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## FORTHCOMING EVENT

### National Conference of COMHAD 2019

Date : 23<sup>rd</sup> & 24<sup>th</sup> Nov. 2019

Venue : **Dr. D. Y. Patil Medical College, Kolhapur**

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## “Special Issue : Adolescent Health : November 2019”

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## MESSAGE

I am very happy to pen few lines on the occasion of publication and release of ‘News letter’ for the National Conference of COMHAD to be held at Kolhapur on 23rd & 24th November, 2019.

This News Letter has been written by eminent stalwarts of COMHAD and has been designed and edited by stalwarts like Dr. Uday Bodhankar, Dr. Yashwant Patil, Dr. Urmila Dahake, Dr. Vasant Khalatkar and many others. We must congratulate them first and appreciate their hard work. Congratulations!

Many topics are being dealt with in the bulletin. However, the theme that is relevant today is on social media. It requires attention.

This theme is emerging to be a great concern and that is ‘Social media abuse in children & adolescent!’. Too much of exposure of children to social media is getting out of control of parents of present times. A number of adverse effects of social media like addiction, cyber crimes, cyber bullying, anxiety, depression, suicide tendencies have already come to the notice of treating practitioners & counsellors. New concept of infantilizing of human brains is beginning to emerge. Action should be initiated at all levels to curtail this problem. We need to take immediate steps in this direction.

I am happy that the news bulletin has vastly covered wide range of these topics.

A stitch in time saves nine, let's all act swiftly.

**Dr. (Mrs.) Mrudula Phadke**  
Chief Editor, COMHAD News Letter  
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Sr. Adv., NHM & UNICEF  
Former VC, MUHS Nashik

## IMPACT OF SOCIAL MEDIA ON CHILDREN

### "INFANTILIZING OF BRAINS?"

Anaya's mother had visited her Pediatrician's clinic just yesterday. The teenager was brought for not eating properly, not sleeping and generally not doing well in school. Mother was obviously worried. On detailed questioning she revealed that for the past few months Anaya was glued to her mobile phone that she received as a birthday gift. Examination revealed a bright eyed Anaya wanting to see, listen and visualize more and more on her i-phone. The attraction of U-tube videos and games was too compelling. With prolonged counseling to the girl, some problems were sorted. Obviously she was a 'case' of 'social media addiction'.

I am certain that Pediatricians all over the world are treating 'such Anayas and Anands' everyday. It is time that we ponder over effects of social media on children.

Mobile phones, i-Pad, tablets, laptops, desktops and other digital gadgets endow children with access to internet, e-mail, face book, twitter, whatsapp, instagram, snapchat etc. They have taken over lives of children as much or even more than those of their parents.

#### What advantages do we have due to social media?

A 17 year old boy once commented, "A day not wired is a day not lived!" Social media are probably one of the best platforms for today's generation to express themselves, to communicate, to share and also to let off their emotions in some way. If they do not use digital media they are outcast in their peers. The whole world today is technology driven. All the businesses including medical profession are dependent on them. If the computer is shutdown everything from banks to aeroplane operations come to a standstill. Even school homeworks stop if i-Pad is taken away from the child's hand. The power of digital wired business is enormous.

Being on the internet and perform computer related activities are an essential part of everyone's job in any field. Being digitally literate gives a person the necessary technical skills. Knowledge of computer is as necessary as learning maths, science and languages in school.

Social media does have positive effects on children. It is one of the easiest ways of expressing one self and to communicate with each other. Children can do a number of day to day activities like homework, sports activities in and out of school with the help of social media. Children can interact better with each other. Learning becomes easy and interesting using digital platforms. Knowledge is obtained at the click of a mouse. Long distance communication can be maintained easily. Social media can help children in distress when they may need some empathy.

In spite of all this, excessive use of social media can have a lot of negative impact on children's lives. Let us see what undesirable impact it can have on children.

**Addiction** - One of the most important downside of social media is addiction. Children can spend hours of time watching videos, photos, games and such other contents. Some children do that even in school hours. Obviously, this results in poor school grades, negative attitude and moodiness. Some heavy users are seen to use social media even 100 times a day!

them on the site so you can see their posts. However, refrain from commenting or interacting with their posts.

- If your child is often upset after looking at their phones or their time online, talk to them about it. They may need guidance on how not to take things that happen online, to their heart.
- Ensure they spend only as enough time on it as it is useful. You may even allow social media time as a reward for good behaviors.
- Let them understand that having 500 friends on Face book doesn't mean they are cool, social, or popular.
- No child should be allowed to have a television, computer or video game equipment in his or her bedroom. A central location is strongly advised with common access and common passwords.
- Television watching should be limited to less than 1 h to 2 h per day. Families may want to consider more active and creative ways to spend time together.
- Older children should be offered an opportunity to make choices by planning the week's viewing schedule in advance. Ideally, parents should supervise these choices and be good role models by making their own wise choices. Parents should explain why some programs are not suitable and praise children for making good and appropriate choices.
- Emphasize the difference between social networking and real life.

Though this is very true that social media should be used moderately to stay in touch with the times and trends, as a 'clinician' we know that trouble begins only with excessive indulgence.

- We should make parents aware of the significance of television early in a child's life. By the end of the first year of a child's life, there should be ground rules for television viewing and healthy viewing habits should be established in the second year of life.
- We should regularly inquire about media habits when taking a psycho social history, the kinds of media to which their patients may be exposed, such as programs that portray irresponsible sex and violence, and questionable Internet sites.
- We are encouraged to learn about the scope of Internet-related issues to adequately advise parents during their visits for anticipatory guidance.
- We should encourage families to explore media together and discuss their educational value. Children should be encouraged to criticize and analyze what they see in the media. Parents can help children differentiate between fantasy and reality, particularly when it comes to sex, violence and advertising.
- Families should limit the use of television, computers or video games as a diversion, substitute teacher or electronic nanny. Parents should also ask alternative care givers to maintain the same rules for media use in their absence. The rules in divorced parents' households should be consistent. After all parents should first know themselves and then impose on their children 'time to log off'...

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Following are a few situations, adolescents may have to suffer due to lack of communication with parents:

1. Lack of monitoring for appropriateness or accuracy of information
2. Health risks posed from following incorrect information
3. Fostering inappropriate ideas for children and teenagers such as:
  - a. Encouraging inappropriate weight loss and diets
  - b. Generating a sense of need to acquire material goods
  - c. False advertising or scams typically spread by e-mail
4. Temptation to acquire (or steal) credit cards to pay for on-line services etc

**Following are a few ways, adolescents may face adverse effects on values**

1. Pornography : Underage children may accidentally or by design access pornographic sites promoting sexual exchanges and promiscuity
2. Loss of inhibitions normally experienced when face-to-face
3. On-line gambling
4. Potential for plagiarism in school work
5. Use of the Internet by school bullies to ridicule or spread hatred towards a victim
6. Violence through video games, song lyrics and on-line bullying, access to hazardous materials or information on making weapons etc.

As a natural tendency, parents always want the best for their children, while also protecting them from the worst. Parents try and enable children to handle bad situations, while also advising them to stay away from them in the first place.

Then what is happening to children and adolescents to fall prey to social media addiction? Why are intelligent kids failing academically inspite of all availabilities? Why are anxiety, depression & suicidal tendencies prevailing more in adolescents? Are the parents unaware of the consequences or not able to make their children aware of the same?

I feel that it's our moral responsibility to fulfil the twin role as a 'parent' to become role models of our children and as a 'clinician' to educate parents and children.

**So here is how parents can be smart about their kids using social media:**

- Begin with researching on the impact of social networking sites on children and educating them about the pros and cons of it. Initially, set boundaries on what sites they can be on and for how long.
- Encouraging children to engage in more real life communication with people, rather than online networking. They need to be taught the importance of spending more time in real life friendships and activities.
- Instead of constantly lecturing them about the bad influence of social media on children, encourage other interests or passions they may have. It could be hobbies, sports, social work or anything that is not virtual.
- Suggest them to use social media platforms constructively to enhance their learning, or to collaborate with others who have similar interests. Teach them how to differentiate between what has substance and what is not worth spending time on.
- Supervise their online activity, so you can teach them to protect themselves from online predators and bullies. Give them enough freedom, but ensure they know you are aware of their online habits.
- Join their social networking site so you can be better aware of how it works. If possible, follow

**Improper emotional & social development -**

Psychologists have documented ill effects of social media on children's mental health. Even as less as one hour a day can make some children emotionally labile with poor social adjustment and decreased social skills.

British psychological society undertook an excellent study and the results were striking. Children with **profound & prolonged social media** use **showed** higher incidence of **"sleep disorder, addiction, anxiety, depression, 24x7 stress, isolation, insecurity, short attention span and FOMO (Fear of missing out)"**.

Increase incidence of cyber crimer, cyber bullying, suicidal tendencies, violence, criminal attitudes, internet pornography, higher occurrence of **sexual assaults** are blamed to the use and availability of social media. These children can also show altered facial expression.

**EFFECT OF COMPUTER & MOBILE ON EYES -**

Staring at the screen of the smart phone, tablet, i-Pad or desktop for a long time can be bothersome and can lead to **computer vision syndrome or digital eye strain**.

MOBILES EMIT BLUE LIGHT (HEV light - high energy visible) It has shorter wavelength and thus carries more energy than red, yellow or green. That extra energy is why blue light can be bad to your eyes. It can damage the light sensing photo receptor cells in your retina. It may produce macular degeneration. One should never have darkness around while seeing mobile or desktop. HEV light is also emitted by LED bulbs, but one does not look at it. Most digital devices can produce eye fatigue and discomfort.

Prolonged use of digital devices can cause eye strain and discomfort. Digital eye strain is sometimes referred to as Computer Vision Syndrome. Dry and irritable eyes, eye fatigue, blurred vision, head, neck & back pain are some symptoms. One study shows that 61% of Americans have it. However, long term damage has not been reported.

**American academy of Pediatrics limits screen time of maximum 2 hours for children. Scientists have also set 20:20:20 rule i.e. after 20 minutes of mobile or laptop use take a break of 20 secs. to 20 minutes and look at a far away object beyond 20 ft.**

**OBESITY -** Excessive gaming and continuous eating is seen in children who are addicted to social media. This invariably lands them into obesity. Such children often like to be loners and avoid outdoor games with peers. Suicidal tendencies have been noted in children who have played games like PUBG, blue whale. Children are compelled to take such steps.

In children exposed to mobile screens below 3 years or those with prolonged use, it is seen that autistic like traits are triggered. This has been reported by Susan Greenfield from Oxford. However, definite evidence is yet to come.

**EFFECTS OF SOCIAL MEDIA ON BRAIN -**

Scientists are bothered about the brains of children who are growing in media saturated world. It is pertinent to see how maturational trajectories of the brain are influenced by media. Scientists have studied neural development of adolescents. Using functional MRI, researchers have found

increased activity in orbitofrontal cortex and insular area after the participants experienced 'Exclusion' in the 'ball game - Cyber ball paradigm'. Thus the social exclusion in Social Media addicts result in changes in the brain. Social excluded adolescents showed stronger activity in dorsal anterior cingulate cortex (ACC). Children who wait to receive 'like & such signals' on Face book and also wait for the reward showed high activity in brain areas like Striatum & Ventral tegmental area (Ref - Soc. Cogn. Affect Neuroscience Sept.4, 2018). Decrease in activity of Cognitive cortex was seen when children viewed risky photos. This gambling and reward paradigm make children addicted. There has been increased activity in medial frontal cortex, enhanced pupillary dilatation. These studies have been elucidated in Nature communications 21.2.2018.

Children feel extremely inadequate and hence wait for the reward circuit path of the brain to be activated with the use of social media. Similar results were found by one study conducted at 2019 in Montreal. Montreal study also showed on ideal screen time. One study in JAMA showed higher **occurrence of ADD, ADHD in children using videogames.**

One important study has been done by S. Greenfield, a scientist from Oxford. Too much of social media use results in 'Infantilizing of the brains' that is the brain becomes like that of a child. Just as an infant is attracted by buzzing noise and bright light so is the adolescent. This results in short attention span. Excess use of social media at night with movies having strong emotions, violence can result in lack of sleep showed a study from Glasgow. Infantilizing of brain of an adolescent definitely requires immediate attention of all parents, teachers, pediatricians, counsellors & psychologists interested in better future for children of the world.

Let us all join hands to promulgate strategies to control "media menace!"

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or any other person, trying to force a physical relationship, whether the adolescent wants or not his/her care givers must be informed about it. The seriousness of the situation must be conveyed. However, the information must be given in a calm manner, without exaggerated fear., after informing the child.

#### **IMMATURITY IS INEVITABLE**

A teenager should not be expected to behave like an adult, but they **MUST** learn to express themselves well & be assertive in a relationship. Breakups are a reality for many teenage relationships. A clear break up is easier to handle.

#### **Red flags for an unhealthy relationships-**

- Not talking through issues big or small. (The partner doesn't listen, just shuts down, walks away)
- Constantly tests your boundaries. (Push/pressurize you to see/ talk to them all the time)
- Places all the blame on the other partner for things going wrong.
- Have a massive sense of entitlement & take you for granted to fulfill their needs.
- Everything is about "them" (manipulate & abuse to overpower the other)
- You justify their bad behavior (even if you know he is wrong!)
- Lack of trust, integrity & respect to each other
- Relationship is for the sake of need to feel needed.

It's important to discuss & understand how an adolescent feels about these issues & red flags in a reflective, non judge mental manner, so that it doesn't seem like a lecture, but at the same time it makes him aware & alert about these issues.

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## **IT'S TIME TO 'LOG OFF'**

In this digital era, in the array of development our new generation needs to be guided well about 'uses and abuses' of social media. A popular opinion of the impact of social media on children is that it does more harm than good. With the remarkable rise in the list of uses of social media, list of abuses is also growing fast. The most serious downside of social media is the addiction it creates. We may have to face adversities in life if not acted carefully in time.

The story seems to start since childhood when parents are seen continuously on cell phone or laptop or the kids are allowed to handle these gadgets by their parents just to get rid of tantrums. Kids become so techsavvy that they manure the gadgets more confidently than their parents and parents too take pride in it. Eventually children start getting addicted to virtual world rather than the real world around them. As the journey of the child starts towards adolescence then the scene of addiction starts getting clearer.



### **PROMOTE SERVICE TO OTHERS**

Getting them involved with service projects is a way to strengthen friendships not only with people of their own age but also across generations. Community service promotes values of caring, kindness & empathy. Give them the choice of services they would like to render.

2. Fix some time to view social media it should not be excess

### **TEACH ABOUT RELATIONSHIP BETWEEN HONESTY & TACT**

Adolescents often fail to express their feelings effectively without hurting others. Talk to them about ways of handling situations tactfully by making choice of nonjudgmental words. Adults need to be the role models for them to learn these skills.

### **TALK ABOUT LIMITS & BOUNDARIES**

Help them understand that Friendship needs boundaries. Being a friend or partner in a romantic relationship does not mean being a doormat or be connected 24/7. Establishing limits, respecting privacy, 'me time', giving space & freedom & being genuinely concerned about the welfare of the other, are hallmarks of a healthy relationship.

### **DO NOT CONDEMN A ROMANTIC RELATIONSHIP**

Parents, teachers often over react rather than respond to such relationships. If a child speaks about his/ her relationship, it is your duty not to judge but allow them the space to express & feel accepted. Do not relate being in a relationship to the person's character or morals. At the same time, help them understand the consequences of their actions.

### **CHOICE-PRICE ANALYSIS**

Impress upon them that every choice has a price! It is important to emphasize that none of us are 'good' or 'bad' people; we all have both these qualities & that our choices affect our present & future. Being in a romantic relationship & engaging in physical intimacy is a big responsibility associated with its own risks.

### **YOUR CHOICE , YOUR RESPONSIBILITY**

Let adolescents need to know that if they make their choice, responsibility is theirs & not of their parents, teachers or friends. In typical Indian family set up,

### **No means No!**

In a romantic relationship, urges may be overpowering but intimacy shouldn't be confused with love. Forcing one's wishes on another as 'a proof of love' doesn't speak of love, but may actually be just acting on impulses & urges. Adolescents need to be aware of such tendencies in their partners. They need to understand that if the partner says No, it surely means No!

### **TALKING ABOUT SEX, CONTRACEPTION & IS THE NEED OF THE HOUR**

Teenage romantic relationships are often a taboo in India. Parents feel embarrassed, uncomfortable & intimidated about broaching this topic with their teenagers. However, with changing times they need to learn the ways of doing this. They can take help of doctors/ counselors if they cannot speak on their own.

### **ABUSE NEEDS EXPERT HELP**

If an adolescent expresses that he/ she is uncomfortable, distressed or in danger due to their partner

## **Impact of Digital Devices on Development of Speech & Language in Children & Co Morbid conditions such as Anxiety Disorder & Sensory Impairments**

**YEAR 2010 :** 12 year old boy studying in 6th Grade brought to the OPD with chief complaints of extremely irritable behavior in the house and falling grades in school this year. The behavior was so disturbing to the mother that she was having suicidal thoughts and burst out crying in the OPD. Mother informed us that the boy was constantly using abusive language with her, sometimes hitting her. He had stopped going out to play with friends in the evening. The mother was under great stress as the boy had shouted at her telling her to go die and that he did not need her. This was a single child to a graduate mother and father in a Govt. job. No major complaints from school such as easy destructibility, inattentiveness, disturbing other children in the class. No H/O of any developmental delays in early childhood. No H/O of any major / chronic illness in past.

On clinical examination, thin built dark skinned boy with no smile on his face, appeared angry and irritable and would reply to questions asked only after much persuasion by mother.

One to one screening with HEADSSS done,(Home, Education, Eating, Activities, Drugs). He did not speak much except for his favorite TV Channel, cartoon network which he was watching 5-6 hours a day. In the subsequent session the boy informed he loved to watch only "Shingchan", a cartoon character, Power Rangers & Guzura (eats metal) . He occasionally watched CID and Crime Patrol. Hours devoted to exclusive TV viewing was more than 5-6 hours per day, nearly 42-hours per week. Shingchan is a cartoon character who is very mischievous, verbally abuses his parents, creates trouble for teachers in school, misbehaves with guests in the house and is happy when mother is tensed and unhappy. This is a Chinese cartoon and all children love to watch this show. The show runs from morning to evening every hour and hence easy access to any child at any given time.

**YEAR 2014 :** 3 YEAR old child brought to the OPD with complaints of speech and language delay and behavior problems such as hitting with signs of hyperactivity and inability to sit in one place for play activities. This child referred by primary Pediatrician suspecting Autism Spectrum Disorder. No history of significant perinatal events. ANC period was uneventful. Child was born healthy with a good Apar score. Complete developmental evaluation done, developmental, family, medical and genetic history obtained nothing significant. The only significant finding was that grandmother was diagnosed with Cancer when the newborn was 15 days old. The mother had to run about with grandmother at hospitals for various investigations, and the newborn left with a caretaker who would bottle feed the baby. Since the baby would cry and refuse to take bottle feed the caretaker started showing the baby mobile videos with songs rhymes and movies and the baby would finish the feed. Since the age of 20 days, the baby was exposed to digital screen for 4-5 hours per day with no stimulation for one to one conversation as the caretaker would be busy doing house hold chores and baby left alone in cradle with the screen.

**YEAR 2016 :** 12 year old boy brought to OPD, referred by primary Pediatrician, for history of not school refusal since 18 months. Developmental family, medical, social, academic history obtained. The boys grandmother has passed away a year back. He had developed anxiety and had started thinking that even his mother would leave him. He would ask mother to accompany him at school



and mother did so, she would wait in the lounge till he finished school. Later he started staying at home since mother could not wait at school daily and everybody thought that he is yet to recover from loss of grandparent. At home he was given access to mobile and computer and internet. Mother thought if he is not attending school at least he will learn something from Internet. The boy one day accidentally came across adult material which he found very gratifying after the stressful months. He got addicted and would watch for nearly 10 hours per day. Mother would be working in other room and child kept exploring internet for more such material. When mother requested him to go to school, he would make excuses of pain abdomen or headache. He was extensively investigated for many weeks for cause of pain abdomen and no cause found. Mother has discovered the reason for the boy to remain inside the room and refusal to go to school, but she is fearful and has become very permissive for fear of losing him and hence allowing him to continue with the behavior.

**YEAR 2018 :** 22 MONTHS old girl child presented to OPD with history of speech and language delay and behavior problems such as screaming, tantrums and not eating well. The girl has poor eye contact, poor social smile, does not socialise with family members and likes to remain busy with mobile. Parents complain that there may be something wrong with her tongue as she does not like to eat anything at all. On taking complete developmental history, nothing significant found except that since age of 6-8 months when weaning done, mother was busy, had joined work, and due to lack of time, the baby was made to watch videos and then eat. Each episode of eating would be neatly prepared with mobile programs pre planned.

The girl also has sensory processing impairment, seeks tactile sensations, touches everything, takes all objects to mouth, and likes to remain busy with mobile. Excessive viewing of mobile videos and rhymes has predisposed the child to sensory impairments. The child is now not able to recognize taste of food, texture of food, flavours are stranger to her and her chewing skills are poor. The age when the oro- motor skills were helping develop chewing ability, the baby was busy watching digital screen and lost the chance to develop the sense.

**YEAR 2019 :** 4 year old boy presented to OPD with history of speech and language delay and behavior problems such as restlessness, inability to sit quietly and occasional screaming with tantrums. The family stays at Australia and are visiting India. Mother informed us that when speech did not develop by age of 15 months, her relative suggested that the boy be shown a lot of digital programs which will help develop speech and intelligence. Mother created a space in the house, installed a large LCD screen, huge size audio speakers and also purchased smart phone for herself. She would expose the child to these digital programs on screen for nearly 9 - 10 hours per day hoping it will help. Within few months, the child stopped interacting with her (which he was doing very well earlier). His eye contact became poor; he stopped playing with mother, would not call out to her for any need and started flapping hands when excited. Multiple professionals have labelled this child as being in the Autism Spectrum.

Bringing a newborn child into this world is the biggest moment of triumph for a mother. It completes her motherhood. It satisfies the desire to nurture and groom the child into a fully grown mature human being. Nothing can compare the happiness that the parents experience when their lives are filled with the laughter of their little one. The first words spoken by the baby are fondly remembered by all family members. With the first spoken words of the child begins the long journey of the life where the child will learn social skills, academic skills, communication and play skills, and sharing and caring etc. But little does a mother know that the hidden monster in the form of digital screen will hamper all this development causing intense distress to the child's growth and development as well as to the family.

It can improve overall participation on social platforms. It gives chance to unite with like minded individuals can access legal, educational materials. They can be active participants in online community.

This will help 'students with disability' to be more visible, accessible and open for discussions on social media. It can be channel between job seeker and a employer.

Thus, it can be seen that Social Media can be useful to Person with Disability. But; it should be monitored , supervised and restricted use only !

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## RELATIONSHIP ISSUES : A FEW INSIGHTS

Adolescence being a period of lot of changes, their relationships with peers, friends, of same & opposite gender as well as parents, & teachers also undergo lot of changes. Both adolescent boys & girls often try on different identities & roles during this time & relationships contribute to their development. Peers, in particular, play a big role in identity formation, but relationships with caring adults including parents, mentors, and coaches are also important for adolescent development. Often, the parent-adolescent relationship is the one that informs how a young person handles other relationships.

Unfortunately, adolescents sometimes develop unhealthy relationships with peers, and experience or exhibit bullying. Exploitative & unhealthy romantic relationships may also land them in emotional turmoil & trauma.

Healthy relationships in adolescence can help shape a young person's identity and prepare teens for more positive relationships during adulthood. Providing adolescents with tools to start and maintain healthy relationships (with romantic partners as well as peers, teachers, and parents) may have a positive influence on young people's overall development.

Here are some ways in which we, as parents, teachers & doctors / counselors can help them make healthy social connections....

### Talk to them & discuss about :

True friends & situational friends.

True friends like you for yourself.

They help you, encourage you & stand by you in difficult situations.

A true friend does not judge you by clothes you wear or expensive gadgets you possess.

They don't pressurize you to do illegal or dangerous things.

### HELP ADOLESCENTS GET INVOLVED IN

Things they care about, so that they develop relationships through mutual interests. like sports, computers, music, dramatics, dance, science activities. They often like to form their own groups or join a club. This not only helps them to pursue their interests but also keep them fruitfully engaged.



## SOCIAL MEDIA AND PERSON WITH DISABILITY (PWD)

In recent times, technological advances and social use of technology is an integral part of our life. Mobile, Tab, Computers and such related gadgets have revolutionized the society. Similarly advent of 'social media' has changed the mode of social communication drastically. We all must remember that, as the coin has two sides; 'Social Media' also comes with its advantages and disadvantages..Thus, we can say that ,in reference to students, social media can be Useful or Harmful.

While, we are discussing here, How social media is beneficial to PERSONS WITH DISABILITY (PWD); it is recommended to always remember that, social media is useful ONLY, if used in a systematic, monitored way and that too in moderation.

No amount of advantages are important, if these tools are used without the supervision of adults, specially for students.

While, we can have some benefits for students, Social Media tools offer 'multiple benefits' for PWDs. Specially, as we are talking about Special Students or 'children/adolescents with special needs'; Social Media Tools offers a promise for social development.

Most of the PWDs struggle with social interaction and communication deficits and, where disability can be a 'Barrier 'for engagements; these Social Media tools actually can be used to develop interaction with the outside world. Wherein, a disabled student may have outside limited sphere due to nature of disability or the nonconductive social environment; supervised Social Media holds the potential for developing the opportunities for social interaction on a wider scale.

Social difficulties are common in most disabilities (more in AD, Language disorders etc), as many may not the natural ability or opportunity to interact with other students. Lack of critical social skills, problems in verbal communication, maintaining eye contact, adapting to social gestures can lead to awkward social interaction leading to social rejection. There can be additional social difficulties like lack of understanding social conventions, topic maintenance, taking social cues, initiating conversations low self esteem etc. Could be barriers in socialization. There could be problems of mobility, transportation leading to lack of social exposure.

In all these conditions, structured and properly used social media can help the student with special needs to be an active part of the group. This will help him/her to express , share and understand others, without them getting biased due to disability. It will give them platform to initiate, maintain, develop a group of peers. This can be used as a way to introduce in the group, strengthen the relationships, understand the group dynamics ,which can later be followed by actual interaction in the group.

Not only Social Media can initiate peer interaction, but it can help the student with disability in multiple other ways as well !

Social Media can be helpful in providing specialized learning resources. It can help to satisfy the diverse needs of the special learner. It can provide additional resources and applications to supplement learning. They can form groups with similar academic or social needs. Social Media can help the PWDs stay connected and well informed. Social Media can be a platform of activism in reference to their disability as well as for handling barriers in society.

For a young infant the pre requisites for development of speech and language are a stimulating home environment and opportunities for non- verbal and verbal expressions with the family members. This also helps the neuro-motor maturation, development of Intelligence and cognitive functions and motor planning and sensory processing abilities. Parents can contribute towards developing social readiness in children by offering them positive experiences in home environment and also by helping them strengthen their language skills.

Age appropriate development of speech language and communication skills helps the child to develop good attention for learning skills. Appropriate maturation of Attentional skill is important for development of overall gross and fine motor as well as social skills. Attention is also a pre requisite for achieving academic success. Excessive viewing habit distorts the typical development of Attentional skill.

There is a great concern about the impact of the digital devices on the health of young children in terms of social, emotional, academic, nutritional and physical well-being. The delay or deviancy in social and language related skills can cause disorders such as Social Anxiety, Depression and Oppositional Defiant Disorder or Conduct Disorder.

There is growing evidence based literature about the impact of Media on attention, memory, language and communication, reasoning, social and emotional functioning. This impact also depends upon the age and the content of media. Content of some media programs may instill fear and anxiety in children. Children aged 3-6 may get frightened by fantasy characters .Older children may be negatively affected by realistic scenes of injury or violence. Violence viewed on media is definitely a risk factor for aggressive behavior in children.

There is also growing evidence that engagement with digital screen rather than with family members, limits time for activities such as Playing, Reading, Social interaction with peers, Storytelling, and Participation for physical exercise.

Digital programs glamorize sex and violence. Parents may be happy thinking that their child is learning from digital devices, whereas the fact is that watching cartoon which is full of flashing images of violence with blasting background music is most harmful to the child's mental and emotional well-being.

Early viewing habit creates wrong message of life style. Children tend to drink and eat low nutritious food which is high in fat, with high caloric value.

Media is not all bad. Media exposure in limited and supervised manner can imbibe an early readiness for learning. Problems begin when media use displaces physical activity and face-to-face social interaction in the real world, which is critical to learning.

Many children with excessive viewing habit may suffer from sensory overload, lack of restorative sleep, and a hyper-aroused nervous system, which is now-a-days called as the Electronic Screen Syndrome. These children are found to be impulsive, moody, and can't pay attention. Digital programs such as cartoons encourage violence, gender disrespect and disobedience. It has been established that repeated watching of scenes such as of bomb blasts, terrorist attacks, murder scenes, shootings, cartoons beating up each other cause desensitization to violence and aggression.

It is time that Pediatricians start advocating "**Media Free Homes**" for a healthier happier and verbally intellectual tomorrow!

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## DISCUSSING FAMILY LIFE EDUCATION (SEX EDUCATION) & SEXUALITY WITH ADOLESCENTS.

In country like India due to varied cultural practices and different taboos, educating children and adolescents regarding sex and sexuality is very difficult. It has been demonstrated in surveys that more than 70% parents and teachers never discussed regarding sex education with their children and students. There is a sort of inhibition on the part of adults. Even the science teachers do not teach the part of male and female reproductive system to students. This leads to confusion in the minds of children. Also due to peer group discussion, media impact, porn videos and literature they develop imaginary wrong ideas about body parts, sexual practices and wrong concepts of sexuality.

Curiosity about sex and wish to explore is at its peak due to hormonal changes during adolescence. This is where sex education plays crucial role. An important aspect of sex education is discussing about safe and unsafe sex practices. Biggest risks of unsafe sex practices are contracting sexually transmitted diseases and teen age pregnancies. Many professional doctors think that they are sex educators, but actually sex education should be done scientifically. All the professionals while doing sex education of normal and differently abled children must include following points during discussion and explain risks of wrong practices by choice-price theory, stating that every choice has a price; hence they must be aware about outcomes of wrong sex practices. The educators must be themselves comfortable at the time of discussing sex organs, anatomy, physiology, intimacy, masturbation, sexual intercourse, contraceptives etc.

### While doing sex education we must include following points in our discussion

1. Discussion should always be carried out in groups. Mixed group of boys and girls is preferable.
2. Discuss about puberty, emotional and behavioral changes during puberty. Also discuss about impact of changes occurring in children on parental emotions and behavior.
3. Body image.
4. Physical growth. Anatomy of male and female reproductive organs, internal and external.
5. Physiological changes and processes that occur during puberty.
6. Discuss regarding Hygiene of sexual organs in males and females.
7. Discuss regarding Myths and Facts about menstrual period, hygiene and relationship.
8. Romantic relationships.
9. Physical relationships, sex and sexual intimacy.
10. Discuss regarding birth control and contraceptive devices.
11. Discuss about masturbation.
12. Risks of physical relationship at young age-STD, TEEN-AGE PREGNANCY.
13. Safe and unsafe touch.
14. How to say NO.
15. Physical relationships, sex and sexual intimacy.

**PUBERTY** - This is a stage during which an adolescent's body reaches sexual maturity and is capable of reproduction. Age of onset is average 10 to 14 years.

### EMOTIONAL AND BEHAVIORAL CHANGES DURING PUBERTY -

- An adolescent becomes more interested in friends than in family LIFE OUTSIDE HOME
- Peer relations are given more importance than exams, health, hobbies. Disturbance in this

## DIGITAL GAME MEDIA ADDICTION - A CAUSE OF CONCERN !

Gone are the days when adolescents use to communicate with the letters or postal documents where they expressed their feelings in the form of written words and used to keep for months or years. There was a bond of love, affection and attachment due to this their memory was sharpened as brain was not overloaded with lot of information, now adolescents are entering in digital era, good to keep update easy access, faster communication but bad due to excessive use of media or misuse. Brain centers are overloaded with lot of information getting addicted and there are virtual fantasies upon which they work and became addicted.

There is a rapid fall in moral and ethical values, violence among adolescents are at peak. Studies indicate that children and adolescents expose to violence in computer games are more likely to act violently themselves. Video game addictions also known as "Gaming Disorder" or Internet Gaming Disorder is commonly seen. Children it may be multi player online role playing games, Social network and mobile games. Today joint family concept is diminishing and most of the family are nuclear with one or two children sometimes both the parents are busy in their duties, children get "on Demand" No waiting period and to add this today's adolescents are fully loaded with school work, not getting enough time to play, expectation of the parents from children are too high, such adolescents spend most of the time on video games either it may be thrilling or enjoyment or puzzle some of the video games are such designed children gets attracted and they became addicted just like substance abused adolescents get addicted to online games, social Networking, Mobile Games.

How to recognize such adolescents - Change in behavior or mood, Social isolation, fall in Academic activities, irritable, eye Problem, Sleep Disorder, Backache, neck problem, skin blisters and Calluses, Obesity, Drug addiction online gambling, Health Problem, Depression, ADHD, DVT, Auditory Hallucination, repeated motion of fingers and hand - tendinitis - carpal tunnel syndrome, text neck, motor vehicle accidents, dopamine down regulation and withdrawal similar to substance used disorder, frontal lobe overstimulation-losing focus and distractions are more common, memory impaired.

### How to manage or digital detox strategies

1. To reduce the amount of time spent on social media
2. Fix some time to view social media it should not be excess
3. Steps taken by government or organization to minimize or prohibit the use mobile devices during working hours or academic activities
4. In Hotels or restaurant where most of the adolescents come to celebrate birthdays or parties. Restaurant or hotels should provide discount on food bills if the customer refrain from using social media or mobiles
5. Digital literacy and awareness
6. Parental Monitoring Co-Viewing, Discussion regarding social media, Playing together indoor as well as outdoor games.
7. Demand all passwords and keeping all update regarding social media - By Parents
8. Keep busy adolescents with some sort of work like crafts, skill work listening dance, music mediation, Yoga
9. Counseling and psychotherapy and mental health professional, Family therapy
10. CBT

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7. Having sex with a partner is the biggest proof of being in love.
8. Oral contraceptive prevents STD and they have no side effects.
9. Kissing and hugging can cause pregnancy.
10. Young girls with physically matured bodies are sexually active and have high need for sex.
11. Oral sex does not cause STD.

### SAFE AND UNSAFE TOUCH

Safe touch is any touch that happens with consent and does not make you feel scared or confused. Such touch is usually for definitive purpose. Such as parents helping you change your clothes, or doctor examining you in presence of your parents.

Unsafe touch is any touch that happens against your will. Such touch may involve touching private parts. It must be communicated to the trustworthy adult.

We must teach children how to say NO.

A **NO** is a statement in itself. Understanding the consequences of one's actions , helps one understand when to say NO.

### DISCUSS FOLLOWING THINGS WITH CHILDREN

1. Is being in relationship is way to become popular?
2. Is it a way to get back to your parents?
3. Do you want to experience SEX? Is it a result of curiosity?
4. Saying NO is not a sign of weakness.
5. Can you handle the consequences of your actions?
6. Are you being pressured for sex?

### CONTRACEPTIVES

1. Condom
2. Oral pills. Hormonal
3. Surgical methods. Tubectomy in females and vasectomy in males.
4. IUD. Like Copper T., Lippes Loop.
5. Pastes and jellies. Spermicidal agents.
6. Depot injections.

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relationship may cause distress to child though parents may consider this as trivial.

- They need space, privacy and freedom. Parents should allow child freedom if he is able to strike balance, otherwise help him.
- Children experience dilemma between being an adult and child. Parents should respect child's wish.
- They experience easy irritability and anger. Good communication between parent and child and patience is healthier way to manage.
- Nature of relationship may change. Ex. Student --teacher relation may turn out to be friendly relationship. Accommodate child's point in discussion. Try to solve sibling rivalry.
- Media influence is linked with self image perception and peer acceptance.

**BODY IMAGE** : It is a person's perception of aesthetics or attractiveness of their own body. Teach them that accepting oneself the way you are is the key to healthy adjustment

### PHYSICAL GROWTH ANATOMY OF MALE REPRODUCTIVE ORGANS, INTERNAL EXTERNAL AND PARTS OF MALE REPRODUCTIVE SYSTEM.

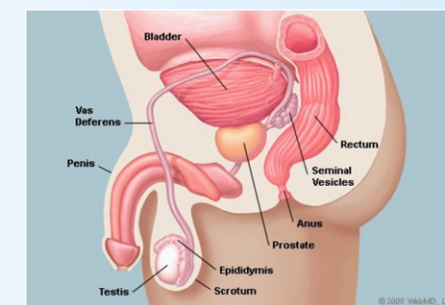
1. Penis.
2. Glans penis.
3. Foreskin. (Prepuce) in some men it is removed surgically known as circumcision.
4. Scrotum.
5. Testes
6. Vas deferens.
7. Prostate gland.
8. Seminal vesicles.
9. Urethra.

Male reproductive system produces semen, sperms and hormone Testosterone.

Secondary sexual characteristics in males include growth in size of penis, scrotum, muscles, and pubic, axillary and facial hair, also development of acne.

### PHYSICAL PROCESSES IN MALES. (PHYSIOLOGICAL)

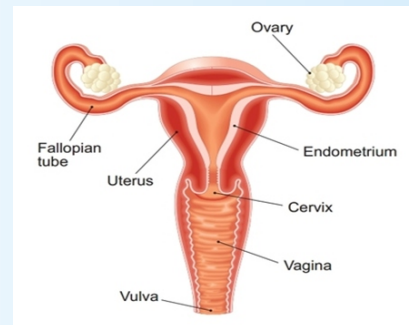
1. Penile Erection. ( due to collection of blood in corpus spongiosum & cavernosa at the time of sexual arousal)
2. Ejaculation of semen.
3. Orgasm ( peak of sexual satisfaction )
4. Wet dreams and nightfall ( Ejaculation that happens during sleep ) should not be confused with bed wetting.





### PHYSICAL GROWTH, ANATOMY OF FEMALE REPRODUCTIVE ORGANS, INTERNAL AND EXTERNAL PARTS OF FEMALE REPRODUCTIVE SYSTEM.

1. Vulva.
2. Labia majora.
3. Labia minora.
4. Clitoris.
5. Hymen.
6. Vagina.
7. Bartholin glands.
8. Cervix of uterus and uterus.
9. Fallopian tubes.
10. Ovaries.
11. Ovaries produce ovum and hormones progesterone and estrogen.



### PHYSICAL PROCESSES IN FEMALES (PHYSIOLOGICAL)

1. Menstruation. Average menstrual period is of 28 days.
2. Ovulation. It occurs at around 14th day of menstrual cycle.

**Hygiene** is most important part. Teach both boys and girls about cleaning of genital parts properly to avoid bacterial and fungal infections. Girls may experience discomfort and pain during menstruation. It is called as dysmenorrhoea. Girls must be taught about the use of sanitary napkins, tampons. In our country many girls are deprived of this facility, and they use unhygienic materials as napkins and suffer from infections of genital organs. They must be taught that napkins must be disposed into a bin after packing and covering them and they must wash hands after changing a pad.

### MYTHS AND FACTS ABOUT MENSTRUAL PERIOD

#### MYTHS (WRONG CONCEPTS) :

1. A girl should not engage in physical and social and religious activity during her menstrual period.
2. A girl should not touch anyone.
3. A period is something to be ashamed of and should not be spoken of.
4. Menstrual blood is dirty and unholy.
5. Losing menstrual blood makes you weak.

#### FACTS:

1. Menstrual blood is nothing but excess remains. It has no holy or religious connotation.
2. It is a physiological natural process and is a sign of good health.
3. Emotional changes can be experienced by girls due to hormonal changes.
4. Exercise can reduce discomfort and dysmenorrhoea (pain)

5. Avoid oily and spicy food.

Females can also experience nocturnal orgasm but there is no ejaculation.

Secondary sexual characteristics in females include growth in size of vulva, muscles, pubic, axillary and hair, also development of acne and cracking of voice.

### PHYSICAL & ROMANTIC RELATIONSHIPS, SEX AND SEXUAL INTIMACY :

Do not condemn romantic feelings or relationships. Parents and teachers tend to do so. Be non judgmental, it does not mean that you are encouraging them. If child speaks about relationship allow him to speak and express. At the same time help them to understand the consequences of their action. Teach them about choice and price analysis. Every action has a price. Tell them that they are themselves responsible for their actions, good actions will pay good price. Parents will not be responsible for their actions.

Do not relate relationship with character of the child, you may relate behavior as healthy or unhealthy choice. Being in relationship does not mean to be moral or immoral. Do not give lecture over morality to the child. Tell them that in a romantic relationship being in physical contact with partner is NOT the crucial way to express love. Such intimacy should never be confused with love. It involves risk of **TEEN PREGNANCY AND SEXUALLY TRANSMITTED DISEASES**.

If child complains that the partner is forcing physical relation then trustworthy and responsible parent must be informed with calmness and without exaggerated fear.

**SEX** refers to intimate physical activity between two consenting individuals, involving intercourse. There may not be removal of clothes.

**INTERCOURSE** - It is a physical act in which an erect penis enters the vagina which may be painful sometimes but also gives pleasure.

**ORGASM** - It is the discharge of accumulated sexual energy and results in feelings of sexual satisfaction and pleasure.

**MASTURBATION** - It refers to self stimulation of genitals and other parts of body that cause arousal, to experience sexual pleasure. Masturbation is healthy and the urge for it is normal. It has no ill effects on health and genitals. In fact it is healthier to masturbate to release sexual tension than to engage in sexual activity with a partner at a young age. It should be done with full privacy. Should not be done in excess so as to distract from study and goal of life. No toys should be used otherwise it can damage the genitals. Nails should be properly cut.

### WRONG CONCEPTS ABOUT PHYSICAL RELATIONSHIP

1. Thoughts of sex make you a bad person.
2. Sex is dirty, immoral.
3. Sex education increases the risk of experimentation.
4. Masturbation stuns your growth and man will be left with no sperms.
5. Larger size of penis provides more sexual satisfaction.
6. Condoms protect from STD and pregnancy 100%.