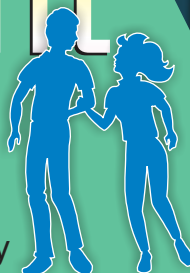


Adolescent today



Official e-Bulletin of
IAP Adolescent Health Academy



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From the Editor's desk

My Dearest colleagues of IAP Adolescent Health Academy,

Greetings from Gwalior,

Adolescent Health Academy is continuously striving hard to update your knowledge about Adolescent care and also to make you aware about the recent issues, which need your immediate attention. With the same intention AHA have been publishing the news bulletin "Adolescent Today". This special issue of Adolescent Today on "Media & Adolescent" is with you now and I am sure you will find it useful and worth reading.

I'm so happy that my editorial board is coming out with this theme now. Thanks to Dr Preeti for her tremendous efforts. Media is a super power and as with any other super power - like Atomic or Nuclear Energy. It is also bundled with tremendous responsibility as it is also a double edged sword.

Impact of Media has been close to my heart and I have been speaking on this from last 15 years, its Impact on Violence, Academic Performance, Body Image and Sexuality (women is perceived as a sex toy) is now well studied and documented world over. Now new hike is Social Media.

It is extremely worrisome that teens of our country are continually exposed to the western influences of free society. The social media has become a omnipotent phenomenon. We are living in an era of "screenagers". 2014 survey reveals that on an average every Indian devotes about 2.4 Hrs/day with social media. We have the highest users of Whatsapp, Trucaller, while second highest in facebook, LinkedIn, users in the entire world. Whatsapp is today's craze, obsession and addiction. In 2015 April India has 800 million users.

The addiction of social media leads to degradation of academic performance, increases incidence of suicidal behaviors and provokes for smoking, alcohol, drugs and sex experimentation... sexting is the new craze. All of these are making them very inquisitive and misguided. This is the high time that a proper education is provided to them through proper channels so that they do not seek it from any unscrupulous sources. "Cyber Bullying" and "Face book Depression" and "Whatsaapitis" is becoming very common. We cannot be indecisive on this matter anymore; we have to be proactive and take the reins in our hands now, only by this we can avoid dangerous things happening to our young generation. We need to make our screenagers media literate and tell them about the hazards of "Digital Footprints".

We published the last issue on "Sexual Abuse". As we know it is multi-disciplinary approach, we maintained the dignity and integrity of our adolescents. We have received remarkable response from all our readers. As the last issue, this issue also contains interesting topics- I am sure you will love to read it also.

The Activity report of individuals and branches is a very interesting feature - Thanks to our dynamic secretary and co-editor for their untiring efforts in bringing out the last issue and this one also.

Sincerely,

Dr C.P. Bansal

Editor in Chief, Adolescent Today
President, SAPA



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Dear Esteem members,

Its matter of great pleasure that another issue of Adolescent Today in e-version is on media and adolescents. You all very well know that media is playing a great role in lives of adolescent with negative and positive impact. I feel it is the duty of gatekeepers of the society to guide adolescent in proper time and the issue will be useful to all. I am thankful to all eminent writers of present issue for sparing their valuable time for the excellent write ups.



Best wishes to all

Yours in academy service,

Dr. J.S. Tuteja
Chairperson, AHA

Dear Academicians,

Currently, India has the 2nd largest population of internet users in the world. Media has invaded every nick and corner of our life. Media is a double edged sword. It can be a great source of knowledge, information, recreation and socialisation yet its unmonitored and excessive use can be devastating to health. Adolescents with a highly reactive reward centre and an immature judgment centre (prefrontal lobe) get easily influenced by the media. Youth Study 2006-07 revealed that 12% of Indian youth used internet. 20-30% boys and 3-5% girls watched pornography. 54-62% acknowledged media influenced their aggressive behaviour and dressing up sense. Each article in this issue dwells in depth about important media related issues for adolescents. We hope that you would find this issue informative and useful for clinical practice.



Happy Reading!

Dr. Preeti M. Galagali
Secretary, AHA

Dear colleagues of Adolescent Health Academy,

I feel immense pleasure on publication of ADOLESCENT TODAY.

Adolescents are the important group in population, who are to be looked after very carefully. They form the strongest power of the nation.

Our team of Adolescence Health Academy & all members are working day and night for their development, betterment & positive health.

Adolescent Today, this issue highlights Media & Adolescents. Media has great impact on adolescents- positive as well as negative.

I congratulate the eminent writers & editorial board for their great efforts.



Dr. J.C. Garg
Treasurer, AHA

Media Usage in Adolescence: Key Statistics



Who doesn't know Alexander Graham Bell? He invented the telephone in 1876! Newer inventions quickly followed and in 1901, Guglielmo Marconi was credited with the invention of radio. "The wireless music box has no imaginable commercial value. Who would pay for a message sent to nobody in particular?" This was the reaction of his friends when David Sarnoff asked them to invest in Radio in the 1920s.

We have come a long way since then. Far from being a non-entity, Media has become an integral part of our life, especially that of adolescents. Today's adolescents are not only comfortable with technology but cannot do without it. But is it just a vague general perception or a reality? To find out, we need to know the exact numbers. This is important for all the stakeholders, as it will influence the policy making as well as the approach to adolescent education. It will also underline the key change areas of the future. The statistics are pretty interesting. Most of the studies have been done in the West. They were done mainly out of commercial interest because adolescents are the major consumers of technology. They are the ones who decide its future and influence this industry in a major way.

Even though we have some idea about the omnipresence of media in the Teen world, the numbers are overwhelming. An average American Teen spends more time with media as compared to any other activity except sleep. They use it for different reasons- to keep in touch with friends, as



a way of communication, as a recreational activity, as stress buster, and for entertainment and learning. Many of them are on the verge of becoming addicted and do these activities compulsively. Let us look at some of the findings.

A study done by Victor et al in 2010 on American students says that youth spend an average of more than 7 hours per day using media, almost half of the waking time. This translates to around 2400 hours or 100 days in a year! One of the major studies done in the USA is the Pew Research centre Internet and American Life Project Survey. Its 2012 data shows alarming trend of excessive amount of time spent with the media, addiction, disregard for personal safety and explosive use of smart phones by the adolescents. This has reflected in increased psychological issues, high cyber crimes, increase in sexual problems and violence. This survey observed that 95% of all teens, aged 12-17 are online and 81% of them use some kind of social media. Three fourth of the teens have cell phones, almost 50% having a Smartphone. 84% boys and 59% girls play video games. While communicating, they prefer texting (75%) to calling (39%) and Emails (6%).

Indian scenario is no different. A survey was done on two groups of Indian adolescents and pre-adolescents (8-12yrs, 13-17yrs). According to this survey done in 2014 in major metro cities, 70% of online youth in India spend more than 5 hrs on the net in a week. 41% access it on desktop, 36% on

laptop and 27% on Smartphone. Facebook is still the most popular social networking site (93%) according to this 2014 survey, followed by YouTube (87%) and WhatsApp (79%). A significant finding was almost half of them (52%) accessed it during school hours!

Even though adolescents use technology routinely, most of them are either unaware of the dangers or show the typical 'I don't care attitude'. Many are ignorant of the permanent nature of the information given. 49% believed that they could eventually delete a content that they have posted. Even when they are aware of the risks, they imagine that it does not apply to them. 80% were aware that online activity can give away their identity but still 70% have posted their contact details like E- mail, phone and home address. 63% do not turn off their location or GPS when not needed. Almost 50% chat online with people they do not know and as many actually met them in person whereas 51% do not care about their privacy at all. The division between online life and offline life is gradually becoming blurred. Many adolescents are unable to differentiate between the two. In addition, the virtual life is the cause of many issues in their real lives. 40-50% gets into trouble in their real lives due to their online activities. As a result, 64% hide their online activities from their parents.

Another emerging threat is that of cyber crimes and cyber bullying. This is difficult to handle and has a deep impact on adolescent psyche. 66% of children admitted that they have had some experience of it, the common causes being appearance, intelligence, race, religion etc. The impact was such that half of the victims deleted their accounts or became less social.

A study published in June 2014 by PV Laxmi et al shows that more than three quarters of internet population is driven by young people and adolescents in India. 94% of them are in the age group of 13 to 34 yrs. According to this study, India now stands third in the world in terms of number of people



surfing the net, after US and China. This translates to a huge number- 205 million. No wonder the hardware and software industries have strategically targeted their marketing towards India! Those who do not or cannot own a computer, access the net in cyber cafes. This figure has been shown to be about 23% in India. Despite the laws regarding ID proof and age limit, anybody can access the net freely in these cafes. It is also unsupervised, costs just Rs 10-20 an hour, and provides easy access to pornography and gaming.

The traditional media like books, newspaper, magazines and radio have taken a backseat in the modern world. Even then, a study done in 2007 by international reading association in US showed that 72% of students from 5th to 8th standard read as leisure activity, with females reading more than males (78/64%); but only 36% said they enjoyed reading. Most of them read magazines (60-70%) followed by comics (30-50%). 16-24% read newspapers. The scenario has probably changed by now.

What about music? Teenagers, on an average, listen to 2.5 hrs of music every day. Most of the teenagers today have their ears plugged with an earphone all the time, even when they are driving or studying. What is worrying is the content of these songs. Many songs have overt sexual references. A strong link has been found between music exposure and substance abuse. It has been found that the average adolescent is exposed to 84 references to explicit substance use daily in popular songs.

TV is still the most popular medium of entertainment. 9-14 yr olds spend 20% of waking hours in front of TV as compared to 9% on hobbies and 3.5% on homework. This comes to about 20 hours per week of TV. By age 18, a teenager will have seen 350,000 commercials, 100,000

advertisements for beer and 6000 advertisements/ year for junk food and fast food on TV alone. This takes us to our concern regarding the major modern epidemic- Obesity. 'Eating while

watching TV' is a significant contributing factor. More than 30% of children eat while watching TV or using net. This, along with the junk food advertisements and lack of exercise, has led to the obesity epidemic.

Reading a newspaper used to be a sacred morning ritual in earlier times. Today, considering the explicit content, watching or reading news is more an area of concern for the parents than being a good habit. 24 hour reporting has changed the way news is sensationalised. Even though crime incidence has statistically gone down, reporting of crime in news has gone up by 240% with 30% of broadcasting time occupied by crime reporting.

Adolescents look at social media as a complete package of infotainment. Social media is found to be convenient, interactive and inexpensive across the world. After 2009, the Facebook craze caught up and within a year, the Facebook users increased by a whopping 179%. A worrying finding was seen in children between 8 and 12 yrs of age. Even though the age limit for Face Book sign-in is 13 years, 38% of these children use and enjoy FB, 23% girls use Instagram. Almost 50% already have a phone with half of them having a smartphone. If they start that early, imagine the effects on physical activity and cognitive development. The latest report by the American agency PEW concluded just a month back (Mar 2015), has shown that now almost 66% of adolescents now use or have access to a Smartphone. Although Facebook is still the most used SNS (71%), Instagram is fast catching up (52%). While the boys use Facebook more, the girls prefer Instagram.

To highlight the all-pervasiveness of media in adolescent life, let us take a look at the story of a client of mine. An adolescent girl, now 14 yrs old, is an only child of upper middle class working parents. The parents gave her a cell phone when she was ten to be in touch with her. They felt safer that way. The next year, her mom changed her own phone and the old smartphone was handed down to the daughter. Today, the girl has already had one break up; the second relationship is proving to be so dangerous that they had to make a police complaint. She kept communicating with the boyfriend on phone late into the night sending as many as 50 SMSs a day, her grades have fallen

down, and now the boy is sending threatening messages that he will leak her morphed pictures on the net. The parents are frightened, as she has left a compromising electronic trail....

Conclusion

- Media usage has exponentially increased, especially in adolescence
- The initiation is at a younger age
- Smart phones have changed the whole scenario
- Media related problems like addiction, pornography; mental disorders and obesity are on the rise

It is time we learnt from the mistakes and findings of our developed Western friends and take corrective and preventive measures in time!

Suggested Reading

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Internet Addiction: An "i Disorder"



Introduction

In the age of cyber revolution, the internet has become an important functional tool for most individuals as its multitude of possibilities for communication, entertainment and dealing with everyday needs like travel plan, booking, online billing, online search engine for various day to day requirements and online shopping among adolescents and adults has proven itself. Though over the last two decades many are also experiencing negative consequences of extensive internet use.

History and Terminology

The technology addiction disorder started with the advent of radio in 1930s, television in 1960s and now the internet in current digital age. The negative impact of Internet overuse was first depicted by Ivan Goldberg (1995) as a satirical article. However the first scientific description was given by Kimberley S Young (1996) followed by Griffith (2000). Today enough literature exists on phenomenology, epidemiology and co morbidity. The important ones are review by Kuss et al (2013) & Spada (2014).

The phenomenon & the terminology used for this new medical disorder is still under debate.

The term addiction is not mentioned in DSM IV overall. Instead substance abuse & obsessive compulsive disorder are used. In the latest DSM V manual (2013) Internet addiction disorder is not included instead Internet gaming disorder is listed in an appendix as a disorder requiring further study. Gambling disorder (non substance related) is the only behavioral disorder included. The authors of DSM V state that the addiction to

"content online" is possible & internet serves only as a media. Nevertheless various scientific research papers have come up in favor of IAD as a psychiatric medical disorder which needs to be addressed discretely. It is expected to come up as a new medical disorder in the revised edition of DSM V (APA, 2013). The different terms given to this clinical condition are Internet Addiction (Young, Hansen, Chou et al, Widyanto and Griffith), Compulsive Internet Use (Meerkel et al), Internet related Addictive Behaviour (Brenner), Problematic Internet Use (Caplan), Pathological Internet Use (Davis) and now it is even termed as 'i Disorder'

Definition

Amongst the debate on its phenomenon a simplified definition could be "The inability of individuals to control internet use, resulting in marked distress and/or functional impairment in daily life." Which is in accordance to definition for overall addiction that is "compulsive behavior that persists despite of serious negative consequences for personal, social and occupational functions."

Clinical Features : Mark D. Griffith (2000)

- Salience - When Internet dominates individuals life, behavior and thought process even when he or she is offline.
- Mood Modification - The individual experiences internet as Buzz/ Kick/ High/ mood booster or tranquillizing effect.
- Tolerance - Tendency to spend time online is increased as to 10 hours or more a day for non essential, non business and non academic content
- Withdrawal Symptom - like shakiness,

moodiness, irritability increases when internet is discontinued or suddenly reduced

- Conflict – with those around them like friends & relatives, with other activities like job, social life, hobbies and interest and conflict within that is intrapsychic conflict regarding loss of control on internet overuse.
- Relapses – even after period of abstinence or control.

Categories of Internet Addiction: (Young 1999)

Five Specific Subtypes –

- Cyber Sexual Addiction – compulsive use of websites for cyber porn.
- Cyber Relationship Addiction – Over involvement in online relationships.
- Net Compulsion – Obsessive online gambling, shopping and trading.
- Information overload – Compulsive web searching or database search in WoW (World of Web)
- Computer Addiction – Obsessive computer game playing like Massive multi user online role playing games (MMORPGs)

Neuroscientific Phenomenon:

Neuropsychological and neuroimaging research on excessive and addictive use of internet reveals better understanding of neurobiological basis of internet addiction. Various studies concur to the view that an addictive use of internet is linked to functional brain changes involving parts of the prefrontal cortex, accompanied by changes in cortex of temporal region and subcortical region that is ventral striatum. There is also evidence on structural changes in prefrontal cortex which results in loss of control of the individual over internet use especially during performing executive functions and cue reactions. However these studies were done on small samples



therefore need further evaluation.

Clinical implication

The theoretical cognitive behavioral model proposed by Davis (2001) differentiates generalized internet use (GIA) from specific internet use. GIA is often linked with communicative application of internet. Lack of social support and feeling of loneliness are the main predisposing factor along with low self esteem, depression, shyness, stress vulnerability and procrastination tendencies. The maladaptive cognition about the surroundings may then intensify the use of internet to distract from the challenges and negative mood to seek gratification in virtual world. While specific internet addiction (SIA) reveals overuse of gambling sites or pornography which can also be developed outside the internet but aggravated by the vast platforms provided by the internet. Due to lack of limits, absence of accountability and versatility of modes like tabs and smart phones internet has hence become addictive at fast pace.

Diagnostic Psychometric Scale :

Several screening scales for IA has been developed but none have emerged as a "gold standard".

- Internet Addictive behavior inventory (IRABI) developed by Brenner which has 32 item questionnaire.
- Internet addiction Test (IAT) first global validated scale developed by Young. which has 20 item questions measuring mild, moderate and severe level of internet Addiction.
- Chen Internet Addiction Scale (CIAS) : It has a 26 questions ranked on 4 point Likert Scale.

The highest score denotes severity of IA.

- Compulsive Internet Use scale (CIUS): It contains 14 questions rated on a 5 point scale, developed by Meerkerk et al

(2009)

- Problematic Internet Use Scale (PRUISS): A 18 point scale which is widely used schools & clinics, developed by Jelenchicket al (2012)

Management

As for other addictions a comprehensive approach and counseling is the mainstay. With individual therapy, family, school and the society as a whole should be addressed. Prevention is better than treatment. Therefore there should be a set of guidelines by the parents, family, teaching institutes and also the employer for use to prevent hazards of internet. Few of the treatment protocols are as follows:

- Content Control Software – It is USB connected keyboard accessory which gives a small electric jolt on overuse of internet.
- Counseling, group therapy and brief strategic family therapy (BSFT)
- Cognitive Behavioral Therapy – It consists of three phases.

In the first phase behavior modification is done to gradually decrease the amount of time that addicts spends online. In the second phase cognitive restructuring and reframing is done so that maladaptive cognition such as overgeneralization, selective abstraction, overt self concepts favoring oneself online could be analysed and treated. Thought such as "nobody loves me offline, online I am some one". These type of distorted thoughts are addressed. In the third phase harm reduction therapy is done. to identify and address co existing factors associated with the development of internet addiction. These factors may include personal, social, psychiatric and occupational issues. CBT takes approximately sessions of three months a year for promising recovery.

- Pharmacotherapy for comorbid clinical conditions are indicated with SSRI s. Though it goes along with psychotherapy. A study conducted at Mount Sinai School of medicine by Eric Hollander has reported that

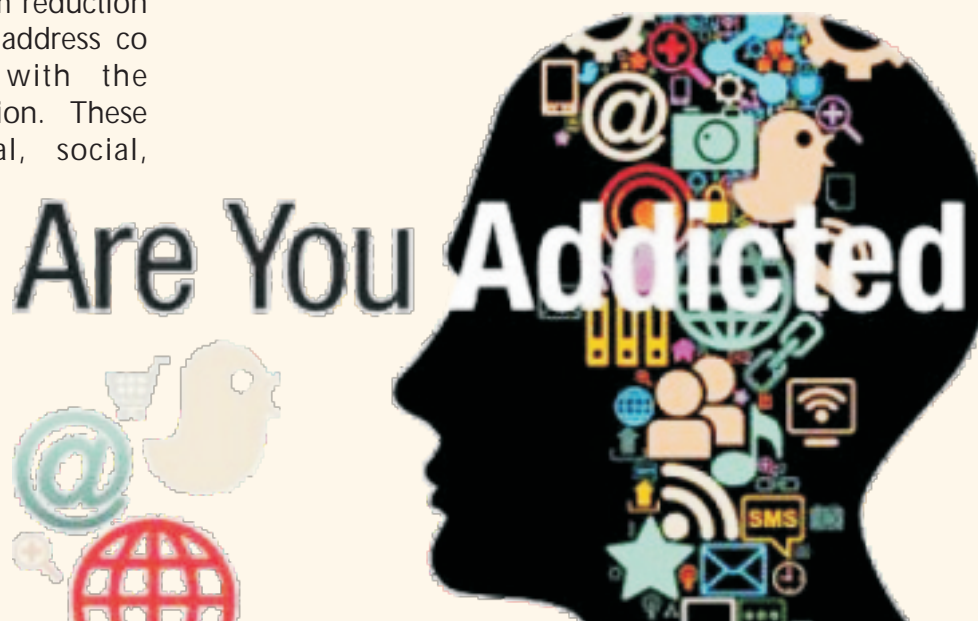
Escitalopram (Lexapro) can be a drug in treatment for Internet addiction.

Conclusion

Internet addiction often have a coexisting emotional, social, occupational or situational issues such as depression, anxiety, stress, broken family, relationship problems, scholastic backwardness and career difficulties. An internet addict becomes dependent on internet because it provides an instant and permissible means to avoid life problems or the problem built-up due to over use of internet. With a click of a button all problems are gone as they reach the cyberspace in their fantasy world similar to a drug addict or an alcoholic or a gambler who seeks to shun lifes tribulations. Internet dependence develops in these "Net Bingers" through unique interaction of biological, psychological and social factors. This upcoming clinical 'i Disorder' needs urgent attention and addressing.

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Sexting and Pornography: Impact on adolescence



Introduction

The increasing usage of smart phones among the adolescents and the consequent exposure to sexually explicit images and messages makes it imperative for care givers to go deeper into the problem of sexting in order to have a realistic approach towards counseling the adolescent and policy decision making in this regard.

What is sexting?

Sexting is defined as sending, receiving and forwarding of sexually explicit text messages, photos and videos through cell phones, computers or any digital devices.

Global scenario

Prevalence rate 1-31%
20% of teens, more likely girls had sent a nude or seminude picture of themselves to another person, more
(12-17 years age group) 15% reported having received nude or seminude images. 4% of teens owning cell phones sent sexually implicit images. Older teens more likely than younger ones
21% girls and 42% boys (14-19 years old) had been asked to send a naked picture
More than 50% young adults had sexted when they were teenagers
Of students who sexted 32% more likely to report having sex the next year, sexting by teenagers was not linked to risky sexual behavior over time.

So, sexting is probably a new "normal" when it comes to adolescent sexual behavior.

Why do teens sext?

- Most do it out of fun or to be flirtatious.
- As part of their romantic relationship
- Sign of readiness to move forward in an

intimate relationship

- As an experiment among teens who are not yet sexually active
- Being pressurized by the boyfriend/girlfriend
- Being pressurized by friends to forward these images

Though many teens are aware of the potential risks of sexting, peer group acceptance and popularity both among same sex as well as opposite sex outweighs this risk.

Consequences of Sexting

Social and Personal

Risk of being ostracized from the social circle

Emotional

- Humiliation, bullying, harassment and sometimes depression and even suicide.
- Anxiety and fear of uncontrolled access to image.
- Risk of getting negative attention and online victimization
- The digital footprint coming back to haunt and cause emotional trauma



Legal

Criminal prosecution for child pornography

Education and career

Failure to get admission in an educational institution, lose a job opportunity and risk of losing a place in the school sports team.

Laws on sexting in India The IT Act, 2000, the crime of Child Pornography under Section 67-B states that any material that depicts children engaging in sexually explicit behavior, can be charged with possessing child pornography.

Laws in the USA

In most states in the USA 'sexting is considered a crime and the person is charged with Possession, Distribution and Promoting. If one of the children is 18 there is a much greater risk of strict prosecution and being registered as a sex offender.



Prevention and education

Parental role

- ? Include sexting while discussing sexuality with the teen.
- Monitor a teen's phone especially the early adolescents to track the texting habits and to protect
- Emphasize the fact that once the "sent" button is pressed, there is no way of retrieving the image.
- Discuss the impact of the image being shared between family and close friends.
- Before buying a smart phone, emphasize online safety and responsible use of electronic medium
- Explain social as well as emotional, personal and legal consequences of sexting

Adolescent Pediatrician's role

- Use sexting as an opportunity to teach safe sexual practices to teens.
- Guide parents on risks of sexting, need for monitoring of cell phones and social media accounts.
- Educate the teen on the risk of expulsion from school, damaging future college and career prospects.
- Teach skills to resist peer pressure.
- Encourage schools to conduct awareness programs for students and teachers.

Pornography Addiction

Teen brain and porn

In order to understand porn addiction one has to understand the adolescent brain.

- Imbalance of power between thrill seeking emotional brain and the more evolved rational brain.
- Explosion of new nerve connections followed by pruning
- There is an overdrive of the reward circuit, which means that there is more availability of dopamine and more sensitivity to it. This peaks around the age of 15 years.
- As the frontal lobes are still under construction, the teens also have weaker stop signals, difficulty in controlling impulses, inappropriate behavior and weighing the pros and cons of actions.

The teen learns new experiences using the principle that what connections wire together, fire together, which means that when the adolescent is exposed to hardcore porn and craves for novelty, his sexuality gets wired to virtual world and this lies at the core of pornography addiction.

Magnitude of problem

Pornography forms 30% of the internet industry. Mobile porn is expected to reach 2.8 billion dollars by 2015. As teens are known to access porn mainly through smartphones viewing, consumption of porn and sexually explicit material by teenagers has experienced a drastic change from static porn like play boy to high speed internet porn. Simply put, porn has become ubiquitous and smart

phones have made monitoring by parents extremely difficult.

What is pornography addiction?

Pornography addiction behaves like any other addiction. MRI scans of porn addicts show changes in the ventral striatum, the reward center of the brain are similar to those seen in drug addicts and this crucial in understanding and tackling porn addiction.

1 out of 3	intentional
7 out of 10 youth	accidental
80 percent of unwanted exposure	Of this, 79% at home, 9% school, 7% unknown, and 5% at a friend's home)
An innocent word search	40 %
Clicking on a link in another site	17 %
Misspelled web address	12 %
A pop-up	14 %
Global scenario	93% boys and 60% girls had viewed porn before the age of 18 (online survey in 2008)
Indian scenario	<ul style="list-style-type: none"> • More than 80% Indian high school students have been exposed to porn • 75% of pre-university students in rural areas of India were addicted to porn. • 67% of Indian teens under 13 admitted to accessing porn sites, most by their cell phones.

How do teens encounter pornography?

Impact on adolescence

Sexual attitudes and beliefs

Viewing porn may lead to misleading attitudes like viewing of sex as physical and casual rather than affectionate and relational, more permissive attitudes, less progressive gender role attitudes and viewing of women as sex objects.

Sexual behavior

All studies except one in 2010 showed that high risk behavior like oral sex, anal sex and group sex, multiple partners and early sexual debut were all

associated with frequent exposure to porn. Increases the risk of online solicitation. Risk of sexual promiscuity and STD. Erectile dysfunction in young men exposed to porn in adolescence

Sexual aggression

Risk of sexual aggression was 6 times higher in adolescents and more so in males with underlying tendency for aggression exposed to violent porn, as compared to those who were exposed to non-violent or no porn at all. Risk of sexual harassment was more by early and male adolescents

Self concept and body image

Viewing porn leaves the adolescence with a sense of being unattractive and not having an ideal body in females and the fear of not being able to perform sexually among males. It also reinforces double standards regarding females inferiority

Stages of internet porn addiction are

1. Early and repeated exposure accompanied by masturbation.
2. Escalation, during which the addict requires more frequent porn exposure to achieve the same "highs"
3. Desensitization, during which the addict views as normal what was once considered repulsive or immoral.
4. The Acting-out phase, during which the addict runs an increased risk of making the leap from screen to real life.

Red flags of porn addiction in teens

- Viewing and/or masturbating to internet pornography on a daily basis.
- Staying up late at night to be alone to view pornography and then having trouble waking up for school.
- Loss of interest in school and extracurricular activities and poor academic performance.
- Diminished interest in socialization, family time and outside activity with peers.
- Secrecy with behavior, particularly with technology, including long periods of time alone in their bedroom.
- Pattern of lying to parents and other adults about on-line activities including deleting browser history, viruses on computers, etc.
- A diminished empathy toward others.

- Development of hyper sexual attitude, language and possible sexually inappropriate interests.
- Seeking pornography when feeling stressed, anxious, or angry.
- Feeling guilty, ashamed, anxious, or depressed as a result of online behavior.
- Failed attempts to control behavior.

How to tackle porn addiction

The first step towards tackling porn addiction is the assessment, awareness and acceptance of this problem

Role of a parent

- Be aware of what is going on with them, and within your family, and make it safe for them to talk to you.
- Look for an underlying secret or hidden issue in the family like a parent with addictions
- Educate teens about predators online and the association of cybersex viewing with unwanted sexual solicitation.
- Role model respectful loving communicative relationships at home
- Get computer savvy and monitor smartphone usage. Explain the reason behind setting rules and your honest intent to protect.
- Educate him on the truth behind porn- the wrong attitudes displayed about sex, intimacy, and other people.
- Encourage your teen to get involved in sports and recreational activities in order to break away from negative habits.
- Take the help of a professional
- Communication is the biggest protective factor

Role of a professional

- Reduce the shame by being non- judgemental and supportive about the struggle.
- The therapist should convey the dangers, at the same time address the guilt and agony.
- Help and guide them to make right decisions and set boundaries as they grow into young men and women.
- Individual and Family counseling is crucial to obtain positive results.
- Treatment of co-occurring psychiatric disorders, such as depression, anxiety, or obsessive compulsive disorders using pharmacotherapy
- Correct myths associated with pornography.

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ADOLESCENT HEALTH ACADEMY ACTIVITY REPORT

November 2014 to July 2015

Compiled by : Dr Preeti Galagali, Hony Secretary AHA IAP



Adolescent health academy reached out to over 30000 stakeholders in different parts of the country. These included adolescents, parents, teachers, health workers, doctors and government officials. AHA branches and members conducted 70 programs for adolescents in the form of interactive talks, health screening camps, drawing competitions and even cultural programs. They conducted 40 parenting programs and many training workshops for teachers and health workers. They organised 21 academic programs for 1000 health professionals. 22 articles were published by AHA members in print media. Members participated in 2 TV shows and 2 radio shows. Many members published research articles in scientific journals and presented papers and posters on adolescent health in national conferences. AHA members received many accolades from the community for their inspiring work in the field. The activities are summarised in the following paragraphs.

Branch Level Activities

KERALA BRANCH

On 22 March 2015, Kerala AHA organised a one day TOT workshop for doctors focusing on POSCO Act and Prevention and reporting of Child Sex Abuse at IMA House, Kochi. This was in association with IMA and IAP Kerala State Branch and UNICEF. 62 delegates attended the workshop. The workshop was conducted by Dr Shaihya Saldana, Dr P Ashok Kumar, Dr TV Padmanabhan and Dr Jayasree. Dr Venkiteswaran conducted 8 sessions with adolescents and 6 with parents and health workers. He addressed more than 1700 stakeholders on various adolescent issues of life skills, drug abuse, sexuality, media and life skills. He had a live public interaction on adolescent health through Reporter TV Channel on 13 Nov 2014. He launched the DIET program for parents focussing on a healthy lifestyle on 11 July 2015. The program was inaugurated by Minister Ibrahim Kunju. Dr Newton Luiz conducted a talk on sexuality issues for 150 degree college girls and a talk on 'adolescence' for 140 school students at Kalamprabu Government High School, Thrissur.

DELHI BRANCH

Delhi AHA conducted 2 clinical meetings at Sri Ganga Ram Hospital attended by around 50 pediatricians each. Dr Harish Pemde spoke on RKSK at the academic meet. Dr Latika Bhalla conducted school programs at DAV and Salwan Public Schools and interacted with students on immunisation, hygiene, pubertal changes and nutrition.

PUNJAB BRANCH

Punjab AHA successfully conducted the 14th National Adolescent Conference, Adolescon 2014. It was widely covered by the press. The preconference workshop for practioneers and the Youth Mela were appreciated by all delegates. IAP Punjab State Conference had talks on Life Skills and Stress Management by Dr Preeti Galagali and Dr Gurmeet Kaur respectively. An academic meet was conducted on Adolescent immunisation. Dr Gurdeep Dhooria, Dr Puneet A Pooni, Dr Sidharth Bhargava and Dr Tanya conducted a BLS awareness course for 200 adolescents. Dr Jugesh Chhatwal, Dr Praveen Sobti and Dr Gurmeet Kaur conducted weekly FLE sessions for adolescents at Sacred Heart Convent.

PUNE BRANCH

Dr Vaishali Deshmukh took sessions in 2 schools on life skills and relationships for 1000 adolescents. She also addressed parents on teen issues. Dr Vineeta Pande addressed 150 girls on nutrition and substance abuse. Dr Shailaja Mane addressed the Sakal Health Expo on adolescent issues. Dr Agarkhedkar, Dr Shailaja Mane, Dr Vineeta Pande and Karambelkar conducted a training program for 250 adolescent girls from aganwadis. The sessions included stress management, nutrition, puberty and drug abuse. Dr Pramod Jog and Dr Shailaja Mane were invited as a faculty to speak on adolescent health related topics at UP Pedicaon and Maha Pedicon. Dr Pramod Jog gave a radio program on adolescent issues. Dr Vaishali Deshmukh wrote 7 parenting articles on life skills for a local Marathi daily. Dr Shailaja Mane's article was also published. Dr Agarkhedkar and his team presented a poster on adolescent nutrition in IAP Growth and Development Conference, Mumbai

AGRA BRANCH

Dr Rahul Pengoria conducted a session on adolescent immunisation for 75 students of class 12th of Kendriya Vidyalaya, Agra.

LUCKNOW BRANCH

Lucknow AHA organised an adolescent health CME during National association of reproductive and child health of India Conference in November 2014. Drs Piyali Bhattacharya, Preeti Galagali and Roli Mohan were the faculty and the CME was attended by 50 delegates. An essay competition was conducted at KV School on 'Technology in Student's Life'. Cancer awareness program was held at PG degree college for 500 students. On Doctor's Day, Dr Piyali Bhattacharya conducted a public program on personal safety of girls.

GWALIOR BRANCH

On 1 July 2015, Gwalior AHA had a meeting with officials of State Health Institute to roll out MKU in rural sector. Drs Mukul Tiwari, Rashmi Gupta, JC Garg, Praveen Mittal, PV Arya and Ram Arora

conducted 3 school programs, 3 parenting programs and 3 teacher training workshops on various adolescent health issues reaching out to over 850 adolescents, 184 parents and 69 teachers. All the programs had extensive press coverage.

SURAT BRANCH

Surat AHA conducted 14 innovative community health programs covering over 10000 stakeholders in rural, urban and tribal areas. Drs Sushma Desai, Swati Vinchuker, Salim Hirani, Premal Shah, Kamlesh Parekh, Mahesh Patel, Ketan S, Murad S, Ami Y, Nirav J and Arti M held 7 programs for over 5000 adolescents on personal hygiene, nutrition, media literacy, substance abuse and pubertal issues. They organised interactive talks, quizzes, role plays and antakshri. They also organised 6 programs for teachers and parents on substance abuse, personal safety, stress management, first aid and discipline. They participated in Exhibition of South Gujarat for women entrepreneurs and raised community awareness on adolescent health issues.

CHENNAI BRANCH

Drs Latha Ravichandran, S Babu, Shivprakash S, Yamuna S, Anuradha Bose, Manu Narayanan, Preeti Galagali, Somasundaram, Jisha Babu and Dr Ramachandran were faculty for 6 academic programs reaching out to over 350 medical professionals on various adolescent health issues. Dr S Babu conducted 8 programs on nutrition for 850 adolescents studying in government and private schools. He conducted 2 screening health camps for 350 adolescents. The branch organised a cultural program on Children's Day for 300 adolescents. The members presented 3 papers and posters and won prizes for the same. Dr S Babu was awarded the Outstanding District Chairperson award by Lions International.

NAGPUR BRANCH

Nagpur AHA conducted an adolescent health CME on 12th July 2015 that was attended by 50

delegates. They reached out to over 7500 stakeholders. Drs Abhijit Bharadwaj, Jaya Shiwalkar, RG Patil, Shubhada K, Prashant B, K Deoghare, Manju Giri, Sunil A and Sushil P conducted 7 programs for school going adolescents on media, EQ, road safety, swine flu, cancer, career counselling and life skills. They arranged a street play contest and distributed deworming tablets to 2500 adolescents. They also sensitised 820 parents regarding adolescent health issues and 60 health workers in tribal areas. Dr Jaya Shiwalkar's article on parenting was published in a local daily.

BANGALORE BRANCH

Bangalore AHA organised a CME at Raichur that was attended by 60 pediatricians. Drs Preeti Galagali, Chandrika Rao, Prema and Anuradha were the faculty. A panel discussion on Difficult Adolescent was conducted by Bangalore AHA in IAP Bangalore Conference and a clinical meet on adolescent gynecology at Manipal Hospital. Dr Preeti Galagali was invited for academic talks on adolescent issues at Lucknow, Mysore, Chennai, Gauwahati and Ludhiana. Drs Geeta Patil, Vimochana, Vanitha Rao, Prema, Anuradha, Somashekar, Shashidhar, Nilima Rao and Preeti Galagali organised 14 adolescent programs in government, private and schools for underprivileged children on life skills, nutrition, study skills, personal protection, media literacy, substance abuse and pubertal issues. They reached out to over 3000 students. 5 parenting programs and teacher training programs were also organised. Dr Prema's research paper was published in International Journal of Medical and Applied Sciences. Dr Anuradha published 2 articles in a local daily.

Individual Level Activities

DR SULEKHA VARADARAJ

Dr Sulekha offered counselling services to over 3500 students of Vivekananda High School and Degree College, Puttur. She was appointed the director of counselling cell at Government

College Puttur. She conducted 3 sessions for adolescents and a session for parents on various health issues. She conducted phone in counseling sessions for 10th students during public examinations on study techniques and stress management. Her article on adolescent health was published in a local newspaper.

DR POONAM BHATIA

Dr Poonam gave a talk to paediatricians and gynaecologists on adolescent immunisation at Dewas. She also conducted a FLE session for school girls.

DR NEEMA SITPARA

Dr Neema addressed 50 delegates at Academy Of Pediatrics CME, Rajkot on media related issues and sexual abuse. She addressed 135 parents on prevention of sexual abuse and 200 on social media. She wrote 6 articles on teen issues in the monthly magazine of IMA Rajkot, IMAX.

DR GARIMA SAIKIA

Dr Garima organised 2 adolescent health CME programs in Nagaon and Guwahati respectively. 60 delegates attended the CME. Drs JS Tuteja, Preeti Galagali and B Kalita were the faculty.

DR PAULA GOEL

Dr Paula organised a life skill session for 55 street adolescents of Mumbai. She addressed 67 general practitioners of Mumbai on adolescent health issues. Along with Dr N Sawant, she screened 850 school children for lifestyle disorders. This health camp was highlighted in the local press. Her article on teen health was published in Times of India.

DR ASHOO ARORA

Dr Ashoo conducted 2 parenting programs and 1 FLE program for school girls with Dr Swati Ranjan, gynaecologist at Dehradun. He also conducted a drawing competition on healthy lifestyle. He gave a TV talk on vaccination on DD1.

DR MANJULATA SHARMA

Dr Manjulata conducted 7 community adolescent health awareness programs involving 300 stakeholder i.e adolescents, doctors, health workers and parents at Bikaner. She was appointed as a trainer for GOI RKSK and RBSK programs. She did a special program on gender discrimination; 'Beti Bachao Beti Padhao' and conducted a media conference on the same. Drs Shyam, Mahendra, Devendra and Sengar also participated in these programs. She presented 4 papers on adolescent health at various conferences and was also invited as a faculty. She was awarded Certificate of Appreciation for Woman of the Year by Railway Divisional hospital and Railway mahila sanghatan on Mahila diwash for Adolescent awareness and Beti Bachao /Beti Padao Abhiyan and Certificate of Appreciation for Woman of the Year by NGO Udan on Mahila diwas 8th March 2015.

DR HIMABINDU SINGH

Dr Himabindu was appointed as a national trainer for GOI RKSK program. She gave a radio program on adolescence on Radio Rangila. She organised a successful Adolescent Health CME at Hyderabad. Drs Pramod Jog, Indrashekar Rao, Himabindu, Naunihal Singh, Sudarshan Reddy and Ajoy Singh were the faculty.

DR SUSHMA KIRTANI

Dr Sushma Kirtani was appointed as State Commissioner of Goa Commission of Protection of Child Rights. She is currently spearheading many programs for protection of child rights.

Other Important Activities

AHA symposium at Pedicon 2015 was a great success. The academic discussion led by Dr MKC Nair, Dr CP Bansal, Dr JS Tuteja, Dr Sandra Hassink (President AAP), Dr Rana Chakraborty (Chair HIV Comm., AAP), Dr Sunny Kurien (Senior Adolescent Health Consultant, Dubai) and AHA faculty; Drs Harmesh Bains, Himabindu, Sushma Desai and Preeti Galagali was appreciated by all delegates. MKU faculty were given awards of appreciation. adolescent health CME conducted by Drs Piyali Bhattacharya and Harish Pemde was well conducted.

On 7th February 2015, MKU was conducted at Bhilai. Dr Pukhraj Bafna, Dr JS Tuteja, Dr Rajiv Mohta, and Dr Shubhda K were the faculty. Dr JS Tuteja gave a talk on Sexuality to Spirituality for 100 pediatricians at Raipur on 7th February 2015.

Senior AHA members contributed to the latest April- June issue of IJPP that is exclusively dedicated to adolescent health.

BRANCH ACTIVITIES GLIMPSES



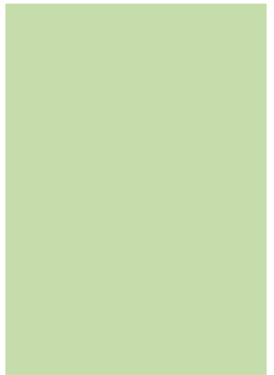
College Students undergoing BLS Training, Ludhiana



Academic Meet on Adolescent Immunisation, Ludhiana



Dr Poonam Bhatia taking a FLE Session, Dewas



Dr Neema Sitpara addressing Academy of Pediatrics, Rajkot



Dr Shailaja Mane's Talak at Sakal Health Expo, Pune



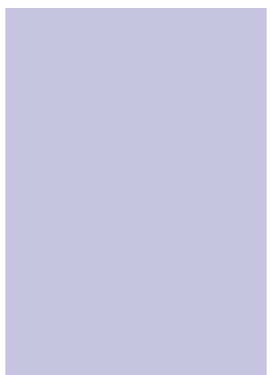
Dr Vineeta Pande at Training of Adolescent girls from Anganwadi, Pune



Dr Rahul Pengoria's delivering session on Immunization, 12th Std students of KV, Agra



Dr Venkiteswaran's Parenting Session at Kerala



Dr Piyali Bhattacharya at Cancer Awareness Program, Lucknow



Gwalior AHA Program against Drug Abuse



Dr Rashmi Gupta at FLE Program, Gwalior



Dr Latika Bhalla Addressing, Students at Delhi AHA's Program on Adolescent Health

BRANCH ACTIVITIES GLIMPSES



Dr Ashoo Arora at painting competition, Dehradun



Dr Paula Goel's Life Skill Session, Mumbai



Dr Paula Goel at School Health Camp, Mumbai



Dr Newton Luiz with Degree College Students, Thrissur



Dr Manjulata Sharma's Session on Adolescence with Health Workers, Bikaner



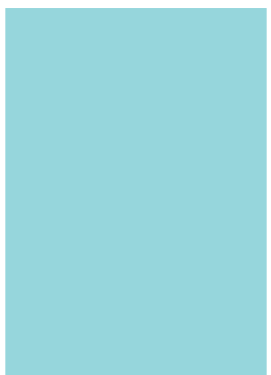
Dr Himabindu Singh at RKSK Orientation Program



Adolescent Health CME, Hyderabad



Dr Sushma Desai at Seminar on Child Labour, Goa



MKU, Bhilai, Chattisgarh



Dr Tuteja's talk at Raipur



Adolescent Health CME Pedicon 2015, New Delhi



Inaugural Program Adolescon 2014, Ludhiana



Dr Salim Hirani Addressing Adolescents on Personal safety, Surat

BRANCH ACTIVITIES GLIMPSES



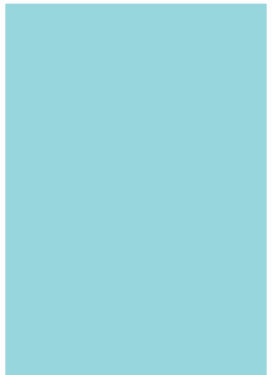
Dr S Babu's session on Nutrition, Chennai



Adolescent Screening Camp, Chennai AHA



Parenting Program, Nagpur AHA



Dr Jaya Shiwalkar interacting with Adolescent girls, Nagpur



Dr Geeta Patil interacting with Adolescents, Bangalore



Dr Vanita Rao's life skill session, Bangalore



Dr Anuradha at Workshop on Media & Personal Safety, Bangalore



Dr Somashekar and Dr Shashidhar at School for Underprivileged, Bangalore



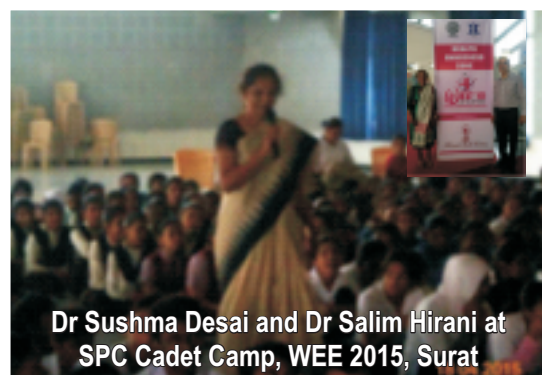
Dr Vimochana, Dr Vimala Puranik and team at sessions on Substance Use, Govt School, Bangalore



Adolescent health CME, Raichur



Adolescent Health CME, Guwahati



Dr Sushma Desai and Dr Salim Hirani at SPC Cadet Camp, WEE 2015, Surat

Online Safety



Digital technology is a powerful tool which has revolutionized the world in the past three decades. Like all tools, it can be used for good or bad, depending on the user. The benefits of internet are many and indisputable. While majority of teens report a positive and favorable online experience, internet is fraught with potential harm if used without caution and restraint. Ensuring online safety of children and adolescents is to choose constantly between granting freedom to foster self-development and exerting control to protect from harm.

Most adolescents are cyber natives and are "plugged in" through computers, laptops, tablets, iPads, iPods, game consoles and smartphones. India, with 205 million people surfing the net, ranks third after China and the USA (I-Cube Report 2013). The McAfee report of 2014 surveyed 711 each, male and female 8-17 year olds across metropolitan cities of India and came up with alarming figures. 70% of online youth surf for more than 5 hours a week. 52% access Social Networking Sites (SNS) while at school, 93% of these children and adolescents are on Facebook and 79% on WhatsApp. 70% admitted to having posted their contact details such as phone number, home address and email id on social media. 64% hide their online behavior from parents and 61% feel their parents cannot keep up with them technologically; only 46% have had online safety

conversations with their parents and 52% say their parents simply don't care. An alarming 53% have met in

person with someone they met online, and 66% have experienced cyber bullying. 50% feel online risks do not apply to them.

With digital technology reaching the nooks and corners of the country, rural youth are fast catching up with their urban counterparts. We are the last generation of adults who grew up without a digital experience, and as "gatekeepers", parents, teachers and pediatricians can no longer neglect teaching online safety and etiquette to children and teenagers.

What factors make adolescents vulnerable when online?

- Easy and unsupervised access and the illusion of safety when surfing in familiar surroundings
- Lack of information on online safety and cyber laws
- Sexual predators and criminals have easy access to chat rooms and social media platforms where their identities can easily be disguised.
- Content shared on Social Networking Sites (SNS) are potentially global and the poster of the content can quickly lose control over material posted.

Online risks are broadly classified into

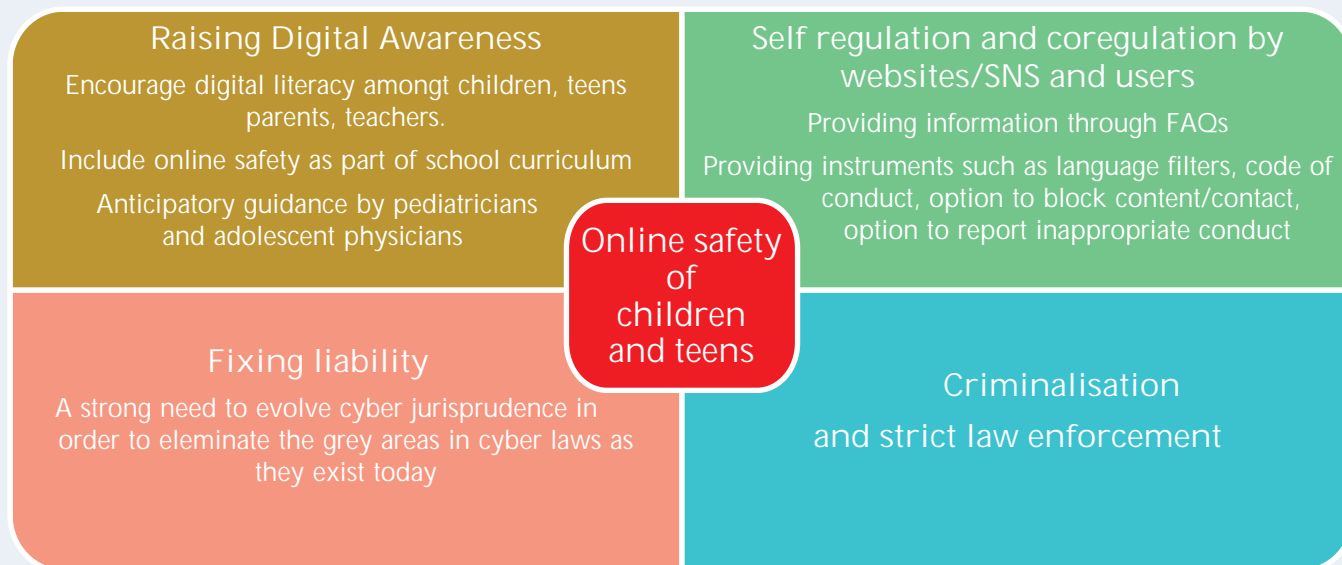
Content-Pornographic, violent and aggressive content. Sites with misinformation on health. Racist, misogynist and fundamentalist sites, online casinos etc.

Contact-by criminals, terrorists and sexual predators including "grooming."

Conduct-such as trolling, cyber-bullying, sexting and sextortion. Youth may be perpetrators, victims or both. (Livingstone et al 2000)



Measures to ensure online safety of youth



Raising digitally literate children and teens involves anticipatory guidance by parents, teachers and pediatricians, monitoring of the child's online activities and communication skills. Having open, non-judgmental communication with adolescents is extremely important to ensure that they will confide if and when they encounter a problem online and learn to become good netizens. This pre-supposes that the gatekeepers of adolescents' health and well being are

themselves digitally literate. To highlight the importance of online safety, "Safer Internet Day" was launched by the European Commission in 2004, and is observed across more than a hundred countries on the second Tuesday of February.

Now, we look at some measures that ensure smart, safe and responsible surfing. This list is by no means complete. Most importantly, with new technological innovations, one needs to update one's knowledge frequently.

Ensuring safety of your digital gadgets:

Don'ts	Do's
<ol style="list-style-type: none"> 1. Leave gadget unattended even for a short time 2. Allow others to use your gadget unless you are with them 3. Hand over your mobile phone to an authorized service centers to avoid cloning. 4. Use obvious passwords such as name, date of birth, name of your pet etc. 5. Share password with anybody including your best friend. 6. Share your phone number with people you do not know and trust. 7. Keep unwanted and out dated emails. Download important attachments and store in a separate file before deleting the emails. This will prevent hackers from accessing the email ids in your inbox. 8. Keep Bluetooth open when not in use. 	<ol style="list-style-type: none"> 1. Turn off the gadget when not in use. Switch off the router when you go offline. 2. Use a strong PIN to lock your phone. 3. Use a strong password to open your accounts including email, SNS and Gaming accounts. A combination of upper and lower case alphabets and numbers would be difficult to hack. 4. Change password frequently to avoid hacking. 5. Share your password with your trusted adult/parent 6. Install the latest virus protection software in your gadget. 7. Disable the geotagging feature on your phone 8. Secure Wi-Fi network on your computer using a strong password. 9. Note down the IMEI/MEID number of your mobile. This is a 15/14 digit number on a sticker underneath the battery which will help to disable and track down the phone in case it is lost or stolen.

A Note to Parents:-

Place your family computer in open areas of the house. Stay one step ahead of your child in knowledge of the digital world and participate in your child's online experience. Time allowed for internet entertainment must be included in the two hour screen time allowed by American

Academy of Pediatrics. Similar to "real world" safety issues, online safety must be a topic of frequent conversations with children. When and if your child has an online problem, assist in solving it in a non judgmental way. Discuss how to avoid the situation in future. Encourage critical thinking

and praise their efforts to help themselves and others be safe online. Monitor the teen's online activities without being intrusive. Install filters to block inappropriate sites, software to block internet access after a certain time at night and software to log your child's surfing activities which could be checked from time to time. While this protects your child when using the family computer, it does not keep her safe while using smartphones, at internet cafes or other communications media. Therefore, her best safety net is the awareness of the online dangers and the means to counter them.

Safety precautions for email, SNS and gaming accounts:

Do's	Don'ts
<ol style="list-style-type: none">1. Use a generic, anonymous and gender neutral name and profile2. Use strong passwords and change them frequently.3. Read SNS instructions and mark your profile as private.4. Check your digital footprints occasionally by typing your username/screen name/email id into search engines and see what comes up.5. Block messages/conversations which are hurtful, inappropriate and threatening. Save the messages/conversations and inform parent, website or the police.6. Inform parent before shopping online. Look for http/ or symbol of a lock in the address tab. These are secure sites. Beware of Http/ which is unsecured.7. Sign out of the email account or SNS when done.8. Ensure Firewall and spam filters are enabled in your mailbox.9. Inform parent/teacher if a stranger gets in touch with you over mobile phone or sends you an email.10. Remember that people online are not always who they say they are.11. Keep pace with ways to stay safe online. Check websites on safety information and share with family and friends.	<ol style="list-style-type: none">1. Open emails or attachments sent by strangers.2. Meet in person someone you have met first online especially without informing your parents.3. Post or give out private information such as your or others' full name, school/home address, phone numbers, passwords, credit card numbers on SNS or chat rooms.4. Post your picture online. It can be copied, changed or used to find you. Do not post pictures and messages which you would not like your family or best friends to see. Inappropriate material once sent cannot be recalled and will be stored on multiple servers.5. Post your activities or plans online.6. Respond to hurtful and inappropriate messages.7. Follow links to your banking website from another website or email. Type the address in the address bar yourself.8. Visit websites with pornographic and terror links.9. Use voice chat or webcam while playing online games.





Checking one's mood before sending messages/posting on SNS is essential

Defering online venting when upset and angry

Humiliating, aggressive and derogatory messages/ online posts are not only bad etiquette, but also a punishable crime.



Get others' permission before taking/posting their picture or video and inform them that they need to do the same with you

Avoid sharing/giving out someone else's phone number or email id without their permission.

Avoid saying, showing and doing online anything which you would avoid when face to face.



It is illegal to share and distribute copyrighted material including images, songs and files. Copying/downloading commercial computer software/games/programmes constitutes theft of intellectual property and is punishable.

Copying content without citing the source is plagiarism and illegal.

Online Etiquette (Netiquette):

Respecting others and interacting politely is as important online as it is offline

Cyber Crime Laws in India and where to report cyber crimes:

The Information Technology Act was passed in the Indian Parliament in 2000, and amended in 2008. It deals with punishments and penalties for cyber crimes against persons, property, government and society at large. Details of the Act are beyond the purview of this article and can be accessed from the website www.Cybercrime.planetindia.net/it-act-2008.htm. The list of addresses of police officers dealing with cyber crime where online complaints can be reported is available at [www.secureindia.in/Resources/Cyber Police Stations](http://www.secureindia.in/Resources/Cyber_Police_Stations). A list of cyber crimes and the pertinent section under which they are punishable can be had at www.cyberpolicebangalore.nic.in/pdf/

cybercrime.

In conclusion, online safety of children and adolescents is a unique challenge of the 21st century. Helping and empowering them in facing the challenge is the responsibility of all those entrusted with their physical and mental well being.

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Media Literacy



Introduction

Literacy refers to the ability to read and write, but 21st century calls upon us to have the ability to read media and create media. Media Literacy expands the basic concept of literacy i.e. ("reading" and "writing") to a global media culture concept of literacy i.e. ("learning" & "creating") through the various multi-media forms of communication.

- Adolescence is that period in the development of a human being wherein he/she is establishing relationship or behaviour patterns with the outside world i.e. [peers and the media].
- What is Digital Citizenship ? It is the media literacy skills that are necessary for being a responsible online citizen.
- What is the difference between media literacy and media education? Media Education is the process through which one learns to become Media Literate. There is no limit to how "media literate" one can become!

History and Evolution

Len Masterman, a UK-based professor did some groundbreaking work in the 1980s. In the U.S., the Centre for Media Literacy [CML] has gone on to develop the Core Concepts of media literacy to be applied in education.

What is Media Literacy?

Stages

U.S. model for media literacy is a four-step method of

- Awareness - Analysis - Reflection - Action.] This is also called the empowerment spiral or empowerment through education.
- Awareness is the exploration step. Participants explore a theme
- Analysis is the process of searching for political, economic, social, cultural and personal context in which to think about the theme.
- Reflection is identification of what's right or wrong in light of one's personal values
- Action is something done as a result of the first three steps.

Definition

1992 Aspen Media Literacy Leadership Institute definition: Media Literacy is the ability to access, analyze, evaluate and create media in a variety of forms.

Components

- ACCESS
- ANALYSE
- EVALUATE
- CREATE and
- PARTICIPATE [with media.]

These are five key questions that a person should ask himself when analysing media.

- Who created this message? All media messages are constructed, and knowing its author can shed light on the message's intended purpose.
- What creative techniques are used to attract

my attention? Media messages are constructed using a creative language with its own rules. Many forms of communication appeal to the senses to convey their messages.

- How might different people understand this message differently? Different people experience the same media differently.
- What values, lifestyles, and points of view are represented in or omitted from this message? Media have embedded values and points of views.
- Why is this message being sent? Most media messages are organized to gain profit and/or power.

These are five key questions that a person should ask himself when creating media.

- What am I authoring? I need to remember that I hold all the power (and responsibility) when creating media.
- Does my message reflect understanding in format, creativity, and technology?
- Is my message engaging and compelling for my target audience?
- Have I clearly and consistently framed values, lifestyles, and points of view in my content?
- Have I communicated my purpose effectively?.

The inquiry process consists of both deconstruction of media i.e from the consumer's point of view and construction of media from the media producer's point of view!

CML Media Lit KIT helps to achieve Media Literacy by teaching not only how to be active and responsible consumers in the society, but also how to become active contributors with the help of skills such as creating/ participating with media vs being a passive participant! It can be used for community workshops. The media literacy pledge is "I pledge to stand with the Center for Media Literacy and look past what's on the surface when consuming and creating media."

Benefits of Media Literacy

1. Develops critical thinking skills

- Provides FILTERS that allow to think CRITICALLY/PROBLEM SOLVE/ DISCERN any media message [ANYWHERE... ANYTIME.... ANYHOW.]
- Unravels hidden messages from the media , that are not being told.
- Recognises what the media makers want us to BELIEVE or DO.
- Recognises how media messages shape our culture , our society.

2. Regulation of media

- regulates CONTENT by changing the type of media used i.e. the media inputs.
- regulate QUANTITY by reducing the total media consumption.

3. Teaches Personal Safety

It does not make a difference if the message comes from television, internet, radio, print or cell phone, the same skills are needed to interpret and make wise choices about what is seen and heard. Online safety is of particular concern. Helps in recognising the pressure tactics used by the media. Helps in neutralising or mitigating the negative effects of media

4. Fosters Creativity

One actively gets involved in creating and distributing own media productions, thus providing opportunity for self expression.

5. Promotes socialisation

8. Enhances Education in general [of all school subjects].

9. Facilitates media advocacy for a changed socio-economic & political environment.

Media Literacy enables the Four C's emphasized by the Partnership for 21st Century Skills:

- Critical thinking and problem solving,
- Communication,

- Collaboration and
- Creativity/innovation.

Media Literacy and Schools

- Schools use educational technology in order to improve quality of education and hence Schools/colleges must support media literacy education. Parents and teachers must insist that Media Literacy education is incorporated in the Kindergarten to Grade 12 classrooms.
- Media literacy is NOT a NEW subject to teach.....but a NEW WAY to teach ALL subjects! It is a SET of NEW skills that can be learned through other subject/content areas of any school curriculum.
- Role of teachers
- In order to teach content knowledge, teachers must integrate media literacy skills / information process skills in each of the subject areas of a school curriculum they are already expected to teach...whether the subject is health, technology, social studies, science etc.
- Teacher must be a facilitator for deconstruction. He/she facilitate students to ABSORB the media messages in an appropriate fashion by adopting an inquiry based approach, identify patterns.
- Teacher must be a facilitator for construction. He/she facilitate students to create their own media productions.

Media literacy and Food Choices

Eating disorders like anorexia, bulimia, obesity are health scourges and are connected with our relationship with food. Media plays a definitive role in our nutrition choices. Media Literacy can help children identify how media choices affect their food choices on a daily basis. Thus "MEDIA DIET" affects our "FOOD DIET"!!!!

Media Literacy and Violence

Violence in media has the following effects on society says Fingar et al in Inj. Prev, 2013---- Aggression, Fear for one's own safety, Desensitisation to the pain and suffering of

others and Habituation. In their study they found that Media education helped in decreasing media consumption and aggressive behavior as the children learn to question the values promoted by the mediathose that supported violent behaviour.

Media Literacy and Family

The parents should ask themselves the following questions: How many hours are we plugged in? How many hours are our children plugged ?

? Media can add stress and negatively affect the emotional well being of a family. Both parents and children end up giving less & less time to each other!!! We don't need to yell at the kids to turn the TV or the cell phones off, when they learn Media Literacy , they learn skills of critical autonomy.

? From age 7 to 70 , everyone seems to be a "media expert",but parents need to learn how to balance media use with family time and physical activity.! Media literacy significantly impacts the values/beliefs/attitudes which in turn will influence one's physical and mental health and emotional well being. This happens because desirable behaviour patterns including healthy food choices and physical activity choices are made in the light of information processing and media literacy skills consisting of accessing, analyzing, evaluating and participation with media. It thus acts like a health intervention tool.

Conclusions

? MEDIA LITERACY is larger than the internet!! And the critical thinking skills of media literacy are applicable to all aspects of life and for lifelong learning.

? Practising and mastering the Five Key Questions in the CML MediaLit KIT leads to an adult understanding of how media components are created, what their purposes are, and how to accept or reject their messages." -- Tessa Jolls, CML President.

? This way the common misconception that all of media experience is potentially dangerous and counter productive will be removed and we can learn to focus on the positive role of media based learning and teaching.

Latest Research on Media and Adolescents: A Summary



In the waiting area of my clinic, at restaurants, while commuting - in fact at almost all times when not at work or not in active dialogue with anyone – an adolescent is more often than not, fiddling with the mobile or tab – either playing games, interacting in social media or surfing the web or listening to or downloading music.

Media and substance abuse

Adolescence is a time when children are initiated onto use of alcohol (1,2). A study suggested positive associations between references to alcohol on social media and self-reported recent alcohol use (3).

Cyber-victimisation

Peer victimization that occurs via electronic media, also termed cyber-victimisation, is a growing area of concern for adolescents. It is a new menace. A recent study evaluated the short-term prospective relationship between cyber-victimization and adolescents' symptoms of social anxiety and depression over a six-week period. Findings suggested this entity exists and were associated with increased levels of depressive symptoms and increased social anxiety over time (4). It may be important issue to target in clinical and preventive interventions for adolescent depression. It is a reality we have to deal with it in India too (5,6).

TV viewing

Sedentary behaviors, including TV viewing are positively associated with depressive symptoms (7). The causal effect was found to be significant only among those who did not meet the standard physical activity recommendations. Though other studies also suggest this association (8), they consider need for future research to determine if reducing screen time aids the prevention and

treatment of these psychiatric disorders in youth.

Screen time and sleep

Sleeping near a small screen (smart phones), sleeping with a TV in the room, and more screen time were associated with shorter sleep durations and in turn, insufficient rest (9). These findings caution against unrestricted screen access in children's bedrooms.

TV viewing and metabolic health and obesity

Increased TV viewing had an adverse effect on metabolic health of youth. A recent study of adolescent girls highlighted the potential importance of preventive actions to ameliorate metabolic risk in youth which target both sedentary and physically active behaviors (10). It is also known that family/home variables were significantly associated with adolescent physical activity and TV viewing in the expected directions, and these relationships were consistent across ethnic/racial groups in two-thirds of the models. However, in one-third of the cases, these associations were modified by ethnicity/race and probably socio-economic status. For example, home access to a greater number of media devices was significantly associated with more TV viewing among white youth in US (11) and this may apply to higher income groups in India too.

Media and violence in the adolescent

Many people think that violent media have no effect on aggression and violence because they have never killed anyone after watching a violent TV show or film or playing a first-person shooter video game. But murder is such an uncommon occurrence, and mass murders are even more uncommon, that it is virtually impossible to establish a link between murder and violent media

(or any other factor). People fail to consider the low base rates for rare events (12).

The effects of media on health are summarized below

Effects Of Media on Health

Media violence

- >2000 studies show a link with aggressive attitudes and behavior
- Strong desensitization effect
- Exposure of normal children to media violence has been associated with antisocial and even criminal behavior in adults
- No studies exist on the impact of media violence on children or adolescents who are mentally ill

Sex

- 18 studies have used longitudinal data to show a 2 times increased risk for early sexual intercourse with exposure to sexual content at a young age
- Dozens of studies show an impact on sexual attitudes and beliefs

Drugs

- Alcohol and tobacco advertising = 1 cause of adolescent drinking and smoking
- Exposure to scenes of movie smoking and drinking may be the leading cause of teenage drinking and smoking

Obesity

- Strong evidence for screen time causing an increased risk for obesity
- Etiologic factors include: (1) displacement of active play, (2) exposure to food advertising, (3) changes in eating habits while viewing, and (4) impact of screen time on sleep

Other concerns

- Several studies link television viewing with attention-deficit/hyperactivity disorder
- At least 14 studies now find language delays in infants <2 y exposed to screens
- Association of television viewing with depression, and an increased risk for imitative suicide
- Impact of television, movies, and magazines on body self-image and on development of eating disorders

Studies that doubt effect

Though studies do show that media does affect adolescent health (13), there have been issues with interpretation of available data. American Academy of Pediatrics has stated numerous times

in policy statements, that the media are not the leading cause of any particular health concerns. Most are epidemiological studies and it is difficult to estimate its role in an individual case. However, most experts estimate that the contribution of media to any given health problem is 20-30% (13); but that is a considerable amount given that we potentially have more control over media than other risk factors (e.g., poverty, low IQ, mental illness). In addition, human behavior is complex and is determined by multiple factors, often acting together.

Media are fun and entertaining, so it is difficult for people to believe that they actually might cause harm. As a result, people think that the research must be wrong. Denial is also borne out of the fact that no one likes freedom to watch or read whatever one wants to be curtailed. In fact, imposing restrictions only increases the urge and the thrill of partaking in imbibing the forbidden fruit. The entertainment industry would go the full distance to deny any negative effects from viewing violent films. When millions are at stake, it is difficult to take personal responsibility for any harmful effects.

The media rarely report the negative impact that they are responsible for. A study of research studies and news reports from 1975 to 2012 showed that whereas media effects were increasing over time in research studies, news reports of media causing harm were actually decreasing (14, 15). The more recent report suggested that journalists would prefer to use weak sources to downplay the negative effects, thus leaving the reader even more confused about the findings. It is simply not in any TV network's or film studio's economic interests to report on, or



even acknowledge, negative media effects.

Time spent on viewing media

Pediatric recommendations to limit children's and adolescents' screen based media use (SBMU) to less than two hours per day appear to have gone unheeded. Given the associated adverse physical and mental health outcomes of SBMU it is understandable that concern is growing worldwide. However, because the majority of studies measuring SBMU have focused on TV viewing, computer use, video game playing, or a combination of these the true extent of total SBMU (including non-sedentary hand held devices) and time spent on specific screen activities remains relatively unknown. Therefore, at present, since media viewing has become part and parcel of everyday lives of children and adolescents, it seems impossible to limit media viewing time (16).

Role of IAP

The IAP and in particular the Adolescent Health Academy needs to take up this issue and create an awareness of the hazards our adolescents face vis a vis media viewing time and content of media that these children are exposed to.

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Media and Adolescence

A Handout for Parents



The media formerly consisted of the print media (books and magazines), and the radio, and they were universally admired for their popular role of creating happiness by providing entertainment. Then came the onslaught of the visual media, starting with TV, which proved so popular that it nearly killed the radio, and partially reduced the habit of reading too. Along came video games, the computer, the iPod and finally the mobile phone, and today the media is all-pervading.

A recent American study reveals that adolescents today spend more time interacting with the media than they do with human beings. The average adolescent watches TV for 4 hours and 22 minutes daily, listens to music for 3 hours and 3 minutes, sits before a computer for 1 hour and 39 minutes, and plays video games for 1 hour and 8 minutes. This comes to an astonishing total of 10 hour 12 minutes!

How does media influence adolescents?



But is this so? Despite the media, adolescents today do know what boredom is. Witness the way they listlessly surf through the TV channels. There are plenty of programmes, but how many of them are worth watching? No matter how interesting they are, they can get boring after some time. Having a thousand songs on your iPod can be a great thing – or it can result in your not having any favourites, just going from one song to the next without relating emotionally to any. Quantity has replaced quality. Too much of a good thing can be very bad indeed.

b. Less initiative: As adolescents flit from one source of entertainment to the other, they are satiated by immediate pleasures. There is no time – and no desire – for long-term planning. Why think about tomorrow when one can be pleasantly drugged by today's joys? The end result is a loss of initiative: many of today's children end up as gross underperformers, a sad situation in a world that is offering them increasing opportunity.

c. Poor Social Life: The adolescent has little interest in casual face-to-face conversation with his parents, his siblings, his other relatives or even his friends. Ironically, the mobile phone ensures that he is always connected to a large group of acquaintances. Through sms and email and Facebook he can communicate with many people simultaneously. Once again quantity replaces quality. As in-depth relationships suffer, he feels dissatisfied and unconsciously goes in for even greater numbers, frequently web-chatting even with perfect strangers. This places him at risk of being bullied and manipulated by unscrupulous adults masquerading as adolescents.

d. Internet addiction: Some children, especially introverts, become addicted to the internet, deciding that the virtual world is more interesting

a. Less boredom: Yes, as children some of us had so little entertainment that we sometimes felt bored. There was no TV 30 years back, no internet, no video games, no iPod, no mobiles. We depended for entertainment on the radio, and on the newspaper, novels and magazines. The modern media have brightened up our lives and vanquished boredom once and for all.

than the real world. This starts a vicious cycle: as they interact less and less with other people, they become more disconnected with society and increasingly get less satisfaction from it, which drives them even more to the internet.



e. Changing Cultural attitudes: To some extent the media does help us to break away from our prejudices by exposing us to other cultures and attitudes. Our ingrained misconceptions about the West are to some extent cleared by exposure to Western programs, at least to the extent that these programs honestly represent Western culture. Hopefully the realization that we are narrow-minded will help us to look around and discern bigotry nearer home: should we not re-think our caste and religious prejudices? And if blacks and whites and browns can interact normally in the USA, why should a viewer in Kerala have difficulty relating to someone from Bihar or Mizoram?

But while this assault on our narrow-mindedness and excessive conservatism is beneficial, it is easy for adolescents to get so attracted to the Western lifestyle as portrayed by the media as to accept blindly all that Western culture represents. To a young mind, all that glitters IS gold. Premarital sex, extra-marital affairs, divorce, childbirth out of wedlock may seem OK on TV, as their consequences are not depicted in any detail. The adolescent is not aware that America has the highest unmarried teenage pregnancy rate in the world.

f. School underperformance: Numerous studies have shown that more than two hours a day of screen time (the total time spent before a TV or computer screen or both) reduces both concentration and long-term memory. They also reduce the precious time available for study. Is it

any wonder that the adolescent underperforms in school and college?

g. Headache: Inadequate sleep time results in headache. Migraine, once a rare disease in children, is now quite common in adolescence. It spoils the mood, it reduces concentration and initiative, and as a result studies and relationships are affected.



h. Obesity: One solution to the lack of time is to multi-task. In an earlier age dinnertime would have been quality time for the family, but nowadays it is common to see adolescents watching TV while having dinner. Unless the TV program is downright boring, he is less likely to pay attention to what he is eating and how much, and he usually eats too much.

TV is replete with food ads that encourage him to consume high-calorie low-carbohydrate junk food that promote obesity: to drink coca-cola or pepsy, to eat a McDonald burger or a Domino's pizza.

Listening to music on one's iPod is a splendid way of avoiding tedium while exercising, but overall the media explosion has undoubtedly led to a dramatic increase in physical inactivity. The sleep-deprived adolescent is too lethargic to move around, let alone exercise. The fingers that control his TV remote are the only body parts that get any exercise at all.

i. Violence: TV programs show an astonishing lot of violence nowadays. Violence sells, and the amount is actually increasing by the day. This violence is often committed by a hero, and is justified and even glorified as a solution to the problems of this world. Music videos are become increasingly violent, and music lyrics too. Video games are mostly about using deadly weapons to kill the other guy. Evidence shows that the adolescent is desensitized to the pain of violence and is more likely to commit a violent or destructive act after watching one on TV. Just as each cigarette one smokes slightly increases the risk of cancer, so each act of violence that one watches slightly increases the risk of violent behaviour.

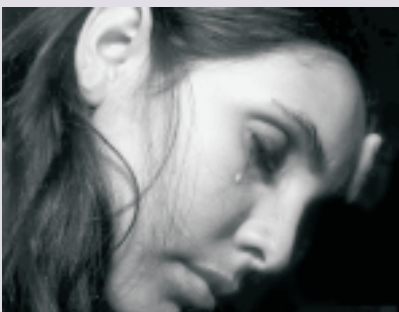
j. Sex: TV programs and music videos aimed at adolescents have higher levels of sexual content than most adult programs. With adolescents, sex



sells. Sex is depicted in these programs as fashionable, glamorous, and enjoyable; it is equated with love and freedom and rebellion from parental authority. Pregnancy and contraception and STDs find no mention. Pornography is plentiful on the internet, and is one of its biggest revenue earners. Online newspaper and magazine websites are usually rich in soft porn images and articles.

k. Smoking: In the movies it is often the devil-may-care hero who smokes, and this influences the adolescent who identifies with him. Smoking ads have fortunately been banned in India, but ads promoting chewing tobacco continue. Smoking is today the number preventable killer in India. The habit usually starts in adolescence. The greater the teenager's exposure to it, the greater his chances of succumbing to it, and the earlier he does so. The earlier he starts off, the greater difficulty he will have in giving up the habit later.

l. Alcoholism: While ads on alcohol are banned in India, there is no ban on the portrayal of alcohol intake in movies. The long queues before every Beverage Corporation outlet in every town, and the massive revenue the state derives from it, should warn us of the magnitude of the menace that alcohol represents. It is not only through cirrhosis that alcoholics die; perhaps the greater menace to them and to society is drunken driving. Alcohol is a major cause for the continued existence of poverty in a state where unskilled workers earn Rs 500 a day. Full 5 – 15% of alcohol imbibers who start off as social drinkers later end up as alcohol addicts, and to date there is no way of predicting who will fall



prey to it and who will escape. Adolescents need to get the message loud and clear: it is better not to start.

m. Drug addiction: Eric Clapton glorified cocaine in song; rap artistes today do so routinely. Their adolescent fans lap it up, and try it out – with horrific consequences. The adolescent is not aware that autopsies of both Whitney Houston and Amy Winehouse revealed traces of cocaine in their blood. He is not aware of the great footballer Diego Maradona's dethronement following cocaine addiction, and of how he spent the major part of the next few years going in and out of De-addiction Centres.

What happens when the media eats into the adolescent's time?

a. He sleeps less: Though the adolescent needs 8-9 hours of sleep, he often gets only 6-7 hours. But growth hormone is mainly secreted in sleep, and a body that is growing rapidly needs a lot of sleep. So he feels drowsy and tired all the time. He falls asleep in the classroom. He is too lethargic to play games, so he sits with a blank expression in front of the TV set, surfing from one channel to the next. Thus a vicious cycle is created: sleep deficiency encourages him to watch TV, and TV watching reduces his sleep time. Those who have a TV in the bedroom watch TV for 1-2 hours more than those who have to watch it in the living room.

b. He studies less: It is his performance in studies during the adolescent years that decides the child's future studies and career. Yet the adolescent quite often studies much less than he needs to due to lack of time. There are simply too many distractions. It is difficult to monitor how much time he is studying, as he may actually be listening to music on his iPod or mobile with a book open on his lap. Even when he does study, his mark sheet may not reflect the effort. This is because inadequate sleep reduces his long-term memory and concentration. For every two hours he spends with his books, he may be getting the benefit of one hour.

c. He interacts less: He has less time to chat with his family or his friends. This is sad, as he may actually be spending a lot of time 'chatting' with friends or even perfect strangers on the internet. He may interact quite a lot via

Facebook and email, which is good as he can communicate with a lot of people at the same time. But intimate personal contact tends to suffer.

d. He plays less: He has no time for physical sports. He is more likely to watch cricket or football on TV than to actually play the games. In fact, he may watch a lot of games – like basketball, baseball, rugby – that he has never played and



never intends to play. He simply does not have the time, or the energy, for physical activity. Is it surprising then that he is more likely to be obese, and that Doctors expect the next generation to suffer three times as much as the present generation of adults from Diabetes, Hypertension, and Cholesterol problems?

The Media: an unmitigated evil?

Are all media similar in their influence on adolescents? Let us see.

The print media: They can be highly creative. They entertain, they inform, they improve one's command of the language. Sadly, book reading is on the decline among adolescents. Newspapers keep one informed of daily events, but adolescents do not have much time for them nowadays.

The radio: TV has nearly killed the radio. Why listen to the news when TV can give you simultaneous visuals? Why listen to a song on a radio when MTV shows a rousing video along with the song? Who needs radios when one's mobile or iPod carries thousands of songs? The answer, of course, is that TV focuses only on news that provides melodramatic visuals; it avoids detailed and serious analysis of complex situations. And whereas songs were once judged by their lyrics

and the quality of the singing, today the the adolescent judges them, paradoxically, by the singer's ability to dance.

TV: The ideal solution to the menace of boredom, providing through numerous channels news, music, dance, movies, humour, sports, cartoons, even information. No wonder the human race has embraced it with such enthusiasm. But in the end it only emphasizes that too much of a good thing can be bad. Too many channels are competing to attract attention, and they have to maximize melodrama in order to pull viewers to their channels. So the news channels concentrate on gory and flashy items rather than serious information. The teenager comes to be addicted to the TV set, and excessive TV viewing eats away the hours. Meals are eaten in front of the TV set. Family members have no time for casual chatting. The visitor finds that he has to compete for attention with the TV set.

Violence and sex are the major staples of TV fare. The movies and music videos routinely encourage smoking, alcohol abuse, even drug consumption. Revenue comes from ads which promote junk foods and encourage consumerism. Other ads misinform the adolescent that he or she can become fairer by using this face cream, and get rid of pimples in a week.

The Computer: A great friend, the computer has made information available at our fingertips through the internet. Email means instant communication at minimal cost. Through Facebook the adolescent can keep in constant touch with our friends, and even find old and long-



lost friends. Today the personal computer helps him to research his study projects.

Yet it is possible to find inappropriate uses even for the most useful gadgets. Close contact through Facebook/email/webchat may be a boon in maintaining old friendships, but it often turns into a curse that helps the adolescent to find new and inappropriate friends too easily and thoughtlessly. The internet provides not only information but also pornography. The virtual world of the computer can become a barrier behind which he hides from the real world.

Video games: A wonderful source of enjoyment, video games are now become a menace that through their ease of availability entice the adolescent away from real games. Its very ease encourages prolonged play, thus eating away precious time. And nowadays video games are becoming shockingly violent.

The mobile phone: It has transformed our lives by keeping us connected at all times and making available instant communication. And yet it too has scope for misuse, especially by the adolescent whose friends trouble him or her by frequent and irrelevant calls day and night. The mass messaging facility is a theoretical boon, but in reality most such smses are irrelevant or ads.

There have been shocking instances of adolescents using their mobile cameras to secretly photograph their colleagues in compromising situations, and then blackmailing them.

What can parents do?

The media is a servant if controlled, a master if unrestricted. Parents need to put in place stern rules on the use of each of these media. Here are some rules for starters:

a. They need to decide at what age the adolescent needs a mobile phone, and to advise him on its right use.

b. Screen time must be strictly restricted to 2 hours at most. No TV viewing after 9PM, so as to ensure that he goes to bed at a reasonable hour.

c. The computer should be used to maintain established friendships, not to form virtual friendships.

d. Violent or sexy content on TV should be avoided as far as possible. Controversial scenes or ads on TV can be turned to beneficial use: the parent can discuss these scenes with the adolescent, and thus increase his understanding.

e. The computer should be kept in a busy area, not in a bedroom, so as to discourage the teenager from watching pornographic material.



f. There should be no TV set in the bedroom.

g. Parents should restrict their own TV viewing time, as it has been repeatedly shown that excessive parental TV viewing encourages the same in their children.



ADOLESCENT HEALTH ACADEMY

AHA was adjudged the 2nd best IAP speciality chapter in January 2015 for outstanding activities conducted in 2014. The good run has continued in 2015. This year, the Academy reached out to over 30000 stakeholders in different parts of the country- both in the public and private sector, in rural, urban and tribal areas belonging to different socioeconomic strata the elite, the middle class and the underprivileged. The stakeholders included adolescents, parents, teachers, health workers, doctors and government officials. This year, AHA conducted 70 programs for adolescents, 40 parenting programs, 21 academic programs and many training workshops for teachers and health workers on various adolescent issues. Interactive talks, health screening camps, drawing competitions, quiz, workshops, CMEs and even cultural programs were organised. AHA members published 22 articles in print media, participated in 2 TV shows and 2 radio shows. Many members published research articles in scientific journals and presented papers and posters on adolescent health at national conferences.

Since November 2015, AHA membership has increased by 63 taking the total to 1559. Currently AHA has 9 city branches and 2 state branches. All the branches reported their activities to the centre. Individual members namely Drs Himabindu Singh, Manjulata Sharma, Paula Goel, Sushma Kirtani, Ashoo Arora, Neema Sitpara and Poonam Bhatia also sent their activity reports.

For the first time in its history, AHA invited nominations for the prestigious Dr Swati Bhave Dr MKC Nair oration. We received 6 nominations from distinguished personalities. Also for the first time, central AHA received a contribution of Rs 10000 from the organising committee of its National Conference. We thank Dr AS Chawla, Dr Harmesh Bains and their enterprising team from Ludhiana for this exemplary gesture. We hope that Adolescon 2015 and future adolescons will continue this tradition and will contribute generously to the Academy fund. Another first was the publication of April 2015 issue of IJPP journal exclusively dedicated to adolescent care. Many senior AHA members contributed to this issue.

Team 2014-2015 under the dynamic leadership of Dr Tuteja continued with its mission of streamlining the working of AHA and updating the official records. AHA Constitutional Amendment Committee was formed to recommend amendments to the current memorandum of association. The same would be discussed in the SGM. We thank Dr CP Bansal, Dr Alok Gupta and other members of the committee for their sincere contribution.

The latest issue of AHA's E bulletin on Media and Adolescence will be uploaded on the website shortly. AHA

thanks Dr CP Bansal, Dr Shubha Badami, the editorial team and all the authors for an informative and thought provoking issue. In the last one year, 12 clinical cases were discussed on the AHA website www.ahaip.org AHA's modules and important power points continue to be available on the website. We thank Dr Amit Shah, AHA's webmaster for efficiently managing the website. Dr Juhi Chouskey, a young AHA member has been diligently moderating the AHA facebook page for the last few months.

AHA members received rich accolades from the community for their inspiring work in the field. Dr Sushma Kirtani was appointed the State Commissioner for protection of child rights of Goa. Dr Babu S of Chennai was felicitated with the outstanding district chairperson award by Lions International. Dr Manjulata Sharma of Bikaner was awarded certificate of appreciation for Woman of the Year by railway divisional hospital and mahila sanghatan for adolescent awareness and Beti Bachao/ Beti Padao Abhiyan and certificate of appreciation by NGO Udan. Dr Sulekha Vardaraj was appointed director of counselling cell at Government College, Puttur. Dr Shubhada Khiwardkar was felicitated by IAP Nagpur for her contribution to adolescent health. Drs Himabindu and Manjulata Sharma were recognised as national trainers for GOI RKSK program.

Dr Santosh Soans, Dr Pavan Hegde, Dr Aswathy, Dr Amita Rao and all members of Organising Committee have worked hard round the clock for Adolescon 2015, the 15th National Conference of AHA. On behalf of AHA and all delegates, I thank you. We appreciate and applaud your intense efforts.

Team 2014-2015 thanks all AHA members, branches and advisors for their support and encouragement throughout the year. May the same continue in the coming years!

**ANNUAL
REPORT
2015**



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