

Adolescent Today



Official e-Bulletin of
Adolescent Health Academy



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Adolescent Health Academy

A Subspecialty Chapter of Indian Academy of Pediatrics

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



From the Desk of the Chairperson Adolescent Health Academy IAP



Dear AHA Members,
Congratulations! 2019 is a landmark year. This year, Adolescent Health Academy completes two decades of selfless service in the field of adolescent medicine. On this momentous occasion, we appreciate and applaud the contribution of each AHA member.

India is home to the largest number of adolescents in the world- 253 million. Ironically, very few health professionals in India are providing adolescent friendly health services. AHA is the largest and oldest professional organisation led by paediatricians with over 1850 members providing dedicated adolescent health services. It is the need of the hour to adopt novel innovative methods to reach out to all gatekeepers of adolescent health in different parts of the country. The revival of Adolescent Today, the official biannual electronic newsletter of AHA IAP is one such initiative under AHA IAP Action Plan 2019 along with the AHA website. The newsletter contains the right mix of academics, social activism, advocacy and spirituality, all in the best interest of adolescent health and well being. It is also a forum to share creative thoughts, ideas, activities and achievements- to inspire and lead!

On behalf of AHA IAP, I congratulate Dr Usha Banga and Dr Ashok Banga, Editors, Adolescent Today and their team for infusing life and vigour into Adolescent Today. Kudos to their hard work and sincerity!

We look forward to your feedback and active participation in spreading the knowledge of adolescent health in the country. Please do contribute articles for the next issue.

We plan to celebrate the 20th birthday of AHA with an academic extravaganza at Adolescon 2019 at Bengaluru from 15 to 18 August 2019! Do join us in large numbers. Conference details can be downloaded from AHA website <https://aha.iapindia.org/>

Sincerely in Academy Service,

Preeti Manmohan

Dr Preeti M Galagali

Chairperson AHA IAP

Email : drpgalagali@gmail.com



Ashok Banga
Editor
Email: ashokbanga@gmail.com

Editorial



Usha Banga
Editor
Email: ushabanga@yahoo.com

Education has been considered a strong catalyst for a positive change in an individual. We at Adolescent Health Academy would like to disseminate the vast clinical experience of our members by means of two online publications.

We plan to have 2 AHA electronic publications in 2019, bi-annual, namely:

1. Indian Journal of Adolescent Medicine, Official Journal of AHA IAP
2. Adolescent Today, AHA IAP Newsletter.

Online publication is the idea of present time to save money in publishing as well as posting, to save space in archiving and the ease of recall. One can print the desired article as and when needed.

First issue of Adolescent Today is before you.

This is to provide you with news of work and achievements of our members, our goals and aspirations and to showcase the activities undertaken.

In addition, we have some articles on topics of day to day use, MCQ and humor. We also added few pearls of wisdom.

Both the journals combined, a brain child of our President, Dr Preeti Galagali, will be an asset to AHA and will make a good tradition to continue.

We hope you enjoy reading and learning.



Dr. J.C. Garg
Honorary Secretary General,
AHA-IAP.
Email : drjcgarg52@yahoo.com

Message..

It is a matter of great pleasure that work done by our team of AHA is being presented before you through this journal.

Ours is a small but compact and well knit association. Our team comprises of several self motivated personnel, working in their respective areas of interest with zeal and bringing about the change in the life of adolescents. They are committed & believe in perfection.

Adolescents are the future adult citizens of India, their good care, physical & mental health, development & education will produce better future of nation.

Let this publication be one more milestone in the journey of AHA. Our members will be benefitted, at large, by this journal which includes comprehensive information regarding Adolescents

With best wishes, hope to meet you all at Bangalore.



INCULCATING SPIRITUALITY IN ADOLESCENTS

Dr. Shashidhara MD.

Email : drshashi25@gmail.com



The WHO (World Health Organisation) has included spirituality as an integral part of health as is evident from the recently revised definition as follows: “Health is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.”

Living with the truth PRESENT is spirituality and it is a way of life. Spirituality however needs to be scientific that provides a firm, unshakable foundation of the truth. **Scientific Spirituality is a movement where an individual scientifically integrates or lives with the truth (Present) in everything, in every being, everywhere, in every moment, in ever-present way, leading to an enlightened, fulfilled and harmonious life.**

The Present which can be understood as a here and now state is the fundamental reality of life. **For a better understanding of the Present, we can divide the “Present” into Outer and Inner Present. The Outer Present or the Surface truth is that part of the Present which is experienced through our body and mind with relation to a given ecosystem. This Outer Present is physical in nature, has finite dimensions and various forms (includes all living and non-living beings as well as diverse topographic features) and is governed by laws of physics (including time and space). At an individual level, we experience surface truth as body and mind which is accompanied by ego. Hence, the Outer Present is the materialistic world.**

Inner Present is our Centre, which is recognized as a silent state (essence/ content of outer state). The Centre is infinite, has no form and is not subjectable to the laws of Physics (including time and space). At an individual level, Inner Present is recognized as the Being state in us- which is egonil state. Hence the Inner Present is the spiritual dimension or our “Real-self”.

As per Scientific Spirituality, awareness and realization of the great, inherent truth- Present itself makes an individual spiritual as the Present always exists, we only have to uncover it. Knowledge of the truth, the Present, will not only help teens form their identity on the basis of pure, scientifically substantiated data but will also have positive effects on their body, mind in a given ecosystem, which are important faculties in the Present Perception that will determine the health, psychology, emotional range and capacity for development of higher emotions in teens.

Parents fear a child's teenage phase and rightfully so. The adolescent period is the most vulnerable, confusing time for a growing child due to hormonal changes on the physical front and neurobiological changes that shape the teen's brain development and is responsible for an emotional rollercoaster. Accordingly, recent statistics show that 1 in 5 young people suffer from a mental illness, that's 20 percent of our population. Mental illnesses include depression, anxiety, personality disorders, complexes, stress, learning disabilities, psychosomatic illnesses etc. Teenage is also synonymous with disturbing issues such as addictions (alcohol, nicotine, drugs), aggression, peer pressure, abnormal behaviours, cyber addiction, teen dating, health issues due to unhealthy eating habits (more of junk, processed foods), obesity, eating



disorders, accidents, sexually transmitted diseases, teen pregnancy and suicide. Hence, Scientific Spirituality is essential for teenagers to navigate the dangerous pitfalls associated with the adolescent phase and instead bloom as healthy, happy teenagers who can discover, nurture and express their unique talents instead.

Every teen must be aware of the difference between Spiritual Culture and Spirituality in order to recognise their true spiritual selves. Spiritual Culture exists in the Outer Present and varies on the basis of religion, region, language, family values, traditions etc. For example, spiritual culture in the Hindu system involves performing homas and pujas to appease the various deities. In Christianity, Spiritual culture involves confessions every Sunday of the sins performed during the week. As per Islam, offering prayers 5 times a day constitutes spiritual culture. **There are thousands of different spiritual cultures and although their methodologies vary, they are designed to help people go deep into the Inner Present.** However, teens should note that Spiritual Culture is the partial truth, an epiphenomenon of the

Outer Present and hence teens need not adhere to any one culture to become spiritual individuals but to respect the feelings. **Spirituality simply involves being aware of the Outer Present and Inner Present and aligning the two.** But understanding the difference between spiritual culture and spirituality is essential for teens to develop tolerance for the various spiritual cultures and pave the way for global peace.

The tenets of Scientific Spirituality that enables the development of physically healthy, mentally stable, positive, unique teens are as follows:

- **Body spirituality**
Body spirituality means living with the truth of the body. Body spirituality involves paying attention and enhancing aliveness and awareness towards the body and the surrounding in order to lead to automatic transcendence from the body in the Outer Present to the Inner Present. Body Spirituality aims to create a healthy body in teens by de-stressing it through Balanced Nourishment (focus on all five elements), creating awareness about healthy food choices and ill-effects of unhealthy foods in the market, physical exercises, breathing techniques and fun meditative activities that can help teens maintain a healthy body in the Outer Present. Today it is very important to follow body spirituality as it prevents obesity, nutritional disorders, diabetes and hypertension etc.,
- **Mind spirituality**
Mind spirituality means living with the truth of the mind. Mind Spirituality involves discovering the mind as a bundle of thoughts, disciplining one's thoughts and understanding that in reality, the mind is only a tool in the Outer Present which dissolves on automatic transcendence to the Inner Present. Mind Spiritual solutions help teens develop positive, constructive attitudes such as politeness, creativity, rationality etc as opposed to negative destructive attitudes such as irrational thoughts, jealousy etc.
- **Eco Spirituality**
Eco spirituality means living with the truth of the Ecosystem. A spiritual connect with nature has become a primary need for an individual's health, so much so that absence of a bond with nature leads to a condition termed as nature deficit disorder as per a leading American journalist named Richard Louv. Inclusiveness or a sense of connectedness with nature can be fostered through Eco spirituality. Eco- spirituality means awareness of the truth or Present within creation which includes each and every entity in nature (living or non-living) and experiencing a sense of connectedness with the common Inner Present within those entities. By becoming eco spiritual teens, adolescents can reap several health benefits of being in nature such as alleviation of stress, exercising outdoors even with



a simple walk, exposure to the essential vitamin D, activation of both brain hemispheres, connecting with the silence in nature etc. They also get to decide the habitable or inhabitable status of the Earth in the future Presents. Eco Spiritual education for teens is the need of the hour as today's teens are mostly trapped in technological digital media which restricts them to life indoors .

- **Unique design and contribution**

Every aspect in nature is unique. Even identical twins will have some differences. Similarly, every human being is unique and different with their own physical traits, mental make ups and emotional states. Only the Inner Present remains the same. But these differences in the Outer Present give rise to different, unique qualities, potentials and skill-sets which can be identified and expressed through Scientific Spiritual techniques so that every teen can blossom as the crown of nature while understanding their limitations simultaneously.

- **Happiness Program for Teens**

This is a special program that aims to develop happy adolescents through scientific spiritual solutions such as acceptance, love, empathy, compassion, independence, forgiveness, gratitude and living in the Present by turning daily activities into meditative forms (eating, drinking, sun, walking, swimming, massage, bathing etc).

- **De- Stress Program for Teens**

This essential program for teens offers scientific spiritual solutions to adolescents such as being in the Present, adopting healthy lifestyles, fun easy-to-follow meditations (example Silence and Role Play meditation etc), adopting the 7 A's (accept, alter, adapt, avoid, adjust, assertive and align), ecotherapy, restful sleep etc to help them alleviate their stress levels and cope with daily stressors in life.

Scientific Spirituality is an easily comprehensible, practically feasible form of spirituality that offers modern teens a host of benefits such as helping teens make healthy lifestyle choices to maintain “disease free bodies”, develop positive mind-sets, understand the importance of nature and work towards a Greener Earth in the Outer Present, reap the benefits associated with the Inner silence such as purity, calmness, healing etc, develop gratitude and higher emotions such as empathy, compassion and the like, devise effective stress- management strategies and blossom their special, unique creative talents instead of becoming conformists.

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3. LIVING IN THE PRESENT
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Quiz Questions drug abuse.....



Dr. Harmesh Bains

Email : harmesh.bains@gmail.com

1. Which of the following is **NOT** caused by Marijuana intake in adolescents.
 - a. Gynaecomastia
 - b. Small testes
 - c. Diarrhea
 - d. Irregular periods
2. All the following are early indicators / flag signs of drug abuse in adolescents **EXCEPT**.
 - a. Spending less time in toilet
 - b. Stealing money from house
 - c. Scholastic deterioration
 - d. Sleep pattern alteration
3. The role of CRAFFT questionnaire in substance abuse in adolescents are as follows **EXCEPT**.
 - a. To identify the problem of substance use
 - b. To find out need of in depth assessment
 - c. To score for severity of problem
 - d. To immediately start the drugs by pediatrician
4. The three drugs included in the initial questionnaire of Screening to Brief Intervention (S2BI) tool, include:
 - a. Tobacco, Alcohol, Marijuana
 - b. Alcohol, Marijuana, Cocaine
 - c. Marijuana, Cocaine, Inhalants
 - d. Cocaine, inhalants, Synthetic drugs
5. In the SBIRT model to manage substance use in adolescents, **S**, stands for:
 - a. Suicide
 - b. Screening
 - c. Specific
 - d. Substance
6. The frequency of substance use to define mild/moderate substance use disorder is :
 - a. Daily
 - b. Weekly
 - c. Monthly
 - d. Bi monthly
7. Following are true regarding substance use in adolescents **EXCEPT**:
 - a. It is the most common missed pediatric diagnosis
 - b. 70% of adults addicted to substances, initiate use during teenage
 - c. All adolescents should be screened for drug use at every health visit
 - d. Suicide is not common in alcohol abusers
8. The following is an **Licit** drug:
 - a. Alcohol
 - b. Cannabis
 - c. Heroin
 - d. Cocaine
9. The following is a **hallucinogen** drug :
 - a. Cocaine
 - b. Lysergic acid diethylamide
 - c. Alcohol
 - d. Marijuana
10. Primary prevention of adolescent substance abuse in office practice includes the following **EXCEPT**.
 - a. Screening of each adolescent for substance use at every opportunity
 - b. Anticipatory guidance to abstinent adolescents
 - c. An assessment of risk factors and protective factors
 - d. Early drug treatment of mild to moderate cases of drug use

Ans. 1. (c) 2. (a) 3. (d) 4. (a) 5. (b) 6. (c)
7. (d) 8. (a) 9. (b) 10- (d)



AHA WEBSITE



Dr Poonam Bhatia

Email : doctorpoonambhatia@gmail.com

We are pleased to announce relaunch of our website! with a new look and URL <http://aha.iapindia.org/>

This website gives a clear insight about the goals of AHA. History of AHA starting from the time of inception till date. Since most of the members are passionately working for improving health of adolescent the website offers them a common platform where they can share their work, experiences, hurdles etc.

Few exciting feature of our website are :

It is going to be interactive website for case discussions, writing blogs etc. When caught in a tricky situation members can seek guidance from their colleagues or experts (member's forum is under construction)

It has Public page too from which parents/adolescents can get authentic information about the issues related to adolescent physical and mental health.

"Teachers Training module" would be a self learning module.

One can have access to every detail of ADOLESCON 2019 the National conference of AHA.

Few special add ons like accessibility to Old Modules(Adolescent in Office Practice, Difficult Adolescent, MKU 2013 etc) are exclusively available for AHA members only.

The site has integrated social media links like FB for public for fostering improved communication with parents or adolescents.

AHA plans to constantly update contents through articles, newsletters etc.

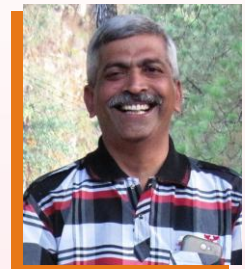
We hope you all will like the fresh look, easy accessibility. We are committed to establish this portal as a constant source of knowledge up gradation for those who visit this site.





Aspiring to be eye-catching

Desire to look more beautiful and smart is universal. At times these efforts negatively influence us. This chapter describes the various body image concerns during teenage and their implications on our physical, mental and social health.

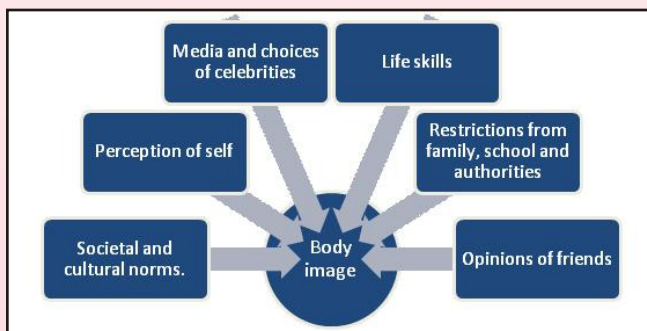


Dr Atul Kanikar

Email : akaniker@gmail.com

Every one of us from childhood to old age deliberately or subconsciously craves for improving our existing body and face. This observable fact is seen in naturally attractive and average looking people alike. The craving magnifies from late childhood through teenage and adulthood. Even a nine years girl wants to

exposure, perfumes, haircuts, sunglasses and many other things, contributes significantly to the teenager's own choices. This is called as 'informational' type of peer influence and it need not be always harmful. The choices may alter as per celebrities and peer norms. The place of residence along with its local culture has considerable impact. For example, a rural girl dresses and carries herself differently from the one living in metros.



What matters most is how much you are affected by your own body image.

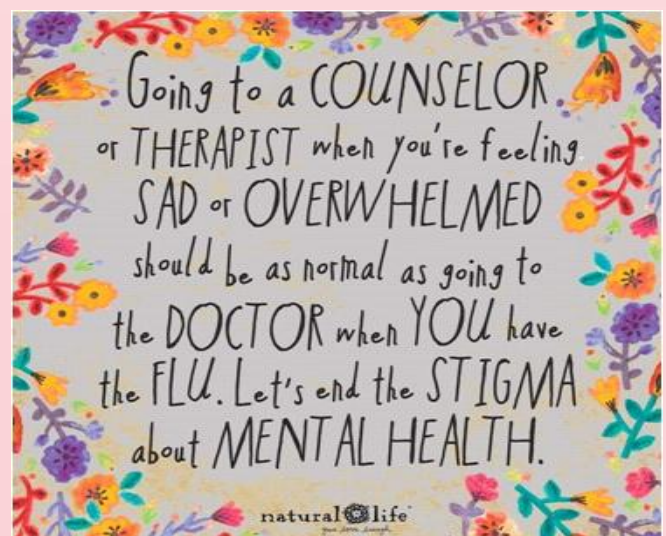


Level of comfort with the way you look at yourself in the mirror, your self-talk therein and your belief system will decide the emotional reactions (peace / concern / anxiety / anger or guilt). These reactions will lead to a particular thought process which in turn will govern your behaviors. That is, whether you will keep on experimenting in an effort to change or not.

look catchy and a sixty years old lady applies hair dye or lipstick. The paintings or sculptures depicting grooming and beautification can be seen at many museums or ancient monuments. Our body image is governed by following major influences:

What decides your perception and reactions (emotions as well as behaviors) regarding the body image is principally organized by your core beliefs and personality. Teenage being a critical period for the inculcation of both, this period is extremely vulnerable and sensitive. Many Indian families restrict the desires and ambitions of growing children (mainly girls). Customarily, a teenager (mainly in middle adolescence 14 to 16 years) paying extra attention to improve looks is perceived as being on the verge of getting spoiled. A few teenagers tackle with these unfulfilled desires when they are away from homes.

The preference of peers and celebrities for type of costumes, make-up, jewelry, limits of





See table below: (grey rows display irrational behaviors.)

Adversity	Thought process	Outcome	Health consequences
I think I am fat.	It's terrible and I must lose weight at any cost.	Unhealthy dieting and needless exertion.	Self-pity, fatigue, stress, persistent sadness, anger.
I think I am fat.	I wish to be athletic and should explore the ways.	Balanced diet and regular exercise.	Good physical and mental health.
I have dark complexion in my entire friend circle.	I ought to look beautiful like others. My favorite film actress is my idol.	Spending money on harmful cosmetics and visits to expensive beauty parlors.	Stress, ugly skin allergies, frustration after no results.
I have dark complexion in my entire friend circle.	I wish I could be fair but all my family members have dark skin. Besides "clean is beautiful." I have more talents than my pretty looking friends	Maintaining hygiene, eating healthy food. Focusing on the positive. Money set aside for extra books.	Cheerful and positive look and recognition in the group.
I am getting bald.	This is intolerable and the end of the world for me.	Purchasing advertised product for hair cure. All the time worrying about body image.	No benefits and further loss of hair, frustration and social isolation.
I am getting bald.	It could be temporary and I will see a cosmetologist for my existing dandruff and choice of shampoo.	Dandruff cured after action, less hair loss, modifications in diet and life style.	Better look, healthy diet, enough sleep and ability to remain focused on goals. Less distress.

- Color and size of eyes and eyebrows.
- Body hair, hair color, size and curliness.
- Pimples and skin patches.
- Moles and scars.
- Height, body shape and curves.
- Spectacles or eye lenses and goggles.
- Body odor.
- Appreciation by others (slightly more than boys and men).

2. Boys and men:

- Height.
- Muscle mass and contours.
- Pimples and oily skin.
- Body odor.
- Hair style and color.
- Beard and moustache.
- Baldness.
- Size of genitals.
- Shape of waist. ('V' or 'O')
- Shoulder width.
- Spectacles or eye lenses and goggles.
- Appreciation by others (little less than girls and women.)



What you think of yourself is more important than what you think others think of you.



Gender differences in body image concerns:

1. Girls and women:

- Body weight.
- Body fat mainly over abdomen.
- Complexion.
- Breast size, shape and equality.

Implications of body image concerns on teenager's health:

Physical health

- Faulty eating practices leading to obesity or excess weight loss.
- Disturbed sleep and harmful hygiene practices.
- Skin allergies, hormonal imbalances, indigestion etc.

Mental health

- Distorted self image, Stress, self pity and feeling of worthlessness.
- Constant media exploration in search of solutions to the problem.
- Poor concentration on important tasks, extra financial burden.

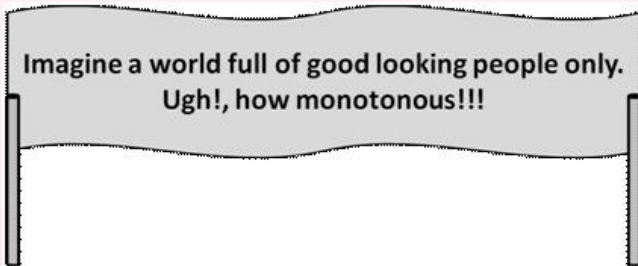
Social health

- Tendency for peer pressure and blind acceptance of "trends".
- Social isolation or compromises for gaining peer acceptance.
- Extra flattering of better looking peers and idol worship.

Everybody cannot be Miss Universe or Sylvester Stallone. Although external appearance is beneficial for creating impressions at initial and short lived interactions, it is worth understanding that the word "personality"

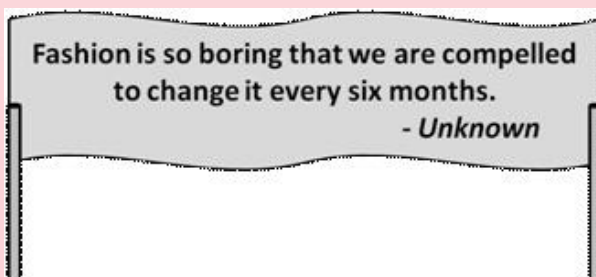


includes other important facets also. Our nature, talents, life skills (mainly empathy, communication skills, nurturing relations, critical thinking and creative thinking), achievements, behaviors and character have more significance than mere look.



If we look around with open eyes and unbiased view, we will find many of the most appreciated and adored personalities are not at all “good-looking” or tall. Barring a few film stars and models, most of them are average looking and a few are not even that. Good looks fade over time but character remains throughout. A seventy year old lady or a sixty year old man can be better appreciated than a young girl or a tall and handsome boy. Thus it is not good looks, artificial makeup, cosmetic overload, muscular body or tall height that alone matter. Complete the list of such people whom you know:

1. A.P.J. Abdul Kalam (Scientist and former president of India)
2. Courtney Ambrose (Pace bowler of West Indies cricket team)
3. Asha Bhosle (Famous Indian singer)
4. Mary Com (Famous wrestling champion of India)
5. Johnny Lever (Popular comedian in Hindi cinema)



Tips for parents :

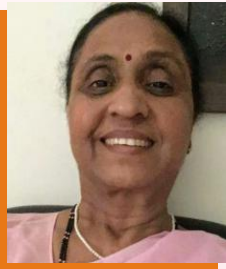
- Be a role model of life skills, diet, life styles and peer influence for growing children.

- Avoid negative discussions about average looking people in front of children. Never ridicule any person because of average looks.
- Teach children that physical appearance is not to be neglected but focus should be on being healthy and overall personality because looks could be deceptive, real person may be unexpectedly different.
- Appreciate the special qualities and talents of spouse in front of children. Let them know what is valued most.
- Save money on expensive cosmetics and frequent visits to beauty parlors. Teach children that “clean is beautiful”. Insist on homemade and time tasted solutions for body care.
- Lastly, remember your teenage concerns about look and physique. Such behaviors of growing children should not be constantly criticized. Find out why the adolescent is spending extra time and efforts to improve looks. Try to address hidden stress if any.
- Consult your adolescent care pediatrician, cosmetologist, dietician or trained counselor if the negativity is adversely affecting daily routine and behaviors.





Parenting Tips



Dr Premalatha

Email : krishnanpremalatha@yahoo.com

Parenting is not a course of study, it is not a skill training program nor an art or business. It is a natural love and mutual understanding between the parent and their offspring. Bringing up the next generation is probably the most critical job in the world, and yet we have no manuals or training or degree requirements to be parents!

In previous times parenting was expected to come naturally, often modelled along the lines of the way one was parented himself/herself and social and cultural norms were simple. It took a village to raise a child and adults did not judge each other but just looked out for the general good of the children in the community.



With migration, media explosion and mushrooming of nuclear families, cultural and social stereotypes no longer exist. Parenting styles also vary from family to family.

This has led to a lot of confusion about parenting ideas and a mushrooming of workshops and articles on parenting. Over the past few generations, parenting has become a lot more individualized as traditional norms have dissolved and families increasingly live apart from each other. A high degree of responsibility is placed on parents (and especially mothers) to constantly seek out information and provide the best possible care for their children (*Beck and*

Beck-Gernsheim 1995; Henwood, Shirani and Coltart 2012; Lupton 2012; Holloway and Pimlott-Wilson 2014).

In this context, it is not surprising that many parents feel the need to use digital media to access other parents, advice and connection to the world outside of parenting as a way of alleviating feelings of isolation, boredom, loneliness or uncertainty about caring for children.

21st century parenting: This involves using a lot of technology for parenting using blogs and social media platforms to connect with other parents and share experiences. But the basic principles of loving them unconditionally, laughing with them, trusting them, treating the children with dignity, yet maintaining the boundary of parenthood remain unchanged.

There can be minor cultural and familial variations in parenting but the basic requirement is “**PPULSE**” i.e. patience, positive attitude, unconditional love, support and encouragement.

Gender neutral parenting is when parents raise their child without forcing any preconceived gender norms upon them and allowing them to choose which one they would rather adopt for the rest of their lives. This allows the child not to be put into a box and grow up according to the conventional gender rules. For example, parents would address the child as 'Baby' in their conversations and not 'Boy' or 'Girl', allow their children to dress in what they want. Whether it means boys wearing pink, or girls wearing blue, keep room decor and the type of toys their kids play with neutral and in general avoid any kind of gender stereotyping. Some would go to the extent of hiding the gender of their child from everyone except their closest family members. In the Indian context gender neutral parenting would involve gender sensitization and breaking the traditional roles allotted to boys and girls to provide equal opportunities for their development.

So let us summarize what parents can do under the same headings as we use to get a psychosocial history in adolescents:



HEEADSSS (Home, Education, Eating, Activity, Drugs and Depression, Safety, Sexual activity and Spirituality)

Home: Set some family rules and expectations so the teen /child knows his/her limits. Also explain what is non-negotiable. Open parent child communication, non-judgmental parental monitoring, helps build a child's self esteem. Consistency, predictability, and follow through are important for a positive home environment.

Education: Keep conversations with your teens/children beyond just academics and school. Ask open ended questions to get the teenager to open up and always practice active listening.

Environment: Be aware of the teen's peer group environment and also the emotions. Teach the child/teen to appreciate their environment, connect with nature for their emotional well being

Activity: The importance of exercise in everyone's daily life cannot be overemphasized. Doing some fun activity like walking, swimming, cycling, trekking etc, together as a family will help in bonding.

Eating habits: Healthy eating habits have to be inculcated in infancy itself to avoid falling prey to the current epidemic of non communicable diseases. Parents will have to be role models to encourage healthy eating habits. Eat at least one meal together as a family and keep the screenTV, mobile etc out of this gathering.

Drugs and Depression: A high quality of parent -child relationship deters involvement in high risk behaviour. Develop lines of communication with your teen/child in the early years of their schooling itself, and if possible keep conversation beyond marks and academics.

Develop a sense of self worth in your teen/child by actively praising something about them daily. Be quick to praise and slow to criticize. Also, it helps them develop a growth mindset if we praise their effort, their attitude or a choice they make, instead of complimenting them for a trait/personality type etc (things they did not earn or that they have by default). For example, praise the effort they put into something, rather than compliment them for "being smart".



Safety: Avoid helicopter parenting but talk to your teen/child about safety rules regarding letting the parent know their whereabouts and expected time of arrival home. It is a good idea to know the friend circle and invite them home occasionally.

Safety should include education on cyber safety. The child/teen should be aware of dangers of cyber- bullying and other crimes and appropriate parental control measures should be in place for monitoring. Screen times should also be discussed and a consensus arrived upon by the family. Emphasize that with rights come responsibility to use these liberties responsibly.

Teach them about boundaries - how to handle friends who make them feel bad or coerce them into doing things that make them uncomfortable, even in small ways. Equip them to stand up for themselves as they navigate their friendships. Allow a safe space for them to come to you if they did make a mistake - let them know they can come to you, and you will hear them out and not lash out in rage.

Sexuality: Age appropriate information given as anticipatory guidance reduces chances of high risk behaviour. Building self-esteem and addressing body image issues at the appropriate time will go a long way to prevent engaging in high risk sexual activity as research has shown that low self-esteem and poor self-image in girls can be a cause for engaging in sexual activity to gain popularity. In short, a strong, healthy parent child relationship can deter involvement in risky behavior, including suicide.

Spirituality: Spirituality helps build emotional resilience and is very useful in building positive mental health. Engaging in

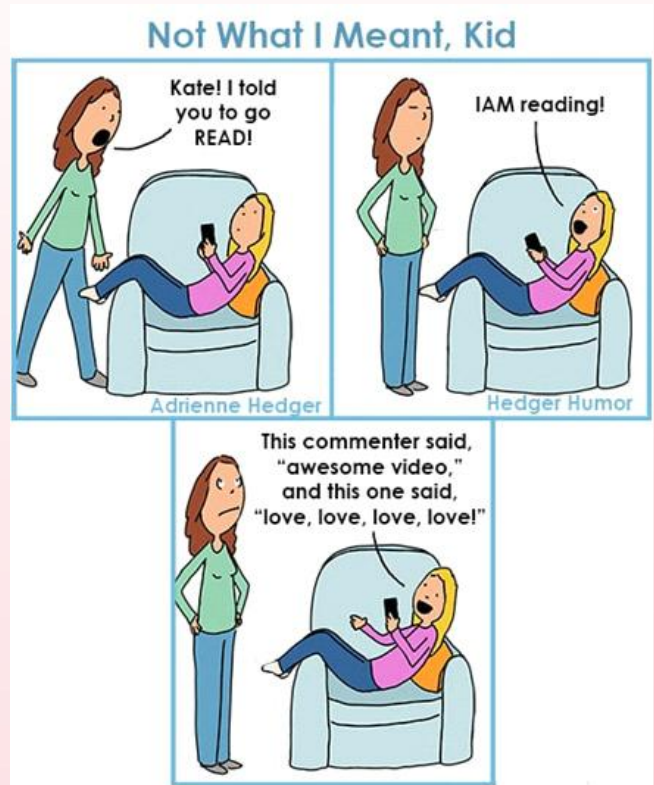



community activity is another protective factor for positive mental health. Basically, parent - child connectedness and an authoritative parenting style are protective for teens.

Healthy parenting messages and programs that strike a balance between promoting effective strategies and maintaining sensitivity to cultural norms may contribute to increasing strong, secure, nurturing family relationships across cultures. Ultimately these relationships can strengthen personal, family and community resilience.

References:

- 1) The protective effects of good parenting on adolescents (review article) - DeVore, EliseR, Ginsberg, Kenneth R
 “Current Opinions in Pediatrics : August2005,vol17,issue4,p460-465
- 2) Recent advances in study of relationship between parenting practices and adolescent development
- 3) <https://kidshealth.org/an/parents/ninesteps.html>
- 4) Kids Health from Nemours reviewed by StevenDowshen MD5)
www.indiaparenting.com/home/253.5528/10best
 qualities of Indian parents
- 6) CDC-Parenting
- 7) Parenting and digital media: from early days of the web to contemporary digital society- (2016); Authors: Lupton,D., Pedersen,S., and Thomas ,G.M.



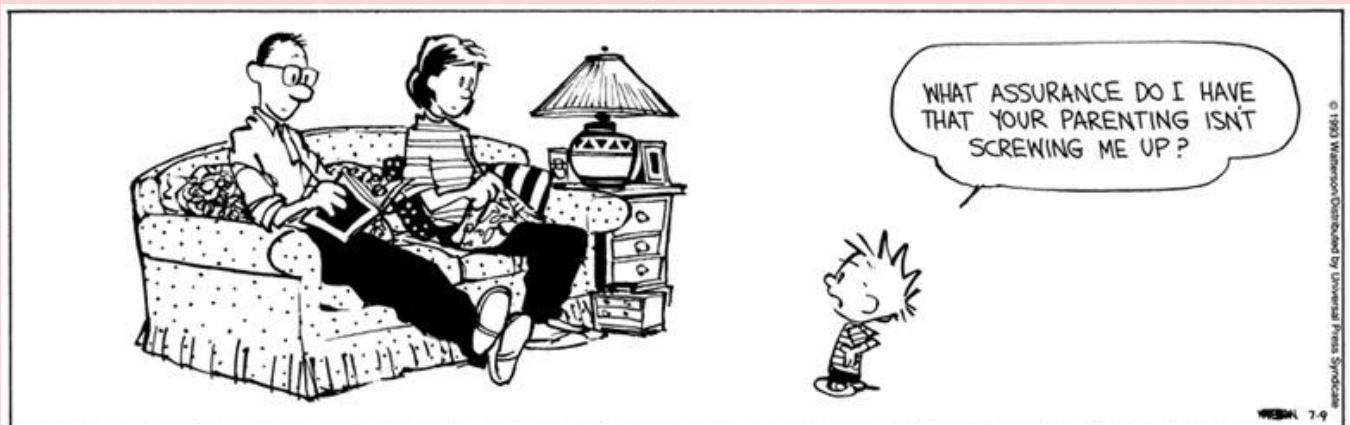



Conscious Parenting

- Be aware about your innate ego
- It is normative for teens to question boundaries
- Listen patiently and carefully to your teen
- Mindfully respond to teen behaviour in a calm and caring manner
- Encourage assertive communication
- Be kind and forgiving and learn from past 'errors'. After all nobody can be a 'conscious parent' all the time

Enjoy Parenting!

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Pearls of Wisdom

Dr. Usha Banga, Dr. Ashok Banga & Dr. Preeti Galagali

How important is the role of family in prevention of depression in adolescents?

Up to 5 years of age parents are very protective about their child. Gradually they become complacent. As soon as child reaches 14 years of age, parents behavior changes drastically. Child is now considered mature enough to handle everything on his own. But things are altogether different now. Child faces all kind of pressures now. Be it a carrier option, hormonal changes, body image issue, peer pressure issue or issues about academic performance. He needs help and unconditional love. Well balanced parents and other family members can do such job.

Current research shows adolescent often turns to family and friends for help. The first responder should be a family member. Deborah Faust, director of Family Wellness and suicide prevention initiative New York says, Suicide does not happen in vacuum. It happens in family. Specialized programmes fall short without family engagement. In USA there is a mental health education program.

“Mental health First aid “is such a course. Families at risk should be trained in this course.

Is being religious help the adolescents?

Yes.

Many studies have proved that families who are religious face less psychosomatic problems than people who are less religious. Only problem is you can not make a person or family religious overnight. These are types of families, some are religious, some are atheist. In modern era more and more people are becoming atheist. This point is debatable.

Being too much religious has its own disadvantages.

What should good school provide other than quality education?

School is a strong pillar of a place where a child is safe mentally and physically.

WHO recommends:

1. Organizational changes for safe, secure and positive psychological environment.
2. Develop a school wide suicide and depression prevention plans. These programmes are intertwined.

Most important is to pickup warning signs and use crisis management team. Student should be integral part of this program.

- 3 Focus on 'at risk students' like facing high stake exams, parental separation, divorce, death of a family member, suicide by another student or living in terrorism prone area.

School should also take care of bullying.

All school should have their own team of psychologist, counselor and social worker. Intervention plan must include mechanisms for connecting students and parents. Moreover it should be affordable.

There should be opportunities for creative expression of feelings such as art, music, theatre, medication, self monitoring strategies and steps for seeking help.

School can help in destigmatizing depression.

School should have caring and supportive environment. All students and parents should feel welcome in the school.

2 Teaching on mental health and life skills.

3 Training staff in detection and basic management of suicide risk.

4 School based prevention programmes for adolescents vulnerable to mental health conditions

4 Peer leadership or mentoring programmers.

5 Multisectorial suicide prevention programme.

A good school should provide a healthy environment where adolescent can share his problems with teacher. School should have a counselor who can guide child whenever he faces some trouble.

Teachers should be trained in dealing adolescent. Moreover they should be able to pick up signs of depression or any other psychiatric problem specially suicidal tendency.

Why to be more careful with mental health of post pubertal girls?

Mental health in post pubertal girls is a different entity.

A post pubertal girl experiences hormonal storm. Starting of menarche also bothers her. She has frequent mood swings. She is now vulnerable for abuse or can be lured by elders in family or friends. There is danger of unwanted teen pregnancy. This is the age when depression sets in. Most of the psychiatrists opine that it can be prevented at this age, while difficult to treat at later age.

Why to have at least one good friend?

Parents can be advised that they should encourage friendship among teenagers. Sometimes parents think that their teen is wasting time with friends. This notion should be discouraged. Having one or two good friends is good for their mental health. Secondly parents can not be everywhere or in school while friend can be a good caretaker of each other. He can inform teachers or parents whenever observes red flag signs.



Musings

Took my mind for an airing to the park today

Walked neath the shaggy barked hickory
The sweet gum tree with its five point leaf and it's
prickly fruit Next the tall rhododendron and the small
azalea ablaze in pinks and purples .

Breathed deep the Fragrance of the wild honeysuckle

In the sharp smell of upturned earth where spring ephemeral tulips were done for the season and the gardener was saving the bulbs for the next.

The violet irises were too and he said as he tied the leaves in a bunch , 'I am putting then to sleep.

The rose buds in the park are ready to bloom in a week . Hothouse layered exotics to the simple wild five petalled they are a promise of a riot of beauty .

The pond by the restaurant is tranquil . Canadian geese and their feathered grey goslings jostle onto the water and create ripples that reach the far end . Robins starlings jays and cardinals make gay chatter and trills in the sky as the sun goes down .

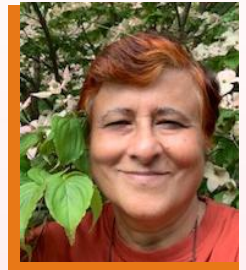
What is it about the shimmering water , the gracious green boughs , the pure pink buds on the thorn , that awakens the spirit of engagement with nature . The renewal of the soul . Magical rejuvenation .

I see an infant, glassyeyed , glued to the screen , her mother on an endless conversation on her phone and I wonder . Two strapping teens race by on their skateboards , earphones shutting out the sounds of the warbling brook . Where did we go wrong ?

Park is still lit by the sky as my time shows it's almost half past eight . Night falls suddenly like a blanket in minutes here so I best haste home now

Dr Shubha Badami

Email : sbadami@gmail.com



Just to make you smile...

A boy and girl were in a car, driving down the hill.

The boy was driving. Suddenly the car accelerated

The girl asked "where are going!!

The boy "On a long long drive"

The girl said happily "Why didn't you tell me earlier?"

The boy" I didn't know myself .I came to know when the brakes failed".

Dr Mukul Tiwari

Email : dr_mtiwari@rediffmail.com



A woman accompanied her husband to the doctor's office.

After his check-up, the doctor called the wife into his office alone. He said, "Your husband is suffering from a very severe stress disorder. If you don't do the following, your husband will surely die."

"Each morning, fix him a healthy breakfast. Be pleasant at all times. For lunch make him a nutritious meal. For dinner prepare an especially nice meal for him. Don't burden him with chores. Don't discuss your problems with him, it will only make his stress worse. No nagging. And most importantly, make love with your husband several times a week. If you can do this for the next 10 months to a year, I think your husband will regain his health completely."

On the way home, the husband asked his wife. "What did the doctor say?"

"He said you're going to die," she replied.

An old man in a senior home proposed to a an old lady .Late on he forgot whether she had said yes or no. So one day he went back to her and asked " i had proposed to you but I do not remember whether u had said yes or no" ..She looked up and exclaimed "Oh! It was you!! I had said yes, but I was not able to remember who had proposed to me .

REPORT of ADOLESCENT HEALTH ACADEMY 2019

Presidential Action Plan 2019 Precious Teens Precious Lives

TOTAL BENEFICIARIES 1st Jan 2019 to 10th July 2019

Total Beneficiaries	45,398	M K U Workshop =	
Adolescent	31,600	CIAP	17
Teachers	1,942	Self Funded	6
Parents	4,647	Peer Educator Sessions	
Parents of Special Children	365	Press Coverage =	
Paramedics	504	MKU Programs	9
Doctors	3,985	Health Education	7
Pediatricians	2,081	All India Radio Program	1
NGO'S MEMBERS	115	Zone Wise Programs =	
Physiotherapist	50	South Zone MKU Programs	33
PEER EDUCATORS	9	West Zone MKU Programs	24
Special Educators	50	North Zone MKU Programs	19
BSF JAWANS TSU	50	Central Zone MKU Programs	2
Total no of Community Program	217	East Zone MKU Programs	1
		Health Awareness Programs	70
		Rally	2
		Skit	2





Beside these our members had also given talk on AIR

Dr Nirupama Pandey



Dr Avinash Bansal & Dr Swati Ghate & also given there write up on different news paper through out the Country like deccan herald , Gujrat Mitra, Indian Express, Nav Prabhat news paper Rajsthan, Patrika Sandesh News Paper, Maharashtra time



Dr Babu Felicitated by International Association of Lions Clubs 324A



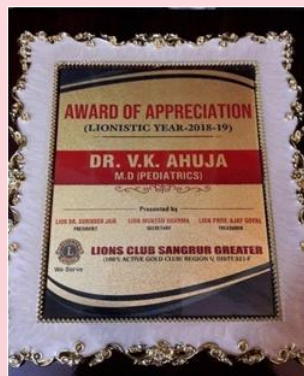
Our Members were Felicitated & Won Various Awards
Dr Prakash Vir Arya
Jiyo Dil Se, My Fm 94.6 Season VIIF or His Untiring Work In Child Care & Development Category



Dr Uday Bodhankar was Awarded Highest Fellowship in Paediatrics Frcpch By Royal College of Paediatrics and Child Health Uk in Recognition of outstanding contribution and commitment to the Health & Welfare of Children. President of Rcpch Professor Russell Viner & CEO Jo Revill did the honours



Dr Prasant Kariya
Jiyo dil se MY FM 94.6 season VII or child care & development category for doing work on prevention of child sexual abuse



Dr V K Ahuja was Honoured with "Award of Appreciation" by Shri Vihar Indre Singla Jee, Minister of Education, Punjab Government, at The Annual Function of The Lions Club Greater, sangrur held at DFC Hotel Sangrur for Children Day Medical Camps & Brest Feeding Promotion



Mission Kishore Uday tot at mumbai on 6th feb 19,100 Paediatricians & Adolescent experts had participated in the program





Dr Atul Gupta & DR SP Barasat, Himanchal Activity on Woman Empowerment

Dr Prakash vir Arya & Dr Praveen Mittal , Gwalior During Workshop on Self Care Nutrition & Hygiene ,6th July 19



Dr.Atul Kulkarni Dr.Digant Shastri Dr.CP Bansal Dr.Sushma Desai Dr. Samir H Dalwai At Gwalior during Mission Uday TOT ON 31ST MARCH 2019



Dr Sunil Bhatnagar,Dehli on 5th July during MKU Session

Dr Latika Shah & Team, Surat Conducted flash mob & Talk on “ Say no to Tobacco “on 31st May 19



Dr Shilpa Chandrashekhar ,Dr Prakash Wari, Dr Pravin Bagalkot, Dr Preeti Galagali

Dr Himabindu Singh ,Dr Yatesh Pujar ,Dr Shipa , Dr Mallesh Gowda at Dharwad during MKU Workshop on 5th May 19



Dr Latika Shahat at Surat on 16th May 19 talk on Child Abuse



Meghna Kashyap ,Haleema S & Vikramaditya from Bangalore during CME on Adolescent Psychology On 7th July



Dr Geeta & Dr Vanita from Bangalore on 19th feb 19 during session on How to improve exam performance with better study skill



Dr Newton Luiz ,Thrissur Kerala 26th June 19 during Session on Poor Scholastic Performance



Dr K S Manchanda at Amritsar on 1st July 19 during session on Adolescent Health & Hygiene



Dr Deepak Gautam ,Delhi during Interaction with teachers about Life Skills & Teenage issues on 6th July 19



Dr Shilpi Golwara Patna on 9th July 19 During Health awareness on healthy diet & exercise

Dr Latika Bhalla 11th June 19 Delhi , LECTURE ON Substance Abuse



Dr Jaya Shiwalkar ,Nagpur on 16th March 19 during her talk on study skills





Dr Piyali Bhattacharya on 7th May 19
Lucknow, given talk on Prevention
of Lifestyle Disorders



Dr Shilpa Toshiwal at Gandhidam 10th may 19 session
on effective communication



Dr Alpana Shukla ,Dr Mamta Andeo, Dr Shweta Pathak ,Dr Pragya Verma Chhindwara 25th may 19
Celebrating menstrual hygiene week,talk on How , When ,& Whay of Menstrual Management



Dr Naresh Grover Amritsar 11th May 19 during MKU Session

Dr Savita Choudhary Gurgaon On 5th may during FLE & SELF DEFENCE CLASSES



Dr. Sheetal Nayyar Aundh Pune 25th March 19 during MKU SESSION



Dr Swati Ghate ,Jaipur on 10th March 19 during session for Parents of Autistic Children

These are the few selected activities conducted by our members of various branches

THIS IS NOT THE END
Show is still going on.....

JAI BHARAT
JAI IAP
JAI AHA



19th

National Conference of Adolescent Health Academy, IAP

Theme :
Adolescent Health : New Horizons

Date :
15th to 18th August 2019

Venue :
**Bangalore Medical College and
Research Institute Auditorium
4th Floor, Fort, K.R. Road,
Bengaluru - 560 002**

Scientific Paper and Poster Presentation

Papers and posters should be related to Adolescent Health. The presenting author should be a registered conference delegate. Kindly Email the abstract to adolescon2019bengaluru@gmail.com

There are two categories :

Oral and Poster. The last date for submission of abstracts is 15th July, 2019. Single case reports will not be accepted as oral papers or posters. These can be submitted for post graduate case presentation competition.

Case Presentation Competition for PGs

Cases should be related to Adolescent Health with a clinical relevance. The presenting postgraduate should be a registered conference delegate. Kindly Email the case report to adolescon2019bengaluru@gmail.com. The last date for submission of abstracts is 15th July, 2019

Pre Conference CME

Primer on Adolescent Health Care

15 th August 2019 1 pm to 5.30 pm

@Pediatric Seminar Hall, 1st Floor,
Near VVH Food Court, Vani Vilas Hospital,
Bangalore Medical College and Research Institute,
Bangalore-560002

Pre Conference Workshop

Clinical Adolescent Psychiatry : Diagnosis and Beyond

16th August 2019, 9 am to 5 pm
@IMA Hall, AV Road, Bangalore-560002

Contact :

Dr Gayathridevi (9845929945)
Dr Shivaprakash Sosale (7204776479)
Dr Shalini (9535007588)

General Body Meeting

4.45 pm
16th August, 2019@IMA Hall,
AV Road, Bengaluru



Pre Conference CME
Adolescon 2019
Primer on Adolescent Health Care

15 August 2019
Pediatric Seminar Hall
1st Floor Vani Vilas Hospital Food Court
VVH, KR Road, Bangalore

Time	Topic	Faculty	Chairperson
1.00 PM	Inauguration		
1.15 PM	Importance of Adolescent Health	Dr Shivananda	Dr Ashwath Narayan Dr Vimochana Dr J C Garg
1.30 PM	Growth and Development	Dr Prema	
1.50 PM	Clinical Approach to an Adolescent	Dr Geeta Patil	
2.10 PM	Audience Interaction		
2.20 PM	Basics of Counselling	Dr Shubha Badami	Dr Rekha Hariram Dr Padmavathi Dr P. V Arya
2.40 PM	Life Skill Education	Dr Preeti Galagali	
3.00 PM	Parenting Adolescents	Dr Nilima Rao	
3.20 PM	Audience Interaction		
3.30 PM	Case Based Panel Discussion Common Medical Problem	Moderator: Dr Chandrika Rao Panellists: Dr Shaila Bhattacharya Dr Prasad SM, Dr Gayathri Devi Dr Natesh	
4.30 PM	Case Based Panel Discussion Common Mental Health Issues	Moderator: Dr Anuradha HS Panellists: Dr Sarala Sabapathy, Dr Somashekar, Dr Chitra Dinakar, Dr Nithyananda	
5.30 PM	Open House		
6.00 PM	Tea		



Pre Conference Workshop
Adolescon 2019
**Clinical Adolescent Psychiatry:
Diagnosis & Beyond**

16th August 2019
IMA Hall, Bangalore

Time	Topic	Faculty	Chairperson
8.00 AM	Registration		
8.30 AM	Inauguration		
8.40 AM	Introduction & Icebreaking	Dr Megha Mahajan Dr Sreyoshi Ghosh	
9.00 AM	Anxiety	Dr Megha Mahajan	Dr Asha Benkappa
9.50 AM	Obsessive Compulsive Disorder	Dr Megha Mahajan	Dr Vanitha Pangal
10.40 AM	Depression	Dr Sreyoshi Ghosh	Dr Nirupama Pandey
11.30 AM	Audience Interaction		
11.45 AM	Tea		
12.00 PM	Suicidal Behaviour	Dr Sreyoshi Ghosh	Dr Sanjay K.S
12.50 PM	Substance Use	Dr Megha Mahajan	Dr Kamlesh Parekh
		Dr Sreyoshi Ghosh	Dr Anita Patil
1.40 PM	Audience Interaction		
1.50 PM	Lunch		
2.45 PM	Sexual Abuse	Dr Megha Mahajan	Dr Deepak Gautam
3.30 PM	Aggression	Dr Sreyoshi Ghosh	Dr G.P .Kaushal Dr Nirmala Joshi
4.20 PM	Feedback & Valedictory		
4.30 PM	Tea		
4.45 PM	AHA General Body Meeting		



SCIENTIFIC PROGRAM

17 TH AUGUST, 2019

VENUE: BMCRI Auditorium, 4th Floor

Time	Topic	Faculty	Chairperson
7.30 AM	Registration & Poster Walk	Judges Dr Himabindu Singh Dr Gurmeet Kaur Dr Prashanth M.R	
8.30 AM	Global overview of Adolescent Health	Dr Sarala Sabapathy	Dr Rakesh Bharadwaj Dr Venkiteswaran Dr Nandeesh B
8.40 AM	Basic Adolescent Health Care in Office Practice	Dr Kiran Vaswani	
8.50 AM	Panel Discussion Common Clinical Problems	Dr Somashekhar AR Dr Shilpa Chandrashekhar Dr Shilpa Toshniwal Dr Deepa Patel Dr JC Garg	Moderator Dr Swati Ghate
9.30 AM	Audience Interaction		
9.40 AM	Nurturing Healthy Psychosexual Development in Adolescence	Dr Shekhar Seshadri	Dr Satish Sharma Dr N.C. Prajapati Dr Kishore Baidnur
10.05 AM	Digital Device Addiction- Screening and Management	Dr Manoj Kumar	
10.30 AM	Audience Interaction		
10.40 AM	Key Note Address Adolescent Reproductive Health- A Paediatrician's Perspective	Dr MKC Nair	Dr Srinivas Dr Sumitha Nayak Dr Shantaraj A
11. 10 AM	Panel Discussion Non Communicable Diseases	Dr Sangeeta Yadav Dr Prashant Kariya Dr Pukhraj Bafna Dr Latha R Dr Sonia Kanitkar	Moderator Dr Swati Bhawe
12.00 PM	Dr Swati Bhawe Dr MKC Nair Oration Towards prediction of mental illness: the Neurodevelopmental Continuum	Dr Vivek Benegal	Dr Preeti Galagali Dr JC Garg Dr Prakash Arya



Time	Topic	Faculty	Chairperson
1.10 PM	Lunch		
1.50 PM	Let's Talk Right ! Let'sTalk Now! Successful counselling for HPV vaccination MSD Sponsored Talk	Dr S.G Kasi	Dr Paula Goel Dr Garima Saikia
2.10 PM	Case Presentation Competition	Judges Dr Chitra Dinakar Dr Premalatha K Dr Shailaja Mane	
3.10 PM	Award Paper Presentation	Judges Dr Chandrika Rao Dr Sunita Manchanda Dr Piyush Gupta	
4.15 PM	TB in Adolescence- Special Considerations	Dr Bakul Parekh	Dr. Venkatachalapathy M
4.30 PM	Adolescent Nutrition	Dr Remesh Kumar	Dr. Srinath Mugali
4.45 PM	Planning transition to Adult Care- Is it important?	Dr Santosh Soans	Dr. Kalappanavar Dr. Madhu S. Pujar
5.00 PM	Adolescent Immunisation- What's New?	Dr Digant Shastri Dr Kasi Dr Bhaskar Shenoy Dr Shivanand Dr Harish Pemde Dr Govindraj M	Moderator Dr Vipin Vashishta
5.50 PM	Hazards of Ear buds & Headphones in Adolescents	Dr Alok Gupta	Dr Naunihal Singh Dr Ramesh Dampuri

INAUGURATION

Timing 6 pm to 7.30 pm

Venue : BMCRI Auditorium, 4th Floor

FOLLOWED BY DINNER



18 TH AUGUST, 2019

Venue : BMCRI Auditorium, 4th Floor

Time	Topic	Faculty	Chairperson
7.45 AM	Panel Discussion Sports Pre Participation Evaluation	Dr AS Chawla Dr Harinder Singh Dr Rakesh Gupta Dr Rajender Sibia Dr Davinder Bath	Moderator Dr Harmesh Bains
8.30 AM	Case Based Panel Discussion Partnering with Teachers and Schools for adolescent well being	Dr Nishikant Kotwal Dr Prakash Arya Dr RG Patil Dr Abhijeet Bharadwaj Dr Jaya Shiwalkar	Moderator Dr Shubhada Khiwardkar
9.10 AM	Audience Interaction		
9.20 AM	Promoting Healthy Masculinity- Role of Pediatricians	Dr Newton Luiz	Dr Latika Bhalla Dr Gnanamurthy Dr Sulekha Varadaraj
9.35 AM	Same sex attractions	Dr Atul Kanikar	
9.50 AM	Management of STD in Adolescents	Dr Ishwar Bhatt	
10.10 AM	Audience Interaction		
10.20 AM	Road Traffic Accidents- Prevention Matters	Dr CP Bansal	Dr R.N Sharma Dr GV Basvaraj Dr Shivaprakash Sosale Dr. Pradeep
10.35 AM	Caffeine and Energy Drinks- Are they Safe?	Dr Piyush Gupta	
10.50 AM	Challenges of Implementing a Adolescent Health Curriculum in Medical Colleges in India	Dr Chitra Dinakar	
11.05 AM	Audience Interaction		
11.15 AM	Research in Adolescent Medicine- Important Insights	Dr Somashekhar Nimbalkar	Dr Rashmi Gupta Dr Roli Srivastav Dr Vijaya Rani
11.35 AM	Identity Crisis in Adolescence	Dr Preeti M Galagali	
11.55 AM	Audience Interaction		
12.00 PM	Panel Discussion Menstrual Problems in Adolescents	Dr Aruna Muralidhar Dr Poonam Bhatia Dr Sushma Kirtani Dr Geeta Bansal Dr Anuradha HS	Moderator Dr Rohini S Deshpande



Time	Topic	Faculty	Chairperson
12.40 PM	Management of Adolescent PCOS- Tips for Pediatricians	Dr Sushma Desai	Dr Mallesh Gowda Dr Vasudev Dhananjaya
12.50 PM	Contraceptives for Birth Control in Young Adults	Dr Aruna Muralidhar	Dr Roopkala
1.05 PM	LUNCH		
1.45 PM	Debates POCSO Act is in the best interest of adolescent health care Marijuana use should be legalised in India	Dr Piyali Bhattacharya (Against) Dr Himabindu Singh (For) (8 minutes each) Dr Amitha Rao (For) Dr Jayashree K (Against) (8 minutes each)	Moderators Dr Neema Sitpara (4 minutes) Dr Suchit Tamboli (4 minutes)
2.30 PM	Adolescents with Special Needs- Health Care and Beyond	Dr Geeta Patil	Dr Shaji John Dr Shalini Dr. Shashikala
2-45 PM	Case Based Panel Discussion Adolescent Parenting	Dr S.M.Prasad Dr Manjulatha Sharma Dr Shubha Badami Dr Yatesh Pujar Dr Nithyananda	Moderator Dr Nilima Rao
3.30PM	Hot Topics Youth Participation in Adolescent Health Programming-Why and How? Mobile Health-m Health Advances in management of Diabetes Mellitus	Dr Avinash Bansal Dr Satish Pandya Dr Prema R	Dr Roopa Bellad Dr Gowri Shankar Dr Vijaykumar M
4PM	Medicolegal and Ethical Issues in Adolescent Medicine – Case Based Discussion	Dr Jagadeesh N	Moderators Dr Chandrika Rao Dr Jagdish Chinappa
4.40 PM	VALEDICTORY FUNCTION		



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Dr. Nitin Singh

Dr. Sunil Kumar

Banquets

Dr. Sharath Chand (Chairperson)

Dr. Shivasharanappa (Co-Chairperson)

Dr. Girish Hadli

Souvenir Committee

Dr. Prema R. (Chairperson)

Dr. Rekha Hariram (Co-Chairperson)

Dr. Aparna U. Simha

Dr. Hema Sharma

Dr. Nagalatha S.