Child India

January 2021

Monthly e-Newsletter of Indian Academy of Pediatrics

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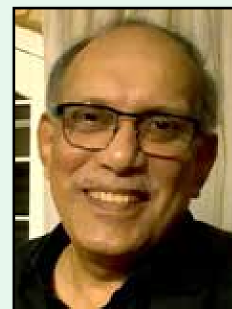
Editor's Note

Dear Colleagues,

Happy New Year to all through this the 1st issue of Child India for 2021.



Our President Dr Piyush Gupta has advised that in addition to IAP activities as photo with caption, the issues should contain evidence based academic articles by experts on various areas concerning children in India

Since Jan 24th was National Girl Child Day, this, the Jan issue of Child India has articles on this subject. We are thankful to the Women's Wing of IAP for accepting the responsibility of submitting these articles for this issue.

In many parts of India, the girl child, right from her birth, faces discrimination, humiliation, and oppression at every stage of life. When it comes to healthcare, education and growth opportunities, she is neglected because of her gender. Some manage to survive and foster new paths to follow. Most, however, surrender hopelessly to the sad fate assigned to them.

In a country rife with gender inequalities and an underlying nature of patriarchy, girl children often find themselves at the short end of the stick. The issue of girl child rights and protection in India is a very serious concern. India is home to more than one third of the 10 million child brides in the world; and If one half of our society remains so vulnerable to violence and neglect, how will the country advance or progress?

IAP promotes a world where girls are celebrated. Where they are treated equally, with love and respect. What is urgently required in society today is a change of attitude. Girls must be given the same opportunities and protection as boys, and must be treated at par. A girl's childhood can and must be preserved, cherished, nurtured and protected. Because she has the right to survive, develop, be protected and participate in decisions that impact her life.

The IAP activities for the year have started in full earnest and we wish President Dr Piyush Gupta, HSG Dr Basavaraj GV and their OB,EB and all IAP members the very best for a great IAP year.

Jai Hind!

Jai IAP!

Dr Jeeson C Unni
Editor-in-Chief

President's Address

Think of where we were a hundred years ago. Just out of the throes of a pandemic that infected one third of the world's population. There were no antibiotics, no ventilators, no RNA vaccines, no genome sequencing. 500 million infected and a 100 million dead in 2 years [1]. Now think of where we are today a century later. In the middle of another pandemic; 2 million dead, 100 million infected. Yet, we are not as helpless as we used to be. Mankind has produced multiple working vaccines in record time. We have industrial output to match demand of facemasks and other personal protective equipment in hundreds of million. It's been difficult and trying time for society at large. However, there is no doubt that this experience will leave us better prepared to fight the next battle. It will transform the challenges in front of and augment us as medical practitioners and custodians of the health and wellbeing of the next generation.

The pandemic taught us that it's imperative to recognize and acknowledge the problem before we can mobilise to tackle it. Until there was consensus on the unprecedented nature of Covid-19 and its imminent threat of turning into a full-blown pandemic, it was impossible to come to a global effort to contain and minimize it. Travel bans, mandatory masking, home isolation, 2-week quarantines etc were put in place only when the disease was already spreading, to be able to make a major difference.

Covid is here to stay and so are we; but as the time passes, we are gaining an edge over the virus. Indian Academy of Pediatrics salutes those pediatricians who have laid down than lives fighting it or have struggled the illness with all their might to conquer the disease. Mission Co-Win Uday under the action plan of the Indian Academy of Pediatrics is a small tribute to all these warriors. Initiating with a training of trainers, the sensitization module covers various facets of covid disease among pediatricians and children, vaccination, and its psychosocial impact. Mission Co-win Uday symbolizes the rising of the pediatrician and gear them for a win in this war. More than 100 trainers are being trained in this Pedicon to start a cascade of imparting knowledge and skills on covid related issues nationwide, in the coming year.

Parents and the Indian Academy of Pediatrics

So when we focus on the coming, evolved era of child healthcare, we must recognize that it's a landscape we are unfamiliar with, one with increasingly complex and interdependent challenges. I believe that we are better off now, than any time in history, including the 1919 Spanish Flu, to tackle these problems effectively. We must be ready for a paradigm shift from being mere healers- to feelers, friends, philosophers and guides to children as well as their parents.

Indian Academy of Pediatrics has started constructing bridges. And the first of these bridge is to connect the Academy and the Parents. We have been working on this unique project for

President's Address

developing 101 Guidelines for parents for last 6 months. I am happy to announce that the first of these Guidelines was launched on 11 January 2021. As promised, we will be releasing at least one guideline every week throughout the year. These Guidelines will be available to all on www.iapindia.org [2] and later in the form of a book. We encourage you, fellow pediatricians, to share and disseminate them widely to all your colleagues, friends, and laypersons, so as to reach the parents. By the end of year, we hope to have each of these 101 guidelines available in at least 15 languages of India. Every year, 50 million new parents are added to the parent cohort of India and the Indian Academy of Pediatrics has the potential to transform the lives of their children by connecting directly to them and that is what we will strive for.

Nurturing Care for Early Childhood Development

There is a new pandemic at large eating away at us. Something that no vaccination and immunization can control- the pandemic of non-communicable diseases - diabetes, heart attack, stress, and obesity. These problems are already present in the society, now exacerbated by the Covid-19 pandemic and the resulting lifestyle changes [3]. Keeping these in mind, the paradigm shift I mentioned, should be from cure to prevention. Instead of being there after the act, we should aim to be community leaders, anticipating these problems, and spearheading mass programs aimed at prevention, through awareness and policy making. We pediatricians must take a leaf out of our soldiers' playbook. A soldier remains active whether it's peacetime or wartime. In the latter, he fights and in the former, he builds - bunkers, barracks, deterrent capabilities, reconnaissance data- so that the enemy thinks twice about starting the war. Our mentality, with respect to the welfare of our children, should be the same. Our fight must not be limited to actual disease but prolonging and building on good health as well. For that, doctor visits for healthy children must (well child visits) increase.

Pediatrician-parent interactions have to go beyond illness and immunization. Well child visit concept has to be adapted and utilized for talking to parents about the junk food, screen time, sleeping hygiene, toys and plays, peer interaction, safety, security, abuse and much more.

Lancet in 2017 reported that at least 45% children under five years of age in low and middle income countries do not reach their optimal developmental potential [4]. For India it translates into 45 million children every year [5]. Most important reason is ignorance of the parents to the components of 'Nurturing Care', specially during the first 1000 days of life i.e. from conception to 2 years, which period is most crucial for neuronal connexions to proliferate, activate, and mature. Any intervention during childhood extending upto 3 years of age is likely to have far reaching consequences. However, before parents, we, the community of pediatricians need to understand the concept of Early Childhood Development and factors that protect the developing brain. We need to realize the importance of not only good health and good nutrition but equally important are the issues related to safety and security of the child, responsive parenting, and learning opportunities in the formative years of life. Only when we understand their importance, we can inculcate the concept of Nurturing Care [6] in parents.

President's Address

The theme of this conference "Nurturing care- for Early Childhood Development" will be our flagship program in 2021 and continue for next year as well. We aim to train more than 8000 pediatricians across the length and breadth of country in spearheading the movement with a budgetary allocation of more than 4 crores. I am thankful to WHO and Unicef for co-partnership in this project and also for financial aid from other donors to execute this noble cause.

Child in School

A child spends almost a third of his day in school or travelling to and from it. What they do, learn, hear, or eat there, has an immense impact on their overall development. Acknowledging the importance of school and children's behavior in it, the school has to form a big part of the pediatricians' peacetime approach to child health.

Have we not seen bus-loads of kids on the roads, walking with school bags half their body weight on their backs, their spines bent over. What purpose does it serve, other than physically tire the student before even entering the school, and psychologically make him/her associate school with a tedious, unproductive chore? In the coming year, the IAP will mount a campaign to get rid of the school bag. It will be a logistical nightmare to pull off, and it may take longer than a year to do it, but if we do, I think we will sleep better knowing that we've helped lift some unnecessary burden form our children's backs.

Another factor causing children anxiety, stress and depression is the practice of getting copious amount of homework. It's so deeply ingrained into the workloads of teachers, the routine of the student, that it seems also impossible to think of school without homework. Yet, that need not be the case. Homework tends to elevate a moderately hectic forty-hour working week into a fifty, even a sixty hour work week. Compare it with some Scandinavian countries, where the average working time for an adult is anywhere around 30-40 hours a week. It is necessary that IAP members call upon their extensive experience of research, and conduct studies to accurately assess what this excessive workload does to children's psychological health, and if it proves beneficial at all after a point. Outside the protection of labour laws, its upto us to fight to limit the working hours thrust upon a child throughout his school life. IAP should also develop research backed canteen policy. Canteens in most Indian Schools later towards kids with no parental supervision, where they are likely to buy & consume junk or ultra processed foods. Canteens need to offer healthy, nutritional food in the middle of an active working day instead.

The school boards must also be encouraged to relook at their curriculum in order to reduce workload on students. It must leave time for them to develop extra curriculum interest, and the time pursue them. One of the most important function of the school is to let children socialize. There must be time given activities that help them work in teams and develop other social skills. The safety of children encompasses three distinct places- the home, the school, the road – and each must be dealt with differently. We are open to discussion and feedback, which is why a dedicated communication channel must be opened up between IAP and the parents

President's Address

Rising of the IAPians for health of children in this year is the focus of another flagship program launched as "Mission School Uday". More than 100 pediatricians are being designated and trained to be the trainers for dissemination and sensitization of school children, their teachers and parents across the country to the three most important elements contributing to the epidemic of lifestyle disease in the coming generation: i.e. Junk foods, Screen time, and Depression and teen suicide. We will also utilize the opportunities for interaction with school authorities an how to carry on precautions after reopening the schools, as per IAP Guidelines released last year.

The ability to push through these reforms in schooling will be an unprecedented challenge for IAP, which is why we will need to be proactive, not waiting for government or other support. The IAP needs to make a school accreditation guideline – checklist consisting of the best school practices for children – and accredit schools based on it. Adoption of the accreditation system can be done through out reach to premier schools, convincing them that it's in the children's best interest, and making parents aware via ads and informative bite-sized videos.

Education and Research

Capacity building of the pediatricians in the specialty areas has been a major focus of the IAP that is being achieved through its subspeciality chapters. Several fellowship programs are being run under the aegis of these chapters. Indian College of Pediatrics, a dream, instituted during the Golden Jubilee Year 2013, is now becoming a reality. Other than formalizing and accrediting all IAP fellowships and bringing them under a single umbrella, a hurricane of educational activities will be thrust through a Digital Centers of Excellence (DCOE), under which e-lectures, e-modules, e-courses on all topics will be available not only for UG, PG, and fellowship students but for the practicing pediatricians also.

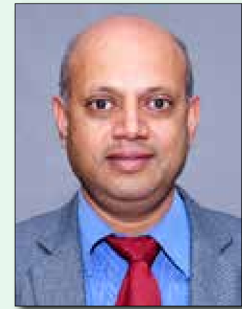
To Conclude

The drams are never-ending, so are our deeds, but our actions are limited by the time. To override that, kick-start the process, you will always find a set of people that will carry your dream. In this speech write-up, I have just been able to give a glimpse of what I have thought has been translated into action. With you more than 30,000 pediatricians with me, I promise that I will keep on dreaming because I know that they are ultimately going to realized with your collective efforts and wisdom, even when I am not at the helm of affairs. The torch will continue to light the lives of million of children for whom I dream for whom, you dream...

Jai IAP, IAP Hind

Piyush Gupta
National President, IAP 2021

Secretary's Message



Friends & Colleagues

"The happiness of your life depends upon the quality of your thoughts. So think happy & positive."

IAPians, talking of positivity, this year has started with a blast. This year started with releasing of IAP Guidelines for parents. This has been the dream project of our academic Guru- National President Dr Piyush Gupta ji and I am happy to share this news with you all.

The second thing to mention is about the OB meetings held. All our meetings have been result-oriented and I am fortunate to work with such a vibrant team.

This time, I would like to specially mention the amazing support by our subspecialty chapters' office-bearers especially how they have involved themselves in the Indian College of Pediatrics (ICP). My thanks to this energetic team for the support shown.

President-2021 - Dr Piyush Guptaji has been the light of the path. Meeting with all state office bearers on how to carry out academic activities for the year 2021 was very interactive and I congratulate each one of you for your valuable contribution.

Next and most importantly, I am extremely delighted to share that first time in the history of Indian Academy of Pediatrics, ZonaL/State/City/District branches office bearers' meeting stressed the need for registration of branch under society act, maintaining good Coordination with central -IAP, the importance of financial discipline and many other important aspects. It is my pleasure to see such active participation by each member in this and appreciate the enthusiasm for accepting each other's' suggestions.

Dear IAPians, let's keep up the good work and pledge to continue to emerge wiser and stronger together.

IAPians, be safe and keep everybody safe around you.

Together Let's Build IAP.

Jai Hind!

Jai IAP!

Sincere Regards,

Dr G V Basavaraja
Hon. Secretary General 2020-21

Pedicon 2021, Mumbai

Hon Health Minister Dr Harshvardhan addressing the inaugural function of Pedicon at Mumbai, the 58th National Conference of IAP

IAP Executive Board 2021

Pedicon 2021, Mumbai

Installation of Dr Piyush Gupta as IAP President 2021 - adorning the collar by IAP President 2020 Dr Bakul Parekh

Pedicon 2021, Mumbai

Wishes to

Dr Piyush Gupta, Dr Basavaraj and the OB and EB 2021 for taking IAP to greater achievements all round

Pedicon 2021, Mumbai

Congratulations and Thanks

to Dr Bakul Parekh, Dr Basavaraj, OB and EB 2020 for a great IAP year

Pedicon 2021, Mumbai

Pedicon 2021, Mumbai

IAP Executive Board Meeting in progress

Pedicon 2021, Mumbai

inauguration of scientific program Pedicon 21

Many Congratulations
to IAP Mumbai
for conducting a pathbreaking
1st hybrid 58th National Conference of IAP

YOUNG GIRLS HEALTH – NATION'S WEALTH

Swati Y Bhave
Founder chair IAP WW- 2016 / President IAP 2000

Over view of the Indian scenario

Compared to the last decade there is tremendous improvement in many of the National statistics related to adolescent girls and women in India. In 2018, the average life expectancy of women at birth in India was about 70.7 years. This was a marked increase compared to the last decade. Unfortunately, even today the rate of crimes against women in India stands at 53.9 percent.

In spite of increasing education and employment, nearly half of India's women do not have a bank or savings accounts for their own use, and 60 % of women have no valuable assets to their name

There are many National schemes and programs tailored specifically for young girls and we now have the flag ship program of our Prime Minister "Beti bachao, Beti Padhao" and the RKSK (Rashtriya Kishore Swasthya Yojana) program of Ministry of Health and FW which should show good results in the coming years.

Some National statistics pertaining to the Girl child and women in India ,

- 940 females per 1000 of males. (2011 census)
- Adolescent Sex Ratio has been very low, showing increase and decline in alternate censuses. Highest in 2011 at 898
- 6 % Sexual violence at least once in their

Table 1 GENDER DISCRIMINATION IN INDIA

Table 1 **GENDER DISCRIMINATION IN INDIA**	
0- 12 mths • Female feticide, • Infanticide • Discrimination in BF and nutrition • Late presentation to health facility	**Child hood – 1-9 yrs.** • Malnutrition – due to discrimination • Substitute mother/ Child Labor • ↓ School enrollment ↑ School drop out • ↑ Abuse, trafficking, violence
Adolescence 10-19 yrs. • Chronic under nutrition low BMI- • Early marriage (40% worlds child marriages) • Teen pregnancy (62 /1000 women- 11% of world) • FOAD Future high-risk mother • Marital, domestic, sexual violence • STD's / HIV	**Young adults- 18-24 yrs.** • Societal pressures to follow gender norms • No freedom or support to follow ambitions • Sacrificing life for family

lifetime (NFHS-4)-

Focusing on the holistic health of young girls in clinical practice

At present this is done by Pediatricians trained in Adolescent medicine i.e., Adolescent Pediatricians. Gynecologists deal with menstrual and other gynecological problems. Most other physicians and super specialists concentrate on the therapeutic management of the adolescent girls brought to them for the various diseases only.

If we really want to improve the overall health of young girls, all health professionals need to be aware of what they can do in

1) Their day-to-day clinical practice and

2) In the community as health professionals.

Who can look after the holistic health of girls?

- Pediatricians
- Gynecologists
- Family physicians
- Psychiatrists
- Physicians of Other specialties

Preventing Gender Discrimination

As health care workers we all must actively participate where ever possible in the National programs and help to improve the various statistics of Gender discrimination in our country .

A girl child faces Gender discrimination from preconception period and throughout life. This is mainly because of the cultural and socio-economic aspects in our country, like also seen in many countries in the South East Asia region. (Table-1)

In the patriarchal society there is a preference for the male child. Even in some urban educated families, sex determination and female feticide is still carried out in spite of the strict laws in the country to prevent this.

This is based on many beliefs like – 1) the name of the family is carried forward only through sons, 2) in old age the parents should be looked after by the son only and they cannot think of staying with the married daughter, 3) the last rites after death are to be done by the son only, 4) girls are financial liability as they have to be married off with a dowry.

Child marriages and teen pregnancies within marriage

This leads to early marriages, especially in rural areas in spite of the laws preventing child marriage. The justifications being 1) Any sexual assault or unwanted pregnancy of an unmarried girl is a dishonour to the family and hence no risk should be taken by keeping a girl unmarried

2) If a girl is married off before puberty, her sexual safety is the responsibility of the husband's family 3) Educated girls have a mind of their own and will make wrong choices of marriage and hence they should be married off after minimal education. 4) It is a waste of money to spend on the education of a girl child as all the benefit will go to the husband's family after marriage

5) Once married, they have to adjust to the husband's family and cannot be brought back home in case of marital dispute as that is dishonour to the family name. Hence, she cannot be protected from domestic violence, dowry harassment or any discrimination she suffers in the matrimonial home.

Child marriages and early pregnancy (child within child) is contributing to the high rates of MMR , NMR and IMR in the country

As adolescent stake holders we should work in the community to change this mind set.

1) School sessions There is need to do

Gender Sensitivity programs right from Primary school. Gender sensitized Girls and empowered Boys –will lead to Gender equality

2) College sessions to educate Adolescents and Young adults – to ensure that

a) Young women are aware and confident of their rights and

b) Young men learn to respect women from childhood.

Only this will reduce the high incidence of Gender Discrimination and Sexual violence still present in many sections of our society.

3) Similar sessions should be held for girls and boys of out of main stream education

IAP WW has made modules and is working hard for this in the community

Prevention of NCDs – Non communicable diseases

Prevention and Treatment of NCDs is a global priority. From pre-conception to death' NCDs are a Life-course issue. They are also called Lifestyle diseases or disorders, because they are mainly caused by a unhealthy life style - Unhealthy eating, lack of exercise, stress, addictions and lack of healthy sleep. Ayurveda has described all principles of Healthy life style and we all need to go back to our Ancient science and inculcate a healthy life style

Prevention has to begin from the preconception period

Barker's hypothesis fetal origins of adult-onset diseases (FOAD): Malnourished mothers produce low birth weight babies which have hyperinsulinism and high risk of Type 2 diabetes and coronary heart disease

Interventions:

- Prevent malnutrition in Girl child
- Prevent Malnutrition in adolescent girls
- Prevent early Teen age pregnancies
- Prevent Gender discrimination that leads to above

Encourage Exclusive Breast feeding for the first 6 months in all women and introduce healthy weaning food to prevent obesity in young. Educate the community and young mothers that breast fed babies have very low risk of Obesity, Hypertension, diabetes and some cancers

FOAD now – Developmental Origins of Health & disease Hypothesis for DoHD

- Multi phasic Nutritional Insult
- Genes + Early Under nutrition + Subsequent Over nutrition
- Fetal origins or later lifestyles or both `

This emphasizes the importance of promoting Healthy life style (nutrition, sleep & exercise) right from infancy- toddler age to adolescence- to track into adulthood.

Screening of NCDs in all Govt programs is after the age of 30 yrs. But WHO has identified 4 Behavioural risk factors in adolescence which track into adulthood. Physical inactivity, unhealthy diet, exposure to tobacco and unhealthy alcohol consumption. Hence, we need to target the adolescent age group to prevent adult onset NCDs.

To prevent NCDs in the adolescent age group we need to encourage healthy diet right from infancy and physical activity right from the toddler age.

Role of doctors of all specialities to promote the health of Adolescent girls

Doctors of all specialty should play a role in this.

Just as we say every paediatric visit should be used as an opportunity to vaccinate or educate for vaccination, similarly, whenever an adolescent girl is seen by a physician of speciality in addition to treating her, every doctor should go beyond the disease for which the girls has come for. We must use the opportunity to screen her for basic health parameters and give aanticipatory guidance & preventing counselling on various issues – only then we all can help to promote Holistic health of adolescent Girls

1) Physical health

• Anthropometric measurements. Ask your nurse or assistant to take height, weight and calculate BMI and use the BMI chart to track her progress. Underweight girls should be advised healthy nutrition for healthy weight gain and overweight and obese girls also advised healthy nutrition for a healthy weight loss.

• Abdominal obesity is a precursor of metabolic syndrome and NCDs and taking abdominal girth and waist Hip ratio is very important along with Blood pressure measurement

• Every girl should be checked for early signs of PCOS which is often missed . investigations and early treatment should be started to prevent body image issues and future infertility. Though the incidence is far more in obese girls, Lean girls can also have PCOS and hence taking menstrual history of every girl is an important screening for PCOS

2) Mental Health

Psycho-social issues are very important for adolescent girls

Just spend 5 min to ask some basic questions e.g – a) do you have any issues you want to discuss? – b) any problems in your school /college /friends /family /society? c) Ask her how she feels, is she happy or troubled, ask for internet and other addictions, junk food or signs of eating disorder, body image issues, bullying? d) You can also ask about her physical, mental and sexual safety.

Very often an adolescent girl is just waiting to open up to somebody, who is ready to listen. Incidence of depression and suicide is very high in adolescent girls. Adolescent girls will open up to an empathetic physician.

These five minutes which you will spend will give you an idea if she needs referral and you will be contributing positively to the holistic health each adolescent girl who is your patient.

Nutrition of adolescent girls is very important

High incidence of anemia due to diet and undiagnosed and untreated menstrual blood loss and poor bone density are very important to screen and treat and are covered in detail in another chapter

Reproductive and sexual health

Taking care of sexual and reproductive health is an important aspect of adolescent girls' life and many National programs are addressing this issue. This is especially important in the rural areas and where there is gender discrimination and lesser education and opportunity for young girls and where marriage is considered an essential part of every woman's life. It is well addressed in all our National programs, RCH, RKSK. Girls and young women need to be educated for Menstrual problems, Menstrual hygiene and menstrual myths and screened for PCOS . STI and STD prevention and treatment is very important.

Sexuality education

This is extremely important to prevent sexual abuse, unwanted pregnancies, STIs and STDs in young girls. In addition, they need to be educated in Life skills specially negotiating skills to learn to say no to coercive and exploitative sexual activities. They also need to understand sexual safety and learn physical defense, to prevent being victims of sexual trafficking and being

seduced or lured into dangerous activities.

Premarital counseling

The increasing incidence of divorces in India can only be helped by education and awareness in young adults – both boys and girls about what a good & happy marriage means, Anticipatory Guidance & Preventive counselling for a compatible marriage- roles and responsibilities as a couple and expected conflicts. Understanding how to choose a compatible partner for long lasting and stable relationship is an important aspect. Teaching RSH / Contraception /blood tests- HIV Thalassemia etc

Modern times in India

Disclaimer The following opinions expressed are my personal opinions and do not represent any of the various organisations I am working with or holding official positions.

Modern times have ushered in new imperatives in our thought processes, value judgements and psyche. It is nowhere as poignantly manifest as our approaches to marriage, motherhood, and pre-marital intimate relationships. Last 30 years I have been doing counselling and family guidance for elite and upper socio-economic groups in various metro cities. And over years, interacting with many generation of adolescent girls, young women and their mothers, I can see the changing mind set of both the adolescent girls and parents. These are young, emancipated, highly educated and financially independent girls, studying and working in metro cities We as adolescent stake holders will have to deal with this changed scenario and respect their views though they may be contrary to our values ingrained as an older generation.

When I underwent a WHO adolescent training programs in 2014, we were trained to be non-judgemental and not have your mind biased with your values and prejudices when dealing with adolescent patients. For e.g., we were taught that when you get an adolescent who has indulged in premarital sex and has come with consequences of unwanted pregnancy or STD's, whatever are your moral values, your job is to help and guide the adolescent.

I have tried to follow this in my practice. I strongly believe in the institution of marriage and fidelity and also the joy of mother hood and importance of procreation for preserving the human race. But I am getting increasingly high numbers of girls brought to me for counselling by frustrated parents and counselling for themselves, because the girls do not believe in getting married and having children and some want or are in live in relationships and some are also in a different sexual orientation relationship.

Just as in sexuality education, we must first teach important of abstinence and the adverse effects of premarital sex and multiple partners. But with the huge time gap between puberty and marriage today, due to PG studies and late financial independence in the young adults today, if we get history of their wanting to indulge in or already are having ongoing sexual activity, then we need to give them guidance about safe sex, and prevention and dealing with unwanted pregnancy. Similarly, I first always try and give them the perspective of importance of having a stable life partner and marriage and the joys of mother hood. But ultimately accepting what they want and without being judgmental, still helping them with anticipatory guidance and preventive counselling is a challenge I face many times. I have now learnt to assess the girls mind and then translate their thoughts to their parents ,hoping to bridge the communication gap and help to repair broken realtionships . The results vary from case to case. If I cannot persuade the girl, I convince the parents that we must respect the choice each woman makes and not force the traditional role society has been imposing on her over so many decades and that has been ingrained into our societal psyche.

I am summarising their views below on various

aspects of marriage and motherhood expressed by some of the young women who have come for counselling to me and also in discussions through the premarital workshop sessions my NGO AACCI has been holding in various colleges over years.

Marriage – Some girls now believe it is not essential to get married. They feel it stifles them as a person and they do not want to be the person or partner in the marriage who has to do all the compromising and adjusting to the husband and his family. They also want the independence to look after their own aged parents, which may not be possible in the traditional marriage scenario in India. Many girls who are a single child, would like their husband to come and stay in their homes instead of shifting into his house and many parents also wish this. The high divorce rates also scare some of them and they feel it is too much of a stress to undergo the divorce proceedings in an Indian court system. Many enjoy being single and have big network of like-minded female friends. Many opt for a live-in relationship which they feel is far better than marriage and easier to break off. Some prefer a same sex relationship as they feel it is less stressful.

Motherhood - Many young girls and young women today feel procreation is not the only aim of a woman's life ...words like we are not a human factory are used by some and we are not human cows used for breast feeding. Some may want marriage but a large number feel they do not want children. Bringing up a child in today's world is scary to some – a huge responsibility given the sexual safety, cost of education, the time taken away from their career and personal pursuits. Many are worried about the burden of having to bring up a specially challenged child, given the fact that they both are working and have no family support. Many feel, what is the point of investing their youth and middle age for kids, when most kids leave to go abroad or in another city and the parents are left alone in their old age any way. So many couples prefer to be DINK– Double Income No Kids. Many prefer to have pets instead! There are others who feel surrogacy or adoption is a better choice than go through pregnancy and child birth. Some tell me they will freeze embryos and have kids when they are more settled in their careers.

The main advice I give them is to be transparent with their partners. Before going into serious relationship – discuss very clearly your views that you don't want marriage and /or children. It is very unfair to tell your partner (hetero-sexual or same sex) later that you are not wanting marriage or children – specially if he or she strongly believes in marriage and wants children. I have had couples where the partner is devastated after he /she learns about these views very late into the relationship or about not having children told after marriage has taken place.

So now we must change the focus from

Healthy Girl = HEALTHY MOTHER TO –

Healthy Girl = HEALTHY WOMAN

Taking care of the Health of a Girl to Ensure a Healthy woman to ensure that she is not at risk for NCDs and has holistic health, including positive mental health.

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Nutrition in Adolescent Girls: Implications for Life Cycle Approach

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INTRODUCTION

Adolescence is the transitional period between childhood and adulthood when the body undergoes several changes and completes somatic growth and becomes psychologically mature. This is the period when individuals experience growth spurt, secondary sexual characters, cognitive and moral development.

During this period of adolescent metamorphosis, nutrition plays a pivotal role in developing and shaping the physical structure and mental abilities of the child. Nutritional needs are increased in adolescence due to increased needs to meet the rapid growth spurt and sexual maturation.

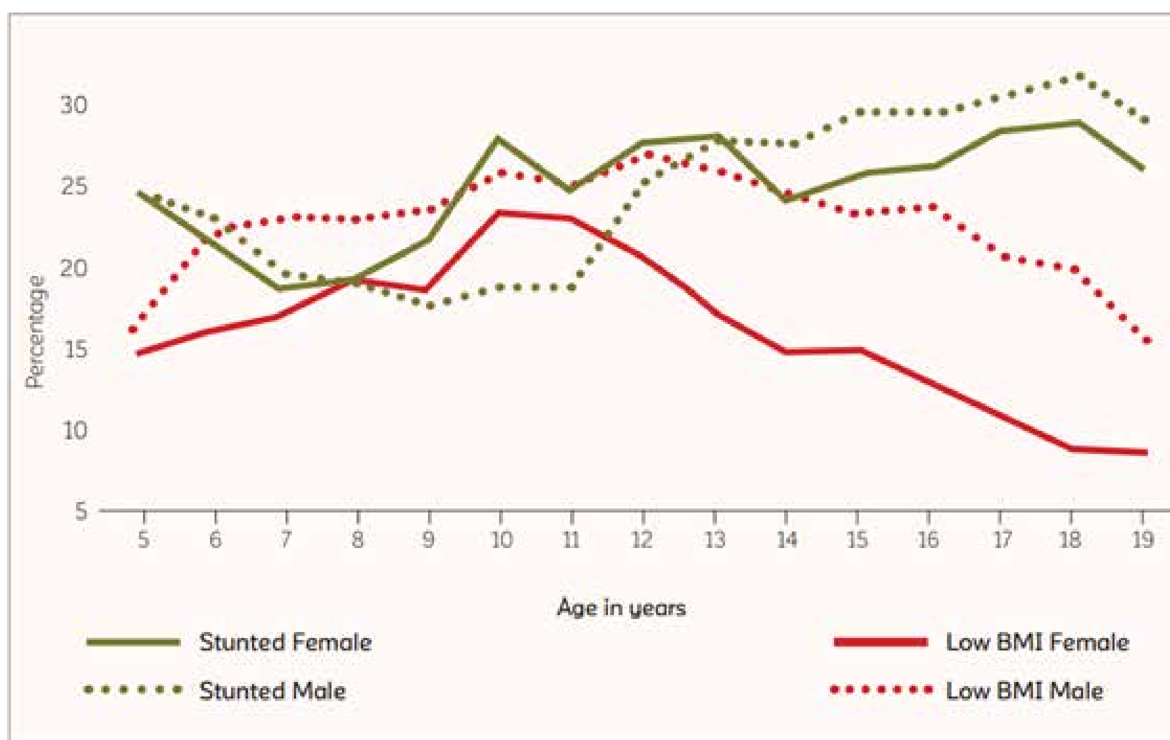
Prepubertal stage has equal nutrient requirements for both males and females but during adolescence, nutritional requirements of girls are more than that of boys. This is because the biological changes (e.g. menarche) emerge which demand the gender-specific nutrient needs in girls.

However, females in India are at a higher risk of malnutrition due to rigidity of existing gender norms impacting physical activity behaviour and resulting in neglect of females in Indian society, especially in lower socio-economic class. The socio-cultural traditions superimposed with maternal education (schooling) determine the food consumption pattern among the adolescents. This has been brought out with the recent publication of National Nutrition Survey 2016-2018 of Ministry of Family Welfare and Health of Childhood, Adolescent and Adult population across India and the different states. This article highlights the distinct difference between the genders at the adolescent age group. Therefore, there is an urgent need to address the Nutritional issues and the consequences especially for the Girl child as she is the future mother who has to take care of the nutritional status of the children of the next generation.

ANTHROPOMETRIC VARIATIONS IN ADOLESCENTS

When anthropometric studies were conducted by CNNS (2016-18), it was found that nearly one-quarter of adolescents aged 10–19 years (24%) had low BMI (BMI-for-age < -2SD). As puberty is achieved earlier in girls, it was observed that stunting increased rapidly to a peak of ~28% by age 10 years in girls whereas for boys, as the growth spurt starts later, stunting began to increase after age 11. Figure 1 shows the distinct difference between the 2 genders with different pattern of growth stunting and BMI variation with age. The female stunting is around 25% in adolescent age group and lower BMI around 10-15%. These trends in BMI of females after puberty also lead to overweight and obese adolescents, thus increasing the double burden of malnutrition in adolescents. It is described by the coexistence of undernutrition along with overweight and obesity, or diet-related NCDs, within individuals, households and populations across the life course.

Fig 1: Percentage of stunting and low BMI among children and adolescents aged 5–19 years by sex and age, India, CNNS 2016–18



TRENDS IN ADOLESCENT FOOD CONSUMPTION

According to CNNS (2016-18) , percentage of children aged 10–19 years consuming specific foods like milk, curd and eggs at least once a week was higher among males as compared to females. It also showed that the consumption of milk, fruits, eggs and fish/chicken/meat increased with higher levels of maternal schooling and household wealth. The table 1 depicts difference in male and female adolescents' food consumption pattern showing consumption of milk and eggs in males much more than in females (10-19 years)

Table 1: Percentage of children aged 10–19 years consuming specific foods at least once a week by selected background characteristics, India, CNNS 2016–18

Characteristics	Type of food										
	Milk or curd	Pulses or beans	Dark green, leafy vegetables	Roots and tubers	Fruits	Eggs	Fish	Chicken or meat	Fish or chicken or meat	Fried foods	Aerated drinks
Sex of child											
Male	63.5	86.2	87.4	74.1	42.6	38.0	25.5	30.7	37.9	38.5	13.8
Female	57.6	84.1	88.9	73.8	40.2	31.8	23.2	28.5	34.6	33.5	7.1
Age in years											
10–14	60.0	84.5	87.5	73.6	41.2	35.3	23.8	28.7	35.8	35.1	9.2
15–19	61.2	85.9	88.9	74.2	41.6	34.4	24.9	30.5	36.7	37.0	11.8
India	60.5	85.1	88.2	73.9	41.4	34.9	24.3	29.6	36.2	36.0	10.4

NUTRIENT DEFICIENCIES IN ADOLESCENTS

According to the latest findings of CNNS (2016-18), the prevalence of vitamin A deficiency was 16% among adolescents, vitamin D deficiency was found among 24% of adolescents, vitamin B12 deficiency was 31% among adolescents, 37% of adolescents had folate deficiency and nearly 32% of adolescents had zinc deficiency

Table 2: Percentage of adolescents aged 10–19 years classified as having vitamin A, vitamin D and zinc deficiency, India CNNS (2016-18)

Characteristics	Vitamin A deficiency (%)	Vitamin D deficiency (%)	Zinc Deficiency (%)
Sex of the child			
Male	15.7	13.8	35.1
Female	15.5	34.3	28.4
Age in years			
10-14	18.2	25.0	31.5
15-19	12.6	22.7	32.0
Schooling status			
In School	16.3	25.1	31.0
Not in School	13.0	19.7	34.2
Overall (10-19)			
India	15.6	23.9	31.7

MICRONUTRIENT DEFICIENCIES

VITAMIN A

Vitamin A is an essential micronutrient that is particularly important for immune function. It plays important role in the growth and physical development of children and adolescents. Adolescents aged 10-19 are characterized by rapid growth, development of secondary sexual characteristics and reproductive capacity, phenomena that need vitamin A participation. According to WHO guidelines, a cut-off of <20 µg/dL was used to define vitamin A deficiency among adolescents aged 10–19 years and prevalence ≥ 20% (WHO, 2007), vitamin A deficiency was identified as a severe public health problem in four states among adolescents i.e., Jharkhand, Chhattisgarh, Mizoram and Bihar.

VITAMIN D

Vitamin D is an important hormone that is important for growth and especially, bone growth. There is an increasing trend of Vitamin D deficiency among adolescents, thereby increasing the risk of rickets, osteomalacia and osteoporosis. The risk of vitamin D deficiency is high where there is low consumption of foods rich in vitamin D and there is inadequate exposure to ultraviolet B (UVB) radiation from sunlight. According to Institute of Medicine guidelines, a cut-off of < 12 ng/mL (30 nmol/L) was used to define vitamin D deficiency in adolescents aged 10–19 years. The highest proportions of adolescents with vitamin D deficiency were in Punjab, with a 68% prevalence among adolescents aged 10–19 years.

ZINC

Zinc is an important micronutrient and has an important role in growth and sexual maturation. In India, there is an increasing deficiency in zinc in all age groups. This is because of the decreased bioavailability of this micronutrient from plant based diet where majority of our country is dependent on vegetarian diet. Zinc deficiency is characterized by growth retardation, loss of appetite, and impaired immune function. In more severe cases, zinc deficiency causes hair loss, diarrhoea, delayed sexual maturation, impotence, hypogonadism in males, and eye and skin lesions. The prevalence of zinc deficiency also varied across states, with a low of 4% in Nagaland to 55% in Gujarat in age group of 10-19 years.

VITAMIN B12 AND FOLATE

Vitamin B12 and folate are necessary for the formation of healthy red blood cells, repair of body cells and tissues and for the synthesis of DNA. It is also important for maintaining normal nerve function. A deficiency in vitamin B12 or folate can lead to macrocytic (enlarged red blood cell) anaemia. Inadequate Vitamin B12 and folate in pregnancy lead to increased risks of birth defects- Neural Tube Defects (NTD) and its consequences and may further contribute to preterm delivery. Vitamin B12 is found primarily in foods of animal origin and risks for deficiency are therefore higher where access to these foods is limited. According to WHO guidelines, Vitamin B12 deficiency was defined as serum vitamin B12 < 203 pg/ml and folate deficiency was defined as serum erythrocyte folate level < 151 ng/ml.

In CNNS (2016-18), differences in prevalence of Vitamin B12 were observed by sex in adolescents (35% for boys vs. 27% for girls) and adolescent age, with 28% and 34% prevalence among adolescents aged 10–14 and 15–19 years, respectively. The prevalence of vitamin B12 deficiency ranged from 2% in Kerala and Nagaland to 48% in Gujarat among adolescents aged 10–19 years.

In case of folate, it was found to be deficient with a prevalence of 37% among adolescents aged 10–19 years. The prevalence of folate deficiency ranged from 0% in West Bengal and Sikkim to 89% in Nagaland among adolescents aged 10–19 years.

Table 3 shows difference in both the genders with Vitamin B12 and Folate deficiency (11-19 years)

Table 3: Percentage of adolescents aged 10–19 years classified as having deficiency of vitamin B12 and Folate by India, CNNS 2016–18

Characteristics	Vitamin B12 deficiency [a]		Folate deficiency [b]	
	Percent	Weighted number	Percent	Weighted number
Sex of child				
Male	34.9	5,779	39.3	6,706
Female	26.8	5,661	34.1	6,547
Age in years				
10–14	28.1	6,029	35.9	6,940
15–19	34.1	5,403	37.7	6,306
Type of diet				
Vegetarian	37.1	6,001	30.1	7,081
Vegetarian with egg	33.4	1,114	47.7	1,264
Non-vegetarian	21.7	4,317	43.5	4,900

ANEMIA

Anaemia, which is characterised by low haemoglobin concentration becomes an increasingly common manifestation when high proportion of females in adolescent age group of our country is malnourished. It adversely affects psychomotor and brain development and causes weakness, fatigue and poor productivity and predisposes individuals to infections. In the CNNS, anaemia was assessed based on haemoglobin concentration obtained from venous whole blood, using the cyanmethaemoglobin method and it was found that 28% of adolescents aged

10–19 years had anaemia. Among them,17% had mild anaemia, 10% had moderate anaemia and 1% had severe anaemia. Anaemia was more prevalent among female adolescents 12 years of age and older (~40%) compared to their male counterparts (~18%). Anaemia in itself is not considered a fatal disease but it leads to low immunity and hence lower resistance to infections and frequent recurrence of diseases. This further increases the risk of maternal morbidity and mortality in the future. Therefore, a breakthrough in the form of early intervention in adolescents is pivotal to overcome the increasing morbidity and mortality in pregnancy due to anaemia. Figure 2 shows increasing percentage of females with anaemia after 11 years of age compared to boys having low percentage of anemia throughout adolescence.

Fig 2 : Prevalence of anaemia by sex among children and adolescents aged 1–19 yrs, India, CNNS 2016–18

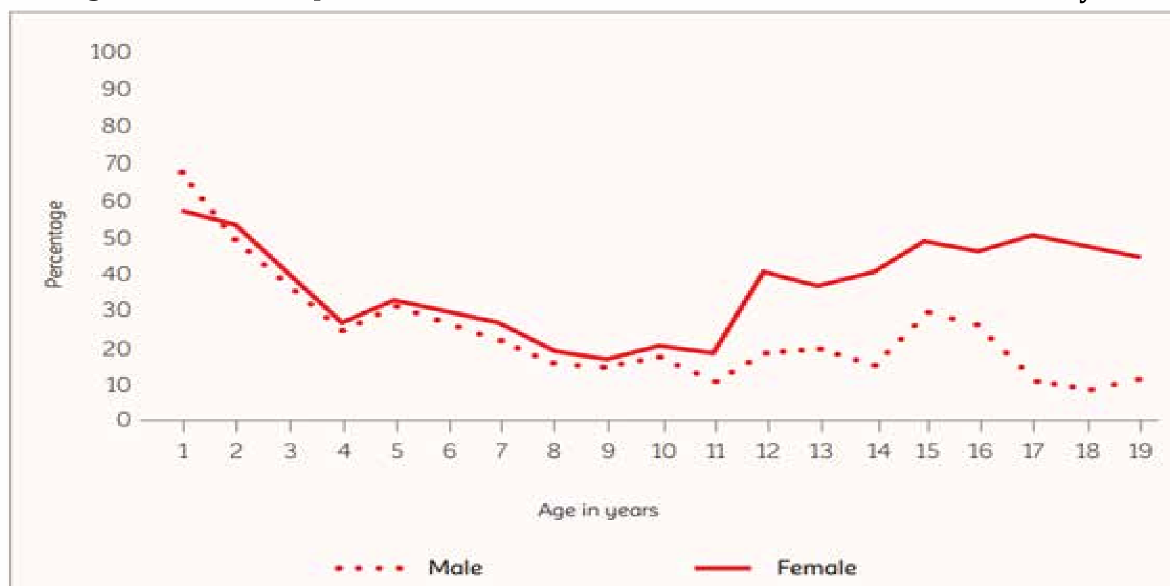
IRON DEFICIENCY

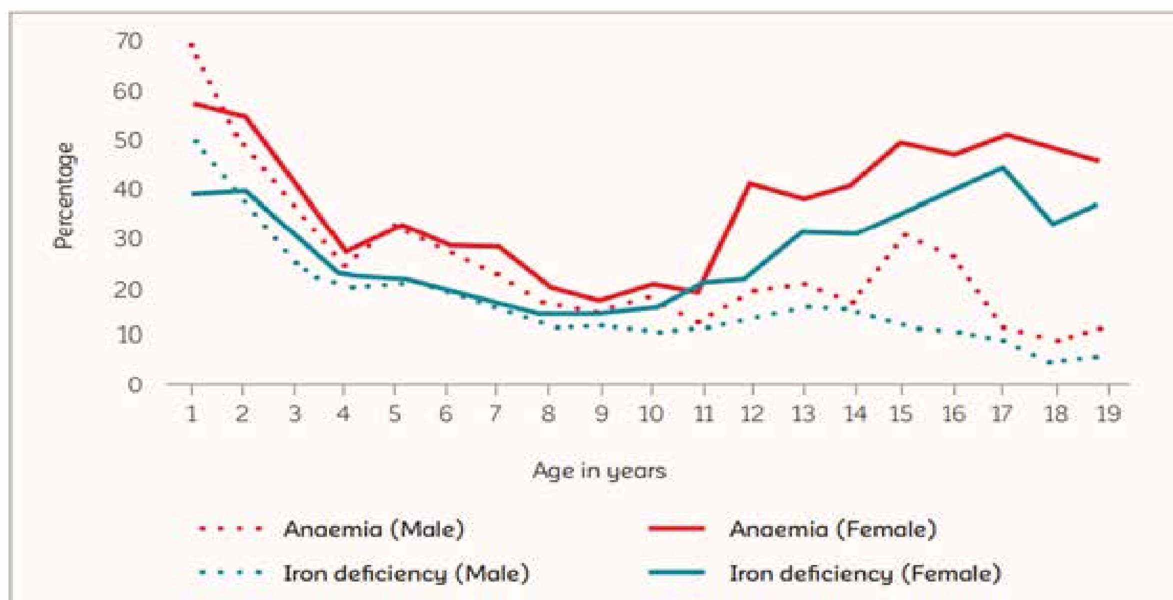
Iron deficiency has been seen as the most common cause of anaemia in adolescents, especially the females with experiencing menarche, growth spurt and early pregnancy due to early marriage in low socio-economic class. In the CNNS, low serum ferritin among children and adolescents with normal C-reactive protein levels was considered as a biomarker for iron deficiency and it showed that 22% of adolescents had iron deficiency. Among male adolescents, the declining trend in the prevalence of iron deficiency continued with age. However, among female adolescents, the prevalence increased steadily with age due to the start of menstruation. Overall, a gender differential in the prevalence of iron deficiency was observed among adolescents, with girls having almost a three times higher prevalence compared to adolescent boys (31% vs. 12%). An unexpected finding was the higher prevalence of iron deficiency among wealthier. Iron deficiency prevalence in the lowest vs. highest wealth quintiles was 15% vs. 27% among adolescents. There was wide inter-state variability in the prevalence of iron deficiency as well. Punjab had the highest prevalence i.e., 45% among adolescents and Mizoram had the lowest prevalence of iron deficiency i.e., 9% among adolescents. Figure 3 shows an ever increasing pattern of anaemia and iron deficiency in female adolescents after 11 years of age compared to male adolescents having low percentage of anemia and iron deficiency.

Fig 3: Prevalence of anaemia and iron deficiency by sex among children and adolescents aged 1–19 years, India, CNNS 2016–18

IMPLICATION FOR LIFE CYCLE APPROACH: WHY?

All these nutrients when deficient and especially in female adolescents, have serious health consequences in the future which has an implication towards the life cycle approach. The female adolescents who are already underweight





and malnourished when married early (esp. in rural areas) and give birth, they are at increased risk of not only maternal complications but also compromise the fetal growth and nutrition. This is because the adolescent herself is in need of essential nutrients for growth and development and in pregnancy, the fetus competes with the mother's body to gain nutrients for growth. Therefore, when mother herself is undernourished the fetus will also have low birth weight, intrauterine growth retardation, anemia, poor development. The mother in such cases can have high risk of preterm delivery, still birth, cephalopelvic disproportion due to inadequate growth leading to obstructed and prolonged labour, post-partum hemorrhage and increased risk of infection.

This further forms a vicious cycle with the low birth weight baby being increasingly affected by recurrent infections, inadequate breastfeeding, inadequate care leading to a stunted childhood. This again poses as a risk factor for mental impairment, predisposition to adult chronic diseases and higher mortality rate. The stunted child when progresses to stunted adolescence, there is reduced physical capacity, short stature and delayed puberty and therefore again becoming a malnourished adolescent.

CONCLUSION

To conclude the females, as seen from the recent National nutrition survey have significant nutrient deficiencies more than their male counterpart. Yes, there are certainly regional diversity and differences. This is because in many regions of our country, there is still a mindset of male child being the only bread-earner of the family and therefore more care and attention is given to them and not the girl child. Thus, it is not only the poverty and lack of access to food but also the socio-cultural tradition, disparities in household work pattern and lack of education that play significant roles in causing malnutrition in female adolescents. Therefore, it is very essential for each individual of this nation to address the nutritional needs of the girl child: "Healthy Girl Child Healthy Nation."

Reference: Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF and Population Council. 2019. Comprehensive National Nutrition Survey (CNNS)National Report. New Delhi.

Education & Inclusion for Girls with Disabilities – Adopting a Zero Refusal Policy

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Let Education For Girls With Disabilities Be Free

Leave No Girl Child With Disability Behind.

Inclusion Is A Basic Human Right And Not A Privilege For Girls with Disabilities

Introduction

National survey reports tell us that there are fewer girls with disabilities in schools than boys with disabilities in schools. Also, the number of enrolled girls with disability drops significantly with each next level of schooling. Nearly three fourths of children with disabilities at the age of 5 years are not attending school. Similarly, nearly one fourth of children with disabilities in age group 5-19 are not attending any educational institute. There are many successive government schemes which allow girls and boys with disabilities to be in the school but there are significant gaps where correct information does not reach all families and many children miss out on the benefits that could help them achieve a better life.

There is also a lack of data on both disability and gender in India. As per the World Bank/ WHO Report in 2019, 15% of the global population has a disability with female prevalence at 19.2% (World Health Organization and World Bank, 2011: 261). The Sarva Shiksha Abhiyan data records tell us that 30% of the girls who are not attending any formal education are those with disabilities.

Is India prepared to create the space where girls with disabilities feel respected, equal and without partiality and prejudice. India is a signatory to and has ratified the United Nations Convention on the Rights of Persons with Disabilities. Only since last one- or two-decades girls with disabilities are being brought out in the open for health and education needs. Else they become individuals with invisible identity. The fate of girls with disabilities has been quite bleak and unwelcoming over the years. Many disadvantages are associated such as gender, type of disability, caste, cultural background, rural or urban background, number of siblings at home etc. They are made to suffer from exclusion and stigma attached, they are denied of their rights. Even among the professionals there is lack of information about rights of girls with disabilities.

Parents are often heard saying that India is not the place for children with disabilities. Some Parents have been heard saying India is not prepared to deal with children with disabilities. More so for girls with disabilities. Why is it such a Taboo to have a daughter with a special

Education & Inclusion for Girls with Disabilities – Adopting a Zero Refusal Policy

need? The biggest fear in the mind of Parents is rejection - schools reject children with special needs. School authorities have been heard telling parents that knowing your child has Autism, how can we admit her to school?

Humans are not born to read or write only. Reading, writing and obtaining education is a man-made thing. Just because a child is not able to read or write the way 70- 80 percent of children do, it does not mean the child does not belong here. Every child has a basic right. The right to be born freely, the right to live freely, the right to good health and right to education.

At a government school where regular free disability camps are conducted by our team and also assess children listed in the CBSE CWSN list, we met Pinky (name changed). Pinky was shown to us by the class teacher. This girl appeared to have short stature, dry mouth and hands, skin dried and patchy, but had a bright smile fixed on her face. On our clinical findings, history and observations, we found out that this 14 year old girl – at the age of 2 years was diagnosed with Hypothyroidism at a prime institute in North. The family was called regularly to the OPD for follow up and for investigations. But the Parents decided not to treat the girl child and kept her home for many years. Their explanation was that they did not have enough money to buy medicines and to travel to the Institute every month and they wanted to invest in the two brothers of the girls who would study and earn and take care of them in their old age. Only after the age of 8 years they started sending the girl to school, when they became aware that CBSE enrols children with disabilities. Because her medical condition was not treated timely, she is now a 14-year-old girl with Intellectual Disability who cannot function independently and needs support of mother for all her day-to-day activities such as bathing, grooming, dressing etc. Millions of such girls suffer over the years due to lack of proper information, lack of appropriate support and guidance.

There are several hurdles for girls with disabilities for the access to education and for continuing their education and higher studies. Financial implications, decisions to invest in the education for a disabled girl versus education for siblings is a major discussion in the families. Safety issues also arise as girls with disabilities are more vulnerable to abuse. At school basic infrastructure has to be disability friendly - over the years I have seen parents who stop sending their girls with disability to schools because there are no ramps and the classrooms are held either on 2nd or 3rd floor. Even toilets are a major barrier to education of girls with disabilities.

Sarva Siksha Abhiyan has undertaken the task in a huge manner to make schools disability free and more accessible with ramps made with correct measurements, and movements up to classrooms, toilets, play area, canteen and water drinking area are made barrier free.

Inclusion is a very good way to send children to school and involve them in the academic and extra-curricular activities. It allows girls to develop their skills. It is not expensive and when parents are able to see visible changes in the level of independent functioning, confidence and self-esteem, it creates a sense of confidence in parents too that their child can also learn and have a better independent functioning than current status. Also Inclusion gives more opportunities to both girls with disabilities and girls without disabilities to get to know the other better. Students who are given opportunity to be Peer Tutors / Buddy Tutors in the early age, they are better able to adapt with persons with

Education & Inclusion for Girls with Disabilities – Adopting a Zero Refusal Policy

disabilities in work environment.

It has to be the responsibility of the school authorities to create a congenial inclusive learning environment for girls with disabilities. Sensitization programs for awareness of Teachers and Parents must be organized on a regular basis. Authorities must get trained to inculcate empathy, respect and kindness amongst the classmates / students by treating them the way they want and need to be treated. Schools must reserve certain number of seats every year for girls with disabilities. Schools must support to provide least restricted environment for maximum learning outcomes Only when all facilities such as free education, disabled friendly and barrier free infrastructure, congenial physical and emotional learning environment, one time meal (such as MDM Schemes) are provided, then we can safely address that Zero Refusal Policy can be adapted. Only counting heads of number of girls with disabilities is not enough, their needs have to be taken care of. Girls with disabilities in schools must feel they are a part of the classroom and school programs; they are valued and respected.

There is a beautiful connect one can make with them if they really want to. There is a special sense the children with disabilities have. What is that special sense? Is it the sense of smell, the sense of taste or the sense of touch! No! these senses are present in all – but the special sense that children with special needs hold, is the ability to perceive how respectful the other person towards them is, how concerned the other person for them is, how passionate the person is to help support the child develop his/ her deficit skills. This is the sense that makes them special. If they get respect, they will allow you to teach them. If they do not get respect, and perceive a sense of rejection or fear, they will themselves withdraw or may even react negatively. It is 'Us' pediatricians who can understand very well when the child is within the comfort zone, and when the child is not adapted to the people in the environment. Pediatricians must come forth to help develop a positive attitude towards Girls with disabilities, to identify early any co morbid conditions, to support their cause by collaborating with other stakeholders and professionals, by creating strategies to promote an inclusive culture in schools, and supporting to adapt their curriculum and method of examinations. Let us all work hand in hand to create a Zero Refusal Policy in schools for Girls with Disabilities. Let us help get their rights and live a life of dignity.

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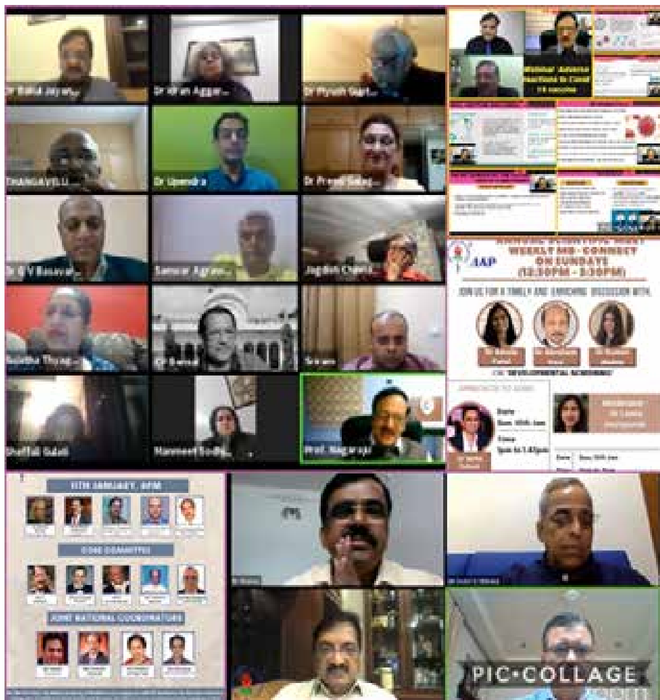


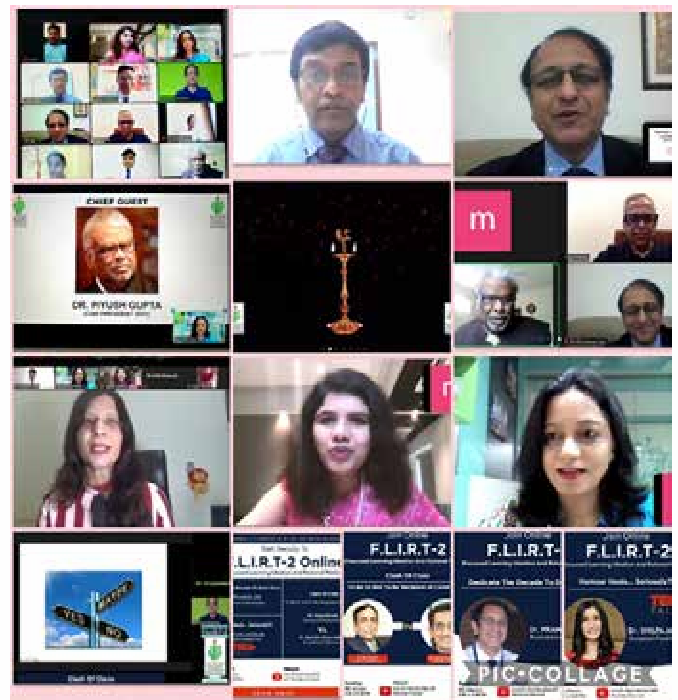
National Webinars by NMAP members: 1) 3rd Jan 2021 : Antimicrobials - EXPERT: Dr. Vijay Yewale

2) 10th Jan' 2021 : Developmental Screening- Approach to ADHD; Moderator: Dr. Leena Deshpande

3) 11th JAN' 2021 : IAP Presidential Action Plan 2021: IAP Guidelines For Parents: Joint National Coordinator: Dr. Upendra Kinjawadekar

4) 19th Jan ' 2021: Adverse Reactions to Covid 19 Vaccine

Expert: Dr. K. Nagaraju; Moderator: Dr. Vikram Patra



Webinar at Branch Level : 1) 10th January 2021: F.L.I.R.T -2 – Navi Mumbai IAP Annual Conference:

Program Details: 1) Inauguration : By Auspicious Hands of President 2021, Dr.Piyush Gupta

2) Clash Of Clans : To Be Or Not To Be a recipient of Covid Vaccine - Dr.Vijay Yewale Vs Dr. Upendra Kinjawadekar

3) Dedicate The Decade To Dear Ones : Dr. Pramod Jog

4) Humor Heals...Seriously? TEDa Talk : Dr.Shilpa Aroskar

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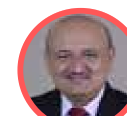
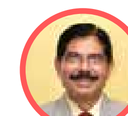


DR CHETAN SHAH
SPEAKER



DR KANAK SINH SURMA
EXPERT

DR SANDIP TRIVEDI
EXPERT

With warm regards

DR. PIYUSH GUPTA
IAP NATIONAL PRESIDENT 2021
DR BAKUL JAYANT PAREKH
NATIONAL PRESIDENT 2020
DR G.V. BASAVARAJA
HON. SECRETARY GEN. 2020-21

DR YOGESH PARIKH
PRESIDENT AOP GUJARAT 2021
DR MANISH MEHTA
SECRETARY, AOP GUJARAT

DATE SUNDAY, JAN 24
TIME 9:30 AM TO 3:30PM

Please click here to join

ID CME with Dr Bipin Desai Oration with E-GURUKUL Launch - Joitly Organized by Surat Pediatric Association Charitable Trust & Academy of Pediatrics Gujarat

IAP Kerala

Installation of State President
Dr. T.P. Jayaraman

Installation of New OB
of IAP Kozhikode

National Girl Child Week - Talk on
menstural hygiene - Dr Priya V.
org. by IAP Kozhikode & AHA Kerala

Disability week
Valedictory function

Hearing friendly declaration of
Palakkad District

Installation of New OB
IAP Trivandrum

Hearing friendly declaration of
Idukki District

Hearing friendly declaration of
Wayanad district

Installation of New OB
of IAP Thalassery

National ID Chapter Conference
by IAP Trivandrum

ACT Now Walk Now - Health &
Fitness competition
by IAP Kozhikode

Cultural programme
IAP Vadakara