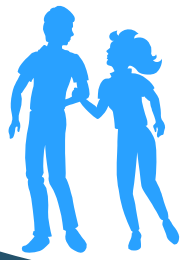
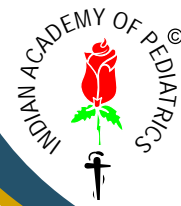


ADOLESCENT today

Official Bulletin of IAP Adolescent Health Academy



Editor:
Dr. C.P. Bansal

Vol. 06 | Issue-1 | DECEMBER 2011

WHO NEWS

ADOLESCENT JOB AID: Practical, new tool for health workers

Following field-testing in a number of countries such as India, in 2009, CAH analyzed the 'Adolescent Job Aid' -- a handy desk reference tool for health workers who provide services to children, adolescents and adults. It aims to help these health workers to respond to their adolescent patients more effectively and with greater sensitivity.



It comprises three main parts:

- Part 1: The clinical interaction between the adolescent and the health worker.
- Part 2: Algorithms, communication tips and frequently asked questions on 25 presentations related to developmental conditions, pregnancy-related conditions, genital conditions including STI, HIV and other common presentations.
- Part 3: Information for adolescents and their parents or other accompanying adults on important health and development issues.

The 'Adolescent Job Aid' is intended to be used along with the 'Orientation Programme on Adolescent Health', a tool developed by CAH which is being widely used in many countries.

** Soft copy can be downloaded from :

www.who.int/publications/2010/9789241599962_eng.pdf

Esteemed member,

Greetings from Gwalior,

A very very happy and scintillating new year to you and your family.

First and foremost I would like to thank you for displaying such immense faith in me during the recently held IAP elections. Your love and support has left me forever indebted.

During my tenure as the IAP President, I wish to concentrate more on the upliftment of adolescent health and psyche in our country.

Your zeal, enthusiasm and knowledge is sure to play an integral role in achieving that.

As you all must be aware, adolescent care in office practice is doing fine-the TOTs have been completed, except in the east zone. The program has been widely appreciated.

For the year 2012, our national IAP President Dr. Rohit Aggarwal has taken up the topic of "practical approach to difficult adolescents" to deliberate upon. It is the crying need of the hour; it is increasingly becoming a matter of huge concern for parents today! The stalwarts of Adolescent Health Academy are presently working on a module concerning this and I am more than satisfied with the way things are shaping up.

Our Academy has introduced an "Immunization Card", as lack of proper immunization has always been a matter of grave concern in our country. Incomplete knowledge and unawareness are the main causes behind it. Hence we must all put our best foot forward in order to popularize this immunization card! A small beginning can lead us to a huge breakthrough. Circulating them in your hospitals and educating people about it can prove to be revolutionary.

However, there is no extent to which we can increase awareness, and strengthen our organization. We must strive hard and harder to add more gems to our Academy.

Soon, the new team of office bearers will begin to carry out their duties, such that the Adolescent Health Academy scales even greater heights and hopefully also at a much faster pace.

Please keep the flame ignited. Jai Hind! Jai IAP!

Dr. C.P. Bansal

Editor, Adolescent Today



Dr Sukanta Chatterjee
Guest Editor

Adolescents in India are more than one fifth of the total population. There is no dedicated adolescent health care provider for such a huge section of population. The Adolescent Health Academy, a chapter of the Indian Academy of Pediatrics, having more than thousand members, is committed to take care of 'children up to 18 yrs'. The Adolescent Today, the official scientific publication of the Adolescent Health Academy, is a part of this commitment. I am really happy and feel honoured to act as Guest Editor of this important issue.

Hope readers will find it useful for the purpose it is intended

Best wishes to all the readers and members of the Adolescent Health Academy.

Special Issue on Adolescent Care in Office Practice

From the Secretary's Desk...



Respected Members,

Greetings from Adolescent Health Academy!

It is time to rejoice as there are several reasons for it. First, we got the new-year gift as our chapter was adjudged the Best IAP Chapter for the year 2010. All the office bearers and the members have worked hard for getting this honor. We have to continue to work with the same spirit to achieve this feat again and again.

Second, our chapter got a new name and a new identity. We got registered as national NGO by the name of Adolescent Health Academy. All the members of the chapter become the member of AHA automatically. Website is also under the renewal for this change.

Third, our chapter started a national program on Adolescent Care in Office Practice. This program was launched in a glittering function in March in Delhi. Mr. Jay Panda hon'ble Member of Parliament inaugurated this program. We intend to join a group of parliamentarians (spearheaded by Mr. Panda) working on various aspects of child welfare. Probably, ours is the first IAP chapter who is having a national program with activities all over the country.

Next, we may also restart the chapter's program on Adolescent Friendly School Initiative in this year only. We are also starting Best Paper award for paper presentations during our national conference. Please, do participate in this activity.

Next, our beloved Dr. Pukhraj Bafna has proved his name that he is really a PUKHRAJ – a diamond amongst us, as he was decorated by President of India with a great honour – Padamshree. Heartiest congratulations to him!

Our Chairperson Dr.C.P.Bansal's initiative on Adolescent Immunization is picking the pace and it is generating quite a lot interest in this important subject and, in turn, in the chapter's activities. This is reflected in the membership as I have received a large number of application during previous few months for membership.

We all have to tighten our belt to carry out the programs planned by AHA and by IAP on adolescent health. Let us make this year's Adolescent Day and Child and Adolescent Week a grand success.

I have to make a request to all the members that please, document your activities related to Adolescent Health and send a brief report and photograph to me for records as well as to motivate others to take up similar activities.

I am sure; our united efforts will take this chapter to newer heights. I shall be too happy to be guided by you for newer and better activities by the chapter.

With sincere personal regards,

Dr. Harish K. Pemde,
Secretary

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Pearls

from World Literature on Adolescent Health

A U-Shaped Association Between Intensity of Internet Use and Adolescent Health.

Richard E. Bélanger, MD, Christina Akre, MA, André Berchtold, PhD, and Pierre-André Michaud, MD, PEDIATRICS 2011; Vol 127 (2)

The availability and accessibility of internet to many adolescents especially to those studying in the schools having computer laboratories and internet facility pose certain health hazards. Availability of internet on mobile phones has sparked the use of internet by adolescents, as frequently used social networking sites and email sites are readily accessible. In this scenario it is important to know the clinical implications of this relatively newer phenomenon. This study from Switzerland focuses on correlates of internet use and its effects on health as perceived by adolescents. The study examines the relationship between different intensities of Internet use and both mental and somatic health. The authors hypothesized that the low internet users will be healthier than those who use internet more frequently and for more time.

Methods: Data was included from 2002 Swiss Multicenter Adolescent Survey on Health (SMASH02) database. 7211 adolescents in post-mandatory school aged 16 to 20 years answered 3 categorical questions in an anonymous self-administered questionnaire about the intensity of internet use over the previous 30 days. Social and other health variables were also analyzed.

Results: More males (7.3%) than females (2.2%) were identified as High Internet User (HIUs – being online for > 2 hours/day). Regular Internet Users (RIU – internet use on several days a week but for <2 hours/day) and Occasional Internet Users (OIU - internet use once per week or less) were nearly equal in both sexes. One in eight adolescent reported no use of internet during previous 30 days and most of these adolescents were working rather than school goers. RIU, accepted as 'normal use' of internet was taken as reference point. HIUs were more likely to have higher depressive scores. Male HIUs were found to have higher BMI and female HIUs had increased risk of insufficient sleep. NIUs and OIUs also had higher scores for depression in comparison to RIUs.

Conclusion: Both "High" and "No" use of internet by adolescents put them at a higher risk of poorer mental and physical health in comparison to those who use internet moderately. HIUs also had more somatic health problems. This U shaped curve of the adverse effects of internet use putting NIUs & OIUs and HIUs at higher risks is noteworthy.

Comments: Thus, health professionals should be on the alert when caring for adolescents who report either heavy Internet use or very little/no internet use (provided

the adolescent have access to the internet). Also, they should consider regular Internet use as a normative behavior without major health consequence. This study has several implications on clinical practice of adolescent health and medicine. One, it supports the regular use of internet, though in moderation. Two, the clinician should be able to define the healthy way of using the internet by adolescents. Three, we must ascertain how to take history of internet use by adolescents. And fourth, how to counsel the parents and adolescents regarding internet use.

Of the research papers published on these issues 2 papers are quite useful namely ML Norris. HEADSS up: Adolescents and the Internet. Paediatr Child Health 2007;12 (3):211-6 and Strasburger VC, and Jordan AB. Health effects of media on children and adolescents. Pediatrics 2010;125:756–67. Some excerpts are reproduced here with some modifications. While asking for internet use we can also combine the screen use including TV and mobile.

HEEADSS up! - HEADS approach is unequivocally very helpful in psychosomatic history taking in adolescents. Some more questions can be incorporated in this plan.

Home : Does your family have a computer in your house? If so, how many and what type? Where are they situated?

Do you have your own separate mobile phone? Does it have internet use option? Do you use internet on mobile?

Which computer do you use most frequently?

Does your family have access to the Internet? Who in the family uses the Internet? Where do you go online?

Are there rules for Internet use in your house? If yes, what are they and how are they monitored?

How much do you think your parents know about the Internet?

Do you have TV in your room? Do you watch TV alone? How much time do you watch TV daily? Are there any rules in your home for watching TV? Do your parents discuss the contents and presentation of TV programs with you?

How much TV is watched by your parents?

Education : Have you used the Internet for school projects before? If yes, in what way?

Have you ever used the Internet to answer a question you had? What kinds of questions? Did you find the answer?

Have you ever been confused by something you read about online or shown on TV? In what way? Can you think of an example?

Eating and Nutrition : Have you ever used the Internet to find answers to questions you may have had about nutrition or food?

Have you ever seen or read information online or on TV about diets or nutrition? What kind of information?

Activities : People use the Internet for many different reasons. What types of activities do you use the Internet for?

How much time do you spend on the Internet?

Do you use instant messaging? If yes, how many contacts are in your buddy list? What percentage of those people have you met or talked with in person?

Do you use SMS on mobile? How many SMS per day you receive and send? Do you use MMS on mobile also?

Do you have an account on social networking sites like facebook, orkut or twitter, etc? How frequently you use these sites? How much time you spend on these sites? Do you find anything objectionable on these sites?

Do you have your own blog or Web site? Does it have a name? Are there pictures of yourself or friends on your Web site or blog? How about personal information?

Have you visited chat rooms while online or through mobile phone? What kind of experience has this provided?

Have you ever experienced unwanted or hurtful messages while using e-mail or instant messaging or SMS? How so?

Do you use your computer or the Internet or mobile to play games? What types of games?

Have you ever gambled or made bets using online games?

Drugs : Have you ever used the Internet or SMS to answer questions that you might have had about drugs or other substances? Did you find your answer? Were there any questions that you couldn't answer?

Sexuality : Sometimes adolescents have questions about sex or sexuality. Have you ever used the Internet to try and find answers to any of these types of questions?

Have you ever experienced any unwanted sexual material on the Internet or by SMS/MMS?

Do you have any questions about any sexual material that you might have seen or heard others talk about that can be found on the Internet or SMS/MMS?

Did you know that there are certain things on the Internet and mobile phone that are illegal to look at? Can you give me an example of something you might be able to think of?

Mood, Suicide and Safety : Have you ever come across information on the Internet or SMS/MMS that has dealt with death or dying?

If you're feeling down or unsafe, how do you let other people know how you are feeling?

Guidelines on use of internet

The American Academy of Pediatrics has recommended that parents:

1. limit total screen time for children older than 2 years to no more than 1 to 2 hours/day,
2. avoid screen time for children younger than 2 years,
3. keep children's bedrooms free of screen media; and
4. co-view media with their children and discuss the content.

The AAP has a Web site that deals specifically with Internet safety issues (<http://safetynet.aap.org>). IAP may also have such a website.

Tips for parents on Internet use

Educate yourself about the Internet. Establish rules and expectations for Internet use. Review these regularly.

Talk to your teenagers about how to be safe while online. Encourage open discussions about instant messaging, blog postings and Web site development.

Encourage your teenagers to ask questions about information they find online that they are unsure about. Adolescents should be aware that online information may not always be true, and at times can be quite dangerous (health tips, for example).

Keep computers/laptops and webcams in high traffic areas within the home.

Talk to your adolescent about why it is dangerous to post personal information online.

Limit online activity to times that facilitate indirect supervision.

Talk to your teenagers about cyber bullying. Encourage them to come to you if they encounter a problem while online.

If there are concerns about your adolescent's online viewing practices, install password-protected security filters.

Internet safety tips for Adolescents

Talk with your parent/caregiver about Internet expectations.

Keep your true identity private.

Never post personal information in public cyber places.

Avoid posting pictures of yourself or friends on Web sites or in chat rooms.

Assume that any information you post online will be available for anyone to see or read.

Avoid unsupervised first-time meetings with cyber buddies.

Let others know if you experience unwanted or hurtful material while online.

Remember that people online may not be who they say they are.

Remember that information on the Internet is unregulated and there are many Web sites that contain information that is both dangerous and illegal.

Media (internet, TV, and mobile) can be powerful teachers for children and adolescents and can enhance their development. At the same time we cannot ignore the harmful effects of media as this can complicate the clinical implications of presentation, and management of several psychosocial conditions. We the pediatricians need to learn more about media and its useful and harmful effects on children, adolescents, and their parents.

Dr. Harish K. Pemde, Professor of Pediatrics, Convenor, Center for Adolescent Health, Lady Hardinge Medical College and Associated Hospitals, New Delhi. Secretary, Adolescent Health Academy.

CHAPTER SYMPOSIUM IN PEDICON-2012

ADOLESCENT HEALTH ACADEMY

The Adolescent Health Subspecialty Chapter of IAP

Theme : Promoting Health – Preventing Diseases

Chairperson : Dr. C.P.Bansal

Lecture-1 : Annual health checkups – Making the future bright!

By Dr. Preeti Galagali

Lecture-2 : Pre-Sports participation evaluation of adolescents

By Dr. M. Zulfiqar Ahmed

Panel Discussion

Topic : Screening Adolescents for Physical and Mental Health Issues

Moderator : Dr. Harish K. Pemde

Panelists : Dr. Swati Bhave, Dr. MKC Nair, Dr. JS Tuteja, Dr. Atul Kanikar,
Dr. Rajiv Mohta, Dr. Yamuna, Dr. S. Basu.

NOTICE

General Body Meeting

A General Body Meeting of IAP Adolescent Health Academy is being convened during PEDICON-2012 at Gurgaon at 8:00 AM on 21 Jan 2012. All the members of Adolescent Health Academy are requested to kindly attend this meeting.

The agenda is as follows-

1. Confirmation of the minutes of the previous GBM.
2. Report by Secretary.
3. Elections of office bearers for 2012-13.
4. Decision about venue of ADOLESCON-2012.
5. Any other matter with the permission of the chair.

Dated: 10 Dec 2011

Dr. Harish K. Pemde, *Secretary*

Adolescent Health Academy Research Awards – 2011

Respected Members,

We are happy to inform you that the Adolescent Health academy has instituted the following research awards –

For lead researcher less than 35 years of age

1. Adolescent Health Academy Research Award for Best Paper (Oral)
2. Adolescent Health Academy Research Award for Best Paper (Poster)

For lead researcher of 35 years (or more) of age

1. Adolescent Health Academy Research Award for Best Paper (Oral)
2. Adolescent Health Academy Research Award for Best Paper (Poster)

These awards will be given every year during the annual conference of the Academy. The nominations for these awards should accompany 4 copies of "full paper" prepared according to the instructions for original research in *Indian Pediatrics*. The submitted paper should have not been published or presented earlier. The paper for the awards of 2011 may be submitted to Dr. Harish K. Pemde, Secretary, Adolescent Health Academy, Department of Pediatrics, Kalawati Saran Children's Hospital, Bangla Sahib Marg, New Delhi – 110001. The last date of submission is 30 July 2011. The selected papers will have to be presented in ADOLESCON-2011 in Kalicut on 17-18 Sep 2011. We hope these awards will promote research on the issues related to adolescents and its documentation.

With sincere regards,

Dr. C.P. Bansal, *Chairperson*

Pressure for achievement among Teenager sent to
Coaching Institute or away from home for studies

Influence on Life Style & Impact on Mental Health

Children study now is a major career deciding factor & dominates the life of children. Strong influence of coaching institute and over expectation of parents having pressure for achievement result impact on mental health and various health problem and outcome. Sending away from home and living in hostel influence the lives of children, there is strong influence and impact on the social development of children; it has altered the life style of children.



Traumatic Stress: The Silent Epidemic among the Young,

Traumatic stress is a reality among millions of students who grow up in a climate of fear, insecurity, bullying, violence, and substance abuse—stress which impedes academic achievement and undermines physical and mental health.

Ten million students take antidepressant medication.

Four million children suffer from ADHD and other learning disorders.

Suicide is the third-leading cause of death among teenagers.

Seventy percent of students with mental health problems are not getting the help they need.

Major attributing factors stressors in the family environment, over expectation and over burden for studies from coaching institute and family, insecurity and changed in environment, exam stress, bad company, Impact children develop various health problems, ADHD, Anxiety disorder, Depressive disorder, Conduct disorders, Psychosis, somatoform Disorders, lower academic performance children away from home have impact on life style misuse of freedom and independency by making friends, waste time on phone, waste money in films, fashions, gambling, drinking and smoking, Change in behavior aggressive, violent, change in language. Verbal labeling

Actions

Adolescents require special health care as their problems unique ,better counseling at every level to parents, teachers and children, regular health check up to detect early health problems special plans regarding mental health of adolescent going for career. A coordinate system of comprehensive support services aimed at addressing the academic, socio-emotional, behavioral and psychological needs of the child will help promote healthy adjustment and achievement among children at risk, we must focus on implementing evidence-based prevention and intervention strategies to promote social and cognitive competence and facilitate the academic success of all students.

Dr. Dr. Manju Lata Sharma

Surveillance Medical Officer
II-E-265, J.N.V.Colony, Bikaner

Adolescent Immunization

Importance of adolescent immunization

Success of Immunization Program has resulted in the decrease in incidence of the vaccine preventable diseases. But at the same time, this has led to increase in susceptibility of unimmunized adolescents to these diseases leading to an epidemiological shift of the diseases. Epidemiological shift refers to an upward shift in age of infection/disease in communities with partial immunization coverage. Owing to vaccination, the natural circulation of the pathogen decreases and the age of acquisition of infection advances. Diseases which have been found to undergo epidemiological shift in recent times are diphtheria, pertussis measles and meningococcal disease. Therefore adolescent immunization is important to boost the decreasing immunity in the older age group.

Vaccines for adolescents

At the moment, TT is the only vaccine given to adolescents in the National Immunization Schedule of India. But, there are a number of vaccines available in the private sector which are recommended by IAP for regular use in adolescents or for catch-up immunization or under special circumstances. These are Tdap, HPV, MMR, Hepatitis A and B, Typhoid, Varicella, Influenza, Japanese encephalitis, Pneumococcal and Rabies vaccines.

A Broad Approach is Necessary to Increase Vaccination Rates in Adolescents

Barriers to increased immunization rates can be grouped into three main categories: family- or patient-related, provider-related and system-related. All three need to be addressed if immunization rates in adolescents are to be increased.

One of the most important issues facing adolescents is less than optimal use of medical care and lack of regular well-care visits. Most primary care visits for adolescents are not preventive visits. Therefore, a comprehensive health care visit is recommended for all adolescents at 11-12 years of age. Making this visit routine for all adolescents would provide an opportunity to deliver much needed preventive health services, including vaccines. However, the absence of such a routine visit should not deter health care providers from using all other opportunities (e.g., visits for illness or injury, sports physicals) to provide vaccines or education and counsel about the importance of immunization. The end-of-high-school/college entry point is also a great time to review immunization status and provide necessary vaccines before insurance coverage changes.

Changing behavior among adolescents and their parents or guardians will require education and outreach. While younger children have little or no control over health care decisions, adolescents often play a key role in decision making. Therefore, it is important that adolescents, as well as their parents or guardians, are educated about the value of vaccines and the seriousness of vaccine-preventable diseases. Once empowered, adolescents and their parents or guardians may generate discussion with their health care providers about vaccines and other preventive health measures.

Health care providers must prepare if they are to meet increased demand for immunization against vaccine-preventable diseases in adolescents. They can establish standing orders for vaccination services, use existing immunization information systems, develop vaccination "quick visits," especially for multiple dose vaccines, establish office guidelines for vaccine delivery, implement reminder and recall systems, create immunization teams (or an immunization leader in the practice) whose job is to focus on this issue. Health care providers also need to educate themselves and their colleagues about vaccines and the diseases they prevent. However, even if every traditional vaccinator in the country were perfectly prepared, delivery of all recommended vaccine doses to adolescents would remain a challenge. Vaccinations administered at alternative sites, like schools and pharmacies, may be an integral component of optimal immunization efforts.

System-related vaccination barriers are not remedied easily by the action of individual health care providers or the public. However, supportive efforts to minimize such barriers (e.g., a nationwide immunization tracking system and a vaccine financing system that allows adolescents to receive all necessary vaccines, without cost barriers, at their medical home location) may be instituted.

References

1. IAP Guide Book on Immunization. IAPCOI 2009-2011
2. Bridging from a Strong Childhood Foundation to a Healthy Adulthood. National foundation for infectious disease.

Dr. Sonia Kanitkar, Bangalore

Knowledge And Attitude of Urban Adolescent Girls of Udaipur City Regarding Neonatal Care

Authors

Dr Anuradha Sanadhya¹, Dr Srishti Sareen²,
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Dr Sanjay Chaudhary⁵, Dr Devendra Sareen⁶
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Abstract - The adolescent girls form a major fraction of the community as they are the future mothers. The present study was conducted to assess the knowledge of 475 urban adolescent girls of 15-18 yrs studying in higher secondary schools of Udaipur city. 22 questions covering different aspects of neonatal care were given to them in pre tested proforma and data collection was done. Observations were analysed in reference to variables like medium of education, demographic and socioeconomic profile.

The study revealed that majority had good knowledge about breast feed and colostrum. Christian students(88.89%) and English medium girls(78.33%)had better knowledge. Regarding cord care overall knowledge was poor. These girls had adequate knowledge about temperature regulation and kajal application but poor knowledge about prelacteal feeds.

Hence the message of proper neonatal care should be imparted to these adolescent girls that would help in preventing neonatal morbidity and mortality.

Keywords - knowledge, urban adolescent girls, neonatal care.

INTRODUCTION

Every woman has the dream of begetting a healthy playful child since the days of her conception. She aims at giving her child the best quality of life using every piece of her knowledge, which has been nurtured in her since adolescence.

Today's adolescent girl is a tomorrow's potential mother and today's infants are tomorrow's citizens, so it becomes imperative to furnish knowledge about neonatal feeding and rearing practices to adolescent age group to give our country the best future.

AIMS AND OBJECTIVES

1. To assess the knowledge of adolescent urban girls about neonatal care and rearing which basically includes care of umbilical cord, temperature maintenance, pre lacteal feeds and breast feeding.
2. To suggest possible measures or recommendations to improve the knowledge of these adolescent girls.

STUDY MATERIAL AND METHODS

A cross sectional survey of 475 urban adolescent girls (age group 15 – 18 years) studying in higher secondary schools of Udaipur city was done. A proforma

containing series of 22 questions covering various aspects of neonatal care was given to these girls after a brief introduction of the study. Positive mark was given for each correct answer. Total scores for various aspects were determined and percentage calculated. 'Do not know' was considered wrong answer. The findings were entered in master chart and statistical analysis of each observation was done with special reference to demographic, socioeconomic and medium of education.

OBSERVATIONS

Correct knowledge about cord care

As per knowledge about cord care 73.05 % girls knew about cutting the cord with sterile blade. Knowledge of students of English medium school was better than that of Hindi medium school students (77.9% vs 68.08%).

About tying the cord with sterile thread, knowledge of Christian students (77.7%) and that of higher socioeconomic class students (80%) was significantly higher than rest of others.

Knowledge about application over stump – Overall very poor knowledge was

encountered. Only 21.89% knew that nothing should be applied over stump.

Christian students again dominated in this field of knowledge (78.11%).

Knowledge about Breast feeding - 99.9% of girls from all subgroups knew that Breast feeding is best and helps in physical development of baby.92.6% knew that it helps in emotional bonding and 98.1% said that it is sterile and clean.82.3% girls were of the view that Breast milk protects from illnesses.

Correct knowledge about colostrum-

A.78.3% of girls knew that colostrum is secreted for first 2-3 days after delivery. There was significant difference in good knowledge among English and Hindi medium girls(86.25% vs 70.21%) and Christians with other religions(100% vs 70-80%).

B.67.57% of girls knew that colostrum had defence molecules. English medium vs Hindi medium (78.33% vs 56.60%).Christian students again had highest level of knowledge (88.89%)

C.Colostrum should not be thrown-only 31.36%knew that it should not be discarded.

Correct knowledge about initiation of Breast feeding and exclusive Breast feeding-

57.4% of total girls knew that Breast feeding should be

initiated as soon as possible but only 34.10% of total girls knew that exclusive B/F should be practiced for 6months

Willingness to Breast feed-Out of 475 cases studied 87.97% girls were willing to Breast feed their babies.

Knowledge about Temperature regulation of babies - 69.4% students were in favour that baby cannot regulate temperature. English medium vs Hindi medium (76.25% vs 62.55%).

97.05% girls were of opinion that baby should be covered with warm cloth.

Correct knowledge about Prolactal feed - only 27% girls knew that pre lacteal feed should not be given. 12.34% of total girls knew that pre lacteal feed is potential source of infection.

73% girls were in favour of giving pre lacteal feeds believing that it helps in development of baby and keeps the new born's abdomen clean.

35.15% were in favour of giving Janamghutti as prelacteal feed.

Opinion about Kajal application - 69.89% knew that kajal should not be applied. All Christians girls were having correct knowledge (100%).

DISCUSSION-Our study says that 73.05% girls knew that cord should be cut by sterile blade. Sharma Dinesh¹ conducted a study in tribal population of udaipur and found that 38.96% of females used darati for cutting cord.

Dutta² studied that instruments were not sterilized in 78.76% of deliveries. This shows why there is high incidence of sepsis and neonatal tetanus in India.

This study reveals that 99.9% girls knew that mother's milk is best for the baby. This corresponds to study by Umesh Kapil³ (1990) who concluded that 95% urban adolescent girls knew about this fact.

Our study shows that 78.3% of girls knew about colostrum is milk secreted for first 2-3 days of life. 67.57% were in favour that it has defence molecules. Similar observations were observed by Jelliffe⁶.

This study reveals that 57.4% girls believed in initiation of breast feeding as early as possible and 34.10% believed in exclusive breast feed for 6 months. Chhabra Pragati (1998)⁴ found that EBF was practised by 46% cases. Renu Rani⁵ (1976) observed that breast feed was started on 3rd day by 50.2% mothers in south Rajasthan.

Study from Jammu states that 82% of urban and 73% of rural people give pre-lacteal feeds in form of honey and jaggery. In Jhansi study boiled water and honey were used as pre-lacteal feeds. Our study shows that janamghutti was favourite pre-lacteal feed.

SUMMARY AND CONCLUSION

Our study is a stepping stone to pave the gap between traditional and scientific knowledge about neonatal feeding and rearing practices. The salient features of the study were-

1. Willingness to breast feed and correct knowledge about temperature control of new born was seen in maximum girls.
2. Christian students had better knowledge as compared to their counter parts from other religions.
3. Almost 100% girls knew that breast feeding is best for the baby.
4. Knowledge of girls regarding proper cord cutting was higher in English medium students.
5. There was wide misbelief regarding pre-lacteal feeds.
6. Favourable response regarding kajal application was seen in these adolescent girls.

RECOMMENDATIONS

1. Various aspects of neonatal care i.e cord care, temperature control, colostrum, benefits of exclusive breast feeding and baby rearing practices should be included in regular school curriculum.
2. Spread the message of proper baby care to college girls during neonatal week by way of lectures, debates, essay and quiz competitions.
3. It is high time to disseminate the message of exclusive breast feeding to each and every adolescent girl that would help long way in preventing neonatal morbidity and mortality.

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Knowledge and perception about eye donation among adolescent medical students

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Abstract

Background: Corneal transplantation though definitive treatment for corneal blindness is done far less than the actual requirement in India due to non-availability of donor corneas. Medical students who are in late adolescent period getting groomed to become noble doctors of future can act as present and future motivator for eye donation in the community. With this in mind, the present study was undertaken to assess the awareness and perception about various issues of eye donation among medical students.

Methods: A cross sectional study was conducted on 249 medical students of I and II year. Predesigned, pretested and semi structured questionnaire was self administered to collect data on knowledge and perception.

Results: Almost all the students knew about organ transplantation in general and also that eyes can be donated after death. However, only three-fourth of the students knew that it should be done within six hours after death. Knowledge about institution to be contacted was better among boys and the difference was statistically significant. Over half the of students expressed that consent should be mandatory and willed before death by the donor, 69% were willing to be trained as medico volunteer in eye donation awareness in the community and 61% agreed that donated eyes can give good vision to a blind. Mass media, mainly TV (79%) and newspaper (78%) were the main sources of information.

Conclusion: Topic of Eye Donation/Banking and counselling for integrated teaching by Department of Community Medicine and Ophthalmology during their family study posting early in their course will make them well informed, reasonably convinced and trained which in turn will sensitize community about importance of eye donation.

Key words: adolescents, medical students, eye donation, blindness, knowledge

Introduction

Corneal disease is a significant cause of visual impairment and blindness in the developing countries. Major causes of corneal blindness include infection like trachoma, corneal ulceration following Xerophthalmia due to Vitamin A Deficiency, ophthalmia neonatorum, use of harmful traditional medicines, onchocerciasis, leprosy and ocular trauma.¹⁻³ According to WHO definition of blindness, it is estimated that there are currently 45 million people worldwide who are bilaterally blind, of which 6 to 8 million are blind due to corneal disease.⁴ The number of blind persons in India was estimated to be 18.7 million in 2000.⁵ It is estimated that approximately 190,000 persons in India are blind from corneal disease.⁶ Every year another 20,000 new cases join the existing backlog.⁷ The Andhra Pradesh Eye Disease Study (APEDS) reported the

prevalence of corneal blindness at 0.13% constituting 9% of all blindness.⁸ The recent Rapid Assessment of Avoidable Blindness (RAAB) in 2006-07 showed that overall prevalence has come down to 1.0% and of all cause corneal blindness was seen in 0.9%.

Adolescent medical students with scientific base and inherent inclination to serve mankind and who are the future health care providers for the community can act as present and future motivators during their course as well as after graduation to sensitize community about eye donation but have so far remained untapped in addressing eye donation issues. Therefore present study was undertaken to assess the awareness and perception about various issues of eye donation among medical students.

Material and Methods

A cross sectional study was undertaken in the month of February 2010 at a Medical College in Mysore city, Karnataka. First and second year students enrolled in the college, who had not entered theory or clinical postings in the Department of Community Medicine and Ophthalmology were included into the study. The convenience criteria applied was the attendance of the students on the day of data collection. There were 263 students on roll, of which 249 (95%) attended the class on that particular day. Thus, 249 students consisting of 141 from first year and 108 students from second year were included in the study. Purpose, objectives and usefulness of the study was thoroughly explained to the subjects and their informed consent was obtained. Subsequently a predesigned and pretested semi-structured questionnaire was self administered for collecting demographic details, awareness regarding eye donation, reasons for donating and for not donating eyes and various sources of information. Data was entered and analyzed using Epi-Info package version 3.3.2. Percentages were calculated for various parameters under study and chi-square test was applied at 5% level to test the significance of differences between boys and girls.

Results

Out of 249 students, 131 (52.6%) were boys and 118 (47.4%) were girls and in the age group of 17-19 years. It was observed that almost all the students knew about organ transplantation and also that the eyes can be donated even after death (Table 1). However, only three-fourth of them knew that it should ideally be done within six hours after death. Sixty nine (28%) students knew about the institution / place / organisation to be contacted for eye donation. This proportion was higher in boys (33%) than in girls (22%) and the difference was statistically significant ($p < 0.05$). Over half of the students expressed that consent should be mandatory and willed before death by the donor. In this case however, girls (63%) out-numbered boys (48%) with a statistically significant difference ($p < 0.05$). Willingness to be trained as medico volunteer in eye donation awareness in the

community was expressed by about 70% of the students.

We studied various perceived reasons for eye donation (Table 2). A highest proportion (61%) of the students expressed that eyes should be donated because the donated eyes can give good vision to a blind person. Pleasure in helping a blind person was perceived by 47% of the students and eye donation being a noble work by 45% as the reason for donating eyes.

We also looked at the potential reasons for not donating eyes (Table 3) and the sources of information on eye donation. Thirty six percent expressed dislike of eyes being separated from their body and 31% mentioned family members objection as the reason for not donating their eyes. As far as the source of information is concerned, mass media like TV (79%) followed by newspaper (78%) and magazine (63%) was the main source of information on eye donation in this study.

Discussion

Present study has revealed that almost all the students knew about eye donation similar to the Delhi study where it was 99.4%.⁹ Even among nursing students, the awareness has been reported to be quite good (96%).¹¹ In general population however, the awareness about eye donation is not so encouraging. It was reported to be 50% in adult population of southern India¹³ and just 31% in the rural population of Andhra Pradesh.¹⁰ Exposure of the medical and nursing students to the mass media and medical environment may be one of the potential factors having contributed to better awareness.

Knowledge about the donated eyes being used for corneal grafting was similar to the knowledge of medical students in New Delhi study, whereas, there appeared to be improvement in the knowledge about ideal time for donation (i.e., within six hours). Among nursing students however, these knowledge were on the lower side and still lower in the general population.

Present study showed that 91% agreed that there is shortage of eye donors and 80% were willing to donate. However it was respectively 94% and 87% among medical students of New Delhi⁹ and respectively 85% and 56% among nursing students.¹¹ Knowledge about the institution to be contacted for eye donation was similar to that in New Delhi study. However, it was quite high (61%) among final medical students¹² which may be attributed to their longer stay in a medical institution.

About ten percent of students expressed apprehension that donated eyes may be sold and this proportion was similar in earlier study also⁹ which calls for sensitizing the students with human values so as to discourage such trades in the society which exploits poor in the process. Only half of the students have expressed mandatory and willed consent before death by donor as a requisite, similar to New Delhi study⁹ This finding highlights the need to sensitize all potential future donors to pledge and inform the same to the family to make necessary arrangements when required. Present study as well as the other studies have shown that a very small proportion have pledged their eyes which calls for motivation and facilitation to do the same.

Good vision to the blind, pleasure to help and nobility of the work were the prime reasons for donation and dislike of separation of eye from the body, family members objection and lack of awareness as the reason for not donating was noted in the present study which was true with other studies too.^{9,11}

Mass media was the main source of information in the present study similar to that seen in other studies also.^{9,11,13}

Nearly 70% students have evinced interest in getting trained as medico volunteer in eye donation awareness during their MBBS course is itself a motivating factor to get involved in such a noble cause. To conclude, present study has revealed that majority knew that eyes can be donated but want to know more about eye donation. The fact that majority are willing to donate and few have already pledged, necessitates to include Eye Donation/Banking as a topic for integrated teaching of Community Ophthalmology by Department of Community Medicine and Ophthalmology in the syllabus early in their course which will make them reasonably convinced, well informed and trained which in turn will lead to better eye donation rates. Also, it might be worthwhile to design an educational tool containing various aspects of eye donation, which can be used to sensitize the people by educating them about the noble concept of eye donation and to provide the opportunity to do the same during family study postings in Community Medicine Department at the beginning of postings in the second year.

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The Report Adolescent Care in Office Practice

Adolescent Health Academy with the academic grant from Sanofi started a program titled as "Adolescent Care in Office Practice" with the aim to empower fellow pediatricians to deal with the day to day problems of adolescents in a more effective way – with confidence and with uniformity. A module was prepared – with half day lectures and the entire post lunch session was of interactive work stations which comprised of case scenario based discussions.

For preparation of the module we had a National Consultative meet where every presentation was scrutinized and edited by a group of 25 experts from every part of the country at the Department of Pediatrics - seminar Hall of the Lady Harding Medical College, New Delhi on 13th of April. On the 14th we organized a National ToT of the same module – with representation from every part of

the country – the enthusiasm of the members was too good. At the end of the consultative meet we had an open session where all the valid suggestions were incorporated in the final Module.

It was planned to organize the five Zonal ToTs in Ludhiana (north Zone), Kanpur (Central Zone), Nagpur (West Zone), Bangalore (South Zone) and Kolkata (East Zone) – by December – fortunately we were successful in organising all except for east zone in Kolkata which is scheduled to be organised in February 2012. After completing the Zonal ToTs we will be organizing it in 30 cities of India.

We are thankful to the core committee of National Trainers for making this Project a grand success, a detailed report of the various Zonal ToTs is being published.



National Training of Trainer's Workshop on
Adolescent's Care in Office Practice
New Delhi, 13th March 2010

West Zone ToT

TOT Workshop for West Zone on Adolescent Care in Office Practice was conducted at Nagpur on the 29th of May'11. This was the first zonal workshop to be conducted. About 55 delegates were present and it was an accredited workshop. Guest faculties for the workshop were- Dr. C.P. Bansal and Dr. Harish Pemde, Dr. J.S. Tuteja, Dr. S. Yamuna Mam, Dr. Preeti Galagali Mam, Dr. Atulk Kanikar, Padmashree Dr. Pukhraj Bafna, Dr. Uday Bodhankar, Dr. Vitthalrao Dandge Sir, Dr. Chorghade Sir, Dr. Suhas Dhonde. Dr. RG Patil President of the chapter and maharashtra coordinator on adolescent health and Dr Rajiv Mohta ex board member adolescent health academy, were the coordinators for the programme. It was very well organized and all

participants found it very useful. Trainers for making this Project a grand success, a detailed report of the various Zonal ToTs is being published.



South Zone TOT

This TOT was conducted in the City of gardens – Bangalore on the 17th of July 2011 at the magnificent Auditorium of Rajarajeswari Medical College & Hospital situated in Kengeri, Mysore Road, Bangalore.



The Academic convener Dr. Preeti Galagali Director, Radha Ortho & Pediatric Hospital, Bangalore and Organizing Conveners Dr. R. Prema, Professor & Unit Head, Department of Paediatrics, Rajarajeswari Medical College & Hospital, in-charge of Adolescent Specialty (YuvaChetana) & Dr. Sonia Kanitkar, Consultant Pediatrician, Kinder Clinic & Adolescent Care Center, J.P Nagar worked in smooth co-ordination to make the event successful.



The TOT started at 8.30 a.m. we, IAP Adolescent Health Academy Chairman Dr. C.P. Bansal, Dr. Gyanamurthy IAP BPS President, Dr. Thimappa



District Health & Family Welfare Officer, Bangalore Urban, Dr. Santhosh Soans Prof & HOD Dept of Pediatrics, A.J Medical College, and Mangalore as our Chief Guest. Dr. Rangappa our Academic Dean & Dr. Adarsh Prof & HOD Dept of Pediatrics (RRMCH) presided over the inaugural function.

Dr. Preeti Galagali's, Dr. Sonia Kanitkar, Dr. Chitra Dinakar, Dr. Atul Kanikar, Dr. Prema, Dr. Mona Bhaskar, Dr. Vijayarani, Dr. T Hima Bindu Singh, Dr. Nalini Priya were the faculty members in this workshop along with Dr. CP Bansal himself.

The delegates' participation was from all over South India. Tamil Nadu's participation as faculty and delegates was very good. The constant and untiring efforts of Dr. Sonia need a special mention in getting the delegates from every corner of Tamil Nadu, Karnatake and Kerala. Dr. Prema managed the venue very well; While Dr. Preeti Galagali meticulously managed all the academic sessions.

North Zone ToT



Was organised on the 7th of August 2011 at Dumra Auditorium DMC, Ludhiana. It was the first workshop of its kind organised in north zone. It was attended by 40 pre-registered delegates from the states of Delhi, Haryana, Rajasthan, Himachal Pradesh, Chandigarh and Punjab. The Workshop





was inaugurated by Dr. Daljit Singh - Dean, Dayanand Medical College, Ludhiana. Resource persons were Dr. Harmesh Singh Bains, Dr. Rajeev Mohte, Dr. Harish Pemde, Dr. A.S.Chawla, Dr. Chaya Prasad, Dr. Ravi Gupta, Dr. Jugesh Chatwal and Dr. CP Bansal. Dr. Rajinder Sibia and Dr. Harinder Singh were the local organisers.

The Workshop was highly appreciated by attending delegates and they resolved to conduct



similar workshops in their respective areas. Booklets and a CD of the programme were distributed to every delegate.

Central Zone ToT



Was organized on the 21st of August 2011, Sunday, DrRoli Mohan and Dr Raj Tilak were the local organisers and DrPiyali Bhattacharya was the local convener. The venue was International Center, Kanpur University, Kanpur from 9 AM to 5 PM. More than forty Pediatricians from 4 states viz Uttar Pradesh, Uttarakhand, Madhya Pradesh and Chhatisgarh participated in this ToT.

The faculty for this work shop included Padamshri Dr. P.R. Bafna , Dr. C.P.Bansal , Dr. J.S. Tuteja , Dr. Raj Tilak, Dr. AtulKanitkar, Dr.Roli Mohan,;Dr. Piali Bhattacharya. The chief guest was Dr. Ashok Kumar (Vice Chancellor, Kanpur University).



Topics covered were Adolescent Parenting , Study skills , Immunization, Mental Health issues, Media Pressure, Sexuality issues. It was highly appreciated and admired.

Hurray... We have done it.
Congratulations!!!

to our National Chairperson of Adolescent Health Academy for becoming National President of IAP.

- Team, Adolescent Health Academy



Activities

ADOLESCON 2011

(National Conference of Adolescent Health Academy)

Adolescon 2011 at Calicut, on the 17th & 18th of September 2011



The conference was inaugurated by Dr. K. Mohandas, Vice Chancellor of Kerala University for Health Sciences and Dr.

M.K. Muneer, Hon'ble Minister for Panchayaths and Social Welfare. Padmashri Dr. Pukhraj Bafna, Paediatrician from Chattisgarh, who received the Padmashri this year was honoured by Dr. M.K. Muneer. The conference souvenir was released by Dr. T.U. Sukumaran and the book 'Teen Xpress' published by Adolescent Health Academy, Nagpur was released by Dr. C.P. Bansal.

The inaugural ceremony was chaired by the Chairperson of Adolescent Health Academy Dr. C.P. Bansal. Dr. T.U. Sukumaran, the National President of IAP, Dr. Harish K Pemde, Hon. Secretary of the Academy and Dr. P.N.N. Pisharody, IAP State President of Kerala addressed the gathering. Felicitaions were offered by Dr. O. Jose, State Secretary, Kerala IAP, and Dr. T.P. Ashraf, President, IAP Kozhikode Branch. Dr. Shaji Thomas John, Organizing Chairman of the Conference welcomed the gathering and Dr. Beena Johnson, Organising Secretary proposed the vote of thanks.

It was one of the best attended National Conferences of the Chapter.

Dr. Shaji Thomas John (Organising Chairman) & Dr. Beena Johnson (organizing Secretary)

Adolescent Health Related Activities of IAP Bangalore January- April 2011

IAP Bangalore conducted many adolescent health related activities in 2011. Few to highlight are an International Adolescent Health Update organized at St Johns Medical College, Department of Pediatrics in association with IAP Bangalore. In this multi disciplinary update, the first of its kind in India, international adolescent health experts, Dr Susan Sawyer and Dr George Patton from Australia spoke on 'Adherence Issues, Motivational Interviewing and Depression'. Dr Miriam Kaufman from Canada addressed 'Sexuality Issues' in a sensitive and culturally appropriate manner.

Dr Preeti Galagali conducted various school programmes involving Growing up Issues, Life Skills for Children and Parents, Stress and Anger management, Drugs and Sexuality.

Dr. Chitra Dinakar spoke on Adolescent Parenting and Comprehensive Care of Children living with HIV. Activities on Nutrition and Hygiene involving slum dwelling adolescents were well appreciated.

Dr. Sonioa S. Kanitkar gave innovative talk on " Basic Nutrition " & "The Basic Hygiene Concepts" & also the ways to say "NO" against Peer Pressure & Smoking , substance abuse – she did it by PICTORIAL PRESENTATION with elaboration of the details.

Dr. Paula Goel, from the Fayth Clinic in Mumbai reported series of activities, a Parenting workshop on 15th Jan 2011, Teenage health check up on 25th Feb 2011 etc. She also gave an interview by AFP TV on Adolescent obesity on 7th March 2011. It was shown on international world news. <http://www.youtube.com/watch?v=VzxYM8ybGjY>

Adolescent Health Academy, Nagpur

Installation of New team

The new team of Adolescent Health Academy, Nagpur, a sub-specialty chapter of IAP, with Dr. Shubhada Khirwadkaras President and Dr.



Abhijit Bhardwaj as Secretary, was installed on the 3rd of July 2011 at 10 a.m. at the IMA Hall. City Mayor Mrs. Archana Dehankar was the

chief guest. Dr. Harish Shetty (Counselor & Psychiatrist, Mumbai) and Dr. C. P. Bansal, Chairman, Adolescent Health Academy (Central) were the guest speakers for this function. They addressed the gathering on '21st Century Challenges of Parenting' and 'Media- Boon or Bane?' respectively. Dr. Shetty & Dr Bansal also conducted two workshops for teachers & students of city schools & an exclusive workshop for teachers of NMC schools for sensitizing them on Adolescent issues on 2nd & 3rd of July 2011. All the programs received Overwhelming response.

A book with contributions from 12 eminent pediatricians titled "teen Express- A journey through Adolescence" was released by Dr. Chorghade. Dr. Kotwal released the News Bulletin of the Academy. Dr. Shubhada gave an insight into the future projects to be taken up by the academy. Dr. Mohta gave a brief overview of the National programs. Dr. Pravin Mishra & Dr. Manjusha Giri conducted the proceedings.

Punjab

Adolescent Health Academy, Punjab organised Happy Parenting Workshop on 27th May at Dumra Auditorium at DMC, Ludhiana. Dr. Deepak Ugra, Dr. S. Yamuna and Dr. C.P. Bansal were among the other guest faculties and over 40 delegated participated from all over Punjab.

Annual Conference of IAP Punjab Chapter was hosted by IAP Jalandhar on 24.04.2011. The state AHA President Dr. Sebia organised the program and Dr. C.P. Bansal was honoured by the health minister of Punjab Dr. (Mrs.) Laxmi Prasad.

Haryana

The AHA Haryana chapter was inaugurated by Dr. C.P. Bansal on 11.04.2011 and the founder president Dr. H.S. Sabharwal also organised the first state conference where Dr. K.N. Agarwal, Dr. C.P. Bansal, Dr. Harish Pemde, Dr. Sangeeta Yadav, Dr. Josef L. Methewes were the guest faculties. This conference was witnessed by more than 100 delegates.

Inaugural Ceremony of State Conference of Adolescent Health Academy, Ambala, Harayana



Beginning of the Era, Inauguration of the Conference



Hon'ble Faculty
Prof. K.N. Agarwal & Prof. Sangeeta Yadav



Esteemed Delegates



Dr. Subhash Singhal and Dr. H.S. Sabharwal, President Haryana AHA with Dr. C.P. Bansal, Chairperson AHA



Moment of Glory - Dr. Jogendar Dhankar, Dr. R. Bharadwaj and Dr. Sabharwal honouring Dr. CP Bansal

Punjab State Conference of AHA



Chief Guest Prof. Laxmi Kant Chawala honoring Dr. CP Bansal

Nagpur Branch of AHA



Dr. Uday Bodhankar and Dr. Dangde



Dr. C.P. Bansal in Nagpur



Chief Guest with Dr. Anil Sood, Dr. Abha Sharma, Dr. Sharda & other IAP office bearers releasing the directory

AHA Stalwarts in action



Symposium of AHA in Bangalore, Dr. Preeti Galagali



Dr. Harish Pemde with students in Delhi



Energetic, charged up leader of AHA Dr. J.S. Tuteja



The face of Adolescent Health Chapter in Kerala, Dr. Beena Jhonson in action



Dr. Sonia Kanitkar while taking a revolutionary session on Teenage Day



Dr. J.S. Tuteja, Dr. Paul Russel and Dr. Preeti Galagali



Dr. K. Mohandas, Vice Chancellor, Kerala University of Health and Allied Sciences inaugurating the Conference

Glimpses ADOLESCON-2011

11th National Conference of
ADOLESCENT HEALTH ACADEMY
Indian Academy of Pediatrics
held on
17th & 18th September 2011
at Calicut

(Theme Adolescent Health-Nation's Wealth)



Dignitaries on the dias



Inaugural Ceremony - Dr. Shaji Thomas John (Organising Chairperson), Dr. M.K. Muneer (Hon'ble Minister for Social Welfare & Panchayats), Dr. PNN Pisharody (IAP Kerala State President), Dr. Harish Pemde (Secretary, AHA), Dr. CP Bansal (Chairperson, AHA), Dr. TU Sukumaran (President, IAP), Dr. TP Ashraf (President, IAP Calicut), Dr. Jose O. (Secretary, IAP Kerala State) & Dr. Beena Jhonson (Organising Secretary)



Speakers - Dr. PNN Pisharody, Dr. Swati Bhawe, Dr. Pukhraj Bafna, Dr. Parvathi VK, Dr. Ramesh Bhasi, Dr. Sangeeta Yadav, Dr. VK Chellamma, Dr. NS Sreedevi, Dr. PN Ajitha, Dr. P Sugathan, Dr. Abhay M Martin, Dr. T Salim, Dr. Atul Kanitkar, Dr. Suchit Tamboli, Dr. Jeeson C Unni, Dr. JS Tuteja, Dr. C.P. Bansal, Dr. Preeti Galagali, Dr. TU Sukumaran, Dr. Beena Johnson, Dr. S. Yamuna, Dr. Praveen VP, Dr. MV Muraleedharan, Dr. Elizebath KE, Dr. A Riyaz, Dr. Abraham Mammen, Dr. K Ummer, Dr. VV Ashraf, Dr. Zulfikar Ahmed & Dr. Sajith Narayan



Padmashree Dr. Pukhraj Bafna after the AHA oration with Dr. CP Bansal and Dr. Harish Pemde



Esteemed Delegates of AHA



Dr. M.K. Muneer, Honorable Minister for Social Welfare & Panchayat honouring Padmashree Dr. Pukhraj Bafna

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