizing it, we can impose our beliefs, fears, and unmet expectations on our children. For instance, some parents may be overly concerned with academic performance due to their own insecurities around success and failure. Becoming conscious of these influences allows us to respond thoughtfully, not react out of habit.

Sharing a few examples from my professional experience :

Example - 1 : Consider the example of a mother concerned about her 11-year-old son's refusal to attend school. Despite pleading, reasoning, and even anger, he resisted. She turned to traditional measures, but none worked. When we spoke, we discovered that the issue wasn't disobedience but fear. The mother had recently attended a meditation retreat and was unreachable, which—combined with the parents' past arguments and her threats of leaving—left the child feeling abandoned. Refusing to go to school was his way of staying close to her, to avoid further separation. In a conventional approach, his resistance might have led to punishment, worsening his distress. Instead, conscious parenting helped us address the root of his fear, and by building his sense of security and teamwork within the family, he felt safe enough to return to school.

Example - 2 : Another mother approached me about her 13-year-old son's

unpredictable outbursts. In one incident, he threw a tantrum in a crowded mall, leaving his parents embarrassed. Attempts to calm or scold him only fuelled his frustration. The boy's outbursts were connected to family stress—his parents' arguments left him feeling anxious and unable to express himself constructively. His behaviour, whether anger or withdrawal, was his attempt to cope with his environment. In this case, I worked with the mother to practice active listening and empathy, helping her son to feel understood and safe enough to express his feelings without fear of judgment. The boy gradually learned healthier ways to communicate his emotions, strengthening his connection with his parents.

Example - 3 : One family came with concerns about their older son's aggression toward his younger brother. Despite efforts to correct the behaviour, it continued, and they felt increasingly frustrated. During my conversation with the parents, I noticed a recurring theme: comparison. The parents often highlighted the younger sibling's achievements, overlooking the elder son's strengths. This led to sibling rivalry, lowered self-esteem, and disruptive behaviours. Instead of punishing the elder son, we focused on valuing his unique strengths. Over time, this approach improved his self-worth, reduced aggression, and fostered harmony between the brothers. The adolescent's academic performance improved too.

Conscious parenting acknowledges that behaviour is often a symptom of unmet emotional needs. Addressing those needs can transform family dynamics.

The Core Principles of Conscious Parenting

1. Self-Awareness in Parenting - Conscious parenting begins with self-awareness. Our children's behaviours often reflect areas where we need to grow ourselves. When we're anxious or reactive about their behaviour, it's an opportunity to look at our own triggers. Addressing our inner challenges prevents us from projecting them onto our children.

2. Empathy and Connection Before Correction - Conscious parenting stresses the importance of connecting before correcting. When children feel understood, they are more open to guidance. For example, when we approach an upset teen with empathy, they're less likely to resist or withdraw. By empathizing first, we foster trust and communication.

3. Cultivating Emotional Resilience - Adolescents today face complex pressures. Conscious parenting builds resilience by modelling healthy emotional regulation, validating feelings, and encouraging open communication. Rather than punishing a child for expressing frustration, we can teach them to process emotions constructively.

4. Encouraging Individuality and Self - Worth Every child has unique qualities, strengths, and interests. Conscious parenting celebrates these rather than imposing parental expectations. By supporting their individuality, we help them develop self-worth, an essential foundation for emotional health.

A Shift That Benefits Both Parent and Child

Conscious parenting enriches both the child and the parent. This approach moves the focus from merely "fixing" behaviours to nurturing emotionally resilient, self-assured individuals. Parents who embrace conscious methods often find they are better equipped to handle their own emotions and experience a more fulfilling, meaningful relationship with their children. Conscious parenting is not about abandoning discipline but about reframing it. It's about guiding rather than controlling, about trust rather than fear. This shift creates a strong foundation for adolescents to grow into emotionally balanced, confident young adults.

Conclusion :

Raising a Generation of Conscious Youth - In a world of new challenges, conscious parenting provides a compassionate, effective alternative. It recognizes that children are unique individuals, not simply "blank slates" to be filled. By moving from control to connection, we raise a generation of resilient, emotionally aware, and secure young people. As George Bernard Shaw said, "Life is no brief candle… but a splendid torch." Conscious parenting means holding that torch, illuminating the way for our children and ourselves. Through empathy, awareness, and understanding, we make parenting a journey of mutual growth, creating bonds that strengthen, inspire, and heal.

Sources and Acknowledgements :

This article is based on the author's original insights, derived from personal and professional experiences, along with transformational learnings from extensive training in conscious parenting and adolescent & youth coaching at Landmark Worldwide, Parwarish Institute of Parenting and Jay Shetty Certification School. The article also draws inspiration from the work of internationally acclaimed parenting experts like Dr. Shefali Tsabary and Kirk Martin.

THE BOY WITH THE BRIGHT EYES

Dr. Piyali Bhattacharya
Cons. Pediatrician, SGPGI, Lucknow

Working as a paediatrician in a Government Hospital at Lucknow, I often encounter children whose stories stay with me long after their treatments cease. It was monsoon season when Karthik a 14-year-old boy was wheeled into my OPD. He was frail, his body weakened by months of untreated tuberculosis. His mother, a daily wager hesitantly told me that they had delayed seeking treatment due to financial constraints. Karthik however spoke with determination. "I'll get better, doctor. I have to."

Over the next few weeks, I learnt that Karthik was battling tuberculosis, juggling schoolwork, helping his younger siblings with their studies, and working part-time at a mechanic shop to support his family. Despite his exhaustion, he refused to let his illness define him. "What keeps you going, Karthik?" I asked one day. "I want to become an engineer, ma'am. My father used to dream of building big machines before he passed away. I promised him I'd make that dream come true."

I counselled both Karthik and his mother, explaining the importance of completing the six-month course of medication. Any lapse could be life-threatening! "I'll follow it, Doctor Aunty," Karthik said with a seriousness unusual for his age. Every fortnight, Karthik would return for his check-up and medicines at our DOT Centre. Even on days when the rains flooded the streets, he arrived, drenched but punctual. He would bring his textbooks asking me to quiz him on algebra or physics! There were moments of despair when side effects from the medication left him too nauseous to eat or study but he always bounced back.

Looking at this child's resolve, I decided to go beyond my role as a doctor. I reached out to a local NGO, which provided Karthik's family with rations and school supplies. I also spoke to a teacher friend who agreed to mentor Karthik in math and science while I quietly paid his school fees. By the time Karthik's treatment ended, his body had regained strength, but what truly stood out was his unyielding spirit.

A year later, I received an unexpected visitor. It was Karthik, now visibly healthier, holding a certificate. "I won first place in the district science fair! I made a solar light from scrap" he said, his eyes shining. I admired his resolve as I hugged him. Karthik had not only survived his illness but had thrived, proving that resilience could overcome even the direst of circumstances. Years after, I recount Karthik's story to inspire other young patients and say "Resilience," is not just about surviving. It's about turning pain into purpose."

It's an inspiration to the reader too Dr Piyali. You went beyond the call of duty and saved a whole family.

BROKEN BONES AND HEALING MINDS

Dr. Sushma Desai, Chairperson - Elect, AHA
Adolescent Health Specialist, Surat, Gujarat

Adolescence! Truly an amazing phase of life!

Dealing with adolescents for past 15 years has enriched me with quite a few lifelong memories of inspiring life journeys of youth sailing through difficult times, crossing all the odds to end up victoriously! Kavya's story is one of them.

A year and a half ago, I got a phone call from Kavya's father, requesting me to give an appointment on urgent basis for her. 16 years old Kavya, when she entered for the first time in my clinic, was perceived as an obese adolescent girl with an anxious looking face and limping gait.

Her parents narrated her history with tears in their eyes, intermittently requesting, to save their only child's life.

She was a shy child, pampered by her parents and grandparents. Till 10th class, she was above average in studies, very fond of dancing as well acting in drama! 2 years ago, parents encouraged her to participate in cultural program of their community. She thoroughly enjoyed practice sessions and performance on stage, feeling very happy and proud. She could befriend same age children, including a boy. Their "special" friendship suddenly ended after a couple months when boy's mother stopped him from mingling with Kavya. Since then, she started withdrawing herself from family as well as school friends. One day, while returning from tuition class on her 2-wheeler, she met with an accident leading to multiple injuries in both legs, fractures in right leg, and deep aberrations on face. She was bed ridden for quite a long time. Parents would find her crying and praying in front of Lord Krishna to end her life.

On psychiatric referral, she was put on multiple antipsychotic drugs. She would feel sleepy throughout the day, completely lost her chirpiness, would not even talk to her parents/ grandparents.

During personal talk, I observed one thing in particular, her strong desire to get out of the situation!

With regular CBT sessions, she started gaining self- confidence. She would dedicatedly follow all the suggestions and tasks given to her, even started the physiotherapy sessions despite being too painful!

With her dedicated efforts & readiness to cooperate, we could gradually taper the antipsychotic drugs as well, which led to significant reduction in day time sleepiness and improvement in her mood.

Her perseverance, resilience and strong desire to get to normalcy was so palpable that my entire team was encouraged to deliver the best, sometimes going out of the way to help her achieve the goal!

A couple of weeks back, when I saw her after a 2 month-long period (a gap due to her exams and admission process), I was completely wonderstruck to see her walking almost normally, she lost 9 kg weight, looking bright and fresh with a "sparkle" in her eyes. The glory of self-confidence and contentment was all over

her face. She is currently on only one SSRI, following the healthy dietary regime very strictly and doing Yoga as well as Pranayama regularly!

She had participated in the Gujarat State Drama Festival with full accolades to her performance!!

Hats off to such brilliantly resilient youth! Feeling truly proud of them!

Dr Sushma, you were instrumental in her recovery, believing in her all long. That mattered! Kudos!

BLACK DESPAIR, REPAIR

Dr. Poonam Bhatia, MBBS, DCH, PGD-AP, DCMH
DEWAS, M.P.

Mother of 15-year-old AB sought help from an Adolescent Physician for her daughter who had always been a high achiever but since past few months struggles with severe anxiety during exams, refuses to attend tuition classes.

AB's past trauma included being touched by some stranger on her lips while travelling in train (age 11). Her parents initially pursued legal action, but dropped it, leaving AB feeling unsupported and deprived of justice.

When spoken to, on a one-to-one basis, she had lot of complaints related to her parents and grandparents, who seem to love her younger sister more than her, (6 years younger). She feels her friends exploit her a lot. She says books like 'Ikigai' are the only companions for solace. She was deeply insecure about her weight and breast size (BMI: 28.6) but continued consuming junk food, resulting in self-loathing.

She felt increasingly disconnected and alone Her deep-seated belief that she was the cause of her family's problems, lead to attempted self-harm.

During the fourth session, AB revealed experiencing hallucinations and vivid dreams. So I convinced parents to involve a psychiatrist. Another experienced adolescent consultant was looped in. Despite strong family support and prescribed medications, her psychotic symptoms escalated, leading to attempts to harm her younger sister and house help. It was eventually identified that her body image issues were at the core of her distress.

With medications and life skills training in areas like self-awareness, effective communication, and stress management, AB made significant progress. Combined with dietary changes and increased physical activity, she managed to lose 5 kg, which helped her regain her confidence and emotional well-being.

Today, AB serves as the House Captain at her school and recently cleared her 10th board exams with an impressive 95% score. Inspired by her parents, she now aspires to become a Chartered Accountant. The key takeaway from AB's story is that when parents seek timely professional help, they can profoundly transform their child's life trajectory, leading to positive and lasting outcomes.

Psychiatric illnesses are manageable with empathetic and committed adolescent physician involvement. Kudos Dr Poonam!

KADAMBARI, YOU DEFY RULES !

Dr. Nishikant Kotwal, MD Dch, CAHC
Nagpur

I met Kadambari as a patient . She was 5-6yrs. when her mother came from another state to stay with her mom. They were from low socioeconomic class, which never bothered Kadambari at all. From day one Kadambari became my friend. She was not extraordinary but was working at her studies. I came to know that her father had conflict with law and was in jail. It always surprised me that she never discussed that part. Years passed and she became a tall beautiful girl. I feared that she may land up in problems because of her family history... During her visits to my chamber, she was making sure that she received the best small gifts that I had kept for her. She used to discuss many topics. She told me her problems and would listen keenly to advice. I still worried about her family past catching up and tripping her. She was focused and in due time got admission in a good engineering college, passed and secured a job in a good company.

She got a job in USA and she left for that job. Her English was impeccable. From where did she get all these qualities? How did she learn to navigate her life? How did she keep focus? This was all the enigma I have had. One fine day I was surprised to get this message

It said - 'Doctor Uncle! Hope you are doing well :)Just wanted to check up on you! How are you doing? Modern day letters are WhatsApp messages and today I was sitting in my balcony thinking about how much influence you have had in my life. Till date when I get sick (God's grace that I tend to remain healthy most days) you are the first thought that comes to my mind. The way you flash your smile till date remains a core memory. I remember you with the fondness of the very young Kadambari - coming to meet her doctor uncle, a little sick but so excited to meet you :)

The words of affirmation you have said to me have often acted as a vote of confidence in self, a pat on the back, a passion to do something with my life. To live it, if nothing else.

As I grow, I become a woman who loves sunsets, takes deep pleasure in cooking, works really hard at office, is in love with her life and I think you deserve to be remembered on good days too - not just when Kadambari is sick.

I will always be envious that you did not put my picture on the wall 😋 "

Kadambari, you defy all rules. You are the strongest person I have met.

Mutual trust and respect with guidance can help develop resilience!

Yes Dr Nishikant, totally so. So much to learn from Kadambari

RESILIENCE AND TYPE 1 DIABETES MELLITUS

Dr. Hema Sharma
Adolescent Health Physician

Dr. Vani H N
Ped Endocrinologist IGICH, Bangalore

Type 1 Diabetes Mellitus (T1DM), is a chronic condition requiring continuous self-management. Adolescents with T1DM face unique challenges in adhering to glycaemic goals, dealing with the stress of daily injections, and handling emotional burdens. The following case studies illustrate how personalized counselling and family involvement foster resilience in diabetes management.

Miss N, a 13-year-old girl diagnosed with T1DM at age 6, came from a financially strained family and exhibited high HbA1c levels. She often missed breakfast before school, leading to hunger and dizziness due to the interaction of fasting with insulin. Miss N's mother reported excessive mobile use, anger issues, and occasional aggressive behaviour, attributed to her exposure to violence at home. Counselling sessions focused on educating Miss N and her mother on the importance of consistent eating habits with insulin doses, along with anger management strategies. By her first follow-up, Miss N showed improvement, becoming more regular with her breakfast and insulin, reducing mobile use, and experiencing fewer anger episodes. Her mother also noted a calmer home environment, with amazing progress by the second follow-up!

Ms D, a 16-year-old diagnosed with T1DM at age 3, had persistently high HbA1c levels despite regular clinic visits for advice on medication, diet, and exercise. She sometimes skipped breakfast or insulin before walking to school. Ms D expressed frustration over her diabetes, anger related to daily injections, and anxiety about her future career and personal life. She feared her condition would hinder her dreams of becoming a doctor and worried about marriage and childbearing. Counselling sessions reassured her about living a fulfilling life with diabetes, showcasing successful individuals with T1DM in various fields. Anger management techniques were introduced, and her mother was involved to address family-related anxieties. After several sessions, Ms D's mother reported an improvement in behaviour and adherence to insulin and meal routines, with Ms D completing her board exams successfully!

These cases illustrate how fostering resilience through personalized support can enhance diabetes self-management and emotional well-being in adolescents with T1DM. Clinicians can support resilience by identifying individual strengths, teaching coping strategies, fostering supportive family relationships, and using behavioural interventions to help adolescents meet their self-management goals

1. More, R., Jaser, S., Chao, A., Jang, M., & Grey, M. (2012). Psychological experience of parents of children with Type 1 diabetes: a systematic mixed-studies review. The Diabetes Educator, 38(4), 562-579.

2.2. Hilliard, M. E., Harris, M. A., & Weissberg-Benchell, J. (2012).Diabetes resilience: A model of risk and protection in Type 1 diabetes. Current Diabetes Reports, 12(6), 739-748.

3. Jaser, S. S., & White, L. E. (2011). Coping and resilience in adolescents with Type 1 diabetes. Child: Care, Health and Development, 37(3), 335-342.

CONCEPT NOTE FOR THE T-TEACH MODULE

Dr. Shubhada Khirwadkar
Adolescent Specialist, Nagpur

T-TEACH

(Teachers' Training and Empowerment in Adolescent Care and Health)

IAP-AHA's Training Module for Teachers

Introduction:

Adolescence is a crucial stage in an individual's life marked by physical, social, emotional, and cognitive changes. During this period, adolescents require guidance and support from various sources, including teachers. Teachers, as important stakeholders, play a significant role in the overall development of adolescents and their well-being as they spend a considerable amount of time with them in school settings. Therefore, it is essential to equip teachers with the necessary skills and knowledge to effectively support and care for adolescents.

Objective:

The primary objective of this module is to enhance teachers' capacity to provide holistic care and support to our adolescents. It deals with ten important topics which are relevant and relatable to the teachers in their day-to-day school life. It will focus on building teachers' understanding of adolescent development, mental health and neurodevelopmental issues, learning difficulties,

communication strategies and effective ways to create a supportive and inclusive learning environment for adolescents.

Adolescents are significantly vulnerable to substance abuse and media addiction due to various factors such as peer pressure, curiosity, and easy access to addictive substances and digital media. Teachers play a crucial role in identifying early signs of substance abuse and media addiction among adolescents and providing necessary support and interventions. Teachers can also act as promoters of healthy lifestyle and positive discipline in their students. Therefore, it is imperative to equip teachers with the knowledge and skills to address these issues effectively.

Key Components of the module:

1. Understanding Normal adolescent Behavior (overview of neuro psychosocial changes during adolescence and understanding the challenges and opportunities therein)
2. Dealing with problematic behaviors - bullying, anger, aggression, traffic manners)
3. Dealing with silently suffering Teens (internalizing behaviors) (Mental health concerns: spectrum of mental health, red flags, what teachers can do, when to refer, basics of mental health first aid, supporting mental well-being and resilience)
4. Basic understanding of Neurodevelopmental disorders and effective strategies to handle them (DD-ADHD, LD, ASD, ID)
5. The good and the bad about media
6. Substance Abuse (signs, symptoms, effective interventions, referral,

importance of teaching life skills)

7. Sexuality (talking about puberty, CSE, gender issues, POCSO)
8. Positive discipline (Creating a supportive environment by promoting inclusivity, diversity and positive discipline in the classroom, partnership with parents)
9. Promoting a healthy lifestyle

   (Non -communicable Diseases)
10. Art of Communication :

    Techniques to engage with adolescents and their parents effectively.

    - Active listening skills and empathetic responses.

    Communication with Self: -Importance of self-care and stress management for teachers while working with adolescents.

Methodology :

The training program will be conducted in schools as a combination of interactive workshops, group discussions, case studies, situational role-plays, and other experiential learning activities. Participants will have the opportunity to engage with experts in the field of adolescent medicine and psychology to gain insights and practical tips.

Expected Outcomes :

- Enhanced understanding of adolescent development and related issues.
- Improved communication skills and ability to connect with adolescents.
- Increased awareness of mental health issues and strategies to support students.
- Creation of a supportive and inclusive learning environment in schools.
- Better academic, sociocultural and behavioral outcomes of students
- Better insight and capability for teaming up among themselves and with parents in caring for adolescents
- Improved teacher well-being and self-care practices.

Conclusion :

Training teachers in adolescent care is crucial for creating a nurturing and conducive learning environment for adolescents. By equipping teachers with the necessary skills and knowledge, we can enhance the overall well-being of students during this critical stage of their lives.

Note : This concept note serves as a preliminary outline for a training program on adolescent care for teachers. Further customization and detailed planning will be based on the specific needs and context of the target audience in schools.

A CAPSULE OF MEMORIES OF MY ADOLESCENT LIFE

Dr. Sai Krishna, DNB Paediatrics in Progress
Bengaluru.

The period of teenage transition from being a young adolescent with the mindset of exploring the world, to a young adult, craving for self-exploration has always been, not only challenging but an enjoyable rollercoaster ride.

Myself, Dr Sai Krishna ,aged 27 while writing this, Paediatric resident at Rangadore Memorial hospital, Bangalore, India, sharing the transition stories of early, mid and late adolescence of mine, to convey not only the change in perceptions of WHAT we look at , but mentioning on the impact of HOW we look at and WHY we look at them.

Early adolescence(period of physical maturity): Being born to Central government employee parents in India, where transfer following a tenure of 8 years is a common norm, transitioning from tier 1 city to tier 2 city, leaving behind childhood friends was a difficult process to go through (for that age mindset). With no social media intervention at that age, physical activity in the form of cricket was the medium to get along with new friends in new city. With 1st spark of responsibility, life had to offer, was yes, 'Bride's brother' ! I followed the footsteps of my father during the entire function days, literally like a shadow behind him.

Mid Adolescence (period of Exploration): with school offering free education in 11th and 12th grade following the securing of top spot in school in 10th board examinations, my life turned on its head. Both internal (hormonal) and external (environmental) factors added spice to my life, from rather an ordinary chicken curry to Indian famous butter chicken curry so to speak! From being studious and disciplined.....to bunking classes, stealing video game cassettes in shops with friends(without getting caught) trying 'adult ' activities and applying that crazy spike -hairstyle for main examinations , 11th grade had provided every experience to offer in life!

Talking on influence of opposite gender? Aha. How can I miss talking about the beautiful species on the planet. Entire evening of the day was spent, roaming from one school to another, not for tuition, rather to sight girls at school gate! With no bikes/impressive vehicles, only my cycle was the source to provide stunts in front of girls. Luckily got female friendships, which are not only thriving, but being healthy with good intentions, till this date.

Late adolescence (period of mental maturation) : The transition from being in shadows of my father in my 1st sister marriage, to shine in limelight in 2nd older sister marriage, mental maturity started to mould in good form in late adolescence. Nicknamed “matrix head” for having good knowledge in mathematics and physics and getting appreciation in science project from ISRO scientists, life had made a plan to offer pathway in engineering field with getting good scores in IIT mains. But to everyone's surprise, God (with all prayers of my family included), carved a path in medical field.

Yes, not easily digestible news! Transition was very difficult, with emotions of terminating the course, called and beeped like an alarm every day during the early days of undergraduation.

Did I get interested in medical field/ did I just study to making parents happy? Yes, despite doubts, I developed a genuine interest. Medicine is a career in day-to-day practical application of what I read and as a vocation, provides me with a responsibility, an opportunity to make myself become a better human.

School and college, I now understand, are not meant only for gaining knowledge/attendance, rather a place of meeting people with different mindsets / in different walks of life . These scenarios made me question things ,people and situations / creating curiosity of different emotions, I was to learn from every experience and grow as a person, not only emotionally, but also mentally.

At the end of the day, LIFE,as a Movie, gives an everyday opportunity, to change/modify the genre of the movie, wherein you can decide on the role that you are going to play— either as a hero or as a villain, make your choice. The only way ahead is through! Thrive!

ADOLESCENT HEALTH WEEK - HEALTHY LIFESTYLE DAY

Healthy Lifestyle (AHW) @ Bangalore


Healthy lifestyle @ Agra


Healthy lifestyle day @ Jalandhar


Healthy lifestyle (IAHW) @ Noida


IAHW Healthy lifestyle day@ Jalandhar

Lifestyle day @ Amritsar


Lifestyle Day@ Gwalior

Lifestyle changes @ Noida


Healthy Lifestyle @ Vadodhara

ADOLESCENT HEALTH WEEK - DAUGHTERS DAY

Daughters day @ Bangalore

Daughters day @ Bangalore

Daughters day @ Gwalior

Daughters day @ Gwalior

Teenager's Day @ Bangalore

Adolescent CME @ Mysore

IAHW@ RRMCH, Bangalore

IAHW @ Bhilai

IAP-AHA adolescent health week @Bangalore

Lifestyle awareness for AHW @ Vellore

Self defence workshop @ Nerul, Navi Mumbai

IAHW @ Anand Shaka Khopoli (Raigad)

INTERNATIONALADOLESCENT HEALTH WEEK

IAHW @ Kharsundi, Raigad

IAHW@ Khopoli, Raigad

IAHW @ Khopoli, Raigad

IAHW - POCSO act @ Vadodhara

Peer education in mental health @ Vadodhara (IAHW)

Adolescent Health Week @ Bilaspur

Building Resilience @ bajaj nagar, Nagpur

AHW @ Kalburgi, Karnataka

Online safety @ Vadodara

IAHW Gender Equality @ Trimurtinagar Nagpur

Building Resilience @ Nagpur

Resilience @ Nagpur

WEBINARS

Parenting Adolescents, Life Skills

Parenting Adolescents, Life Skills

AHA ACTIVITIES

Sexuality and Relationships workshop @ 6th WZ pedicon

Self defence workshop @ Nerul, Navi Mumbai

Addiction free teens @ Namakkal, TN

Drug abuse, resilience, lifestyle skills @ Bangalore

Children's Day at Navi Mumbai

IAP RANCHI CME on Adolescent Health Care Services

Adolescent awareness program, Nagpur

Chairperson AHA on digital wellbeing at South Pedicon

MEDIA OUTREACH


किशोरवयीनांसाठी वेगळे मंत्रालय असावे : बालरोग तज्ज्ञांच्या परिषदेत सूर


किशोरवयीनांसाठी वेगळे मंत्रालय असावे

परिषदेत सूर: बालरोगतज्ज्ञ संघटनेतर्फे राष्ट्रीय परिषद


असंसर्गजन्य आजारांचा किशोरवयीनांना सर्वाधिक धोका

डॉ. गीता पाटील : टी-टेकद्वारे वेगवेगळ्या अकरा विषयांवर मार्गदर्शन


किशोरवयीन मुलांसाठी स्वतंत्र मंत्रालय व्हावे

बालरोग तज्ज्ञ संघटनेच्या परिषदेत मागणी


बालरोगतज्ज्ञ संघटनेतर्फे राष्ट्रीय परिषद:

किशोरवयीनांसाठी वेगळे मंत्रालय असावे-परिषदेत सूर


किशोरवयीनांसाठी स्वतंत्र मंत्रालय हवे

बालरोग तज्ज्ञांच्या राष्ट्रीय परिषदेत सूर

...या विषयांवर मंथन


Nagpur AHA gets special award for contribution to adolescent health

■ Staff Reporter

THE Nagpur branch of the Adolescent Health Academy (AHA) has been recognised for its exemplary contributions to adolescent health at the 24th Annual National Adolescent Health Conference, held in Nashik recently.

During the inaugural ceremony, the Nagpur AHA received a special appreciation award for its consistent efforts in uplifting adolescent health.

Dr Linesh Yawalkar, Chairperson of Nagpur AHA, Dr Avinash Gawande Vice-chairperson of Nagpur AHA, and Dr Dinesh Saroj, Secretary of Nagpur AHA, expressed heartfelt gratitude to all Nagpur AHA branch members for their dedication.

Dr Yawalkar's paper, titled "A Study of the Attitude and Perception of Adolescents About Romantic Relationships," on study conducted in collaboration with Dr Jayant Upadhye and Dr Abhijit Bharadwaj under the guidance of Dr Jaishree Upadhye, won third prize in the consultant category at the national-level.

The Maharashtra Adolescent Health Academy was also honored, receiving the first prize among state branches. Dr Nishikant Kotwal, Chairperson of Maharashtra AHA, congratulated all members of Maharashtra AHA for their tireless efforts.

Team AHA Nagpur celebrated this success during AGM of Nagpur AHA. Meeting was attended by Dr Uday Bodhankar, Dr Nishikant Kotwal, Dr Shubhada Khirwadkar, Dr R G Patil, Dr Abhijit Bahradwaj, Dr Jaya Shivalkar, Dr Swati Waghmare, Dr Sanjay Deshmukh, Dr Mustafa Ali, Dr Linesh Yawalkar and Dr Dinesh Saroj. Dr Satish Deopujari blessed both the teams for successful tenure.

A new team of AHA Nagpur is being constituted for year 2025 under leadership of Dr Meena Deshmukh as chairperson and Dr Soniya Arora as Honorary Secretary. New body will take charge from 1st of January 2025.

Dr Vasant Khalatkar, President-Elect IAP 2024 congratulated the current team and conveyed his best wishes to the new team.

Dr Uday Bodhankar, Dr Nishikant Kotwal, Dr Satish Deopujari, Dr Shubhada Khirwadkar, Dr Swati Waghmare, Dr Jayashree Shivalkar, Dr R. G. Patil, Dr Abhijit Bhardwaj, Dr Avinash Gawande, Dr Meena Deshmukh, Dr Linesh Yawalkar, Dr Dinesh Saroj and Dr Soniya Arora at the conference in Nashik.


झारखंड में किशोर स्वास्थ्य व न्यूरोलाजी अकादमी का गठन

इंडियन एकेडमी आफ पीडियाट्रिक्स करेगी संस्थाओं की देखरेख


आइएमए : वार्षिक सम्मेलन में देशभर के 100 से अधिक शिशुरोग विशेषज्ञ हुए शामिल, बोले डॉ प्रदीप

हार्मोनल बदलाव को समझ नहीं पाते हैं युवा


किशोर आरोग्य अकादमीचे उल्लेखनीय कार्य

राष्ट्रीय परिषदेत गौरव : किशोरवयीन मुलांच्या आरोग्यासाठी योगदान


तरुण भारत

Apla Nagpur | 2024-11-30 | Page-5

epaper.tarunbharat.net

किशोर आरोग्य अकादमीच्या अध्यक्षपदी डॉ. मीना देशमुख

Powered by: iDocuments


LOKMAT TIMES

SAATHI promotes awareness among school, college students

LOKMAT NEWS NETWORK
NASHIK, OCT 8

The National Adolescent Conference SAATHI (Scope And Action for Teenage Health Interventions) was held at Guru Gobind Singh Public School and Junior College recently.

This conference aimed to promote awareness of adolescent health, with a focus on highlighting challenges faced by today's youth. The programme also saw the introduction of the Green Army project, an initiative aimed at encouraging environmental responsibility among students.

Panel discussion on adolescence was held on this occasion. Students of Guru Gobind Singh Public School (GGSPS) Kavya Gaikwad, Varad Kannav, Parents Teachers Association (PTA) member Saurabh Patil, in-charge teachers Nayna Gwalani, Roshani Dhadiwal and expert leaders like Chairperson of the Central Adolescent Health Academy Dr Geeta Patil and Organising Chairperson of National Adolescent Conference 2024 Dr Atul Karnikar participated in it.

President of the Institute Balbir Singh Chabbra further emphasised the importance of adolescent health and well-being. Various competitions were also organised followed by a prize distribution ceremony. Principal Manish Nandwani proposed a vote of thanks.

Nashik First
Page No. 2 Oct 09, 2024
Powered by: erelego.com

UPCOMING EVENTS