## SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL

# MHIAPSMIPHACON 2026

## MUMBAI

## 27th ANNUAL MAHARASHTRA STATE JOINT CONFERENCE of IAPSM & IPHA- 2026

**6th & 7th February, 2026**

As Part of Centenary Year Celebrations of KEM Hospital




# UNIVERSAL HEALTH CARE:

## BRIDGING GAPS IN URBAN & RURAL HEALTH

**Organised by**

## Department of Community Medicine

3rd floor, Library building, Seth G.S. Medical College &
KEM Hospital, Parel, Mumbai- 400 0012

mhiapsmiphacon2026@gmail.com | www.mhiapsmiphacon2026.com

# LAKEVIEW SUPERSPECALITY HOSPITAL ICU

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- Diabetic Care Center
- Dialysis Center








**Branch Dadar:**

Vidya Bhavan, Opposite Shiv Sena Bhavan,
Dadar West, Shivaji Park,
Mumbai, Maharashtra 400028
Contact No: 7506898353

**Branch Bandra:**

2nd Floor Mahatma Gandhi Seva Mandir Charitable Hospital,
S. V. Road, Opp. Bandra Lake,
Bandra (West), Mumbai 400050
Contact No:7021240496




# 5-7th February 2026

# SOUVENIR

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भूषण गगराणी
भा प्र से
महानगरपालिका आयुक्त
बृहन्मुंबई महानगरपालिका

Bhushan Gagrani
IAS
Municipal Commissioner
Brihanmumbai Municipal Corporation

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## MUNICIPAL COMMISSIONER, BRIHANMUMBAI MUNICIPAL CORPORATION'S MESSAGE

I am happy to learn that "27th Maharashtra Chapter of IAPSMIPHA Conference is being hosted by the Department of Community Medicine as a part of centenary year celebrations one of the prestigious institutes Seth G. S. Medical College and K.E.M Hospital.

Mumbai's journey as a megacity reminds us every day that health is shaped not just by hospitals, but by where and how people live and the role of public health department and tertiary care hospital managed by medical colleges become crucial in delivering health care. Therefore, delivery of health care at primary, secondary and tertiary level and continuous monitoring of the same is essential to fill the gaps if there are any. I would like to endorse that the theme of the conference "Universal Health Care: Bridging Gaps in Urban & Rural Health" is relevant for delivering health care,

I would like to appreciate and extend my greetings to Dr. Sangeeta Ravat, Dean, Seth GSMC & KEM Hospital for promoting the Department of community for the hosting MHIAPSMIPHACON 2026. The Brihanmumbai Municipal Corporation (BMC) is proud to support this pivotal conference which seeks to address India's dual challenge of ensuring affordable and equitable healthcare access across its diverse landscapes.

I welcome all dignitaries, speakers and delegates of this conference in Mumbai city. Hope this conference will provide a platform for eminent public health experts, academicians, researchers. and administrators to discuss the practical issues in providing health care and also to find solutions to bridge the gaps in universal coverage of health care.

I sincerely appreciate the Department of Community Medicine, Seth G.S. Medical College and KEM Hospital, Mumbai, Maharashtra Chapter of Indian Association of Preventive and Social Medicine and the Maharashtra Branch of the Indian Association of Public Health for organizing the conference.

Best wishes for future endeavors.

**(Bhushan Gagrani)**
**Municipal Commissioner**

# Key Messages

Dr. Vipin Sharma
IAS
Addl. Municipal Commissioner (Western Suburbs)
Brihanmumbai Municipal Corporation

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डॉ. विपिन शर्मा
भाप्रसे
अतिरिक्त महानगरपालिका आयुक्त (पश्चिम उपनगरे)
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+९१-२२-२२६२ ०२५१
विस्ता. क्र. : ४२१४



It gives me immense pleasure that the Department of Community Medicine, Seth GS Medical College & KEM Hospital, Mumbai, is organizing the 27th annual state conference of IAPSM and IPHA with the appropriate theme "Universal Health Care: BridgingGaps in Urban & Rural Health".

As Additional Municipal Commissioner (Health) of the Brihanmumbai Municipal Corporation (BMC), I appreciate the MHIAPSMIPHACON 2026 for deliberating on India's critical public health priorities in the conference which will highlight the gaps that still need to be addressed. Cementing these gaps cannot be done by any one system alone it calls for teamwork between academicians, public health services, non-governmental organizations. local leaders and the communities themselves.

I hope the deliberations in the conference by way of orations, panel discussions, research paper presentations, etc., will ignite the thought process and bring about practical solutions to have a positive health impact among the population.

I congratulate the Dean and the organizing team for hosting such a thought-provoking conference.

Best wishes for a successful conference.

Dr. Vipin Sharma,
Additional Municipal Commissioner
(Western Suburbs), Mumbai

# Key Messages

Dr. Ajay S. Chandanwale
Director

सत्यमेव जयते

**Government of Maharashtra**
**Director**
**Directorate of Medical Education & Research, Mumbai**

## MESSAGE



I would like to greet the participants of MHIAPSMIPHACON 2026: "Universal Health Care: Bridging Gaps in Urban & Rural Health". As Director of Medical Education and Research, Maharashtraand the Vice-Chancellor of Maharashtra University Health Services, I appreciate the Department of Community Medicine, Seth GS Medical College & KEM Hospital, Mumbai, Indian Association of Preventive and Social Medicine (IAPSM), Indian Public Health Association (IPHA) for convening this critical dialogue.

India's healthcare journey is complex and deeply connected to the realities people live with every day, such as overcrowded cities, limited services in rural areas, and a growing burden of non-communicable diseases. Education, research and equity are the pillars to overcome these challenges. Based on these pillars, Maharashtra University Health Services and the Department of Medical Education and Research together remain committed to nurture a health systemthat is responsive and inclusive. This includes strengthening medical education by integrating public health and community medicine into curricula, encouraging research collaborations that address local and regional health needs and expanding training opportunities for healthcare workers serving the underserved and remote areas.

This conference will focus on primary healthcare strengthening, digital health and inter- sectoral partnerships and deliver a roadmap to Universal Health Coverage. Let's transform ideas into action: innovate affordable models, empower grassroots workers and prioritize prevention.

Best wishes for an Engaging conference.

**Dr. Ajay Chandanwale**
**Director, Medical Education & Research & Vice- Chancellor, MUHS, Maharashtra**

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# Key Messages

सार्वजनिक आरोग्य विभाग
महाराष्ट्र शासन
**Dr. Nitin Ambadekar**
Director of Health Services
Mumbai

सत्यमेव जयते

GOVERNMENT OF MAHARASHTRA
**Commissionerate of Health Services**
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**MHIAPSMIPHACON 2026**
Date-21th January 2026

## HON'BLE DIRECTOR OF HEALTH SERVICES'S MESSAGE

I extend my warm greetings to the delegates and organisers of **MHIAPSM–IPHACON 2026** on the theme *"Universal Health Care: Bridging Gaps in Urban & Rural Health."* As Director of Health Services, Maharashtra, I commend the **Indian Association of Preventive and Social Medicine (IAPSM), Maharashtra Chapter**, and the **Indian Public Health Association (IPHA), Maharashtra Chapter**, for addressing one of India's most pressing public health challenges.

Maharashtra's diverse landscape-ranging from the dense urban settings of Mumbai to remote rural and tribal regions-demands an equitable and resilient healthcare system. The State has undertaken several initiatives, including **Ayushman Bharat**, deployment of **Mobile clinics in remote areas**, and expansion of **Digital health platforms**, all aimed at ensuring that no one is left behind. Despite these efforts, gaps remain, particularly in addressing **Health workforce shortages**, **vaccine hesitancy**, and the rising burden of **Non-communicable diseases**.

Addressing these challenges requires sustained collaboration among public health systems, communities, academia, and policymakers. In this context, the conference's focus on **Primary healthcare strengthening, technological innovations, and social determinants of health** is timely and aligns closely with the priorities of the State.

Let us move from deliberation to action-by strengthening disease surveillance, enhancing the capacity of frontline health workers, and ensuring the availability of affordable and quality medicines. Together, we can transform healthcare access into a right, not a privilege.

I wish the conference every success and hope the deliberations lead to meaningful and actionable outcomes.

(Dr. Nitin Ambadekar)
Director Health Services,
Maharashtra State, Mumbai

# Key Messages

शरद निवृत्ती उघडे
उप आयुक्त
(सार्वजनिक आरोग्य आणि
आपत्कालीन व्यवस्थापन)
बृहन्मुंबई महानगरपालिका

Sharad Nivrutti Ughade
Dy. Municipal Commissioner
(Public Health & Disaster Managment)
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## HON'BLE DEPUTY MUNICIPAL COMMISSIONER (PUBLIC HEALTH), BRIHAN-MUMBAI MUNICIPAL CORPORATION' S MESSAGE

"Warm Greetings!

I am honored to address the 27th Joint Conference of MHIAPSMIPHACON 2026, hosted by the Community Medicine Dept of Seth GSMC & KEM Hospital as part of the Centenary Year Celebration of KEM Hospital.

I wish to highlight the pivotal role that primary healthcare plays in delivering urban healthcare and its role as the backbone, providing essential services, preventive care, and referrals to higher facilities. Medical colleges play a vital role as knowledge hubs, driving innovations, research, and capacity building. Their Community Medicine departments are instrumental in supporting urban health initiatives, monitoring and community outreach. I am sure that the MHIAPSMIPHACON 2026 conference, with the theme of 'Universal Health Care: Bridging Gaps in Urban & Rural Health', will generate evidence based meaningful solutions.

I specially want to congratulate the Dean and the organizing team for hosting such a scientific feast for all public health experts.

Looking forward to synergize the efforts by BMC Public Health Administration and the Academic & Research Institutions like Seth GSMC & KEMH through such platforms.

REGARDS & ALL THE BEST

**Mr. Sharad Ughade**
**Deputy Municipal Commissioner**
**(Public Health)**
**Brihan-Mumbai Municipal**
**Corporation (BMC), Mumbai.**

उप-आयुक्त (सार्वजनिक आरोग्य) यांचे कार्यालय, बृहन्मुंबई महानगरपालिका मुख्यालय, विस्तारित इमारत, ३ रा मजला,महापालिका मार्ग, फोर्ट, मुंबई - ४०० ००१.
Office of Dy. Municipal Commissioner (P.H.), Municipal Head Office, Extension Building, 3rd Floor, Mahapalika Marg, Fort, Mumbai - 400 001.

# Key Messages

**BRIHANMUMBAI MUNICIPAL CORPORATION**
Topiwala National Medical College & B. Y. L. Nair Charitable Hospital
Dr. A. L. Nair Road, Mumbai Central, Mumbai - 400 008. India
Tel. No. : (022) 23027000 / 23081490 / 68687777



## HON'BLE DIRECTOR'S MESSAGE

I extend my warm greetings to the delegates and organisers of MHIAPSMIPHACON 2026: "Universal Health Care: Bridging Gaps in Urban & Rural Health". I appreciate the Department of Community Medicine, Seth GS Medical College & KEM Hospital, Mumbai, Indian Association of Preventive and Social Medicine (MH) and Indian Public Health Association (MH) who have joined hands to organise this important public health event.

Based on the four principles of the 'Primary Health Care' strategy to achieve the goal of 'Health For All', this conference itself is an example of the principle of 'Community Participation' as well as 'Appropriate Technology' in a broad sense. The theme of "Universal Health Care: Bridging Gaps in Urban & Rural Health" is based on the principle of 'Equitable Distribution'.

Meeting health needs demands a multisectoral approach and represents the fourth principle of 'Intersectoral Coordination'. Being a medical director, I believe the health service based on these four principles of Primary Health Care will be able to bridge most of the gap between Urban and Rural health. The flag bearer of Primary Health Care, that means the Community Medicine experts organising this MHIAPSMIPHACON 2026, have a tremendous responsibility of utilising this platform for finding more evidence-based strategies in accordance with the principles of Primary Health Care.

I truly believe in the organisers that they will use this MHIAPSMIPHACON 2026 opportunity to develop actionable outcomes. Best Wishes to them.

22/1/26

**Dr. Shailesh Mohite**
**Director(ME&MH)**

# Key Messages

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## HON'BLE DEAN SETH GSMC & KEMH'S MESSAGE

I am extremely happy to welcome all the delegates of MHIAPSMIPHACON 2026: "Universal Health Care: Bridging Gaps in Urban & Rural Health". It gives me immense pleasure to appreciate the Department of Community Medicine, Seth GS MedicalCollege & KEM Hospital, Mumbai,Indian Association of Preventive and Social Medicine (MH) and Indian Association of Public Health (MH) for organising this academic feast.

As a leading tertiary health care institution, Seth GSMC & KEM Hospital plays a critical role not only in advanced clinical care but also in providing equitable health services.'Universal Health Care: Bridging Gaps In Urban & Rural Health' is a moral as well as professional responsibility of all Academic Medical Institutions.

Institutions like Seth GSMC & KEM Hospital are committed to train socially responsible medical students and act as a knowledge hub for health care fraternities in rural and urban areas. This MHIAPSMIPHACON 2026 conference is an important milestone in the journey of the Institution as a Centre of Excellence.

I am very confident that the Department of Community Medicine of Seth GSMC & KEMH, IAPSM and IPHA will make the MHIAPSMIPHACON 2026 conference a powerhouse of resources needed to bridge the gaps existing in Urban & Rural health.

Best Wishes to the organisers of the conference.

S Ravat
28/1/26

**Dr. Sangeeta Ravat**
**Dean,**
**Seth GSMC & KEMH, Mumbai.**

Dean, K.E.M.H. & Seth G.S.M.C.,
Parel, Mumbai - 400 012.

# Key Messages

## Brihanmumbai Municipal Corporation
### Public Health Department

Executive Health Officer Public Health Department, 3rd floor, F - South Ward Office Building,
Dr. Babasaheb Ambedkar Marg, Parel, Mumbai 400 012.



**EXECUTIVE HEALTH OFFICER,**

**BRIHANMUMBAI MUNICIPAL CORPORATION'S MESSAGE**

Public Health Department (PHD) is very proud to collaborate with the Department of Community Medicine, Seth G.S. Medical College and KEM Hospital, Mumbai, for the 27th Annual State Conference of IAPSM (MH) and IPHA (MH). The theme of the Conference *"Universal Health Care: Bridging Gaps in Urban & Rural Health"* is very much relevant from the public health perspective. As an Executive Health Officer of the Brihanmumbai Municipal Corporation (BMC), I have witnessed many challenges while implementing the national programmes and addressing gaps in primary health care, such as improving its accessibility and availability, providing health care workforce and improving the health outcomes.

The Public Health Department has strived hard to bridge the gaps through innovations and bring new strategies such as private sector engagement, CSR involvement, evolving new models of care, and interconnected components for the continuum of care and encouraging technology in patient care services.

Urban public health today stands at a critical intersection of rapid urbanization, evolving communicable disease patterns and rising expectations for equitable and quality care. In addition, ever increasing NCD burden due to unhealthy lifestyle choices, environmental health risk, migration and socioeconomic disparity are the social determinants that affect health outcomes.

Platforms such as MHIAPSMIPHACON 2026 play a vital role in strengthening public health systems by fostering dialogue between academia, administrators, and field practitioners. Such interactions help translate research and policy into actionable interventions that are relevant, scalable, and responsive to community needs.

I am looking forward to the MHIAPSMIPHACON2026 Conference as an opportunity to explore the possibilities of innovative, robust and doable evidence-based strategies to address the health disparities across different strata of the community.

I am confident that this conference will stimulate innovative thinking, encourage collaborative approaches, and inspire young professionals to contribute meaningfully to public health practice.

I convey my best wishes to the organizers and participants for a productive and successful conference.

**Dr. Daksha Shah**
**Executive Health Officer**
**Brihanmumbai Municipal Corporation**
**(BMC), Mumbai.**

# Key Messages

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## HON'BLE ACADEMIC DEAN, SETH GSMC & KEMH'S MESSAGE

It is my distinct privilege and honour to extend a warm welcome to all the delegates, academicians, public health professionals, researchers, and students participating in MHIAPSMIPHACON 2026, themed "Universal Health Care: Bridging Gaps in Urban & Rural Health", being hosted at our esteemed institution, Seth G.S. Medical College and K.E.M. Hospital, Mumbai.

I wholeheartedly congratulate the Department of Community Medicine, Seth GSMC & KEM Hospital, in collaboration with the Indian Association of Preventive and Social Medicine (Maharashtra Chapter) and the Indian Public Health Association (Maharashtra Branch), for undertaking this timely and intellectually significant academic endeavour. The conference theme resonates profoundly with global and national commitments towards Universal Health Coverage (UHC), as articulated by the World Health Organization (WHO), the United Nations Sustainable Development Goals (SDG-3), and India's National Health Policy and Ayushman Bharat framework.

Bridging health inequities between urban and rural populations is not merely a service delivery challenge but a moral, academic, and social obligation of medical institutions. The contemporary global health landscape—marked by demographic transition, the rising burden of non-communicable diseases, emerging and re-emerging infections, climate-related health risks, and widening social determinants of health—demands that academic medical institutions transcend conventional boundaries and actively engage with communities and health systems.

India's transition to Competency-Based Medical Education (CBME), aligned with global best practices advocated by the World Federation for Medical Education (WFME) and WHO, represents a paradigm shift towards socially accountable medical education. The focus on producing competent, ethical, patient-centred, and community-oriented Indian Medical Graduates capable of functioning effectively across diverse settings—urban slums, rural hinterlands, and underserved populations—is both timely and visionary. Programmes such as the Family Adoption Programme exemplify the integration of academic learning with community engagement, fostering empathy, accountability, and public-health leadership.

Medical colleges today must function as catalysts for health-system strengthening, equity promotion, and capacity building of the health workforce. By extencing academic expertise beyond campus boundaries, integrating research with policy and practice, and promoting intersectoral collaboration, institutions such as Seth GSMC & KEM Hospital continue to uphold their historic legacy of service, scholarship, and societal commitment.

I am confident that MHIAPSMIPHACON 2026 will serve as a robust platform for evidence-based deliberations, policy-relevant discourse, and innovative solutions, contributing meaningfully to urban and rural health advancement, curricular enrichment, and future-ready public-health leadership.

I convey my sincere best wishes to the organizing committee for a highly successful and academically enriching conference and trust that its deliberations will significantly advance the shared global vision of health equity and Universal Health Coverage.

**Dr. Harish Pathak**
**Academic Dean,**
**Seth GSMC & KEMH, Mumbai.**

# Key Messages

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## MEDICAL SUPERINTENDENT'S MESSAGE

It gives me immense pleasure to extend a warm welcome to all delegates, faculty members, researchers, and postgraduate students to the 27th Joint State Conference of IAPSM Maharashtra Chapter& IPHA Maharashtra Branch being hosted at the prestigious Seth G.S. Medical College & KEM Hospital, Mumbai.

The theme of MHIAPSMIPHACON 2026, "Universal Health Care: Bridging Gaps in Urban and Rural Health," reminds us that quality healthcare must reach everyone, regardless of location. Strengthening primary care, improving coordination, and supporting our health workforce are essential steps toward a more equitable and inclusive health system.

Universal Health Care is both a goal and a responsibility for medical college hospitals. As institutions that combine patient care, teaching and research, we serve as vital links between urban tertiary services and rural and peripheral health systems. Every day, we experience the challenges of overcrowding, high referral load, and resource constraints, while also witnessing the gaps faced by rural patients in accessing timely and specialised care.

As Medical Superintendent, I understand that role goes beyond managing hospitals. We must work together towards improving the urban and rural health services, focus on patient-centred care, and turn evidence into practical action. Only then can we ensure that health as a right is available to all

I congratulate the Department of Community Medicine of Seth G.S. Medical College and KEM Hospital for their initiative and wish the conference a great success

**Dr Mohan Desai**
**Medical Superintendent**
**Seth G.S.Medical College and**
**KEM Hospital,Mumbai**

Dr. Mohan Desai
Medical Superintendent
KEM Hospital

# Key Messages

***From the Desk of President – IAPSM Maharashtra State Chapter***



**Prof. (Dr.) Purushottam Giri**
*(M.B.B.S., M.D (PSM), MIPHA, FIAPSM, CCEBDM)*
Professor and Head, Dept. of Community Medicine,
IIMSR Medical College, Badnapur Dist. Jalna, Maharashtra.
Secretary General – National IAPSM (2022-25)
President – IAPSM Maharashtra State Chapter (2024-27)
Vice-President – IPHA Maharashtra Chapter (2018-21 & 2021-24)
Zonal Representative (West Zone) - APCRI (2022-24 & 2024-26)
Central Council Member (West Zone) – National IPHA (2023-25)
Secretary – IAPSM Maharashtra Chapter (2015-18 & 2021-24)
EC Member (West Zone) – National IAPSM (2017-18 & 2018-19)
Life Membership – IAPSM, IPHA, APCRI, EFI, NMO & COMFA

## ***MESSAGE***

It gives me immense pleasure to pen this message for the souvenir to be released on the occasion of the **27th Annual Maharashtra State Joint Conference of Indian Association of Preventive & Social Medicine (IAPSM) and Indian Public Health Association (IPHA)-2026,** which is going to be organised by Department of Community Medicine of Seth G. S. Medical College & KEM Hospital, Mumbai, as part of the centenary year celebrations of the esteemed institution, on 06th & 07th February 2026 with Pre-conference Workshops on 05th February 2026.

It is noteworthy that this conference will focus on thoughtfully chosen theme - "**Universal Health Care: Bridging Gaps in Urban and Rural Health**", with various sub-themes of public health importance.

I am confident that this conference is being meticulously planned with enriched plenary sessions, orations, and scientific paper presentations which will be delivered by renowned speakers and supported by several national and international luminaries in the field of community medicine and public health.

I am sure that the deliberations in this conference will ignite the minds of community medicine specialists, public health experts, medical students and academicians to chart out the intricacies involved in the theme.

I whole heartedly congratulate and extend my best wishes to **Prof. (Dr.) Vijaykumar Singh**, Organizing Chairperson and **Prof. (Dr.) Yuvaraj B. Chavan**, Organizing Secretary, Department of Community Medicine and their whole team for organizing this grand conference with appropriate theme in the present time.

I wish this conference to be an academic feast for all the speakers and delegates. Let us look forward to gain meaningful practical insights in shaping '**Universal Health Care**' policies for India.

The souvenir you hold in your hands is a reflection of the vibrant spirit of this conference. It captures the essence of our shared vision, the diversity of ideas, and the relentless pursuit of excellence in preventive and social medicine. I congratulate the souvenir committee and editorial team for their hard work and dedication in bringing this publication. Let this souvenir serve as a source of inspiration and a reminder of the vital role each one of us plays in shaping the future of public health.

Last but not the least; I wish the organizers of the conference and the participants a grand success.

Long Live IAPSM……...!!!

**Prof. (Dr.) Purushottam Giri**

# Key Messages

**MHIAPSMIPHACON 2026**



## MESSAGE FROM PRESIDENT OF IPHA MAHARASHTRA STATE BRANCH

Welcome to Conference!

The entire team of Department of Community Medicine, of Seth G S Medical College & KEM Hospital, have wholeheartedly taken efforts for successful organization of this 27th Annual Maharashtra State Joint Conference of Indian Association of Preventive & Social Medicine (IAPSM), Maharashtra Chapter and Indian Public Health Association (IPHA), Maharashtra State Branch on the theme of "Universal Health Care: Bridging Gaps In Urban and Rural Health"

India's rapid urbanization has brought remarkable advances in healthcare infrastructure, technology and specialized services. Yet, these gains coexist with persistent inequities between urban and rural populations across socioeconomic groups and among marginalized communities. Rural areas continue to face challenges related to access, availability, affordability and quality of health services, while urban settings grapple with overcrowding, lifestyle-related diseases, environmental hazards and inequitable access within cities themselves.

Bridging these gaps requires more than expanding services; it calls for a strong preventive and promotive health approach rooted in equity, community participation and evidence-based policy. As professionals of Preventive and Social Medicine, we are uniquely positioned to address these challenges by strengthening primary healthcare, improving health systems, leveraging digital health innovations and ensuring that social determinants of health remain an important part of planning and action.

This conference provides an excellent platform to share experiences, exchange ideas and generate solutions that are practical, inclusive and sustainable. I urge all participants to engage actively, think innovatively and collaborate across disciplines to convert knowledge into meaningful action. Let our discussions contribute not only to academic enrichment but also to evident improvements in the health and well-being of populations across both urban and rural India.

I am sure that this conference will succeed fulfilling its objective, reminding us of our renewed commitment to achieving health equity and universal health coverage, under the able leadership of organizing chairperson Dr. Vijaykumar Singh, the Head of the Department of Community Medicine.

**DR PRASAD WAINGANKAR**
**PRESIDENT**
**IPHA MAHARASHTRA STATE BRANCH**

# Key Messages

## From the Desk of the Secretary - IAPSM Maharashtra Chapter

**Dr. Harshal T. Pandve**
*M.B.B.S., M.D. (PSM)*
Professor & Head, Dept. of Community Medicine
PCMC's Post Graduate Institute & YCM Hospital, Pimpri, Pune
Secretary, IAPSM Maharashtra Chapter



***Message***

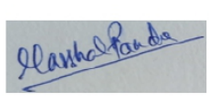
It gives me immense pleasure to extend a warm welcome to all delegates, faculty members, researchers, and postgraduate students to the 27th Joint State Conference of IAPSM Maharashtra Chapter& IPHA Maharashtra Branch being hosted at the prestigious Seth G.S. Medical College & KEM Hospital, Mumbai**.**

The theme of this conference, "Universal Health Care: Bridging the Gap Urban & Rural Health," is both timely and highly relevant. Achieving universal health coverage remains a central goal of India's health system, and reducing disparities between urban and rural populations is essential for ensuring equitable access to quality healthcare services. I am confident that the deliberations during this conference will generate valuable insights and practical strategies to move us closer to this goal.

I sincerely appreciate the dedicated leadership of the Organising Chairperson, Dr. Vijay Kumar Singh and commend the entire Organising Committee, faculty advisors, and student volunteers for their meticulous planning and tireless efforts in making this conference possible. Their commitment reflects the true spirit of academic excellence and professional collaboration.

On behalf of the IAPSM Maharashtra State Chapter, I wish the 27th Joint State Conference of IAPSM Maharashtra Chapter& IPHA Maharashtra Branch a grand success and hope that this gathering inspires renewed commitment towards achieving universal, equitable, and inclusive healthcare for all.

With warm regards,



Dr. Harshal T. Pandve
Secretary, IAPSM Maharashtra Chapter

# Key Messages


## INDIAN PUBLIC HEALTH ASSOCIATION (IPHA)

(Registered under Society Act, No. S/2809 of 1957-58)

## MAHARASHTRA STATE BRANCH

Secretariat: Department of Community Medicine, Mahatma Gandhi Mission Medical College
Kamothe, Navi Mumbai, Pin - 410209 ■ E-mail: iphamaha@gmail.com
Web: www.iphamaha.org ■ Tel: 022-2743 7996/ 7997 ■ Mobile: 9324714313, 9011062306



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**Dr. Vikas Kshirsagar**
Assistant Professor, Dept. of Community Medicine
CSM GMC, Satara

• Editor IPHA Maharashtra Newsletter
**Dr. Harshal Pandve**
Professor & Head, Dept. of Community Medicine
PCMC's Postgraduate Medical Institute & YCM
Hospital, Pimpri, Pune




### SECRETARY OF IPHA(MH) MESSAGE

It gives me immense pleasure to welcome all delegates, faculty members, researchers and public health professionals to the 27th IAPSM–IPHA Joint Maharashtra State Conference (MHIAPSMIPHACON 2026), being held from 5th to 7th February 2026. I extend my sincere appreciation to the Department of Community Medicine, Seth GS Medical College and KEM Hospital, Mumbai, for organizing this prestigious conference and for their dedicated efforts in bringing together this important academic platform.

The conference theme, "Bridging the Gaps in Urban and Rural Health," is both timely and relevant. Despite significant advancements in health care delivery, disparities in access, quality of services, infrastructure and human resources between urban and rural populations continue to challenge equitable health outcomes. Addressing these gaps requires strong public health systems, community-oriented approaches, intersectoral collaboration and evidence-based policy interventions.

This conference offers an excellent opportunity for meaningful academic exchange through orations, plenary sessions and paper presentations in oral and poster formats. The interaction among public health experts, academicians, researchers and administrators will foster innovative thinking and strengthen collective efforts towards reducing health inequities.

I am confident that the discussions and knowledge shared during MHIAPSMIPHACON 2026 will contribute significantly to advancing Public Health and Community Medicine and inspire actionable solutions for achieving equitable health care for both urban and rural communities. I wish the conference every success and hope it proves to be an enriching experience for all participants.

Dr. Deepak Khismatrao
Secretary

# Key Messages

*FROM THE DESK OF THE ORGANISING CHAIRPERSON*

**Dr Vijaykumar Singh**
MD,DPH,DFW&CH,AFIH,FAIMER FELLOW
Professor & Head
Department of Community Medicine
Seth G.S. Medical College and KEM Hospital,
Mumbai



## MESSAGE FROM THE ORGANIZING CHAIRPERSON

On behalf of the Organising Committee of MHIAPSMIPHACON 2026, I extend heartfelt greetings to all the esteemed delegates and cordially welcome each one of you to this 27th Annual State Conference of IAPSM and IPHA; centred on the theme "Universal Health Care: Bridging Gaps in Rural and Urban Health", at our prestigious twin institution.

It is a privilege and honour of the highest order for the Department of Community Medicine at Seth GSMC and KEM Hospital, Mumbai to host this State Conference during the historic centenary year of the institute. Our department remains deeply committed to the vision of emerging as a centre of excellence in teaching, training, health care service delivery, public health management and research.

As the Head of the Department of Community Medicine, I am very much delighted to present this platform that brings together distinguished academicians, researchers, public health professionals and practitioners to exchange their ideas and perspectives, collectively work towards strengthening health systems and improving the health and well-being of communities.

I acknowledge the dedicated and relentless efforts of the faculty, residents and staff of my department in meticulously planning and executing every aspect of this conference of the highest standards. The conference shall feature various orations, plenary sessions and paper and poster presentations, enabling the delegates to share their research ideas and field experiences. This shall foster informed discussions, healthy debates, exchange of innovative solutions to address the challenges in the current public health scenarios and help in bridging the gaps in providing universal health coverage. It is our sincere wish that all delegates have a fruitful and enriching experience at the conference and also enjoy the spirit and hospitality of Mumbai.
I am very much thankful to the Dean for constant guidance and support.
Thank you all.

**Dr Vijaykumar Singh**
**Organising Chairperson**

# 27th MHIAPSMIPHACON 2026

# Key Messages



**Dr Yuvaraj B. Chavan**
Professor (Addl.)
Department of Community Medicine
Seth G.S. Medical College and KEM Hospital,
Mumbai

## ORGANISING SECRETARY MESSAGE

It gives me immense pleasure to welcome all delegates, faculty members, public health professionals, researchers and students to MHIAPSMIPHACON 2026. We are honoured to host this conference and bring together public health minds from across the country under the theme “Universal Health Care: Bridging the Gaps in Urban and Rural Health.”

India’s health landscape is marked by remarkable progress and at the same time there are persistent inequities. While urban areas often enjoy better access to healthcare services and advanced technologies, rural regions continue to face challenges related to accessibility, availability and quality of care. Simultaneously, urban populations, especially the urban poor, are increasingly burdened by non-communicable diseases, environmental risks and social vulnerabilities. These contrasting realities highlight the urgent need for integrated, equitable and context-sensitive public health solutions.

MHIAPSMIPHACON 2026 aims to serve as a vibrant platform for meaningful dialogue, exchange of ideas and collaborative learning. Through scientific sessions, panel discussions and interactive deliberations, the conference seeks to explore practical strategies, innovative models and policy-relevant insights to reduce health disparities across urban and rural settings.

Each and every member of the Department of Community Medicine, Seth G.S. Medical College and KEM Hospital, Mumbai have been tirelessly and with full enthusiasm working towards putting together all smallest of detailed tabs of the puzzle that goes to make the grand 27th MHIAPSMIPHACON2026. This gruelling work started from the day the idea of conducting a state level conference of the community medicine department as part of the Centenary year celebrations of KEMH was conceptualized by our beloved Head of Department Dr Vijaykumar Singh sir.

I encourage all participants to engage actively, share their experiences and contribute constructively to the discussions. Your participation will be key in transforming evidence into action and shaping a more inclusive and resilient health system. ** Please don’t forget the cultural program!!!

On behalf of the organizing committee, I extend my sincere thanks to all speakers, delegates, sponsors and partners for their support.

I wish all participants a stimulating academic experience and a memorable time at MHIAPSMIPHACON 2026.

Warm regards and best wishes.

**Dr. Yuvaraj B. Chavan**
**Organising Secretary**

# Key Messages



**Dr Janardhan Bandi**
Professor (Addl.)
Department of Community Medicine,
Seth G.S. Medical College and KEM Hospital,
Mumbai

## CHIEF JOINT ORGANISING SECRETARY'S MESSAGE

It is my privilege to welcome you to MHIAPSMIPHACON 2026, centered on the theme Universal Health Care: Bridging Gaps in Urban and Rural Health." This theme reflects one of the most important challenges of India's public health system: ensuring equitable access to quality health services across diverse populations and geographies.

This conference theme is meticulously planned after thorough discussions with the Head of the Department of Community Medicine of various medical colleges of Maharashtra state and the team work of various committee members of the conference at KEM Hospital.

The team of Community Medicine Department of Seth G.S.Medical College & KEM Hospital, Mumbai, under the guidance of Head of the Department, Dr Vijaykumar Singh is working hard for last few months for successful organization of this 27 th Annual Maharashtra State Joint Conference of Indian Association of Preventive & Social Medicine (IAPSM), Maharashtra Chapter and Indian Public Health Association (IPHA), Maharashtra Branch on this theme of "Universal Health Care: Bridging Gaps in Urban and Rural Health."

We hope that this well-planned scientific programme including orations, plenary sessions, panel discussions, delivery of talks by Eminent Public Health Experts, Academicians, Researchers, Administrators, Paper and Poster presentations would not only enlighten but would also empower all of us in achieving Universal Health Care and bridging gaps in rural and urban health.

On behalf of the Department of Community Medicine, I welcome all delegates particularly postgraduate students and young public health professionals, to actively engage, present their research and contribute to informed dialogue. Together, let us move beyond discussion to actionable insights that advance universal health care and reduce health inequities across urban and rural India.

We assure you a great deal of Knowledge sharing and expert interactions during this academic feast. I am confident that the delegates will be immensely benefited by the scientific deliberations of the conference and your active participation will add to the richness of this conference and make it a memorable event.

Best wishes and warm regards on behalf of all Conference Committee Members, Faculty, SRs, Residents, Interns, Students and all other Support Staff of Community Medicine Department of Seth G.S. Medical College & KEM Hospital, Mumbai.

**Dr Janardhan Bandi**
**Chief Joint Organising Secretary**

# PROCARE MEDICAL
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**SPECIALIZED DOCTOR CONSULTATION**

## 27th Joint Maharashtra StateConference of IAPSM and IPHA

**Department of Community Medicine Seth GSMC & KEM Hospital, Mumbai**

**Date: 6th & 7th February, 2026**

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Ex-DNB Teacher KBBH Hospital, Bandra,
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Structural Heart Specialist.
Lilavati & Holyfamily Hospital
M : 80975 00915

### Dr Rahul Pathrikar
Consultant Urologist, Andrologist and
Renal Transplantation. **(The Stone Clinic and Advanced Urocare Centre)**
Lilavati Hospital, Wockhardt,
Apollo Spectra, S.L. Raheja Mahim.
M : 82080 09640

### Dr Laveena Mehta
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# UNIVERSAL HEALTH CARE: BRIDGING GAPS IN URBAN AND RURAL HEALTH

*"Where there is love for mankind, there is love for healing"*

*- Hippocrates*

As the world strides towards achieving Universal Health Coverage, persistent gaps within rural and urban health systems continue to pose a major challenge. The theme of the Joint conference MHIAPSMIPHA 2026 is, **"Universal Health Care: Bridging Gaps in Rural and Urban Health,"** focuses on identifying and addressing gaps in healthcare delivery within rural and urban areas, aiming to achieve Universal Health Coverage (UHC) in India.

Health is a basic fundamental right. Yet, across the world, health systems often reflect deep Inequalities within Urban and Rural healthcare. Urban public health today stands at a critical intersection of rapid urbanization, evolving communicable disease patterns, and new challenges brought by climate change. Meanwhile, the rural and remote population has persistent challenges, including infrastructural challenges, skilled manpower redistribution and inability to access healthcare due to financial hardships. These differences create gaps in accessibility, quality, and outcomes of health care, which universal health care seeks to address

## Understanding Universal Health Care

Universal health care means that all people can access the health services they need, preventive, promotive, curative, rehabilitative and palliative care, without facing financial hardship. It is not only about building hospitals or providing insurance. It is about creating a health system that is fair, inclusive, affordable, accessible and responsive to the need so that all people are involved. Achieving universal health care requires strong policies, adequate funding, trained health workers and effective service delivery. It requires a commitment to leave no one behind, including people living in rural, tribal and underserved areas, ensuring quality care.

## Opportunities and Innovative Solutions

Even with challenges in urban and rural health, there are many opportunities to improve both and make progress toward universal health coverage. One key solution is strengthening primary health care. Well-equipped primary health centres that can handle most common health needs and reduce pressure on tertiary care hospitals. Technology also plays a vital role; Telemedicine (E- Sanjeevini), mobile health units, and digital health records (ABDM) along with government schemes directed towards people staying in Rural areas and Urban area will help to overcome these respective challenges.

Another important strategy is training and supporting local human resource. Community health workers, nurses, and midwives from local areas often understand the needs and culture of the

schemes directed towards people staying in Rural areas and Urban area will help to overcome these respective challenges.
Another important strategy is training and supporting local human resource. Community health workers, nurses, and midwives from local areas often understand the needs and culture of th population better. Investing in their training and well-being creates sustainable and trusted health systems. Strong government commitment is essential to achieving universal healthcare.

Policies must prioritize equitable funding, rural infrastructure, and efficient distribution of workforce. Public–private partnerships, non-governmental organizations, and community groups also have an important role to play. Health care solutions work best when communities are involved in planning and decision- making. Listening to local voices ensures that services are relevant, effective and acceptable.

**Focussing on bridging gaps**

This conference serves as a platform for dialogue, learning, and collaboration. By bringing together policymakers, health professionals, researchers, and community leaders, we aim to share experiences, highlight best practices, and explore innovative approaches to bridge the gaps in urban and rural healthcare. It recognizes that closing these gaps requires more than expanding services; it demands stronger health systems, community engagement, and policies that reflect local realities. The theme also highlights the importance of intersectoral collaboration, inclusive governance and evidence-based decision making in creating lasting change. The discussions and outcomes of this conference are expected to inspire action that strengthens health systems, promotes equity and moves us closer to health care for all.

By bringing together diverse perspectives and expertise, the conference seeks to inspire meaningful dialogue, shared learning and actionable strategies to decrease the significant and multifaceted gaps within urban and rural health care for universal health coverage towards the WHO'S goal for SDG, NHP 2017, NHP and Ayushman Bharat to strengthen health system.

The Joint conference MHIAPSMIPHACON 2026, aims to address gaps within rural and urban healthcare separately, striving for universal health coverage. We invite discussions on innovative solutions, policy interventions, and collaborative efforts to improve healthcare delivery in India.

Dr Yuvaraj Chavan
Organizing Secretary
MHIASPMIPHACON 2026

Dr Vijaykumar Singh
Organizing Chairperson
MHIAPSMIPHACON 2026

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## WELCOME TO SETH G.S. MEDICAL COLLEGE AND KEM HOSPITAL, MUMBAI



**(1926-2026)**

**CENTENARY YEAR CELEBRATION**



**THE WHOLE TEAM – RARING TO GO!**

## ORGANISING COMMITTEE



**Sitting: Left to Right**
Dr Sandeep Mishra (Co Treasurer), Dr Smita Chavan, Dr Yuvaraj Chavan (Organising Secretary), Dr Vijaykumar Singh (Organising Chairperson), Dr Janardhan Bandi (Chief Joint Organising Secretary), Mr Pratap Jadhav (Treasurer)
**Standing: Left to Right** Dr Tanvi Pinto, Dr Pritesh Tungar, Dr Rosna Mary Anto, Dr Amit Bhondve, Dr Deepika Sadawarte, Dr Jayalekshmi Nair, Dr Sushmita
**Members not in the picture:** Dr Pradeep Savardekar (Joint Organising Secretary)

# SECRETARIAT



**Sitting: Left to Right**

Dr Amit Bhondve, Dr Yuvaraj Chavan (Organising Secretary), Dr Janardhan Bandi (Chief Joint Organising Secretary), Dr Vijaykumar Singh (Organising Chairperson), Mr Pratap Jadhav (Treasurer), Dr Sandeep Mishra (Co Treasurer)

**Standing: Left to Right**

Dr Gokul VV, Dr Swapnil Gaikwad, Dr Leanne Fernandes, Dr Astha Agrawal, Dr Shivani Nikam, Dr Naveen Prasad G, Dr Pritesh Tungar, Dr Pratik Kharche, Dr Rahul Sharma, Dr Tanvi Pinto,Dr Shubham Solanke, Dr Deepika Sadawarte, Dr Rosna Mary Anto

**Members not in the picture:** Dr Sushmita

# FUNDRAISING & FINANCE COMMITTEE



**Sitting (Left to Right):**

Dr Sandeep Mishra, Dr Janardhan Bandi, Dr Yuvaraj Chavan, Dr Ravindra Kembhavi, Dr Vijaykumar Singh (Organising Chairperson), Dr Balkrishna Adsul (Chairperson), Dr Swati Deshpande

**Standing (Left to Right):** Dr Ganesh Pawar, Dr Pratik Kharche, Dr Shubham Solanke, Dr Pritesh Tungar, Dr Subita Patil, Dr Deepika Sadwarate, Dr Sujata Lavangare, Dr Mridula Solanki, Mr Pratap Jadhav, Dr Amit Bhondve

**Members not in the picture:**

Dr Shriram Gosavi, Dr Sachin Bhosle, Dr Lalit Sankhe, Dr Pradip Sawardekar, Dr Mansi Padhyegurjar, Dr Ashish Mishra

# SCIENTIFIC COMMITTEE



**Sitting (Left to right):** Dr Anuradha Shah, Dr Deepak Patil, Dr Janardhan Bandi (Co-Chairperson), Dr Vijaykumar Singh (Organising Chairperson), Dr Padmavathi Shetty (Co-Chairperson), Dr Sandeep Mishra
**Standing (Left to right):** Dr Shanthini Selvaraj, Dr Gokul V.V., Dr Rahul Sharma, Dr Yuvaraj Chavan, Dr Subita Patil, Dr Tanvi Pinto, Dr Jaylekshmi Nair, Dr Astha Agrawal, Dr Leanne Fernandes
**Members not in picture:** Dr. Shrikala Acharya (Chairperson), Dr Geeta Pardeshi, Dr Pallavi Shelke, Dr Sougat Ray, Dr Rupali Sable, Dr Madhavi Mankar, Dr Shekhar Padhyegurjar, Dr Akila P, Dr Mayuri Raul, Dr Sushmita

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**Sitting (Left to Right):** Dr Rosna Mary Anto, Dr Amit Bhondve, Dr Yuvaraj Chavan, Dr Vijaykumar Singh (Organising Chairperson), Dr Ravindra Kembhavi (Chairperson), Dr Janardhan Bandi (Co-chairperson)
**Standing (Left to Right):** Dr Rahul Sharma, Dr Shubham Solanke, Dr Shivani Nikam, Dr Jayalekshmi, Dr Tanvi Pinto
**Members not in the picture:** Dr Rupali Sable (Co-chairperson), Dr Fazila Patankar, Dr Ankit Ingle, Dr Kirti Supe

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**Sitting (Left to Right):**
Dr Prasad Dhikale, Dr Janardhan Bandi (Chairperson), Dr. Yuvaraj Chavan, Dr Vijaykumar Singh (Organising Chairperson), Dr Sujata Lavangare, Dr Deepak Patil (Co-chairperson).

**Standing (Left to Right):**
Mr Pratap Jadhav, Dr Shubham Solanke, Dr Shweta Malekar, Dr Pritesh Tungar, Dr Tanvi Pinto, Dr Kalyani Raut, Dr Swapnil Gaikwad

**Members not in the picture:** Dr Aftab Siddiqui (Co-chairperson), Dr Milind Rasal

# VENUE & STAGE COMMITTEE



**Sitting (Left to Right):** Dr Rosna Mary Anto, Dr Anuradha Shah, Dr Smita Chavan (Co-Chairperson), Dr Yuvaraj Chavan, Dr Vijaykumar Singh (Organising Chairperson), Dr Deepika Sadawarte, Dr Roshni Miranda, Dr Darshana Salve

**Standing (Left to Right):** Dr CP Silpa, Dr Tanvi Pinto, Mr Pratap Jadhav, Dr Astha Agrawal, Dr Janardhan Bandi, Dr Ganesh Pawar, Dr Amit Bhondve (Chairperson), Dr Shubham Solanke, Dr Pritesh Tungar, Dr. Supriya Gawai, Dr. Pratik Kharche, Dr Kshitij Shengule, Dr Naveen Prasad

**Members not in the Picture:** Dr Sujata Pol

# AV & IT COMMITTEE



**Sitting (Left to Right):** Dr Janardhan Bandi, Dr Yuvaraj Chavan, Dr Deepika Sadwarate (Co-Chairperson), Dr Vijaykumar Singh (Organising Chairperson), Dr Milind Rasal, Mr Pratap Jadhav
**Standing (Left to Right):** Dr Kiran Pawar, Dr Naveenprasad, Dr Ganesh Pawar, Dr CP Silpa, Dr Darshana Salve, Dr Amit Bhondve (Chairperson), Dr Rosna Mary Anto, Dr Tanvi Pinto
**Members not in the picture:** Mr Tushar Kotwal (Co-Chairperson), Dr Sushmita, Mr Sachin Mahadik

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Dr Deepali Kadam (Co-chairperson), Dr Sneha Nakade
**Standing (Left to Right):** Dr Shivani Nikami, Dr Suraj Tadvi, Dr Yuvaraj Chavan
**Members not in the picture:** Dr Vandana Shinde, Dr Asha

# TRANSPORT & ACCOMMODATION COMMITTEE



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**Standing: Left to Right**: Dr Tanvi Pinto, Dr Shubham Solanke, Dr Paragnath Jadhao, Dr Pritesh Tungar, Dr Jayalekshmi Nair, Dr Kshitij Shengule, Dr Swapnil Gaikwad
**Members not in the picture:** Dr Madhav Swami (Co-Chairperson), Dr Sujata Pol, Dr Deepak, Dr Aniket Ingle, Dr Elton Fernandes

# ORATION COMMITTEE



**Left to Right:** Dr Suraj Tadavi, Dr Sandeep Mishra, Dr Yuvaraj Chavan, Dr Vijaykumar Singh (Chairperson), Dr Smita Chavan, Dr Janardhan Bandi
**Members not in the picture:** Dr Rujuta Hadaye (Co-Chairperson), Dr Shrikala Acharya (Co-Chairperson), Dr Pallavi Shelke, Dr Ashish Mishra, Dr Aftab Siddiqui, Dr Mayuri Raul

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**Sitting (Left to Right):** Dr Sandeep Mishra, Dr Yuvaraj Chavan, Dr Mridula Solanki (Co-Chairperson), Dr Vijaykumar Singh (Organising Chairperson), Dr Swati Deshpande (Chairperson), Dr Amit Bhondve
**Standing (Left to Right):** Dr Shubham Solanke, Dr Deepika Sadawarte, Dr Shanthini Selvraj, Dr Paragnath Jadhav, Mr Pratap Jadhav, Dr Janardhan Bandi, Dr Swapnil Gaikwad
**Members not in the picture:** Dr Raviraj Kamble, Dr Elton Fernandes, Dr Asha Pol, Dr Aparna, Dr Ramalaxmi

## CULTURAL COMMITTEE



**Sitting (Left to Right):** Dr. Deepika Sadawarte (Co-Chairperson), Dr. Yuvaraj Chavan, Dr. Swati Deshpande, Dr. Vijaykumar Singh (Organising Chairperson), Dr. Mridula Solanki (Chairperson), Dr. Satish Mali
**Standing (Left to Right):** Dr. Shivani Nikam, Dr. Leanne Fernandes, Dr. Naveen Prasad, Dr. Janardhan Bandi, Mr. Pratap Jadhav, Dr. Amit Bhondve, Dr. C.P Silpa, Dr. Kalyani Raut, Dr. Harshada Patil, Dr. Darshana Salve, Dr. Sneha Nakade, Dr. Rosna Mary Anto
**Members not in the picture:** Dr Sujata Pol (Co-chairperson)

# VOLUNTEER COMMITTEE



**Sitting (Left to Right):** Dr. Amit Bhondve, Dr. Janardhan Bandi (Co-Chairperson), Dr Yuvaraj Chavan (Chairperson), Dr. Vijaykumar Singh (Organising Chairperson), Dr. Deepika Sadawarte, Dr. Anuradha Shah, Dr. Jayalekshmi Nair

**Standing (Left to Right):** Dr. Pritesh Tungar, Dr. Pratik Kharche, Dr. Shubham Solanke, Dr. Gokul V V, Mr. Pratap Jadhav, Dr. Shweta Malekar, Dr. Harshada Thakare, Dr. C P Shilpa, Dr. Kshitij Shengule, Dr. Swapnil Gaikwad

**Members not in the picture:** Dr. Fazila Patankar (Co-Chairperson), Dr.Sushmita

# EXCUTIVE MANAGER TEAM



**Sitting (Left to Right):** Dr Deepika Sadawarte, Dr Vijaykumar Singh, Dr Janardhan Bandi, Dr Pratap Jadhav

**Standing (Left to Right):** Dr Steffin Sara Joseph, Dr C Maria, Dr Madhvi, Dr Sushmita, Dr Jayalekshmi Nair, Dr Harshada Patil, Dr Leanne Fernandes, Dr Gaurav Naik, Dr Alan Jacob, Dr Sagar Padhye

**Members not in picture:** Dr Kosturi Dakshit, Dr Monika Das, Dr Aparna Rode, Dr Lokesh Krishna Dr Darshana Salve, Dr Juhi Raut

# DEPARTMENT OF COMMUNITY MEDICINE

## SETH G.S MEDICAL COLLEGE AND KEM HOSPITAL, MUMBAI



**Sitting Left to Right:**

**First Row:** Dr Gokul V.V., Dr Shubham Solanke, Mr Sachin Mahadik, Miss Dakshata Ahirrao, Miss Nazma Sayyad, Dr Naveenprasad, Dr Kshitij Shengule, Mr Sushant Jadhav

**Second Row:** Dr Sandeep Mishra, Dr Yuvaraj Chavan, Dr Sujata Lavangare, Dr Vijaykumar Singh, Dr Swati Deshpande, Dr Mridula Solanki

**Standing Left to Right:**

**First Row:** Dr Parag Jadhav, Mr Uttam Jadhav, Dr Jayalekshmi Nair, Dr Tanvi Pinto, Dr Rosna Anto, Dr Amit Bhondve, Dr Janardhan Bandi, Mr Pratap Jadhav, Dr Milind Rasal, Dr Shanthini Selvaraj, Dr Harshada Thakare, Mrs Sarika Mhatre, Mr Shrikant Laulkar

**Second Row:** Dr Rahul Sharma, Dr Swapnil Gaikwad, Dr Shweta Malekar, Dr Astha Agrwal, Dr Leanne Fernandes, Dr Deepika Sadawarte, Dr Pritesh Tungar, Dr Suraj Tadvi, Dr Kiran Pawar, Dr Ganesh Pawar, Dr Shivani Nikam, Dr Harshada Patil, Dr Pratik Kharche, Dr Kalyani Raut, Dr Supriya Gawai, Dr CP Silpa

SETH GSMC AND KEM HOSPITAL CENTENARY YEAR CELEBRATIONS 2025-26

# MHIAPSMIPHACON 2026-MUMBAI

## 27TH JOINT MAHARASHTRA STATE CONFERENCE

## 5TH – 7TH FEB 2026

## ***IPHA 'PATH NATYA SPARDHA'***

## ***5TH FEB 2026***

*for undergraduates, postgraduates, and staff*
*to enhance communication, leadership, and teamwork.*

**RULES & REGULATIONS:**

- LANGUAGE: MARATHI (FIRST 15 ENTRIES ONLY).
  ***NO FOUL / DEROGATORY WORDS***
- ELIGIBILITY: MEDICAL/PUBLIC HEALTH INSTITUTES IN MAHARASHTRA (1 ENTRY/COLLEGE).
- TEAM: MAX 15 PARTICIPANTS (UG/PG STUDENTS, STAFF).
- DURATION: 15-20 MINS.
- ENTRY FEE: RS. 1000/- (OFFLINE).
- MANDATORY: FORWARDING LETTER FROM HOD/INSTITUTE HEAD.
- TRAVEL: NO TA/DA PROVIDED.

**TOPICS FOR PATH NATYA (SELECT ONE):**

- **DE ADDICTION**
- **PREVENTION OF COMMUNICABLE DISEASES**
- **HEALTH AWARENESS ABOUT NON-COMMUNICABLE DISEASES**
- **UNIVERSAL HEALTH COVERAGE & HEALTH INSURANCE**
- **HURDLES IN IMMUNIZATION & SOLUTION**
- **VIOLENCE AGAINST DOCTORS**
- **WOMEN EMPOWERMENT**
- **ROAD TRAFFIC ACCIDENT**
- **ADOLESCENT HEALTH**
- **GERIATRIC HEALTH**
- **BREASTFEEDING**



**PRIZES:**

WINNER – TROPHY & CASH PRIZE RS. 5000/-
RUNNER UP – CASH PRIZE RS. 3000/-
CERTIFICATES TO ALL PARTICIPANTS

**FOR FURTHER DETAILS, CONTACT - 7506294556 (CONFERENCE SECRETERIAT)**

**THE DECISION OF THE ORGANIZING COMMITTEE REGARDING ANY MATTER RELATED TO THE COMPETITION WILL BE FINAL AND BINDING.**

# PRE CONFERENCE WORKSHOP

## ARTIFICIAL INTELLIGENCE IN MEDICAL RESEARCH

**Date: 5 February 2026, Time: 9.00 AM Onwards**

**Venue: JMLT Hall, College Building, Seth GSMC & KEM Hospital**

Program Schedule:

| Timing | Topic | | Speaker/Facilitator |
|---|---|---|---|
| 9:00 – 9:15 AM | Welcome | Brief Overview of Conference & Workshops | Dr. Vijaykumar Singh<br>Organising Chairperson |
| 9:15 – 9:45 AM | Introduction | Introduction AI in Medical Research | Dr. YB Chavan<br>Organising Secretary |
| 9:45 – 10:15 AM | Session 1 | Effective literature review using AI tools | Dr Ashlesha Tawde<br>Associate Professor and Head<br>Digital Health<br>CHAKRA, MUHS |
| 10:15– 10:45 AM | Group Activity 1 | Hands-on group work focusing on AI applications in literature review and Citation Management. | Participants/ Facilitator |
| 10:45 – 11:15 AM | Session 2 | AI in Data Collection: Role of AI in designing studies and collecting data. | Dr Sougat Ray<br>Principal Medical Officer<br>Occupational Health Centre |
| 11:15 - 11:25 AM | Tea Break | | |
| 11:25 – 11:55 AM | Group Activity 2 | Participants design a study and data collection tool using AI tools. | Participants/ Facilitator |
| 11:55 – 12:25 PM | Session 3 | AI in Data Analysis and Interpretation: Applications of AI in data analysis. | Dr Amit Bhondve<br>Associate Professor<br>Dept. of Community Medicine<br>Seth GSMC & KEMH |
| 12:25 – 12:55 PM | Group Activity 3 | Participants analyze a sample dataset using AI tools. | Participants/ Facilitator |
| 12:55 – 1:30 PM | Working Lunch | | |
| 1:30 – 2:00 PM | Session 4 | Smart Submission Strategies: Maximizing Acceptance Rates using AI Journal Recommenders and Submission Criteria | Dr Alok Modi<br>MD, FISH (India),<br>FIACM, FDI, FACP (USA),<br>PGDL (UK), ABAIM (USA) |
| 2:00 – 2:30 PM | Group Activity | Participants use various AI tools for Journal Recommenders and Submission Criteria | Participants/ Facilitator |
| 2:30 – 3:00 PM | Session 5 | Ethics and Future Directions: Ethical considerations in AI-driven medical research | Dr S V Kulkarni<br>Head Of Department,<br>Dept. of Medicine,<br>MGM Medical College, Panvel |
| 3:00 – 3:30 PM | | Q & A Session | Organising Secretary |
| 3:30 PM onwards | Valedictory Function | | |

# Scientific Schedule

| TIME | SESSION & TOPIC | SPEAKER/S | CHAIR PERSON | CO-CHAIRPERSON |
|---|---|---|---|---|
| | **DAY 1 - FEBRUARY 6, 2026** | | | |
| 8.00 - 9.00 | **BREAKFAST & REGISTRATION** | | | |
| 9.00 - 9.30 | **Dr DK Ramadwar Memorial Oration-** "Understanding the Cancer Burden: Situational Perspectives and the Role of Care Pathways and Navigation Systems" | Dr. Hrishikesh Arvindrao Khadilkar | Dr. Harshal Pandve | Dr. Dipak Patil<br>Dr. Roshni Miranda |
| 9.30 - 10.00 | **Pathways to Cervical Cancer Elimination**<br>1. Cervical Cancer Epidemiology: Mapping Trends and Stratifying Risk<br>2. Scaling Cervical Cancer Screening: Evidence for Adoption of HPV Self-Sampling | Dr. Rajesh Dikshit<br>Dr. Gauravi Mishra | Dr. Y B Chavan | Dr. Madhavi Mankar<br>Dr. Yogita Bavaskar |
| 10.00 - 10.30 | **Padma Bhushan Dr. Banoo Jehangir Coyaji Oration** "Mapping of COPD and Asthma in the Non-communicable Disease Control Activities" | Dr. Jayashree Gothankar | Dr. Prasad Waingankar | Dr. Abhiram Kasbe<br>Dr. Padmavathi Dyavarishetty |
| 10.30 - 11.00 | **Padmashri Dr DN Pai Memorial Oration** "Assessment of unmet needs and access to assistive technologies among the general population of Pune district through the digital rATA tool: Cross-Sectional Survey" | Dr. Muralidhar Tambe | Dr. Purushottam Giri | Dr. Shobha Salve<br>Dr. Santosh Haralkar |
| 11.00 - 12.30 | **INAUGURATION** | | | |
| 12.30 - 13.00 | **Key Note Address-** Contextualizing and Catapulting Community Medicine Discipline for 'Viksit Bharat' | Dr Sanjay Zodpey | Dr. Vijaykumar Singh | Dr R. C Goyal<br>Dr Abhay Saraf |
| 13.00 – 14.00 | **LUNCH BREAK** | | | |

# Scientific Schedule

| TIME | SESSION & TOPIC | SPEAKER/S | CHAIR PERSON | CO-CHAIRPERSON |
|---|---|---|---|---|
| | **DAY 1 - FEBRUARY 6, 2026** | | | |
| 14.00 - 15.30 | **Human Papilloma Virus [HPV] Screening & Vaccination for Cervical Cancer Elimination in India: Global Evidence to Impact"**<br>1. Transitioning to primary Human Papillomavirus (HPV) DNA-based cervical cancer Screening in LMIC: Challenges and Opportunities<br>2. Efficacy of the Indigenous CERVAVAC HPV Quadrivalent vaccine:<br>3. Global Impact of HPV Vaccination on Cervical Cancer Prevention.<br>4. **PANEL DISCUSSION**: Path for Cervical Cancer Elimination in India: From Policy to Practice: Status and Challenges | Dr. Sharmila Pimple<br>Dr. Hitt Sharma<br>Dr. Murlidhar Tambe<br>Panel Faculty<br>**Moderator:**<br>Dr. Sharmila Pimple.<br>Dr. Hitt Sharma<br>Dr. Murlidhar Tambe<br>Dr. Gaurav Salunke<br>Dr. Anushree Patil<br>Dr. Rujuta Hadaye<br>Dr. Geeta Balsarkar | Dr. Janardhan Bandi | Dr. Vikas Kshirsagar<br>Dr. Violet Pinto |
| 15.30 - 16.30 | **Epidemiology of Obesity: Updates**<br>1. Unravelling Obesity: The What, Why and How<br>2. Importance of Early Holistic Management in Type 2 Diabetes<br>3. Tirzepatide: Head-to-Head with GLP-1 RA, Q&A | Dr. Virendra Patil<br>Dr. Rohit Barnabas<br>Dr. Aditya Phadte | Dr. Amit Bhondve | Dr. Sandhya Singh<br>Dr. Upali Mitra |
| 16.30 - 17.00 | **Dr Mrunalini Pathak Memorial Oration - "Climate change and health: preparing community health systems for future risks in India"** | Dr. Prashant Bagdey | Dr. Rujuta Hadaye | Dr. Sujata Pol<br>Dr. Dharampal Dambare |
| 17.00 - 17.45 | **India's Robust Defence Against Yellow fever: Surveillance, Vaccination and Regulation** | Dr. Vivekanand Giri | Dr. Ravindra Kembhavi | Dr. Pallavi Uplap<br>Dr. Rosna Mary Anto |
| 18.00 - 18.30 | **GBM: IPHA MAHARASHTRA BRANCH & IAPSM MAHARASHTRA CHAPTER** | | | |
| 19.30 - 22.30 | **CULTURAL PROGRAMME & BANQUET** | | | |

# Scientific Schedule

| TIME | SESSION & TOPIC | SPEAKER | CHAIR PERSON | CO-CHAIRPERSON |
|---|---|---|---|---|
| | **DAY 2 - FEBRUARY 7, 2026** | | | |
| 8.00 - 9.00 | **BREAKFAST** | | | |
| | **HALL A: MAIN LECTURE THEATER** | | | |
| 9.00 - 9.30 | **Dr. PSN Reddy (IAPSM) Oration**<br>"Occupational Health: What's in it for Public Health Specialists?" | Dr. Ashish Mishra | Dr. Balkrishna Adsul | Dr. Sriram Gosavi<br>Dr. Rishikesh Ajit Wadke |
| 9.30 - 10.00 | **Recent advances in Rabies Post Exposure Prophylaxis** | Dr. Ravish H.S. | Dr. Lalit Sankhe | Dr. Swati Deshpande<br>Dr. Sandeep Mishra |
| | **HALL B: LECTURE THEATER 3** | | | |
| 9.30 - 10.00 | **Thalassemia: Bridging Gap in urban health System** | Dr. Ratna Sharma | Dr. Sumedha Joshi | Dr. Armaity Dehmubed<br>Dr. Avanti L Gokhale |
| | **HALL A: MAIN LECTURE THEATER** | | | |
| 10.00 - 11.00 | **Metadichol - Connecting ancient wisdom to modern science** | Dr. Raghavan | Dr. Gajanan Velhal | Dr. Lalit Anande<br>Dr. Duryodhan Chavan<br>Dr. Satish Mali |
| 11.00 - 11.45 | **PANEL DISCUSSION: Addressing Non-Communicable Diseases in Urban Health: Governance, Systems & Partnerships:**<br>1. Opening & Context Setting<br>2. Urban Governance; Health System Readiness for NCDs<br>3. Nutrition, Food Systems; Regulatory Levers for Urban NCD Prevention<br>4. Financing, Innovation; Partnerships for Scalable Urban NCD Solutions | Ms Pritee Chaudhary<br>Dr. Bhargav Gaikwad<br>Dr. Daksha Shah<br>Dr. Nitin Ambadekar<br>Dr. Vijaykumar Singh<br>Ms Jayashree Paranjape<br>Dr. Shailendra Hegde<br>Dr. Neeta Rao | Dr. J V Dixit | Dr. Umesh Shirodkar<br>Dr. Priya Kulkarni |

# Scientific Schedule

| TIME | SESSION & TOPIC | SPEAKER | CHAIR PERSON | CO-CHAIRPERSON |
|---|---|---|---|---|
| | **DAY 2 - FEBRUARY 7, 2026** | | | |
| | **HALL A: MAIN LECTURE THEATER** | | | |
| 11.45-12.30 | **Panel Discussion on "From ACT to IMPLEMENTATION (MTP, PCPNDT, ART and Surrogacy ACT)"** | Dr. Vijay Kandewad<br>Dr. Daksha Shah<br>Dr. Padmaja Samant<br>Dr. Purnima Satoskar<br>Dr. Nitin Chaubal<br>Moderator:<br>Dr. Vaishali Chandanshive | Dr. Geeta Pardeshi | Dr. Rakesh Waghmare |
| | **HALL B: LECTURE THEATER 3** | | | |
| 11.45 - 12.30 | 1. **Topic: Veterinary innovations in one health: Diagnostics, Tech & Policy**<br>2. **One health & disease prevention Current global scenario: Has the concept really taken off in India.**<br>3. **One Health Perspective in Community Medicine** | Lt. Gen (Retd.) Dr P R Venkatesh PVSM, SM<br>Dr. Uday Kakroo<br>Dr. Smita Chavan<br>Dr. P K Uppal | Dr. Deepali Kadam | Dr. R N Kulkarni<br>Dr. Sujata Lavangare |
| | **HALL A: MAIN LECTURE THEATER** | | | |
| 12.30 - 13.15 | **Work Well, Live Well: Occupational Health as Preventive Medicine in Action** | Dr. Ashish Mishra<br>Dr. Amruta Desai<br>Dr. Neetika Chauhan | Dr. Harshad Thakur | Dr. Subita Patil<br>Dr. Chaitali Borgaonkar |
| | **HALL B: LECTURE THEATER 3** | | | |
| 12.30 - 13.15 | **National Response for Ending AIDS Epidemic by 2030- Challenges and Way Forward** | Dr. Shrikala Acharya | Dr. Mridula Solanki | Dr. Ashlesha Tawade<br>Dr Padmaja Kanchi |
| 13.15 - 14.15 | **LUNCH BREAK** | | | |

# Scientific Schedule

| TIME | SESSION & TOPIC | SPEAKER | CHAIRPERSON | CO-CHAIRPERSON |
|---|---|---|---|---|
| | **DAY 2 - FEBRUARY 7, 2026** | | | |
| | **HALL A: MAIN LECTURE THEATER** | | | |
| 14.15 - 15.15 | **Childhood NCDs: The Next Frontier for Universal Health Coverage in India:**<br>1. Understanding why addressing childhood NCDs is crucial for achieving Universal Health Coverage in India<br>2. Understanding DOHaD in the context of paediatric NCDs<br>3. Advancing the agenda of childhood NCDs in Maharashtra<br>4. Operationalising paediatric NCD clinic at AIIMS, Nagpur: Experience Sharing<br>5. Q&A | Dr. Akanksha Jambusaria<br>Dr. Simin Irani<br>Dr. Ravindra Bagal<br>Dr. Aakash Bang | Dr. Shrikala Acharya | Dr. Pallavi Shelke<br>Dr. Aftab Siddiqui |
| 15.15 - 16.00 | **The First 1,000 Days and Beyond: Fetal Nutrition, Developmental Origins, and the NCD Epidemic:**<br>1. Community-Based Interventions in the First 1,000 Days: From Awareness to Action<br>2. Maternal Nutrition: The Foundation of Fetal Development and Lifelong Health<br>3. Q&A | Dr. Abhishek Raut<br>Dr. Mrudula Phadke | Dr. Sachin Mumbare | Mr. Pratap Jadhav<br>Dr. Deepika Sadawarte |
| 16.00 - 16.30 | **Padmashree Dr Suhaschandra V Mapuskar Oration –**<br>"Zero Dose Implementation Plan (ZIP) in India" | Dr. Karbhari Kharat | Dr. Varsha Vaidya | Dr. Yasmin Kazi<br>Dr. Prasad Dhikale |
| 16.30 onwards | **VALEDICTORY FUNCTION** | | | |

# SCIENTIFIC SCHEDULE FOR ORAL & POSTER PRESENTATION

| Day 1 | Date: 6-2-2026 | | |
|---|---|---|---|
| **Award Category** | **Venue** | **Time** | **Abstract IDs** |
| Community Based Intervention / Appropriate Technology Dr Sharangdhar Kanhere Prize (IAPSM) | PSM Seminar Hall | 9 - 11 AM | IAPSM-KAN-CBI-01 - 16 |
| Health Education/Gender Issue Dr Saroj Jha Prize (IAPSM) | PSM Seminar Hall | 2 - 3.30 PM | IAPSM-JHA-HEG-01 - 08 |
| Occupational Health/ Environmental Health Dr Sonaji Jogdand Prize (IAPSM) | Pharmacology Demo Room | 9 - 11 AM | IAPSM-JOG-OEH-01 - 07 |
| Maternal & Child Health Dr MV Kulkarni Prize (IAPSM) | Pharmacology Demo Room | 2 - 3.30 PM | IAPSM-KUL-MCH-01 - 10 |
| School Health Dr Vijaya Bhalerao Prize (IAPSM) | Lecture Theatre 5 | 9 - 10.30 AM | IAPSM-BHA-SCH-01 - 08 |
| Urban Public Health Dr Khergaonkar Prize (IAPSM) | Lecture Theatre 5 | 2 - 4.30 PM | IAPSM-KHG-UPH-01 - 17 |
| Best paper award for UG Student (IPHA) | Anatomy Demo Room | 9 - 11 AM | IPHA-UG-01 - 14 |
| Best Poster - Male Presenter (IPHA) | Ladies Common Room | 9 - 11 AM | IPHA-MP-01 - 7 |
| Best Poster - Female Presenter (IPHA) | Ladies Common Room | 2 - 3.30 PM | IPHA-FP-01 - 12 |

| Day 2 | Date: 7-2-2026 | | |
|---|---|---|---|
| **Committee Award Oral** | **Venue** | **Time** | **Abstract IDs** |
| Medical education | PSM Seminar Hall | 9 - 11 AM | COM-ME-OR-01 - 09 |
| Communicable Diseases | Pharmacology Demo Room | 9 - 11 AM | COM-CD-OR-01 - 12 |
| Non-Communicable Disease | Lecture Theatre 5 | 9 - 11 AM | COM-NCD-OR-01 - 14 |
| Health Systems | Anatomy Demo Room | 9 - 11 AM | COM-HS-OR-01 - 11 |
| Reproductive and Child Health | PSM Seminar Hall | 11 - 1 PM | COM-RCH-OR-01 - 15 |
| Mental Health | Pharmacology Demo Room | 11 - 1 PM | COM-MH-OR-01 - 10 |
| Miscellaneous | Lecture Theatre 5 | 11 - 1 PM | COM-MISC-OR-01 - 13 |
| **Committee Award Poster** | **Venue** | **Time** | **Abstract IDs** |
| Disease Patterns, Clinical & Epidemiological Studies | Ladies Common Room | 9 - 11 AM | COM-DCE-PO-01 - 11 |
| Health Systems, Medical Education & Workforce | Ladies Common Room | 11 - 1 PM | COM-MEW-PO-01 - 12 |

# MUMBAI DISTRICT AIDS CONTROL SOCIETY

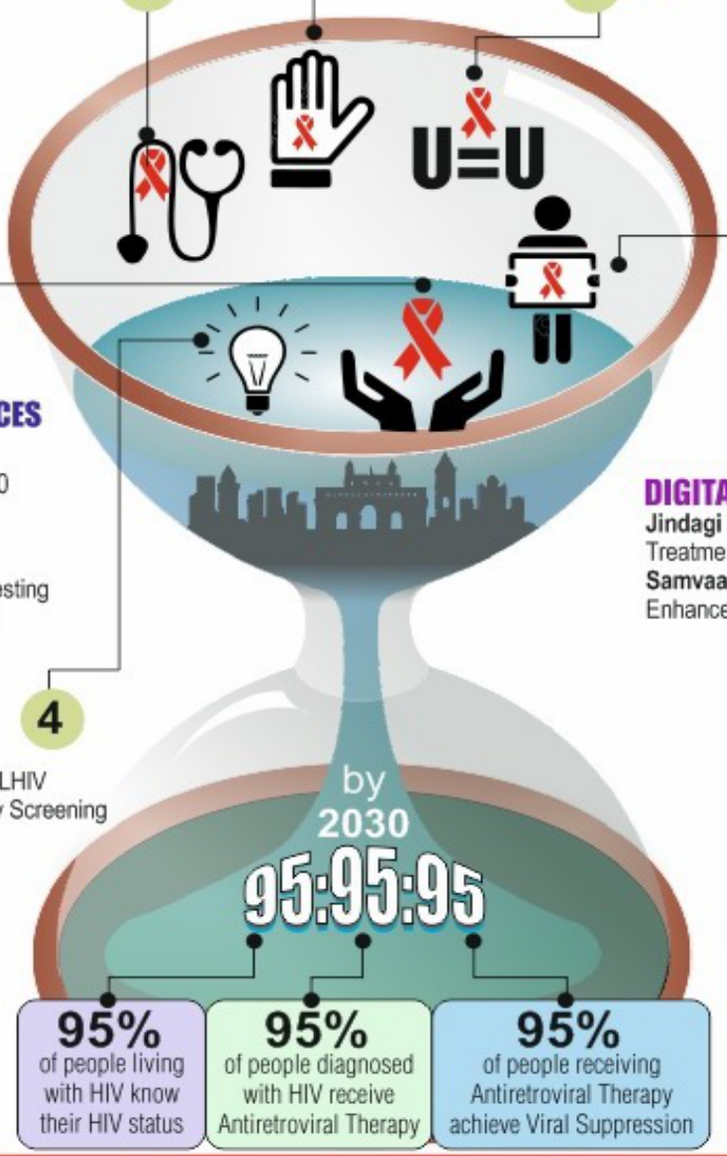
## Marching towards an AIDS*free* city....

**1 HIV PREVENTION**
- Advocacy And Awareness Among Youth And General Population
- Targeted Intervention High Risk Groups & Migrants

**2 HIV DIAGNOSTIC SERVICES**
Through 234 Counseling and Testing Centers for
- Pregnant Women
- High Risk Groups
- General Population

**3 HIV TREATMENT SERVICES**
Free lifelong treatment to registered patients through 20 ART centres in mumbai
- Treat all
- Free drugs and viral load testing
- Counseling and follow - up

**4 INNOVATION**
- MITWAA platform for A / CLHIV
- Virtual Interrvention For Hiv Screening
- Evening Clinic
- Tele SACEP
- E - Counsultation




**5 DIGITAL TECHNOLOGY**
**Jindagi App**
Treatment Literacy Films
**Samvaad App-**
Enhanced Adherence Counseling

**6 U=U**
- Undetectable = Untransmitable

| 95% | 95% | 95% |
|---|---|---|
| of people living with HIV know their HIV status | of people diagnosed with HIV receive Antiretroviral Therapy | of people receiving Antiretroviral Therapy achieve Viral Suppression |

**Scan QR CODE For HIV Case Notification**


For any other information/ collaboration, reach us at - cstmdacs@gmail.com

www.mdacs.org.in : 022 2410 0246/47 , 022 2410 0088 / 89


NACO National AIDS Control Organization

Mumbai Districts AIDS Control Society

# IAPSM MAHARASHTRA STATE ORATION

## *Padma Shri Dr. Dattatraya Nagappa Pai Memorial Oration*



**Padma Shri Dr. Dattatraya Nagappa Pai**

Dr Dattatraya Nagappa Pai completed his MBBS from Seth GS Medical College in 1954, and MPH from Harvard University, School of Public Health in 1958 (Selected for Assessing Family Planning in Rural Puerto Rico).

Dr. D. N. Pai was the founder Head of the Department of Preventive & Social Medicine in Seth GS Medical College & KEM Hospital, Mumbai and a very popular teacher. He participated in the National Family Planning Movement. Among his work, Dr. Pai started the Pearl Clinics in Mumbai, these were Family Planning clinics for the country. These clinics were advertised in the local trains. He was awarded the Padma Shri in 1973 and honoured for his exemplary work in the field of family planning.

## Speaker: Padma Shri Dr. Dattatraya Nagappa Pai Memorial Oration



**Dr. Muralidhar Tambe**
Professor and Head,
Dept. of Community Medicine,
B J Government Medical College, Pune

### Assessment of unmet needs and access to assistive technologies among the general population of Pune district through the digital rATA tool: Cross-Sectional Survey

Assistive Technology(AT) includes various tools and services designed to improve an individual's functionality. AT encompasses a wide array of products or devices, from basic aids like eyeglasses, hearing aids, and wheelchairs, which help individuals with vision, hearing, and mobility impairments, to more advanced solutions such as communication devices.

This cross-sectional study was taken up in Pune district using a detailed survey protocol to gather representative data on AT need, unmet need and satisfaction during 01/04/2024 to 31.12.2025. Villages and urban wards were chosen with probability proportional to size and households were selected by systematic random sampling. All members of each sampled household were interviewed with the digital WHO Rapid Assistive Technology Assessment (rATA) tool, using hand held tabs for data collection by the project staff.

A total of 6070 individuals (M:3018 & F:3052) belonging to all age groups were included in this house-to-house survey. Out of this, 1475 were from urban areas and 4595 from rural areas. In urban area 34.5% were using one or the other AT; while it was 31.3% in rural area; overall rate of AT use was 32%. Vision(10.6%), mobility(6.9%), hearing(1.2%), self care(0.7%), cognition(0.1%) & communication products(0.08%) were the commonly used AT products. Among the AT users, the overall satisfaction rate was 90% & 73% in urban and rural areas respectively. Cost, distance to procure and accessibility were the major barriers for AT use among persons with functional impairments. This study will have a far reaching effect on policy making including budget allocation and formulation of a national programme for Assistive Technology and its implementation.

# IAPSM MAHARASHTRA STATE ORATION

## *Dr. D. K. Ramadwar Memorial Oration*



**Dr. D. K. Ramadwar**

He hailed from village Manthani, Telangana where our prime minister Shri Narasimha Rao was his childhood friend. He was founder professor, Department of Preventive & Social Medicine, GMC Nagpur from 1958-1972.

He completed his D.P.H, DIH, DTMNH from Royal College of Physicians & Surgeons, London; MS in General Medicine and WHO Fellowship from 1956-58 from Harvard University.

He worked in the Indian Army Medical Corps in the 2nd world war 1941-46 as Captain RMO in the Punjab Battalion on the Iraq/Italy front. On 12th May 1944, the Chief of his battalion was injured while supervising crossing of the river during night hours against very heavy firing. Dr Ramadwar took over the responsibility and reached the soldiers to a safe place in the headquarters. He was awarded the Military cross award by the Queen of the United Kingdom in 1944.

He was the only professor to be appointed by WHO Geneva as an expert on medical education from 1967 to 1975. He started MD PSM, the first in central India in 1962.

He was a great scholar, teacher, and exemplary man and was very popular among students.

## Speaker: Dr. D. K. Ramadwar Memorial Oration



**Dr Hrishikesh Arvindrao Khadilkar**
Associate Professor
State Cancer Institute
Chhatrapati Sambhaji Nagar

**Understanding the Cancer Burden: Situational Perspectives and the Role of Care Pathways and Navigation Systems**

Cancer has emerged as one of the foremost public health challenges of the 21st century, with a rapidly rising burden across both developed and developing regions. Globally, nearly 20 million new cancer cases and over 10 million cancer-related deaths occur annually, with low- and middle-income countries contributing a disproportionate share of mortality due to late diagnosis, limited access to diagnostics, and fragmented health systems. Asia alone accounts for nearly 60% of the global cancer burden, reflecting demographic transition, urbanisation, lifestyle changes, and persistent inequities in health care access.

India is currently undergoing a critical epidemiological transition, marked by a shift from infection-related cancers to lifestyle-associated malignancies such as breast, colorectal, lung, and prostate cancers. Despite advances in tertiary care, nearly two-thirds of cancers in India continue to be diagnosed at advanced stages, underscoring gaps in prevention, early detection, referral systems, and continuity of care. Maharashtra mirrors these national challenges, with significant intra-state variation in cancer incidence, late presentation in rural regions, and unequal distribution of oncology services.

International experience demonstrates that organised cancer control strategies—integrating prevention, screening, timely diagnosis, multidisciplinary treatment, survivorship, and palliative care—are essential to improve outcomes. Patient navigation systems and structured care models have proven effective globally in reducing diagnostic delays, treatment abandonment, and inequities, particularly among vulnerable populations.

In this context, the Government of Maharashtra's resolution to establish the Mahacare Foundation represents a forward-looking policy initiative. Mahacare is envisioned as a strategic public–private platform to strengthen cancer prevention, early detection, diagnostics, treatment access, patient support, capacity building, and research across the state. By mobilising government resources, corporate social responsibility funding, philanthropic support, and academic expertise, Mahacare aims to improve coordination, financing, innovation, and accountability within the cancer care ecosystem.

# IAPSM MAHARASHTRA STATE ORATION

## *Dr. Mrunalini Pathak Memorial Oration*



**Dr. Mrunalini Pathak**
Professor and Head, PSM - Dr. VNGMC, Sapangi
IGMC Nagpur - JNMC, Sawangi Meghe, Wardha
Officiating Dean, JNMC, Sawangi Meghe, Wardha
MCI Inspector (Full Time)

Dr. Mrunalini Pathak was an enthusiastic teacher who was involved in popularizing Research Methodology and Computer applications among the students. She has a very good understanding of application of statistics and epidemiology in medical and public health research. She met a tragic end due to road traffic accident.

## Speaker: Dr. Mrunalini Pathak Memorial Oration



**Dr. Prashant Bagdey**

Professor and Head,
Dept. of Community Medicine,
Government Medical College, Gondia

### CLIMATE CHANGE AND HEALTH: PREPARING COMMUNITY HEALTH SYSTEMS FOR FUTURE RISKS IN INDIA

Climate change presents an unprecedented public health crisis for India, where rising temperatures, erratic monsoons, extreme weather events, and shifting disease vectors threaten millions, particularly vulnerable rural and marginalized communities. High-altitude regions now report unprecedented malaria and dengue outbreaks as warmer climates expand mosquito habitats beyond traditional lowland boundaries. Urban centers face intensified heat island effects, while coastal districts battle recurrent cyclones and flooding that disrupt essential healthcare delivery. India's 200,000+ public health facilities—70% lacking basic climate resilience—confront growing threats from heatwaves, flash floods, and waterborne diseases, with district-level vulnerability mapping identifying over 500 high-risk zones requiring immediate intervention.

The National Programme on Climate Change & Human Health (NPCCHH) establishes critical frameworks for heat action plans, early warning systems, and vector surveillance, yet persistent implementation gaps undermine eCectiveness at the primary health center level. Rural facilities particularly struggle with inadequate cooling infrastructure, disrupted supply chains during disasters, limited intersectoral coordination between Health, Environment, and Disaster Management ministries, and insuCicient training for climate-related emergencies.

Measures should be taken based on evidence-based adaptation strategies including community cooling centers, AI-enhanced disease prediction models, climate-resilient infrastructure retrofitting, localized capacity building programs, and integrated health surveillance systems. Drawing from India's National Action Plan on Climate Change (NAPCC) and recent CEEW-UNICEF district analyses, healthcare system requires comprehensive solutions prioritizing health equity through targeted interventions for tribal populations, women, children, and low-income urban settlements, fostering inter-ministerial collaboration and community empowerment to build resilient health systems capable of withstanding the escalating climate threats.

# IAPSM MAHARASHTRA STATE ORATION

## *Dr. P. S. N. Reddy Oration*



**Dr. P. S. N. Reddy**

Dr. P. S. N. Reddy joined Lokmanya Tilak Municipal Medical College, Mumbai as a lecturer in PSM in 1970. He became Associate Professor in 1977 and Professor in 1983 and rose to the position of Professor and Head at LTMCMC in 1990. He was appointed Dean of LTMCMC in 2000.

After retiring from LTMCMC he joined Terna Medical College as Vice Dean from 2000 to 2004 and then joined DY Patil Medical College as Dean from 2004 to 2006. Over the years he has been a guide to many postgraduate and undergraduate students. He was considered as the best teacher by LTM Medical College students in 1994.

He has several research publications in indexed medical journals. Dr. Reddy has been a great teacher, an avid follower of cricket and reading, and maintained close contact with all his associates and students. Dr P.S.N. Reddy left for heavenly abode on 21st October 2025.

## Speaker: Dr. P. S. N. Reddy Oration



**Dr. Ashish Mishra**
Chief Health & Wellbeing Officer,
Hindustan Unilever Ltd, Mumbai

### Occupational Health: What's in it for Public Health Specialists?

Though the observation of disease associated with work was known since ancient times, Occupational Health evolved as a discipline post Industrial Revolution when pioneers like Ramazzini systematically documented this in the early eighteenth century. This was later formalized through legislation especially for Factories and Mines. In many countries including India, Occupational Health resides in Community Medicine / Public Health. Training in Populational Health, Epidemiology, Community Based Research, Public Policy, and the very preventive nature of Occupational Health makes the placement logical. However, knowledge and skills in Industrial Hygiene, Risk Assessment, Toxicology and ergonomics are required to become a successful Occupational Health Specialist and must be acquired. The role of Community Medicine also extends to supporting the Occupational Health needs of those in the informal sector, which comprises 92% of our workforce. So, Occupational Health not only provides both Career options as a specialist in formal sector but also helps make the community healthier and productive while working in the community in Primary Health setting by prevention and early diagnosis in the informal sector.

# IPHA MAHARASHTRA STATE ORATION

## *Padma Bhushan Dr. Banoo Jehangir Coyaji Oration*



**Dr. Banoo Coyaji (1917–2004)**

In 1940 an amazing career began, Banoo Coyaji (then Kapadia) graduated from the Grant Medical College. She then married Jehangir Coyaji, an electrical engineer. Following a 1-½ year residency in Obstetrics and Gynaecology, she joined her brother-in-law Dr. Edulji Coyaji in his general practice.

In 1944, Dr. Edulji sent his 27-year-old sister-in-law, Dr. Banoo Coyaji to King Edward Memorial Hospital (KEM) with her husband and son. In April 1944, Sardar Moodliar appointed her as a full-time doctor in the maternity hospital at KEM. Thus began a 55- year long career that transformed both young doctors and the small hospital. Over the years, KEM grew from a 40-bedded maternity hospital to 550 beds in 1999.

She always had a positive approach and a “can do” attitude. For 55 years she remained at the helm, watching KEM grow and flourish under her stewardship. Her name became inseparable in people’s minds with KEM Hospital.

## Speaker: Padma Bhushan Dr. Banoo Jehangir Coyaji Oration



**Dr. Jayashree Gothankar**
Professor
Department of Community Medicine & Incharge Research- CRPU,
Bharati Vidyapeeth Deemed University, Pune.

**Mapping of COPD and Asthma in the Non-communicable Disease Control Activities**

Amid India's epidemiological transition, in which NCDs are increasing due to aging populations and a shift in socioeconomic status, Maharashtra is at a higher-middle Epidemiological Transition Level (ETL). Chronic Obstructive Pulmonary Disease, diagnosed by spirometry with post-bronchodilator FEV1/FVC <0.7, has a prevalence of 7.4% among adults (rural 5.6%, urban 11.4%), ranking as India's second-leading cause of death. Asthma affects 34.3 million Indians (13% of the global burden), with higher mortality due to poor management, which is characterised by post-bronchodilator reversibility of ≥12%. These Chronic respiratory diseases are driven by factors like biomass fuel exposure (with 2.65-fold increased COPD risk), tobacco smoke exposure, vehicular pollution, the elderly with multimorbidity, and vulnerable families are commonly affected. It is characterised by low awareness (99.3% unaware of COPD), diagnostic gaps (spirometry use <18%), treatment gaps (inhaled corticosteroid use <8%), and poor inhaler technique (64.6%).

Key barriers include delay in diagnosis, treatment without spirometry, multimorbidity in elderly/low-income groups, supply chain issues for inhalers, and weak primary care integration compared to other NCDs, namely diabetes/hypertension.

Kerala's SWAAS model has proved successful, including spirometry scaling up at primary centres, the availability of free inhalers, staff capacity building, giving 98-100% guideline-adherent care, and cost-effective management. Political and administrative commitment to decentralised implementation was a strong feature of this model.

Recommendations for Maharashtra, public health department to lead for NP-NCD operationalization with implementation of COPD/ asthma control guidelines, capacity building of ASHA and CHOs in screening (Community Based Assessment Checklist plus + mMRC and PEFR assessment), procurement of portable spirometers/Forced Oscillometer Technique machine at PHCs, bulk-procure essential inhalers, launch IEC campaigns for community awareness, integrate COPD/ asthma in MIS tracking, and look for multisectoral prevention (Ujjwala yojana, etc). Urgent action can reduce chronic respiratory disease (CRD)-related morbidity, exacerbation-related hospitalizations, and costs, aligning with SDG 3.4.

# IPHA MAHARASHTRA STATE ORATION

## Padmashri Dr. Suhaschandra V. Mapuskar Oration



**Padmashri Dr. Suhaschandra V. Mapuskar (1935 - 2015)**

Dr. Suhas Vitthal Mapuskar was an Indian doctor and a social activist who revolutionized rural sanitation practices, before it became a national priority. He worked actively on native technology and community-based solutions to lead the country towards a clean revolution. After college, Dr Mapuskar approached the Directorate of Health Services for a job. There was only one vacancy in Dehu village. He readily took the job and moved there. Once, when the villagers told him that the hospital was haunted, the young doctor slept in the hospital verandah. He slept well, but the next morning he discovered that there were no toilets in the hospital. To relieve himself, he went through the village into the forest. He found a lot of villagers there who he had met the previous evening. He felt ashamed and made a decision to never defecate in the open. He excavated a simple trench toilet for himself and used medicine cartons to form a wall around the bathroom.

At the beginning of his journey in 1959, he identified open defecation as a root cause of health issues and initiated community awareness in Dehu village, Maharashtra. His work involved demonstrating the health risks associated with poor sanitation, conducting deworming campaigns, and developing cost-effective, locally sustainable toilet designs. Dr. Mapuskar emphasized community participation in achieving the target of 90% sanitation coverage. He further promoted the utilization of biogas toilets, which provided hygienic waste disposal and methane gas for fuel, eventually developing the "Malprabha" biogas toilet. Dr. Mapuskar expanded his efforts across Maharashtra through his NGOs. His dedicated efforts have inspired public health professionals and policymakers and exemplify how innovation, community involvement, and appropriate technology can drive toward positive societal change. He was posthumously awarded the Padma Shri in 2017 for his contributions.

## Speaker: Padmashri Dr. Suhaschandra V. Mapuskar Oration

**Dr. Karbhari Kharat**
Urban Immunization Consultant UNICEF,
Maharashtra (GAVI Project)
Ex Assistant Director,
Directorate of Health Services,
Government of Maharashtra



**Zero Dose Implementation Plan (ZIP) in India**

ZIP is a strategic and visionary initiative to reach Zero Dose Children (ZDC) in India. It adopts a multifocal approach to address the complex and diverse challenges of immunization across the country, ensuring that no child is left behind.

ZIP is guided by four core objectives: (A) improving reach and quality of immunization service delivery, (B) implementing evidence-based demand generation activities, (C) digitizing service delivery and developing actionable plans, and (D) strengthening governance and review mechanisms. The initiative includes eleven key interventions supported by UNICEF, WHO, UNDP, and JSI: U-WIN, mobilizer incentivization, improved and inclusive microplanning, monitoring and mentoring, CSO engagement, rapid immunization skill enhancement, institutionalized training, program and action planning, data analytics for routine immunization review, community of practice on demand, and behavioral and social drivers surveys. The overall goal of ZIP is to immunize every child through the Identify, Reach, Monitor, Measure, and Advocate (IRMMA) approach.

**Background:**

According to the 2022 WHO–UNICEF Estimates of National Immunization Coverage, 10 countries account for 58% of global ZDC. India ranks third, with 1.1 million zero dose children, highlighting a critical public health concern. ZIP serves as a future roadmap toward universal immunization in India.

**Relevance of the Topic:**

ZIP was launched under the GAVI project in Maharashtra in 2024. It aligns with Immunization Agenda 2030 and India's goal of achieving 90% full immunization coverage, with a target of reducing ZDC by 30% by 2026 compared to the 2019 baseline.

**Major Issues to be Addressed:**

Key supply-side challenges include weak microplanning, vacant posts, limited skills of frontline workers, gaps in mentoring & monitoring, inadequate mobility & incentives. Demand-side barriers include lack of awareness, inconvenient timing & location, misinformation, fear of AEFI, wage loss, gender barriers, & poor service experience. Cross-cutting issues include data gaps, weak IT systems, & ineffective review mechanisms.

**Key Take-Home Messages:**

Zero dose children remain a persistent challenge requiring urgent and collective action.
Tailored, innovative, and community-sensitive interventions can help overcome barriers and ensure vaccines reach every child.

DR. RUPA K. DOSHI
M.B.B.S C.I.H.

DR. KETAN S. DOSHI
M.D.(Medicine) C.I.H.

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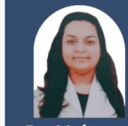

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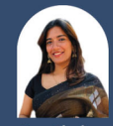

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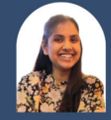

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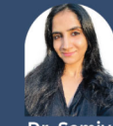

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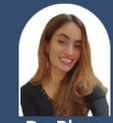

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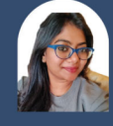

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# Abstracts for Oral Presentation

## DR KHERGAONKAR PRIZE (IAPSM)

THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-01

**An Assessment of Quality of Life in Drug-Resistant Tuberculosis patients in a Tertiary Care Hospital of Metropolitan City**

PRESENTING AUTHOR: Dr Sushmita
AUTHORS: Dr Mandar Sadawarte
INSTITUTE/ORGANISATION: Seth GSMC & KEM Hospital, Mumbai

**BACKGROUND:** Drug-resistant tuberculosis (DR-TB) is a major public health concern due to prolonged treatment, adverse drug reactions, and psychosocial burden. This study aimed to assess the quality of life of DR-TB patients, describe their socio-demographic profile, and identify factors associated with quality of life in a tertiary care hospital.

**METHODOLOGY**: A hospital-based observational study was conducted among 210 drug-resistant tuberculosis patients aged 18–60 years attending the Chest Medicine outpatient department of a tertiary care hospital from February 2023 to April 2024. Data on socio-demographic, clinical, and environmental factors were collected using a predesigned questionnaire. Quality of life was assessed using the WHOQOL-BREF scale. Data were analyzed using descriptive statistics and chi-square tests.

**RESULTS**: The median age of participants was 34 years (IQR: 26–45), with females comprising 53.8%. The median overall quality of life score was 75, with 76.2% reporting good overall quality of life. Median domain scores were lowest in the physical (39.29) and psychological (41.67) domains. Poor quality of life was significantly associated with lower education and socioeconomic status, urban slum residence, inadequate lighting, poor ventilation, common latrine use, loss to follow-up, negative family reaction, and poor perception of treatment benefit ($p < 0.05$). New cases demonstrated significantly better physical and psychological quality of life compared to retreatment cases.

**CONCLUSION**: Drug-resistant tuberculosis adversely affects multiple quality of life domains, particularly physical and psychological health. Integrating psychosocial care, environmental improvements, and adherence support is essential for comprehensive DR-TB management.

---

**ABSTRACT ID**: IAPSM-KHG-UPH-02

**Behind the Care: Caregiver Burden and its associated factors among Primary Caregivers of Cancer Patients**

PRESENTING AUTHOR: Dr. Laxmi Naorem, Junior Resident, GMC Akola
AUTHORS: 1)Dr. Pushpa Lokare, Associate Professor 2)Dr. Neelam Sukhsohale Associate Professor and HOD 3) Dr. Chinmayee Chandurkar, Junior Resident
INSTITUTE/ORGANISATION: Government Medical College, Akola Maharashtra

**BACKGROUND:** Cancer imposes significant emotional, physical, and financial burdens on caregivers, necessitating assessment of burden magnitude and determinants to inform targeted support interventions. Objectives:To estimate the prevalence of caregiver burden of primary caregivers of cancer patients & To determine the association between caregiver burden and its contributing factors.

**METHODOLOGY:** Total 150 primary caregivers of the cancer patients were selected by systematic random sampling. Pretested structured questionnaires were administered for the sociodemographic characteristics and validated 22 items Zarit Burden Interview(ZBI)scale was used to assess caregiver burden. Statistical analysis included descriptive statistics, Chi-square tests for associations between categorical variables, independent t-tests and Pearson's correlation for continuous variables. A p-value of $<0.05$ was considered statistically significant.

**RESULTS:** Overall, 94.7% of caregivers experienced burden, with 48.0% reporting mild–moderate and 46.7% moderate–severe burden. Caregiver burden showed significant associations with area of residence, education, occupation, relationship to patient, caregiver comorbidities, alcohol use, absence of additional caregivers, lack of family support, and total patient dependency ($p<0.05$). A positive correlation was observed between caregiver burden and distance from healthcare facility ($r=0.177$, $p=0.031$) and patient age ($r=0.204$, $p=0.012$). Caregiver age and financial liabilities were not significantly associated with caregiver burden.

**CONCLUSION**: The study highlights high caregiver burden in cancer care, underscoring the need for routine screening, targeted support, and sensitization of healthcare staff, especially for vulnerable caregiver groups.

## DR KHERGAONKAR PRIZE (IAPSM)
THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-03

**Understanding Private Medical Practitioners' Approach to Radical Treatment of Malaria: Challenges and Strategies for Effective Malaria Control in Urban India**

PRESENTING AUTHOR: Dr.Gaurav R Naik
AUTHORS: Dr. Vijaykumar Singh, Dr. Anuradha Shah, Dr. Tanvi Pinto, Dr. Alan Jacob
INSTITUTE/ORGANISATION: Seth GSMC and KEM Hospital, Mumbai

**BACKGROUND:** Malaria remains a major public health problem in India, even with availability of radical treatment, relapse poses a key challenge to elimination efforts. This study aimed to assess private medical practitioners' knowledge, attitudes, and practices regarding radical treatment of malaria and to identify gaps hindering adherence to recommended treatment protocols.

**METHODOLOGY:** A cross-sectional study was conducted using a structured questionnaire distributed to private medical practitioners. The questionnaire covered demographic information, experience, and practices related to malaria diagnosis, treatment protocols (including primaquine use and G6PD testing), and reporting mechanisms for malaria cases. The data were analyzed using descriptive statistics and thematic analysis to identify key challenges and gaps in practice.

**RESULTS:** Among 91 private medical practitioners, the mean age was 49.1 years, with most being male and having over two decades of practice. Nearly 78% had attended monsoon preparedness training. Fever cases constituted a substantial proportion of daily patient load. Malaria diagnosis commonly involved a combination of clinical assessment and laboratory tests, though 40.7% prescribed anti-malarials before test confirmation. Chloroquine was the most frequently prescribed drug, including for P. falciparum. While 89% were aware of radical treatment, incorrect primaquine dosing and duration were common. Follow-up testing was suboptimal, and relapse cases were predominantly due to P. vivax.

**CONCLUSION:** Significant diagnostic and treatment gaps among PMPs hinder malaria elimination, highlighting the need for targeted training, strict protocol adherence, supportive policies, and evaluation of interventions to reduce incidence and relapse.

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**ABSTRACT ID**: IAPSM-KHG-UPH-04

**Barriers and Boosters: A Qualitative Exploration of Dengue Control in India's Urban Context**

PRESENTING AUTHOR: Dr Sujata S Pol
AUTHORS: Dr S.S. Rajderkar
INSTITUTE/ORGANISATION: Lokmanya Tilak Municipal Medical College, Sion, Mumbai

**BACKGROUND:** Background: Urban dengue transmission remains a persistent public health concern in India. Despite structured guidance under the National Vector Borne Disease Control Programme (NVBDCP), large metropolitan cities face unique challenges that influence programme performance. This study assessed the implementation of dengue control activities in a metropolitan setting using qualitative methods.

**METHODOLOGY:** In-depth interviews were conducted with key informants from the Public Health Department, State Surveillance Unit and National Institute of Virology. Transcripts were coded using NVBDCP components as analytical nodes—surveillance, vector control, case management, outbreak preparedness, social mobilisation/BCC, capacity building and research. Thematic analysis was performed and network diagrams were developed to visualize inter-linkages across themes.

**RESULTS:** Participants highlighted that surveillance, vector control, and IEC/BCC activities formed the largest proportion of field actions. Several positive drivers were identified, including innovative approaches (mosquito breeding detectors, dedicated days, monsoon volunteers), focused interventions in high-risk pockets, leadership commitment, and adherence to national clinical management guidelines. However, multiple constraints were reported: limited staff, high population density, locked/second homes, rapid urbanization, inadequate interdepartmental coordination, restricted laboratory capacity for serotyping, and inconsistent community participation. Challenges clustered under four categories—vector-related, people-related, city-related, and health system–related.

**CONCLUSION:** Dengue control implementation in the metropolitan area largely aligns with NVBDCP norms; however, operational gaps persist due to system limitations and urban complexities.

## DR KHERGAONKAR PRIZE (IAPSM)
THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-05

**Assessment of Compliance and Violations of Tobacco legislation (COTPA) across Public transport- Buses, Bus Depots, and Bus Stops in Mumbai**

PRESENTING AUTHOR: Dr Shraddha Badgujar
AUTHORS: Dr Sharmila Pimple, Dr Gauravi Mishra, Parishi Majumdar, Namrata Gajare, Nitesh Sathe
INSTITUTE/ORGANISATION: Tata Memorial Hospital, Mumbai

**BACKGROUND:** Public transport environments represent critical public spaces where enforcement of the Cigarettes and Other Tobacco Products Act (COTPA) is essential to safeguard commuters from second-hand smoke and tobacco exposure. The objective was to assess the compliance and violation of regulations under COTPA Section 4 across Public transport in Mumbai.

**METHODOLOGY:** A cross-sectional observational study was conducted across randomly selected 100 Mumbai Public transport premises- Buses, Bus stops and Bus depots. Observations included presence of "No Smoking" signage, active smoking, smokeless tobacco use, spit marks, litter due to tobacco products, and action taken. Compliance variation was evaluated across three time intervals in a day. Data were analyzed using chi-square and Fisher's exact tests.

**RESULTS:** Compliance with mandatory "No Smoking" signage was high in both buses (96.8%) and depots (95.6%), with no significant difference. Violation of COTPA was observed in depots, where active smoking (92.0%) and smokeless tobacco use (94.9%) were significantly higher compared to buses (24.9% and 89.9%, respectively) ($p<0.0001$ and $p=0.0036$). Time-interval analysis showed significant variation in the presence of cigarette butts at depots ($p<0.0001$), whereas active smoking and gutkha sachets did not vary across time at depots or bus stops. Inside the buses, spit marks differed significantly across time intervals ($p=0.018$).

**CONCLUSION:** Despite COTPA implementation, substantial violations of COTPA persist across public transport premises, especially in depots and bus stops. These findings highlight critical enforcement gaps and underscore need for monitoring.

**KEYWORDS:** COTPA, Legislation, Tobacco, Public Transport

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**ABSTRACT ID**: IAPSM-KHG-UPH-06

**A mixed-methods study of anxiety, depression and symptom relief of beneficiaries of palliative care OPD of a tertiary care hospital**

PRESENTING AUTHOR: Dr Richa Arun Shete
AUTHORS: Dr Ravindra Kembhavi, Dr Smita Chavan, Dr Roshni Miranda, Dr Kirti Supe
INSTITUTE/ORGANISATION: Hinduhridaysamrat Balasaheb Thackeray Medical Coll

**BACKGROUND:** Studies have shown reduced symptom distress, enhanced quality of life and decreased spiritual distress among the patients referred to palliative care.The objective of this study is to assess symptoms of depression and anxiety of patients attending palliative care OPD and explore patients' experiences and perceptions of palliative care services.

**METHODOLOGY:** Patients admitted to various wards of a tertiary-care hospital were systematically screened. Following informed consent, data were collected using validated assessment tools, HADS for mental health, palliative care needs were evaluated using the Palliative Performance Scale and the Problems and Needs in Palliative Care Questionnaire. Collected data were subjected to structured statistical analysis.

**RESULTS:** Data collection started in June after Ethics Committee approval. Sample collection method was consecutive sampling.Total sample taken in the duration from June to November is N =90. Demographic distribution shows 56% females and the maximum percentage of participants were from the age group of 56-65 years. The diagnosis of participants recruited consisted consisted, 50.7% central nervous system disorders, which constituted mainly stroke with underlying cause as hypertension. This is followed by patients who have respiratory system disorders consisting 29% of the total participants; 17% includes participants diagnosed with cancer gastrointestinal disorders, musculoskeletal disorders and cardiovascular disorders.

**CONCLUSION:** Palliative care is an unmet need for patients who are terminally ill.The findings will inform the development of palliative care services and improve patient care.

**KEYWORDS:** Palliative-care, pain-management, unmet-need, end-of-life-care

## DR KHERGAONKAR PRIZE (IAPSM)
THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-07

**Attributes and Predictors of Tobacco Cessation Attempts Among Tobacco users attending an Urban Health Center in a metropolitan city**

PRESENTING AUTHOR: DR. RAVI SAPKAL
AUTHORS: DR. YASMEEN KAZI
INSTITUTE/ORGANISATION: Department of Community Medicine , Lokmanya Tilak

**BACKGROUND:** Tobacco use remains a leading cause of preventable morbidity and mortality worldwide. Despite awareness of health risks, many individuals struggle to quit, necessitating targeted research. Hence, this study was conducted at an Urban Health Training Centre to assess tobacco use patterns, identify barriers to cessation, understand various tobacco cessation methods.

**METHODOLOGY:** This cross-sectional study was conducted among Tobacco users attending an outpatient department in Urban Health Training Center, using Universal Sampling, after getting Ethics Committee approval & taking informed consent from the study participants. Questions were asked about their sociodemographic profile, details of tobacco & smoking addiction, previous quitting attempts, triggers for quitting, associated barriers and social support during quitting attempts.

**RESULTS:** Majority of the participants were in the age group above 35 years (64.47%), males (94.73%) and were married (78.94%). Of all the participants, 67.10% were Smokers, followed by 28.94% tobacco chewers & 3.94% using both. 97.37% of them gave history of previous quitting attempts. Majority used medication from local healers & support group help for it. Major trigger for quitting was Family pressure (71%). However, lack of motivation was the dominant barrier (47%), while many faced challenges due to their cravings (73%). Majority of them received support from their family & friends (43%)

**CONCLUSION:** Most participants had prior quit attempts and relied on medication and social support. Family pressure influenced cessation, while lack of motivation and cravings remained barriers, highlighting need for sustained support

**KEYWORDS:** Tobacco Cessation Attempts, Attributes ,Predictors

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**ABSTRACT ID**: IAPSM-KHG-UPH-08

**IDRS-Based Community Screening for Type 2 Diabetes Risk Among Adults in Urban Field Practice Area of Medical College, Navi Mumbai**

PRESENTING AUTHOR: Dr. Arnav Shirshetty
AUTHORS: Dr. Shalini Ojha
INSTITUTE/ORGANISATION: Terna Medical College, Navi Mumbai

**BACKGROUND:** India has over 77 million people with diabetes, reflecting a rapidly rising burden. Early identification of high-risk individuals is essential. The Indian Diabetes Risk Score (IDRS) is a simple community screening tool. This study assessed diabetes risk distribution using IDRS and identified associated factors in a community population

**METHODOLOGY:** A cross-sectional study was conducted among 164 adults in a Navi Mumbai community using simple random sampling in urban field practice area. A structured questionnaire captured socio-demographic details and components of the Indian Diabetes Risk Score (IDRS). IDRS scores were categorized, and data were analyzed using descriptive statistics and chi-square tests to determine associations with selected risk factors.

**RESULTS:** Of the 164 adults assessed, 28% were low risk, 45% moderate risk, and 27% high risk by IDRS classification. Age demonstrated a strong positive association with higher risk categories. Participants with increased waist circumference and those reporting a family history of diabetes had significantly elevated IDRS scores. Physical inactivity was also strongly related to moderate and high-risk groups. Income level and residential status showed no statistically significant association with diabetes risk. The findings highlight the predominance of lifestyle and hereditary factors in influencing IDRS outcomes within the study population.

**CONCLUSION:** With nearly one-fourth at high diabetes risk, community screening using IDRS is essential for early detection and targeted lifestyle counselling, helping reduce the growing burden of diabetes in urban populations.

**KEYWORDS:** Diabetes, IDRS, Screening ,Community, NCDs

## DR KHERGAONKAR PRIZE (IAPSM)

THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-09

**Association of HDI with Leprosy and Tuberculosis incidence in India: An Ecological study**

PRESENTING AUTHOR: Dr. Mohamed Riyaz Abdul Gafoor
AUTHORS: Dr.Joyce Bardeskar, Dr.Geeta Pardeshi
INSTITUTE/ORGANISATION: Grant Government Medical College and Sir JJ group of Hospitals

**BACKGROUND:** The IIuman Development Index (IIDI) reflects societal progress and population health. Leprosy and tuberculosis (TB) remain major public health concerns, disproportionately affecting vulnerable groups. HDI a key socio-economic indicator is shaped by these diseases. This study evaluates how HDI relates to leprosy incidence and TB notification across Indian states (2019).

**METHODOLOGY:** An ecological analysis was conducted from 36 Indian states and union-territories using state-level HDI from Global Data Lab and TB notification, annual leprosy case detection (ANCDR) from the TB report-2020, and the National Health Profile-2020, respectively. For examine association between HDI and diseases rates per 100,000 bubble scatterplots (population-weighted) were used. Population-averaged Poisson models with log link and population offset estimated incidence rate ratios.

**RESULTS:** In bivariate (population-weighted) plots, TB notifications increased with higher HDI, whereas leprosy ANCDR declined as HDI increased. In univariate models, HDI showed a positive association with TB notification (IRR=1.017; 95% CI 1.016–1.017; p<0.001). However, after adjusting for urbanization, this relationship reversed (IRR=0.967; 95% CI 0.967–0.968; p<0.001), indicating that a 0.01-unit rise in HDI corresponded to a 4% reduction in TB notifications and remained statistically significant. For leprosy, HDI was inversely associated (IRR=0.938; 95%CI 0.936–0.939; p<0.001), and this inverse relationship strengthened after adjustment (IRR=0.871; 95% CI 0.868–0.873; p<0.001), with each 0.01-unit increase in HDI linked to a 13% decrease in ANCDR.

**CONCLUSION:** Higher HDI is associated with lower leprosy incidence and lower TB notification after adjusting for urbanization, highlighting the importance of social determinants in reducing both disease incidence.

**KEYWORDS:** HDI, Leprosy, Tuberculosis, urbanization

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**ABSTRACT ID**: IAPSM-KHG-UPH-10

**MORBIDITY PROFILE AND IIEALTII SEEKING BEIIAVIOR AMONG URBAN GERIATRIC POPULATION– A CROSS SECTIONAL FIELD STUDY**

PRESENTING AUTHOR: Dr. Asha Sopanrao Munjal
AUTHORS: Dr. Bina M. Kuril, Dr. Rajendra T. Ankushe, Dr. Shailesh Palve, Dr. Nitin N. Ambadekar
INSTITUTE/ORGANISATION: Public Health Department, Government of Maharashtra

**BACKGROUND:** The world's population is ageing rapidly, resulting in an increase in morbidity among them. SDG-3 objective of "Good Health and Well-Being" places a special emphasis on ageing. The aim of this study was to find out pattern and prevalence of morbidity, with health-seeking behavior of urban geriatric population.

**METHODOLOGY:** Community based cross-sectional study conducted from December 2022 to January 2024. Ethical approval obtained from Institutional Ethics Committee. Included 60 years & above geriatric population attached to urban field practice area of government medical college. Cochrane's formula used to calculate sample size which was 224 by considering prevalence of geriatric morbidity profile 89%, allowable error 5% of p, with 95% confidence interval

**RESULTS:** Among 224 participants, 135 (60.3%) were female. Hindu & Buddhist each were contributed 58 (25.9%). Nearly 50 (22.3%) participants were unemployed. About 170 (75.9%) were from joint family. Addicted participants were 63 (28.1%) and widows / separated contributed to 61 (27.2%). Study found 196 (87.5%) participants had multiple-morbidity. 212 (94.6%) participants preferred allopath system of medicine, 123 (54.9%) took treatment from government hospital whereas 79 (35.2%) were not received treatment. Study found significant association of Health-seeking behavior with the family type (p<0.001), religion, occupation, present symptoms, past illness, BMI and morbidity.

**CONCLUSION:** Found 217 (96.9%) morbidity, 138 (61.6%) good health seeking behavior. Morbidity significantly associated with addicted and working geriatrics. Housewives, non-workings inclined to self-medication and make excuses for not seeking treatment

**KEYWORDS:** Geriatrics, Morbidity, Health seeking behavior

## DR KHERGAONKAR PRIZE (IAPSM)

THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-11

**Patterns and determinants of utilization of health care services in urban field practice area of tertiary care hospital: cross-sectional study.**

PRESENTING AUTHOR: Dr Rubina Patankar
AUTHORS: Dr Vandana Nikumb ,Mr Abhiram Behera
INSTITUTE/ORGANISATION: Terna Medical College and Hospital ,Nerul .Navi Mu

**BACKGROUND:** Health care utilization is the measure of the population's use of the health care services. It is used to assess how efficiently a health care system is providing health care services. Objective-To study the pattern and determinants of healthcare utilization in the urban field practice area.

**METHODOLOGY:** A community-based descriptive cross-sectional study was conducted over three months in the urban field practice area of a tertiary care hospital. Using a two-step cluster sampling method, 200 families were selected from ten sectors. Data was collected using a predesigned questionnaire on preferred facilities, influencing factors, and barriers to utilization of health care services.

**RESULTS:** 81.5% are preferring the private facility for seeking medical care, mainly due to doctors reputation (57.7%),family doctor(21.5%) and closeness to home (17.2%) and it was found statistically highly significant. Barriers for not utilizing the public health care services were mainly long waiting hours, ill treatment of staff and poor health care.The patient satisfaction score was found 92.2% by using Zonkas method.Though the people are preferring the private sector, utilisation of public sector was found more for immunization in children.There was no statistically significant difference between utilization of health care services and socio-economic class, religion and decision making in health care

**CONCLUSION:** Families preferred private healthcare for better quality and convenience, while government services remained underutilized due to long waiting times, limited personal attention, and poor awareness of available government health schemes.

**KEYWORDS:** Health care services

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**ABSTRACT ID**: IAPSM-KHG-UPH-12

**Cross-Sectional Study to Assess Minimum Acceptable Diet and Influencing Factors among 6-23 Months Children in Urban Health Centre of Maharashtra**

PRESENTING AUTHOR: Dr. DHIRENDRAKUMAR VISHWANATH YADAV
AUTHORS: Dr. ANJANA I, Dr. CHHAYA RAJGURU (WAGHMARE), Dr. SUMANT LOKHANDE, Dr. SAMPAT SURYAWANSHI
INSTITUTE/ORGANISATION: GRANT GOVERNMENT MEDICAL COLLEGE AND SIR JJ GROUP OF HOSPITALS

**BACKGROUND:** Provision of adequate nutrition in early life is essential for achieving optimal growth and development. The aim of this study was to estimate the prevalence of MAD and identify sociodemographic determinants of children aged 6–23 months. It also examined the relationships between feeding practices and nutritional status indicators.

**METHODOLOGY:** A community based cross sectional Study was conducted among 141 children attending Urban Health Centre affiliated to medical college. Feeding practices were documented using structured questionnaires adapted from NFHS-5 by employing 24-hour dietary recall method. Anthropometric measurements were taken according to WHO 2025 guidelines. Data was analysed using SPSS to calculate frequencies and examine correlations between MAD and sociodemographic determinants as well as anthropometric variables.

**RESULTS:** Among the participants 75.9% achieved dietary diversity while 38.3% met the MAD criteria including meal frequency and milk feeding. The prevalence of stunting, underweight, wasting are 24.8%, 22.7% and 11.3% respectively. Higher maternal schooling (10-11 yrs), presence of family support, and > 4 postnatal visits were associated with improved MAD coverage. Non-receipt of health worker advice was linked with higher MAD suggesting gap in counselling quality. No significant association was observed between MAD and anthropometric indicators. Availability of Anganwadi services did not influence feeding adequacy.

**CONCLUSION:** Strengthening postnatal follow-up, providing quality counselling, engaging family members is essential. Beyond maternal education, interventions should be focused on time constraints, caregiver support and behavioural change.

**KEYWORDS:** MINIMUM-ACCEPTABLE-DIET(MAD), URBAN-HEALTH-CENTER(UHC), 6-23 MONTHS-CHILDREN

## DR KHERGAONKAR PRIZE (IAPSM)

THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-13

**Osteoarthritis Knee – Prevalence and associated factors among adults: a community based cross sectional study**

PRESENTING AUTHOR: Dr. Purva Deepak Patil
AUTHORS: Dr. Meenal Kulkarni
INSTITUTE/ORGANISATION: MGM Medical College, Panvel

**BACKGROUND:** Osteoarthritis Knee is characterized by a multifactorial etiology increased 113% in the last 3 decades with prevalence of 17% to 64.3% via community-based investigations across India. The Objective was to determine the Prevalence of Osteoarthritis-Knee and its association with various factors among adults above 50 years

**METHODOLOGY:** This Analytical cross-sectional study was carried out in the urban field practice area under Tertiary hospital among 400 participants of >50 years by simple random sampling via house-to-house surveys. After IEC approval, the study was carried by conducting Interviews and clinical examination. Statistical analysis was done using Epi info software.

**RESULTS:** The prevalence of Osteoarthritis Knee among the participants of age >50 years was 39.75%. The factors associated with Osteoarthritis Knee were female sex, joint/extended family, presence of musculoskeletal symptoms, moderate-vigorous activity, presence of past knee trauma, frequent squatting and increased BMI. On multiple logistic regression analysis, joint/extended family type, presence of musculoskeletal symptoms and history of past knee-trauma were significantly associated with Osteoarthritis Knee.

**CONCLUSION:** The prevalence of Osteoarthritis Knee age >50 increases with increasing age. Prevalence is more in females, joint/extended family, presence of musculoskeletal symptoms, moderate-to-vigorous activity, past knee trauma, frequent squatting, BMI.

**KEYWORDS:** Osteoarthritis Knee, BMI, ACR Criteria

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**ABSTRACT ID**: IAPSM-KHG-UPH-14

**Assessment of 5S (Stepping, Sitting, Sleeping, Strength, Sweating) Lifestyle Behaviours and Their Association with Obesity Parameters in Urban Adults**

PRESENTING AUTHOR: Dr. Anudeep Kadam
AUTHORS: Dr. Parande, Dr. Nanaware, Dr.Sewte, Dr.Rupali, Dr. Suraj, Dr. Harish, Dr. Dnyaneshwar, Dr. Pallavi.
INSTITUTE/ORGANISATION: BJ Government Medical College and Sassoon General

**BACKGROUND:** Obesity in urban populations is rising due to sedentary lifestyles and inadequate physical activity, representing significant public health burden. The 5S framework—Stepping, Sitting, Sleeping, Strength, and Sweating—comprehensively assesses modifiable lifestyle domains influencing adiposity. This study examined 5S lifestyle behaviours and their association with obesity parameters: BMI, waist circumference, waist-hip ratio.

**METHODOLOGY:** A community-based cross-sectional study was conducted among 400 adults aged ≥20 years in an urban field practice area of a medical college using stratified random sampling method. Anthropometric measurements including height, weight, waist circumference, and hip circumference were systematically obtained. Comprehensive 5S lifestyle behaviour data were collected using validated questionnaires and standardized measurement protocols.

**RESULTS:** Among 400 participants (mean age 45.5±14.0 years; 52% male), 34.8% had overweight or obesity (mean BMI 25.33±4.52 kg/m$^2$). Using gender-specific WHO criteria (WHR ≥0.90 males, ≥0.85 females), central obesity affected 38.0% (n=152), with significant gender disparity (males 33.2%, females 43.2%; $p<0.05$). Exercise participation was limited to 44.0% (5.4±0.8 times/week; 48.9±19.3 minutes/day), while 56.0% remained sedentary. Inadequate stepping significantly correlated with elevated BMI ($p<0.01$) and increased waist circumference. Increased daily sitting time significantly correlated with higher waist-hip ratio ($p<0.05$). Poor sleep patterns and limited strength training were significantly associated with adverse obesity parameters. Multiple unfavourable 5S behaviours significantly increased obesity risk.

**CONCLUSION:** Central obesity (38.0%) and general obesity (34.8%) with widespread sedentary behaviour necessitate 5S-targeted interventions. Evidence-based strategies promoting stepping, reduced sitting, sleep and strength training offer obesity prevention and healthy lifestyle.

## DR KHERGAONKAR PRIZE (IAPSM)

THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-15

**MORBIDITY PROFILE OF BENEFICIARIES ATTENDING COMMUNITY HEALTH CAMPS IN MUMBAI, MAHARASHTRA**

PRESENTING AUTHOR: Dr. Talha Nadeem
AUTHORS: Dr Sumana Mukhopadhyay, Dr Dhirendrakumar Yadav, Dr Prashant V. Howal, Dr Geeta Pardeshi
INSTITUTE/ORGANISATION: Grant Government Medical College & Sir JJ Group of Hospitals

**BACKGROUND:** Community health camps provide services to individuals in need, especially in densely populated, rapidly expanding urban areas. This study was conducted to describe the sociodemographic features, services accessed, and morbidity patterns among beneficiaries of health camps organized in Mumbai, Maharashtra.

**METHODOLOGY:** Health camps were organized at 10 locations in Mumbai from 1st September to 15th October 2024. Data was collected for variables - demographic characteristics (age, gender, location), clinical consultations (speciality), provisional diagnosis, and referrals. Diagnosis was classified according to Global Burden of Disease (GBD) framework. Descriptive analysis was done to calculate median, interquartile range and frequencies with percentages.

**RESULTS:** 1,554 beneficiaries, with a median attendance of 199 per camp (IQR=90-222). 35% of the beneficiaries were in the 0–19 years age group (35 %), and 60% were females. More than half of the beneficiaries sought services of the Medicine department, and more than a quarter utilized the services of the Paediatrics department. 29% of patients required referral services. 61% were categorized as non-communicable diseases (61%), followed by communicable, maternal, neonatal, and nutritional diseases (31 %).

**CONCLUSION:** When organizing health camps, the availability of medicine, paediatric health services, essential equipment and medications for identifying and managing non-communicable diseases should be ensured, with access to health referral services.

**KEYWORDS:** Health camp, Morbidity patterns, Mumbai

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**ABSTRACT ID**: IAPSM-KHG-UPH-16

**Neck Circumference as a screening tool for Obesity Among Urban Adults in Mumbai.**

PRESENTING AUTHOR: Dr Yasmeen Kazi
AUTHORS: Dr Kevin Pashte
INSTITUTE/ORGANISATION: Lokmanya Tilak Municipal Medical and General Hospital

**BACKGROUND:** Neck circumference is a simple anthropometric measure reflecting upper body fat. It shows promise in identifying obesity, and predicting obstructive sleep apnea risk, yet optimal cut-offs across age and gender remain underexplored.

**METHODOLOGY**: This cross-sectional study was conducted in a tertiary care institute among adults aged above 30 years. Convenient sampling technique was employed, Neck circumference was measured in a horizontal plane just below the thyroid cartilage, with participants facing forward and shoulders relaxed. Obstructive sleep apnea risk was assessed using the STOP-BANG questionnaire. Data collection was done using Excel sheet and analysis was done using SPSS software.

**RESULTS:** In the study,67.45% participants were males and 32.55% were females. Among all the participants 59.83% were obese. Among obese individuals, cut off for neck circumference was 37.5 cm for males (Sensitivity = 91.9%, Specificity = 94.3% Area under curve (AUC) = 0.966) and 36.5 cm for females (Sensitivity = 94.3 %, Specificity = 85.7% AUC = 0.945). Among all the obese participants 47.29% had intermediate risk of Obstructive Sleep Apnea (OSA), and 23.26% had high OSA risk.

**CONCLUSION:** Neck circumference increases with obesity and higher OSA risk, suggesting its potential use as a simple screening tool for excess weight and obstructive sleep apnea risk.

**KEYWORDS:** Neck circumference, Obesity, OSA

## DR KHERGAONKAR PRIZE (IAPSM)

THEME: URBAN PUBLIC HEALTH

**ABSTRACT ID**: IAPSM-KHG-UPH-17

**Tobacco use and other associated factors among patients with elevated blood pressure attending NCD corner in a tertiary care hospital**

PRESENTING AUTHOR: DR GOKUL V V

AUTHORS: DR JANARDHAN BANDI DR VIJAYKUMAR SINGH MR SACHIN SHIRKE DR JAYALEKSHMI C S

INSTITUTE/ORGANISATION: SETH GSMC & KEM HOSPITAL

**BACKGROUND:** Tobacco use is a key modifiable riskfactor to NCDs, including elevated blood pressure. Understanding its burden among adults with raised BP is essential for targeted prevention. This study assessed the proportion, patterns and association of tobacco use with elevated blood pressure among adults attending an NCD clinic in tertiarycare hospital

**METHODOLOGY:** A cross-sectional study used routinely collected NCD-corner data (Aug–Oct 2025) and 300 samples were obtained based on complete enumeration. Adults ≥30 years with elevated blood pressure (SBP ≥140 mmHg, DBP ≥90 mmHg, or known hypertension) were included. Extracted data covered demographics, lifestyle factors, family history, and tobacco use. Tobacco proportion and its association with elevated blood pressure were assessed using chi-square, Fisher's exact test ,odds-ratio

**RESULTS:** Out of 300 study participants 172(57.3%) were males and 128(42.7%) were females. 111 (37%) were in the age group 30 – 45 years ,146(48.7%) in 46-60 years and 43 (14.3%) in >60 years. 87 (29 %) of them had tobacco consumption in some form. Age and Tobacco consumption was found to be significantly associated with elevated blood pressure >160/100 (p value <0.05). Tobacco consumption had 3 times more odds of developing elevated blood pressure >160/100 compared to non-users.

**CONCLUSION:** Nearly one-third of adults with elevated blood pressure used tobacco, which was associated with elevated blood pressure >160/100. Integrating tobacco cessation services within NCD clinics may strengthen cardiovascular risk prevention.

**KEYWORDS:** Tobacco ,NCD ,hypertension ,bloodpressure ,prevention

## DR MV KULKARNI PRIZE (IAPSM)

THEME: MATERNAL & CHILD HEALTH

**ABSTRACT ID**: IAPSM-KUL-MCH-01

**Effectiveness and acceptability of ASHA-led postnatal home-based breastfeeding support on exclusive breastfeeding: a mixed-methods study from central India**

PRESENTING AUTHOR: Dr Aman singh
AUTHORS: Dr Ujwala ukey , Dr Uday Narlawar
INSTITUTE/ORGANISATION: GMC Nagpur

**BACKGROUND**: Exclusive breastfeeding remains suboptimal in India despite postnatal home visits by Accredited Social Health Activists (ASHAs). Evidence on the effectiveness and acceptability of ASHA-led breastfeeding support in routine field settings is limited. This study assessed the effectiveness of ASHA-led postnatal home-based breastfeeding support on exclusive breastfeeding and explored its acceptability.

**METHODOLOGY**: An explanatory sequential mixed-methods study was conducted in the field practice area of a tertiary health care centre in central India. A cross-sectional survey included 150 postnatal mothers with infants aged 6 weeks to 6 months to assess exclusive breastfeeding and ASHA postnatal visit exposure. In-depth interviews with mothers and focus group discussions with ASHAs explored acceptability, experiences, and barriers to breastfeeding support

**RESULTS:** Among 150 postnatal mothers (mean age 25.6 ± 4.1 years), 61.3% practiced exclusive breastfeeding. Exclusive breastfeeding was higher among mothers who received adequate ASHA-led postnatal breastfeeding support compared to those with inadequate support (73.5% vs 46.7%, p = 0.002). After adjusting for maternal education, parity, and mode of delivery, adequate ASHA support was significantly associated with exclusive breastfeeding (AOR = 2.38; 95% CI: 1.21–4.69). Qualitative findings showed high acceptability of ASIIA home visits, highlighting trust, accessibility, and practical guidance, while family influence and perceived low milk supply emerged as persistent barriers.

**CONCLUSION:** ASHA-led postnatal home-based breastfeeding support was effective and acceptable in improving exclusive breastfeeding. Strengthening counselling skills and addressing household-level barriers may enhance program impact.

**KEYWORDS:** Exclusive breastfeeding,ASHA,Postnatal home

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**ABSTRACT ID**: IAPSM-KUL-MCH-02

**A cross-sectional study to assess the prevalence of postpartum depression among women attending a tertiary care hospital in Maharashtra**

PRESENTING AUTHOR: Aswyn J Kunnungal
AUTHORS: Usha Ranganathan
INSTITUTE/ORGANISATION: Government Medical College, Alibag-Raigad

**BACKGROUND:** Postpartum depression (PPD) is a major depressive disorder with peripartum onset affecting maternal and child health outcomes. Despite high prevalence, PPD remains neglected in public health policy and medical practice. This study aimed to assess PPD prevalence and identify its predictors in a tertiary care setting in Maharashtra.

**METHODOLOGY:** A hospital-based cross-sectional study was conducted among 300 consenting postnatal mothers attending the paediatric immunization OPD of a tertiary care hospital in Maharashtra, from September 2022 to May 2024, selected by purposive sampling. Data were collected using a structured questionnaire covering sociodemographic and antenatal-intranatal-postnatal variables. The Edinburgh Postnatal Depression Scale was used for screening, with 11&13 as cutoff scores. SPSSv26 was used for statistical-analysis.

**RESULTS:** The prevalence of PPD was found to be 50.3% at an EPDS cutoff of 11 and 27% at a cutoff of 13. Multiple regression analysis (R2=0.51) identified nuclear family-structure, lower socioeconomic status, poor interpersonal relationship with husband/in-laws/own family, chronic illness, low education status and abnormal birthweight of baby as significant independent predictors of higher depression scores.

**CONCLUSION:** The high prevalence of PPD necessitates integrated mental health screening in routine postnatal care, strengthened family-support systems, targeted interventions for vulnerable mothers, community-based research and policy advocacy.

**KEYWORDS:** Postpartum-depression, EDPS, Maternal health

## DR MV KULKARNI PRIZE (IAPSM)

THEME: MATERNAL & CHILD HEALTH

**ABSTRACT ID**: IAPSM-KUL-MCH-03

**Assessment of Knowledge, Attitude and Practice among Parents Regarding Antibiotic Use in Children: A Cross-Sectional Study**

PRESENTING AUTHOR: Dr. Priyanka Singh
AUTHORS: Dr. Fazila Patankar
INSTITUTE/ORGANISATION: Terna Medical college, Nerul , NAVI Mumbai

**BACKGROUND:** Antibiotic resistance has grown to be a substantial worldwide health concern. Parents have a significant influence on children's use of antibiotics, which directly affects their clinical outcomes. This study was conducted to assess the parent's knowledge, attitude and practice of antibiotic use in children and their associated socio-demographic factors.

**METHODOLOGY:** A descriptive cross- sectional study was done among 180 parents of children aged 1-14 years through consecutive sampling. Data was collected using a pre-structured questionnaire, containing socio-demographic profile and questions from knowledge, attitude and practice domains regarding use of antibiotics.

**RESULTS:** Among 180 parents, 82.22(148) percent were mothers with the mean age of 32.2 ± 5 years. appropriate knowledge was seen in 43.89 (79) percent of parents, Self-medication of antibiotics was noted among 45% (81), often through over-the-counter purchase at pharmacies, and 35.56% (64) kept leftover antibiotics to use for similar symptoms. Parents' education and gender were seen to be associated with knowledge of antibiotic use.

**CONCLUSION:** The findings of suboptimal practices, emphasize the critical need for focused and appropriate health education initiatives to enhance antibiotic-related practices and knowledge, especially among less educated.

**KEYWORDS**: Antibiotic use children ,knowledge

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**ABSTRACT ID**: IAPSM-KUL-MCH-04

**Effectiveness of Integrated HBYC–ECD Training on ASHAs' Knowledge, Home Visit Skills, and Caregiving Practices for 3–15-Month-Old Children in Maharashtra**

PRESENTING AUTHOR: Dr. Sonu Meher
AUTHORS: Dr Mangesh Gadhari, Dr Ravindra Bagal, Dr Ranjana Rathod, Dr Vaibhav Mahatme, Dr Mayuri Bawankar, Nandu Gedam, Shalini Kotamkar
INSTITUTE/ORGANISATION: UNICEF Maharashtra

**BACKGROUND:** To strengthen Home-Based-Care-of-Young-Children(HBYC) programme's Early-Childhood-Development (ECD) component, 13 structured training modules were developed and implemented across six districts in Vidarbha. This study aims to compare knowledge and home visit (HV) skills levels among ASHAs and to assess caregivers' caregiving-practices among 3–15 months children in intervention and non-intervention districts.

**METHODOLOGY:** This integrated HBYC-ECD initiative covered 9,187 ASHAs across 265 Primary Health Centres through a 13-month Incremental-Learning-Approach(ILA). A multistage simple random sampling technique was used to select participants from the selected districts. In total, 453 ASHAs (205 from intervention districts and 248 from non-intervention districts) and 324 caregivers of children aged 3–15 months(139 from intervention districts and 185 from non-intervention districts) were interviewed using structured tools.

**RESULTS:** Intervention and non-intervention districts ASHAs mean age were 43.3(SD±6.5) years and 43.7(SD±6.6) years; children's mean ages were 9.0(SD±3.9) and 9.9(SD±4.3) months, respectively. Knowledge scores were significantly higher in intervention districts (56.6% high scores) compared to non-intervention areas (18.1%) ($\chi^2$=72.39, p<0.001). Reported HV skills score also differed significantly (61.4% vs. 27.8%, p<0.001). Higher knowledge was associated with better HV skills among ASHAs ($\chi^2$=18.50, p<0.001). Caregiving practice scores were significantly higher in intervention districts ($\chi^2$=10.68, p=0.001). Caregiving practices not associated with sex, however varied significantly by age group ($\chi^2$=15.09, p=0.010) with highest score reported by caregivers of 2–3 months children.

**CONCLUSION:** Intervention districts demonstrated better ASHA knowledge-skills and caregivers' caregiver practices, indicating that integrating ECD into the HBYC platform can yield meaningful improvements under minimal supervision.

**KEYWORDS:** Early-Childhood-Development; ECD; HBYC; ASHA; Caregiver-practices.

## DR MV KULKARNI PRIZE (IAPSM)

THEME: MATERNAL & CHILD HEALTH

**ABSTRACT ID**: IAPSM-KUL-MCH-05

**Insights into public-private sector variations in maternal health care and pregnancy outcomes in an urban slum of Mumbai**

PRESENTING AUTHOR: Dr Shwetangi Shinde
AUTHORS: Dr Swati Deshpande
INSTITUTE/ORGANISATION: Lokmanya Tilak Municipal Medical College and General Hospital

**BACKGROUND:** Understanding variations in maternal health across public and private sectors is essential for improving service delivery. This study aimed to – (i) compare maternal health services and pregnancy outcomes across public and private facilities in an urban slum of Mumbai, and (ii) explore factors influencing switching between sectors during childbirth.

**METHODOLOGY:** An analytical cross-sectional study was conducted among recently delivered women (n=289). Data were collected through household surveys and verification of health records. Variables included sociodemographic and obstetric profiles, quality-of-care indicators, delivery practices and pregnancy outcomes. Switching patterns between the registration sector and the place of delivery were assessed. Analysis included descriptive statistics, chi-square tests, and logistic regression.

**RESULTS:** Private-sector registration was associated with adolescent pregnancies ($p = 0.05$), higher schooling ($p < 0.001$) and per-capita income ($p < 0.001$), at least one ultrasonography ($p = 0.03$), and greater high-risk pregnancies ($p = 0.012$). Public-sector registrations more frequently received ANC cards ($p <0.001$). Private-sector deliveries showed higher LSCS rates ($p = 0.014$) and health expenditure during delivery ($p <0.001$), whereas public-sector deliveries had better newborn immunisation ($p = 0.01$) and exclusive breastfeeding rates at discharge ($p = 0.046$). Switching between sectors occurred in 10.72% (30) of cases, driven by perceived quality, cost, staff behaviour, waiting times, and referrals.

**CONCLUSION:** Public and private sectors demonstrate distinct strengths in maternal health services. Improving continuity across sectors will be key to delivering equitable maternal care.

**KEYWORDS:** MaternalHealth, PregnancyOutcomes, PrivateSector, PublicSector

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**ABSTRACT ID**: IAPSM-KUL-MCH-06

**Cross Sectional Assessment Of Nutritional Status Amongst Anganwadi Children Using The Composite Index Of Anthropometric Failure (CIAF) in Dhamni**

PRESENTING AUTHOR: Dr Riya Deepak Ghosh
AUTHORS: Dr. Nisha Relwani, Dr. Prasad Waingankar
INSTITUTE/ORGANISATION: MGM medical college, Navi Mumbai

**BACKGROUND:** This study aims to assess the nutritional status of children (6 months–6 years) attending Anganwadi centers in Dhamni, a tribal village in Raigad, Maharashtra. Primary objectives include determining the prevalence of undernutrition using CIAF and assessing associations with immunization, breastfeeding practices, low birth weight (LBW) and common infections.

**METHODOLOGY:** A cross-sectional descriptive study was conducted over six months in selected Anganwadi centers. A sample of 100 children was recruited via simple random sampling. Data regarding socio-demographics, feeding practices, and morbidity history were collected using a structured questionnaire. Anthropometric measurements (length, height & weight) were taken to classify nutritional status according to the seven CIAF subgroups (A–Y). Data were analyzed using SPSS v.27

**RESULTS:** The study included 100 children, of whom 59% showed anthropometric failure, while only 41% had no failure. Significant associations were found between malnutrition and LBW (p value =0.003). Incomplete immunization was also strongly associated with anthropometric failure.

**CONCLUSION:** The use of CIAF revealed a high burden of undernutrition (59%) in this tribal setting, significantly higher than conventional indices would suggest. LBW and partial immunization emerged as critical determinants.

**KEYWORDS:** CIAF, Malnutrition, Tribal Health, Anganwadi

## DR MV KULKARNI PRIZE (IAPSM)

THEME: MATERNAL & CHILD HEALTH

**ABSTRACT ID**: IAPSM-KUL-MCH-07

**Community-Based Assessment of Undernutrition Among Under-Five Children in Nagpur Division of Maharashtra, Central India**

PRESENTING AUTHOR: Dr Shashikant Shambharkar

AUTHORS: Dr Mangesh Gadhari, Dr Ranjana Rathod, Dr Sonu Meher, Dr Dinesh Bhale, Umendra Deshmukh, Kalpana Barde, Shalini Kotamkar, Abhijeet Gedam

INSTITUTE/ORGANISATION: Deputy Director of Health Services, Nagpur Circle,

**BACKGROUND:** Childhood undernutrition continues to be a major global public health concern, contributing to 45% morbidity, mortality and impaired development among under five children worldwide. This study aimed to determine the prevalence of undernutrition among under five children of Nagpur division, Maharashtra.

**METHODOLOGY:** A community-based cross-sectional study was undertaken across six districts of the Nagpur division-Bhandara, Chandrapur, Gadchiroli, Gondia, Nagpur, Wardha. Anthropometric measurements were obtained using standardized WHO protocols. Anthropometric measurements of 3136 U5 children were taken.

**RESULTS:** The mean age of participants was 29.49 months (SD = 17.34), with girls comprising 51.4% and boys 48.6% of the sample. Stunting prevalence was 39.5% and was significantly higher among boys (42.2%) than girls (36.9%) (p = 0.002). Wasting affected 19.6% of children without gender differences, while underweight prevalence was 37.7%, marginally higher among boys(p = 0.05). Significant linear increases in stunting, wasting, and underweight were observed across age groups, with the lowest prevalence among infants aged0–5 months. Rural areas showed the highest stunting, wasting was greatest in tribal and urban areas, and underweight was most prevalent in tribal areas.

**CONCLUSION:** The study sample adequately represents tribal, rural, and urban populations, hence, the findings may be generalizable to the broader state of Maharashtra. These findings underscore the need for targeted interventions.

**KEYWORDS:** Undernutrition, Vidarbha, Maharashtra, Under-five-children, tribal-rural-urban

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**ABSTRACT ID**: IAPSM-KUL-MCH-08

**Prevalence of Undernutrition and Anemia among Under-Five Children of Nashik District, Maharashtra**

PRESENTING AUTHOR: Dr. Ranjana Rathod

AUTHORS: Mangesh Gadhari, Sonu Meher, Dinesh Bhale, Kalpana Barde, Umendra Deshmukh, Yogita Rathod, Sharda Dhurve, Vaibhav Mahatme

INSTITUTE/ORGANISATION: State Nutrition Bureau, Nagpur

**BACKGROUND:** Undernutrition and anaemia among children under five years remain major public health challenges in India, adversely affecting their overall health. This study aimed to assess the prevalence of undernutrition and anaemia among under-five children in Nashik district, Maharashtra.

**METHODOLOGY:** A cross-sectional study was conducted across rural, tribal, and urban areas of Nashik district. Stratified random sampling was employed to ensure representation across regions. Anthropometric measurements of 922 children were obtained using standard WHO protocols. Hemoglobin was assessed using the capillary method.

**RESULTS:** The study included under-five children with a mean age of 36.8 months(SD=20.39), of whom 51.4% were girls, and 48.6% boys. Mean haemoglobin levels among children aged 6–23 months(10.08±2.33g/dL) and those aged 2–5 years(10.9±1.86g/dL). The prevalence of stunting, wasting, underweight was 37.5%, 33.2%, and 49.1%, respectively. Anaemia affected 56.3% of children aged 6–23 months and 44.65% of those aged 2–5 years. Significant age-related linear trends were observed for wasting and underweight, with the lowest prevalence among infants aged 0–5 months. Regional disparities showed higher stunting in rural and tribal areas, while wasting and underweight were most prevalent among tribal children.

**CONCLUSION:** Undernutrition and anemia remain highly prevalent among under-five children in Nashik district, especially in tribal communities. Targeted nutrition and health interventions are urgently required to address these disparities.

**KEYWORDS:** Undernutrition, Nashik, Anaemia, Under-five children

## DR MV KULKARNI PRIZE (IAPSM)

THEME: MATERNAL & CHILD HEALTH

**ABSTRACT ID**: IAPSM-KUL-MCH-09

**Association Between Household Livestock Ownership and Stunting in Under-Five Children in Central Rural India: A Case-Control Study.**

PRESENTING AUTHOR: Dr Pratik Tawde
AUTHORS: Dr Zahiuddin Quazi, Dr Sonali Chaudhary, Dr Abhay Gaidhane.
INSTITUTE/ORGANISATION: Jawaharlal Nehru Medical College, Datta Meghe Institute

**BACKGROUND:** Despite the high burden of stunting in Maharashtra and the high prevalence of livestock ownership, no studies have examined the association between household livestock ownership and stunting in children To determine the association between household livestock ownership and stunting among children aged 6-59 months in rural Wardha district, Maharashtra, India.

**METHODOLOGY:** A community-based, unmatched case-control study was conducted for 12 months in rural villages of Wardha district, Maharashtra, central India. Cases (Stunted Children): • Height-for-age z-score (HAZ) < −2 SD on WHO 2006 standards Control (non-stunted children) • Height-for-age z-score (HAZ) ≥ −2 SD on WHO 2006 standards. Inclusion Criteria: • Residing in selected villages for ≥3 months Exclusion Criteria: • Children with congenital malformations.

**RESULTS:** Study Parameter Value Total Sample Size 700 Cases (Stunted) 280 (40.0%) Controls (Non-stunted) 420 (60.0%) Case-Control Ratio 1:1.5 Stunting Prevalence in Study Population 40.0% Households with Livestock Ownership 479 (68.4%) Mean TLU Score 1.65 ± 1.82 Birth Weight <2.5 kg in Cases 90 (32.1%) Birth Weight <2.5 kg in Controls 81 (19.3%) Improved Water Source – Cases 155 (55.4%) Improved Water Source – Controls 234 (55.7%) Improved Sanitation – Cases 137 (48.9%) Improved Sanitation – Controls 231 (55.0%) Mean Dietary Diversity Score – Cases 3.46 ± 2.29 Mean Dietary Diversity Score – Controls 3.49 ± 2.34 Crude OR for Livestock

**CONCLUSION:** This community-based case-control study in rural Wardha district, Maharashtra, India, with 700 children found no statistically significant association between household livestock ownership and stunting in children aged 6–59 months

**KEYWORDS:** Stunting, Livestock, Animal-sourcefood, Tropical-livestockunit

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**ABSTRACT ID**: IAPSM-KUL-MCH-10

**A community based cross sectional study of maternal autonomy and its association with nutritional status of under five children.**

PRESENTING AUTHOR: Dr. Astha Mishra
AUTHORS: -
INSTITUTE/ORGANISATION: TNMC & BYL Nair Ch. Hospital Mumbai

**BACKGROUND:** In India, 36%, 19% and 32% of children were stunted, wasted, and underweight respectively in 2019-21. As primary caregivers, mothers' control over resources, finances, and home decisions is crucial for the children's nutritional status. Hence this research aimed to study the maternal autonomy and its association with under-5 nutrition.

**METHODOLOGY:** A community based cross-sectional study was conducted in a study area coming under UHTC of tertiary health care centre. The study involved 250 mother-child pairs in between September 2023 - February 2024. Four dimensions of maternal autonomy were studied: household decision-making, freedom of movement, access to economic resources, and attitude towards domestic violence. Descriptive analysis, chi square test and multivariate logistic regression was applied.

**RESULTS:** The study found that 24.4% of under-5 children were stunted, 48.4% were wasted, and 38.4% were underweight. High maternal autonomy was reported by 148 mothers (59.2%). The prevalence of wasting was significantly greater among children whose mothers had lower levels of autonomy. Children with mothers who set aside money for themselves have a lower risk of stunting, and of mothers who were involved in important home purchase decisions have a lower risk of underweight compared to those who were not.

**CONCLUSION:** Maternal autonomy, especially in financial and household decisions, is linked to improved nutritional outcomes in under-5 children. Community-based interventions must prioritize women's empowerment to improve child health indicators.

**KEYWORDS:** Autonomy, under-5, nutritional status

## DR. VIJAYA BHALERAO PRIZE (IAPSM)

THEME: SCHOOL HEALTH

**ABSTRACT ID**: IAPSM-BHA-SCH-01

**Nationwide Assessment of School Lunch Quality under PM POSHAN Using an Adapted SMILE Score**

Presenting Author: Dr. Anamika Prashant
Co-authors: Dr. Rupali Sabale, Dr. Vijaykumar Singh
Institution: Seth G.S. Medical College And KEM Hospital

**BACKGROUND:** PM POSHAN provides cooked meals to school children across India. Despite uniform national guidelines, lunch menus vary across states due to local food practices. This study aimed to assess PM POSHAN lunch quality nationwide using a structured, menu-based scoring approach and to describe score-based patterns of menu composition.

**METHODOLOGY:** This was a nationwide descriptive cross-sectional study based on secondary data analysis. PM POSHAN documents and state-wise menu information were reviewed for all 36 states and union territories. Lunch quality was assessed using an adapted SMILE-based score (range 0–6), based on menu components consistently reported. States were categorised into basic, moderate, and higher lunch quality groups using Excel.

**RESULTS:** One point was assigned for presence of vegetables, pulses/legumes, protein source (egg, milk, or fish), millet or whole grain inclusion, fruit provision, and food fortification. States with regular inclusion of protein sources in addition to standard cereal–pulse–vegetable meals achieved higher scores. Chhattisgarh recorded a score of 5/6, reflecting millets alongside protein sources and fortified staples. Odisha and Tamil Nadu recorded scores of 4/6, characterised by provision of vegetables, pulses, protein sources, and fortification. Across assessed states, fortification and pulse–vegetable combinations were consistently reported, while millet inclusion and routine fruit provision were less frequent.

**CONCLUSION:** A nationwide, menu-based scoring approach highlights meaningful variation in PM POSHAN lunch quality across states. Score-based comparison helps identify strengths and feasible opportunities for improvement & strengthening of PM POSHAN.

**KEYWORDS:** PM POSHAN; School Meals

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**ABSTRACT ID**: IAPSM-BHA-SCH-02

**Assessment of Health Issues and Referral Patterns Among School-Going Adolescents in a Health Camp.**

Presenting Author: Dr.Abhijeet G. Sangade
Co-authors: -
Institution: PCMC's Post Graduate Institute and Yashavantrao Chavan Memorial Hospital

**BACKGROUND:** School health programs are critical for the early identification of physical and mental health issues among adolescents.

**METHODOLOGY:** A cross-sectional study was conducted during a school health camp involving 52 students aged 12 to 16 years. Data on anthropometry, vital signs, general physical examination (Pallor, Vision, Dental status), and behavioral complaints were systematically collected. Students were categorized as 'Referral Needed' based on clinical findings, and referral categories were documented.

**RESULTS:** A total of 52 students were examined. Of these, 25 students, or 48.08%, required referral for specialized evaluation . The top three referral categories were: Dental (n=7), Vision (n=6, primarily for refractive errors), and Other (n=5, including underweight and delayed menarche). Behavioral issues (n=4) and Anemia (n=2) were also significant reasons . This high prevalence indicates a significant health burden.

**CONCLUSION:** A high proportion of adolescents required health referrals. School health interventions must prioritize systematic screening and follow-up for dental, visual, and nutritional deficiencies to improve overall adolescent health outcomes.

**KEYWORDS:** School Health, Adolescent, Dental, Vision

## DR. VIJAYA BHALERAO PRIZE (IAPSM)

THEME: SCHOOL HEALTH

**ABSTRACT ID**: IAPSM-BHA-SCH-03

**Adverse and Positive Childhood Experiences, Resilience, Life-skills and Mental Well-Being among Adolescents Residing in the Urban Slums of Nagpur, Maharashtra.**

Presenting Author: Dr. Sonu Meher
Co-authors: Dr. Tripti Bisawa
Institution: Indian Institute of Health Management and Research

**BACKGROUND:** Adverse Childhood Experiences (ACEs) are potentially traumatic events, whereas Positive Childhood Experiences (PCEs) promote well-being. Life skills and resilience support adolescents in managing everyday challenges. This study examines associations of ACEs, PCEs, resilience, and life skills with mental well-being among adolescents residing in urban slums of Nagpur.

**METHODOLOGY:** A cross-sectional study was conducted among 154 adolescents aged 13–17 years (mean age 13.6 ± 1.41), enrolled in five Nagpur Municipal Corporation schools in urban slum areas, studying in 8th-10th grades. Standardized and pre-validated tools were used. Data collection was carried out after obtaining ethical approval and written permission from the relevant authorities. Correlation and multiple linear regression analyses were performed.

**RESULTS:** The mean mental well-being score of adolescents was 15.81 ± 7.15. Mental well-being showed a significant negative correlation with ACEs ($r = -0.209$, $p=0.005$) and significant positive correlations with PCEs ($r = 0.252$, $p=0.001$), resilience ($r = 0.277$, $p< 0.001$), and life skills ($r=0.407$, $p < 0.001$). The regression model was statistically significant($p < 0.001$). Life skills ($\beta = 0.366$, $p < 0.001$) and resilience ($\beta = 0.193$, $p = 0.011$) emerged as the strongest positive predictors of mental well-being, while ACEs ($\beta = -0.173$, $p = 0.016$) were significant negative predictors. Age and sex were not significant predictors.

**CONCLUSION:** Both positive and adverse childhood experiences influence adolescents' mental health. Resilience and life skills are important protective factors. Adolescent well-being may be significantly improved by interventions that strengthen resilience and life skills.

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**ABSTRACT ID**: IAPSM-BHA-SCH-04

**Impact of a Planned Training Program on Adolescents' Knowledge, Attitude, and Perceptions regarding Comprehensive Sexuality Education in Palghar District, Maharashtra**

Presenting Author: Dr Gopika A L
Co-authors: Dr Smita Chavhan
Institution: HBT Medical College & Dr R N Cooper Municipal Gene

**BACKGROUND:** Adolescents in India face sexual health challenges from misinformation, stigma, and controversial sex education. This study evaluated a Planned Training Program (PTP) for its effectiveness in improving adolescent knowledge, attitudes, and perceptions of Comprehensive Sexuality Education (CSE) in urban and rural schools in Palghar district.

**METHODOLOGY:** A quasi-experimental pre-post study used universal sampling among 3,553 secondary school students (1,702 urban, 1,851 rural). A pre-validated questionnaire assessed their knowledge of sexual health, STI/RTI/HIV, and attitudes toward sex education. Post-tests were administered after delivering a structured CSE module. Data analysis utilized descriptive statistics, McNemar's $\chi$ 2 test, and the Wilcoxon signed-rank test.

**RESULTS:** Baseline misconceptions were high, particularly among rural students. Following the intervention, both rural and urban groups demonstrated significant improvements across all knowledge domains. Rural participants showed larger gains in factual knowledge, including understanding condom effectiveness against STDs (ES: −0.759 vs. −0.379) and rejecting myths such as illness from touching menstruating women (ES: 0.202 vs. 0.054). Attitudinal shifts were stronger among rural students, with greater support for universal school-based sex education (+0.31 vs. +0.08). Urban students showed improvement in comfort discussing sexual health with parents. STI/RTI/HIV knowledge improved, with rural students correcting misconceptions like mosquito transmission of HIV.

**CONCLUSION:** The PTP significantly improved CSE-related knowledge, attitudes, and perceptions among adolescents, especially rural students with lower baseline awareness, highlighting the need for targeted, culturally sensitive sex education interventions.

## DR. VIJAYA BHALERAO PRIZE (IAPSM)

THEME: SCHOOL HEALTH

**ABSTRACT ID**: IAPSM-BHA-SCH-05

**IMPACT OF A GENDER-INCLUSIVE SCHOOL-BASED INTERVENTION ON MENSTRUAL HEALTH EQUITY: A PRE–POST STUDY IN GOVERNMENT AND PRIVATE SCHOOLS**

Presenting Author: Dr. Shubhangini Singh
Co-authors: Brig Kunal Chatterjee, Col Jyoti Gupta, Wg Cdr Amol Nath
Institution: Armed Forces Medical College

**BACKGROUND:** Menstrual health among adolescents remains inadequately addressed despite national programmes, with persistent taboos, exclusion of boys, and disparities between government and private schools. Objectives: To assess the impact of a gender-inclusive school-based intervention on menstrual health.

**METHODOLOGY:** A pre–post interventional study was conducted among adolescents aged 10–19 years in selected government and private schools of Pune, Maharashtra. Baseline assessment was carried out using a pre-tested, semi-structured questionnaire covering menstrual health knowledge, attitudes, hygiene practices, and menstrual cup awareness. A structured, gender-inclusive educational intervention comprising interactive sessions, myth clarification, and demonstration-based learning was implemented. Post-intervention assessment was conducted using the same questionnaire.

**RESULTS:** Post-intervention findings showed a significant improvement in menstrual health knowledge and attitudes among both boys and girls. Greater gains were observed among boys and students from government schools, indicating a reduction in pre-existing gender- and school-based disparities. Improvements were also noted in perceptions related to menstrual stigma and school participation during menstruation. Awareness of menstrual cups among girls increased following the intervention.

**CONCLUSION:** Gender-inclusive school-based menstrual health education improves literacy, reduces gender and school-based inequities, and supports sustainable adolescent health outcomes. Integration into routine school health programmes is recommended.

**KEYWORDS:** Menstrual health, gender-inclusive education

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**ABSTRACT ID**: IAPSM-BHA-SCH-06

**Prevalence and Risk factors of Overweight and Obesity among school children in Mumbai: A cross-sectional study**

Presenting Author: Dr. Sreevidya PA
Co-authors: Dr. Nidhi Shastri, Dr. Priya Wani, Dr. Shrikala Acharya
Institution: Lokmanya Tilak Municipal Medical College and General Hospital

**BACKGROUND:** Prevalence of childhood obesity in India is rising, with 8.4% obese and 12.4% overweight children. It is linked to metabolic, psychological, and physical health problems. Unhealthy diets, sugary drinks, sedentary behavior, parental obesity contribute significantly. This study assessed the factors associated with increased BMI among school children

**METHODOLOGY:** We conducted a cross-sectional survey among 2251 school children aged 5–17 years in an aided school in Mumbai, including all students through complete enumeration. BMI was classified as per CDC criteria: <5th percentile—undernutrition; 5th–85th—normal; 85th–95th—overweight; >95th—obese. Data on frequency of sweet consumption, Sugar Sweetened Beverages (SSB), Junk food, hours of physical activity, and hours of screen time were collected.

**RESULTS:** The total prevalence of overweight and obesity was found to be 10% (11.1% in males and 8.8% in females) and 1.7% (1.5% in males and 1.1% in females) respectively. Higher BMI were significantly seen among children aged 11–17 years (p=0.001), whereas no significant difference was observed between sexes (p=0.21). The frequency of SSB consumption and physical activity were significantly associated with BMI (p=0.001 each). Logistic regression identified younger age (AOR=1.15), frequent junk food intake (AOR=1.06), and lower physical activity (AOR=0.72) as independent predictors of higher BMI.

**CONCLUSION:** Unhealthy diet and inadequate physical activity were key modifiable determinants of high BMI. Health education promoting healthy eating and physical activity, with parental involvement, is essential to prevent childhood obesity.

**KEYWORDS:** school-health, obesity, nutrition, adolescent health

## DR. VIJAYA BHALERAO PRIZE (IAPSM)

THEME: SCHOOL HEALTH

**ABSTRACT ID**: IAPSM-BHA-SCH-07

**Concurrent Anaemia, Thinness, and Stunting Among Tribal Children and Adolescents in Palghar district.**

Presenting Author: Dr Dheeraj Kumar Satyanarayan Meena
Co-authors: Dr Geeta Pardeshi, Dr Rakesh Waghmare,Dr Chayanika Biswas
Institution: GRANT MEDICAL AND SIR JJ GROUP OF HOSPITALS

**BACKGROUND:** Concurrent anaemia, thinness, and stunting represent severe nutritional vulnerability, yet evidence among tribal school-aged children is limited. This study assessed the prevalence and concurrence of anaemia and undernutrition and examined age- and sex-wise patterns among children and adolescents in a tribal district of Maharashtra.

**METHODOLOGY:** A community-based cross-sectional study was conducted among 322 children aged 5–19 years attending health camps in Palghar district (November 2024–March 2025). Height, weight, and haemoglobin were measured. Thinness and stunting were defined using WHO standards. Anaemia was classified by WHO cut-offs. Associations were analysed using Chi-square tests in SPSS.

**RESULTS:** Anaemia affected 81.3% participants, thinness 47.2%, and stunting 39.7%. Dual concurrence of anaemia with thinness was present in 39.1% and with stunting in 33.4%. Concurrent thinness and stunting occurred in 32.8%. Triple concurrence of anaemia, thinness, and stunting was observed in 26.9%. Triple concurrence was significantly higher in early adolescents (42.2% vs 0%; $p<0.001$) but did not differ by sex ($p=0.995$).

**CONCLUSION:** A substantial proportion of tribal children experience multiple concurrent nutritional deficits, particularly early adolescents, highlighting the need for integrated, age-specific nutritional interventions.

**KEYWORDS:** Anaemia, Thinness, Stunting, Adolescents, Tribal

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**ABSTRACT ID**: IAPSM-BHA-SCH-08

**A Cross-Sectional Study of Loneliness, Anxiety, and Depression among school going adolescents in Mumbai.**

Presenting Author: Dr.Priya Varun Wani
Co-authors: Dr. Pallavi S. Shelke, Dr. Sagar Karia
Institution: LTMMC and GH, Sion Mumbai--400022

**BACKGROUND:** Depression and anxiety are leading causes of disability in adolescents worldwide. In India, this burden is exacerbated by academic pressure, family expectations, and limited access to mental health services. This study aimed to screen for anxiety, depression and loneliness in adolescents studying in an aided school of Mumbai.

**METHODOLOGY:** A cross-sectional study was conducted among 458 students aged 10–16 years in an aided school after ethics approval and parental consent. Data on Sociodemographic details, parents education was collected. Standardized scales assessed symptoms of Loneliness, depression (PHQ-9) and anxiety (GAD-2). Data were analyzed using SPSS v23 and R software.

**RESULTS:** Majority were aged 14–16 years (64.8%) with higher male preponderance (55.2%). Feeling of loneliness was reported by 18.6% and was significantly higher in females ($p<0.001$). Among students, 6.6% were found at risk for anxiety which was not significantly associated with age or gender. Depression was found in 14.6%, with greater preponderance in females ($p=0.012$). Loneliness, anxiety, and depression were more common in nuclear families. Loneliness showed strong correlations with depression ($r=0.54$) and anxiety ($r=0.49$).

**CONCLUSION:** Depression and anxiety are more common among urban school adolescents compared to National prevalence, especially in nuclear families. Peer-support systems and early screening at school can reduce loneliness-related mental-health risks.

**KEYWORDS:** Adolescent mental health, depression, anxiety

## DR SAROJ JHA PRIZE (IAPSM)

THEME: HEALTH EDUCATION/ GENDER ISSUE

**ABSTRACT ID**: IAPSM-JHA-HEG-01

**Gender Based Differences in Tuberculosis Presentation and Treatment Delay in an Urban Slum Population- A retrospective cross sectional study**

PRESENTING AUTHOR: C P SILPA
AUTHORS: DR NAVEENPRASAD G, DR SUJATA LAVANGARE, DR VIJAYKUMAR SINGH
INSTITUTE/ORGANISATION: Seth GS Medical College and KEM Hospital

**BACKGROUND:** Tuberculosis is preventable and treatable, yet remains a major cause of illness and death. Sex and gender may shape access, delays, and outcomes along the TB carepathway. Using program data from Tuberculosis Unit, Malwani, this study examines gender-based differences in diagnosis, treatment, and delays to inform more equitable TB services

**METHODOLOGY:** A record-based retrospective study using TB notification data(January–December 2024) from Malwani TU was conducted. All patients registered during the study period were included. Variables included age, gender, TB type, treatment delay, and outcomes. Data were cleaned for missing and inconsistent entries. Gender differences were analyzed using chi-square and Mann–Whitney tests. Analyses used anonymized program data with administrative and ethics approvals.

**RESULTS:** Among 937 registered TB patients, 52.7% were female and 47.3% male. Females had a higher proportion of extra-pulmonary TB (45.0%) compared with males (35.1%), and this association was statistically significant ($\chi^2$=9.07, p=0.003). Most patients were diagnosed in the public sector (76.3%), with no meaningful gender difference. Treatment initiation delay was short (median 2 days) and similar across genders (p=0.264). Treatment completion or cure was achieved in the majority of cases, while deaths and loss-to-follow-up were higher among males than females. Paediatric TB comprised a small proportion, with girls older on average than boys.

**CONCLUSION:** Gender meaningfully influenced the clinical presentation of TB, particularly extra-pulmonarydisease, while delays to treatment were minimal and similar. Program strategies should integrate gender-responsive approaches to improve outcomes across TBcare pathway

**KEYWORDS:** Tuberculosis, Gender, Treatment Outcome, Urbanslum

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**ABSTRACT ID**: IAPSM-JHA-HEG-02

**The Gender analysis of HIV care program in Mumbai India**

PRESENTING AUTHOR: Raul Mayuri
AUTHORS: Acharya Shrikala, Karanjkar Vijaykumar, Palkar Amol
INSTITUTE/ORGANISATION: LTMMC & General Hospital, Sion

**BACKGROUND:** NACP recommends regular HIV testing among spouses of registered People Living with HIV. Studies document late disclosure/ non-disclosure among married IIIV-positive men, leading to delayed diagnosis and complications among their wives. This gender analysis explores- demography, treatment initiation and outcomes among sero-positive concordant couples registered at ART centres in Mumbai

**METHODOLOGY:** We used the secondary data of the PLHIV registered for care at ART centres in Mumbai. We applied fuzzy logic to the master line-list of PLHIV registered (2005-2023) to extract the data of PLHIV concordant couples based on residential address and family name. We compared date of diagnosis to identify index case, analysed the delay in registration between spouses, and clinical outcomes in family members

**RESULTS:** Total 5786 concordant couples were identified. Median age at registration at ART centres was 40 years for married men and 35 years for women. More women were registered at 18-25 years compared with men (15.1% vs 3.3%; p<0.001). Registration in HIV care was delayed in 35% spouses by more than 1 month of index spouse. Delay in registration was higher when men were the index case (57.5%). A higher proportion of women had defaulted compared with men(38.5% vs 35.4%; p<0.001). Death of spouse was associated with default in 18.3% women and 9.8% men(p<0.001).

**CONCLUSION:** Married women are registered for HIV-care at younger age than men. Registration is delayed considerably in married women. Adverse outcomes of death/default from IIIV-care are found associated among sero-concordant couples.

**KEYWORDS:** Gender, HIV-care, delay in treatment

## DR SAROJ JHA PRIZE (IAPSM)

THEME: HEALTH EDUCATION/ GENDER ISSUE

**ABSTRACT ID**: IAPSM-JHA-HEG-03

**Health profile, concerns and quality of life of people from LGBTQIA+ community: A mixed methods study in Maharashtra**

PRESENTING AUTHOR: Dr. Nidhi Pradeep Sastry
AUTHORS: -
INSTITUTE/ORGANISATION: Lokmanya Tilak Municipal Medical College and General Hospital

**BACKGROUND:** LGBTQIA+ community often face marginalization across society. Their limited access to public health facilities and difficulties faced in comparison to heterosexual groups leads to physical, mental, social and economic problems. Hence, this study aims to assess the health profile, concerns and quality of life of people from LGBTQIA+ community.

**METHODOLOGY:** Our study employed an exploratory mixed-methods approach in a Non-governmental organization (NGO) in Maharashtra. For the qualitative part, focus group discussions (FGDs) were conducted while quantitative part studied sociodemographic details, health profile, concerns faced and quality of life, using WHO-QOL BREF scale among 200 beneficiaries.

**RESULTS:** The participants included 76 (38%) bisexual men, 23 (11.5%) bisexual women, 62 (31%) gays, 24 (12%) transgenders and 11 (5.5%) lesbians. HIV/AIDS infection 73 (36.5%) was the most common morbidity. Transgenders were found to have lower level of education, lower socio-economic status, more discrimination faced at school and workplace ($p < 0.001$ each) and significantly lower quality of life.

**CONCLUSION:** Concerns that emerged during FGDs were lack of family support, bullying, discrimination at schools and workplace, economic and legal problems. Psychological health was the most affected domain.

**KEYWORDS:** FGDs, LGBTQIA+, mixed-methods, sexual orientation.

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**ABSTRACT ID**: IAPSM-JHA-HEG-04

**Effect of Module-Based Training on knowledge of Hypertension and Diabetes among CHWs in a Tribal PHC of Maharashtra**

PRESENTING AUTHOR: Dr. Angana Chattopadhyay
AUTHORS: Dr. Smita S. Chavhan
INSTITUTE/ORGANISATION: HBT Medical College & Dr. R. N. Cooper Hospital

**BACKGROUND:** Hypertension and Diabetes cause significant early morbidity and mortality. Many cases in India remain undiagnosed or poorly controlled. Implementation of NPNCD guidelines is constrained by shortages in trained staff, particularly in underserved areas. This study evaluated baseline knowledge of CHWs in a tribal PHC, and the impact of module-based training.

**METHODOLOGY:** An interventional study was conducted among 116 CHWs- 45 ASHAs, 51 Anganwadi workers (AWWs) and 20 ANMs. A pre-designed structured questionnaire covering 5 knowledge domains (Symptoms, Risk Factors, Complications, Management and Health Education) for Hypertension and Diabetes was administered before and after the training. Paired t-tests were used to evaluate improvement in knowledge within groups and One-way ANOVA to compare differences between groups.

**RESULTS:** Post-training scores improved significantly across all 3 groups in all 5 domains of both Hypertension and Diabetes. ASHAs and AWWs, who had not received previous NCD-related training, recorded larger numerical gains from lower baseline scores. AWWs improved most in identifying basic definitions and symptoms (especially for Diabetes) but faced difficulty with management-related questions. ASHAs demonstrated the highest improvement in Diabetes knowledge (mean difference 3.88), excelling in Complications and Risk Factors domains. ANMs, with higher baseline knowledge due to formal training, demonstrated smaller but significant gains. Educational attainment was found to have strongest association with baseline knowledge of ASHAs and AWWs.

**CONCLUSION:** The training effectively enhanced CHWs' knowledge and can be feasibly integrated into routine capacity-building activities. Regular, group-specific training is essential for strengthening community-level NCD services, especially in underserved settings.

**KEYWORDS:** Hypertension, Diabetes, ASHA, ANM, AWW

## DR SAROJ JHA PRIZE (IAPSM)

THEME: HEALTH EDUCATION/ GENDER ISSUE

**ABSTRACT ID**: IAPSM-JHA-HEG-05

**A Study on Quality-of-Life Impairment Due To Acne Vulgaris Among Undergraduate Medical Students.**

PRESENTING AUTHOR: Dr. Erum Naaz
AUTHORS: Dr. I.F. Inamdar, Dr. Geeta Pardeshi
INSTITUTE/ORGANISATION: Grant Government Medical College and Sir JJ Group

**BACKGROUND:** Acne vulgaris is a common dermatological disorder affecting physical and psychosocial well-being, particularly among adolescents and young adults. This study aimed to assess the impact of acne severity on quality of life (QOL) among undergraduate medical students using the Cardiff Acne Disability Index (CADI) and Dermatology Life Quality Index (DLQI).

**METHODOLOGY:** A cross-sectional study was conducted among 371 undergraduate medical students aged 16–25 years, selected through convenience sampling and interviewed face-to-face. Data were analyzed using Jamovi 2.6 software. Normality was assessed using the Shapiro–Wilk test and histograms. Mann–Whitney U test and Chi-square test were used to compare CADI, DLQI and categorical variables across genders, while Spearman's rho assessed correlations between CADI and DLQI domains.

**RESULTS:** A total of 371 participants (198 males, 173 females) were included. Females showed significantly higher impairment across CAD1, CAD2, CAD3, CAD5 and all DLQI components ($p < 0.05$). Acne severity and quality-of-life scores were strongly correlated, with the highest associations between DLQI3–DLQI5 ($\rho = 0.794$) and DLQI6–DLQI8 ($\rho \approx 0.70$). Logistic regression identified significant predictors: cold-drink consumption (OR = 0.23), pimple squeezing (OR = 0.46), over-the-counter medication use (OR = 2.05), reduced physical activity (OR = 1.96), reduced sunscreen use (OR = 0.27), increased cosmetics use (OR = 22.21), and DLQI6 (OR = 0.40).

**CONCLUSION:** Acne vulgaris significantly impaired the quality of life among undergraduate medical students, particularly among females.

**KEYWORDS:** Acnevulgaris, QOL, CADI, DLQI

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**ABSTRACT ID**: IAPSM-JHA-HEG-06

**Assessment of Compliance of Tobacco Product Packages Sold at Retail Outlets in a Metropolitan City with COTPA Regulations (Dec 2024)**

PRESENTING AUTHOR: Dr. SIVA PRASAD REDDY B
AUTHORS: Dr. LALIT SANKHE
INSTITUTE/ORGANISATION: GRANT GOVERNMENT MEDICAL COLLEGE AND SIR JJ GROUP

**BACKGROUND:** Pictorial health warnings on tobacco products provide a direct means of communicating the health consequences of tobacco use and one of the most effective and cost-efficient interventions to discourage users.This Study is to assess the compliance of tobacco product packages sold in Mumbai at retail outlets with latest COTPA amendment.

**METHODOLOGY:** The study was conducted in Mumbai city, and tobacco product packaging samples were collected from retail outlets near local railway stations, vegetable markets, construction sites, bars and restaurants, and urban slums to obtain different kinds of brands until no new packages were received. A structured checklist based on COTPA guidelines was used to assess the compliance.Data collected was entered into MS Excel sheet and analysed.

**RESULTS:** Out of the 48 tobacco product packages collected, 30 (62.5%) were smoking forms and 18 (37.5%) were smokeless forms.66.67% of the smoking forms (n = 30) and 38.89% of the smokeless forms (n = 18) complied with the pictorial health warning requirement. displayed pictorial health warnings as notified under the latest amendment. In comparison, Overall, 43.75% of all tobacco product packages (both smoking and smokeless forms) were found to be compliant with the latest COTPA amendment.

**CONCLUSION:** Significant gaps in compliance with the latest COTPA packaging amendments (Dec 2024) were observed more in the smokeless form than the smoke form of tobacco packages.

**KEYWORDS:** COTPA, Tobacco product packages

## DR SAROJ JHA PRIZE (IAPSM)

THEME: HEALTH EDUCATION/ GENDER ISSUE

**ABSTRACT ID**: IAPSM-JHA-HEG-07

**Effect of stigma and Discrimination among PLHIV and Key population on HIV/AIDS control and care efforts in Mumbai, Maharashtra.**

PRESENTING AUTHOR: Dr. Roshni Cynthia Miranda
AUTHORS: Dr. Ravindra S. Kembhavi, Dr. Kamran Qureshi
INSTITUTE/ORGANISATION: IIBT Medical College and Dr. R. N. Cooper Hospital,

**BACKGROUND:** Stigma and Discrimination among PLHIVs and Key population (KP) are factors which influence HIV care efforts. The objectives of the study are to assess the level of stigma and discrimination among PLHIVs and KP and to identify the determinants of stigma and discrimination among PLHIVs and Key population.

**METHODOLOGY:** A Cross-sectional study was conducted which included 400 PLHIV registered with the ART Centre of Dr. R. N. Cooper Hospital and 400 KP including 100 each of MSM, FSW, TG and IDU who were HIV negative or status unknown after IEC approval and patient consent. Chi square test/ Fisher's Exact test for categorical variables and unpaired t test/One way ANOVA for continuous variables is used.

**RESULTS:** Among the study participants, the overall stigma/discrimination in any form is seen to be 628 (78.5%). This is higher among KPs than PLHIVs [(342 (85.5%) vs 286 (71.5%)], $p < 0.0005$. The most prevalent stigma is self-stigma which is found to be 71.4%. Transgenders are seen to be facing the highest stigma among the groups in all categories. Only 11 (2.8%) PLHIVs had experienced or seen someone experience discrimination based on their HIV status at the time of admission in a healthcare setting. But an alarmingly high number of TGs 41 (41%) had experience or witnessed discrimination in healthcare settings.

**CONCLUSION:** Upliftment of the study population in areas of education, occupation and acceptance in family that they come from is required by increasing awareness, legislative measures and establishing support networks

**KEYWORDS:** Stigma, discrimination, PLHIV, Key Population

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**ABSTRACT ID**: IAPSM-JHA-HEG-08

**A QUASIEXPERIMENTAL STUDY TO ASSESS GENDER INEQUALITY AND THE EFFECT OF HEALTH EDUCATION IN EARLY ADOLESCENT SCHOOL STUDENTS.**

PRESENTING AUTHOR: Dr.Steffin Sara Joseph
AUTHORS: Dr.Vijaykumar Singh,Dr.Seema S Bansode Gokhe
INSTITUTE/ORGANISATION: MGM Medical College, Vashi, Navi Mumbai

**BACKGROUND:** Gender norms established in early adolescence shape lifelong health and social outcomes. This quasi-experimental study aimed to estimate gender inequality among early adolescents and to evaluate whether school-based health education using a validated workbook by International Centre for Research on Women("My GEMS Diary") improves gender-equitable attitudes.

**METHODOLOGY:** Study was conducted in five municipal school complexes. Sample was selected using Stratified random sampling (population-proportionate) from 12–14 years age group (n=303; boys=100, girls=203). Baseline data was collected using the 20-item Gender Equality Measurement (GEM) scale). Intervention comprised group education activities (guided group discussions) using the validated My GEMS Diary workbook; and was reassessed after 3 months. Analysis: descriptive statistics and Related-samples Wilcoxon test.

**RESULTS:** Baseline: 37% of boys and 53.7% of girls were in the "high" gender-equitable category. Median GEM scores increased significantly after intervention for both sexes. Boys: median 45 → 58; Girls: median 52 → 60. Related-samples Wilcoxon signed-rank test: $p < 0.001$ for boys and girls, indicating a statistically significant improvement in gender-equitable attitudes following the intervention.

**CONCLUSION:** A brief, workbook-guided, group-education intervention produced statistically significant short-term gains in gender-equitable attitudes among early adolescents. School-based, group education using validated materials is a feasible strategy to promote gender equality.

**KEYWORDS:** gender equality,early adolescence,school based

## DR SONAJI JOGDAND PRIZE (IAPSM)

THEME: OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH

**ABSTRACT ID**: IAPSM-JOG-OEH-01

**Smartphone Usage Patterns, Screen Time and Digital Well-being Among Postgraduate Medical Residents of India: Mixed-Method Study**

PRESENTING AUTHOR: Dr. Astha Agrawal
AUTHORS: Dr. Rupali Sabale, Dr. Vijaykumar Singh, Dr. Sushmita , Dr. Shivani Nikam
INSTITUTE/ORGANISATION: Seth GSMC & KEMII, Mumbai

**BACKGROUND:** Digital technology is integral to physicians' professional and personal lives, yet smartphone usage pattern among postgraduate medical residents is not known. This study aimed to assess smartphone usage patterns among postgraduate medical residents and examine their associations with perceived stress and digital well-being.

**METHODOLOGY:** A mixed-methods study was conducted among 123 postgraduate medical residents from medical colleges across India during November–December 2025 who are using smartphone usage apps and were selected using Snowball technique. Smartphone usage was recorded using Digital Wellbeing and Screen Time App. Telephonic in-depth interviews was conducted for 6 purposively selected participants. Data were analyzed using Microsoft Excel, and thematic analysis was performed manually.

**RESULTS:** The study included 123 residents (51.2% females), majority from government (58.5%) medical colleges. The mean daily screen time was 6.68 ± 4.45 hours with median of 5.33 hours (IQR: 3.3hrs). Instagram and YouTube were most common Apps used (33.3% each). 52% reported perceived poor digital wellbeing. Nearly half (48%) had higher screen time, with no significant association with stress or digital well-being ($p>0.05$). Residents emphasized purposeful use, self-regulation and dissatisfaction arising habitual scrolling and limited offline leisure option. Digital well-being was perceived as dependent on purpose and quality of use rather than screen time duration alone.

**CONCLUSION:** Smartphone use among medical residents is largely purposeful and work-related; digital well-being depends more on intent, self-regulation, and availability of offline alternatives than on screen time duration alone.

**KEYWORDS**: Digital health; Medical Postgraduate Residents

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**ABSTRACT ID**: IAPSM-JOG-OEII-02

**Behind the Wheel: Risk Clustering and Health Outcomes among Urban Bus Drivers- A Cross-Sectional Study**

PRESENTING AUTHOR: NAVEENPRASAD G
AUTHORS: DR AFTAB SIDDIQUE, DR C P SILPA
INSTITUTE/ORGANISATION: SETH GS MEDICAL COLLEGE AND KEM HOSPITAL

**BACKGROUND:** Bus drivers are exposed to multiple occupational and lifestyle-related risk factors that may act cumulatively and adversely affect health. These factors often coexist and contribute to increased morbidity. This study assess clustering of modifiable risk factors among bus drivers and to evaluate their association with musculoskeletal disorders and perceived stress.

**METHODOLOGY:** A cross-sectional study among 337 bus drivers used multistage sampling. Data were collected using a pretested questionnaire covering socio-demographic, occupational, lifestyle, and health variables. A composite risk score based on inadequate sleep, physical inactivity, workplace stressors, substance use, and irregular meals categorized drivers into low, moderate, and high risk. Musculoskeletal disorders were assessed using the Nordic Musculoskeletal Questionnaire and stress using scale. Associations were analyzed

**RESULTS:** The mean age of participants was 43.6 ± 8.9 years. Physical inactivity (71%), inadequate sleep (64%), and irregular meal patterns (54%) were common. Musculoskeletal disorders were reported by 61.4% of drivers, predominantly affecting the lower back and neck. Risk clustering analysis showed that 31.1% of participants belonged to the high-risk group. A significant dose–response relationship was observed, with increasing prevalence of musculoskeletal disorders and perceived stress across low, moderate, and high-risk groups ($p < 0.05$). The association of risk clustering was stronger with musculoskeletal disorders than with perceived stress.

**CONCLUSION:** The study highlights significant clustering of modifiable occupational and lifestyle riskfactors among bus-drivers, associated with increased musculoskeletal morbidity and stress, emphasizing the need for targeted workplace and lifestyle interventions

## DR SONAJI JOGDAND PRIZE (IAPSM)

THEME: OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH

**ABSTRACT ID**: IAPSM-JOG-OEH-03

**Prevalence of Predictors of Noise-Induced Hearing Loss among Workers**

PRESENTING AUTHOR: Dr.Aditya Rohidas Gaikwad
AUTHORS: -
INSTITUTE/ORGANISATION: PCMC's PGI YCMH PIMPRI PUNE

**BACKGROUND:** Occupational noise exposure is a major and preventable cause of hearing impairment in industrial workers. This study aimed to assess the prevalence and predictors of noise-induced hearing loss and to compare hearing outcomes among workers exposed to 80 dB noise, with and without the use of ear protection devices.

**METHODOLOGY:** A prospective observational study was conducted among 100 full-time workers at an automotive manufacturing unit in Pune. Noise levels were measured in Mechatronics and Bearings departments using a sound level meter. Data were collected through questionnaires, medical examination, otoscopy, and pure tone audiometry in a soundproof room. Noise-induced hearing loss was diagnosed using Klockhoff-modified criteria.

**RESULTS:** Increasing age and longer duration of occupational noise exposure were associated with a higher risk of noise-induced hearing loss (NIHL). Inadequate use of hearing protection, multiple treatments for tuberculosis, and lack of ENT consultation further increased the risk. Among 100 automotive industry workers, pathological audiograms were significantly more common in noise-exposed workers. Tinnitus and self-reported hearing loss were significantly associated with noise exposure, while vertigo was not. Workers with abnormal audiograms had longer exposure duration. Combined use of earplugs and earmuffs provided better protection than single-device use, highlighting the importance of consistent and proper hearing protection in noisy workplaces.

**CONCLUSION:** Consistent use of ear protection significantly reduces occupational hearing loss, with protected workers maintaining normal or mild hearing compared to unprotected workers with moderate to severe impairment.

**KEYWORDS:** NIHL, Noise, Hearing, Audiometry, Workers

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**ABSTRACT ID**: IAPSM-JOG-OEH-04

**Study of Occupational Lung Disorders Among Power Loom Workers in Bhiwandi: A Cross-Sectional Study**

PRESENTING AUTHOR: Dr Adnan Ansari
AUTHORS: Dr Abhiram M Kasbe
INSTITUTE/ORGANISATION: Topiwala National Medical College & BYL Nair Charitable Institution

**BACKGROUND:** Power loom workers are exposed to high levels of cotton dust, particulate matter, increasing the risk of chronic respiratory morbidity. Bhiwandi, India's largest power loom hub, lacks region-specific occupational health data. This study aims to estimate respiratory disorder prevalence, identify occupational risk factors, and assess preventive practices and quality-of-life impact

**METHODOLOGY:** A community-based cross-sectional study was conducted among 200 power loom workers employed for at least one year. Stratified cluster sampling with probability proportional to size of workers employed was used to select looms across small, medium, and large units. Data collection included a semi-structured interview schedule, clinical examination, MRC Dyspnoea Scale, and spirometry following ATS/GOLD criteria. Statistical analysis includes descriptive statistics and chi-square tests.

**RESULTS:** Anticipated findings include a high prevalence of respiratory symptoms and lung function impairment, with obstructive and restrictive patterns expected in a substantial proportion of workers. Those with more than 10 years of exposure are likely to show significantly reduced $FEV_1$ and $FEV_1$/FVC values. Literature from other textile hubs reports respiratory morbidity, and comparable trends are anticipated in Bhiwandi's concentrated power loom clusters.

**CONCLUSION:** The study will generate region-specific evidence, identify modifiable risks, support targeted interventions such as dust control, improved ventilation, and routine spirometry, and inform occupational health policies enforcing safety standards.

## DR SONAJI JOGDAND PRIZE (IAPSM)

THEME: OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH

**ABSTRACT ID**: IAPSM-JOG-OEH-05

**A Mixed-Method study to assess Morbidity, Healthcare Access, and Service Utilization among Daily-Wage Workers in Central Urban India.**

PRESENTING AUTHOR: Juhi Raut
AUTHORS: Abhishek Joshi, Abhay Mudey
INSTITUTE/ORGANISATION: K J SOMAIYA MEDICAL COLLEGE AND RESEARCH CENTRE

**BACKGROUND:** In India many workers are employed in the unorganized sector and they lack social security, health benefits, and regulatory protection. As a result of varied factors they face multiple health risks. To study morbidity profile and health-seeking behaviour of daily wage workers from an urban block of central India

**METHODOLOGY:** A mixed-methods study was conducted in an urban block in Central India. convenience sampling technique was used to recruit participants. Descriptive statistics in the form of frequencies and percentages were reported to describe the socio-demographic profile and health status. Manual thematic content analysis was done to report the health-seeking behavior of the participants.

**RESULTS:** Among 107 participants, the majority (41.12%) were 50 years or older. 32.71% had no social security, and 36.45% were covered under some form of social security. 64.49% reported Generalized weakness, 18.69% reported musculoskeletal pain. Five themes were extracted from the thematic analysis of the focus group discussions: Perceived health-related problems, Health-seeking behaviour, Lack of safety, Lack of Social Security, and Expectations from healthcare providers & facilities.

**CONCLUSION:** We could explore various factors influencing the morbidity profile and the health-seeking behaviors of the participants, underscoring the need for in-depth analysis to generate robust conclusions.

**KEYWORDS:** Dailywageworker, Healthcareaccess, Healthcareutilization, UrbanIndia, Mixed-methodsresearch.

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**ABSTRACT ID**: IAPSM-JOG-OEH-06

**An cross sectional Study on Pesticide Handling Practices and Acute Health Effects Among Farm Workers.**

PRESENTING AUTHOR: Dr.Govind Bhagwatrao Patil.
AUTHORS: Dr.Prashant V.Solanke.
INSTITUTE/ORGANISATION: Dr.Ulhas Patil Medical College and Hospital, Jalgaon

**BACKGROUND:** Pesticides play a crucial role in enhancing agricultural productivity. Their misuse due to inadequate knowledge, unsafe handling practices poses significant health, environmental risks. This study is undertaken to determine prevalence of acute health symptoms experienced after pesticide spraying among farmers and to assess knowledge, attitude, practices (KAP) regarding pesticide handling.

**METHODOLOGY:** A cross-sectional study was conducted from July to October 2025 among 52 farmers from rural area in Jalgaon district, Maharashtra. Data were collected using a pre-tested, structured questionnaire.

**RESULTS:** 48% of the participants experienced itching of eyes while 44% participants reported blurring of vision. Vomiting and dizziness were seen in 33% of participants. A majority of farmers were aware of the withholding period (76%) and residual persistence of pesticides (64%). The main sources of information regarding pesticide selection were retail pesticide dealers (60%) and agriculture department (40%). Most farmers stored pesticides within their farms (87%) and used them regularly (88%). About 76% were aware of the adverse environmental effects of pesticides on soil, water, and animals. However, 77%of farmers reported not using any personal protective equipment (PPE) while spraying.

**CONCLUSION**: Among all, safety practices of most farmers were poor. Low use of protective equipment, limited label reading, low participation in training programs highlight critical gap between knowledge and practice.

**KEYWORDS:** Pesticides, Farmers, Knowledge, Attitude, Practices.

## DR SONAJI JOGDAND PRIZE (IAPSM)

THEME: OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH

**ABSTRACT ID**: IAPSM-JOG-OEH-07

**ASSESSMENT OF PLASTIC USAGE & IT'S HEALTH IMPACT AMONG ADULTS OF A RURAL POPULATION OF MAHARASHTRA.**

PRESENTING AUTHOR: Dr. VARSHARANEE. V. JADHAV, Junior Resident
AUTHORS: Dr.RAJESH.C. SAMBUTWAD, professor. Dr. V. L. VEDPATHAK, Associate Professor.
INSTITUTE/ORGANISATION: SRTR GOVERNMENT MEDICAL COLLEGE & HOSPITAL AMBAJOG

**BACKGROUND:** Background : Plastic use is widespread due to its affordability and durability, but in rural areas with limited awareness, unsafe use. study aimed to assess pattern of plastic usage and health impact among adults of a rural population of Maharashtra. To evaluate awareness, and health impacts of plastic among adults

**METHODOLOGY:** A community-based cross-sectional descriptive study (Sept 2025–Feb 2026) was conducted among 385 randomly selected adults (≥18 years) in rural Maharashtra using a structured questionnaire on demographics, awareness, plastic usage, disposal, and health impacts, ensuring ethical approval and confidentiality.

**RESULTS:** Among 385 participants, 62% were daily users of plastic bags, and 54% reported reusing single-use plastic bottles. Awareness regarding health hazards of plastics was found in only 38% of respondents, while 27% were aware of safe disposal methods. Regarding disposal, 46% reported open burning, and 32% disposed of plastics through open dumping. Self-reported health complaints included gastrointestinal problems (28%), respiratory symptoms (18%), and skin allergies (12%), which showed significant association with unsafe plastic usage practices ($p < 0.05$).

**CONCLUSION:** study highlights a high prevalence of plastic use with limited awareness of associated health hazards. Strengthening community-based education and promoting safe alternatives and disposal methods are essential to mitigate risks.

**KEYWORDS:** Awarenees ,impact, Rural , Maharashtra

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)

THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-01

**Epidemiological Shifts in Waterborne Disease Outbreak Trends and Burden in the Rural Areas of Amravati District, Maharashtra: A Comparative Analysis.**

PRESENTING AUTHOR: Dr Priya Lalji Singh District Epidemiologist Amravati
AUTHORS: Dr Suresh Y Asole District Health Officer Amravati, Dr Pravin Parise Additional District Health Officer
INSTITUTE/ORGANISATION: District Health Officer Office, Public Health Department

**BACKGROUND:** Communicable Disease outbreaks pose persistent public health challenges, reflecting surveillance and response effectiveness.[1] This study assesses the waterborne disease outbreak trends and burden in rural areas of Amravati District, Maharashtra, between the 2024–2025 and 2025–2026 financial years, analyzing outbreak characteristics, contributing factors, and intervention strategies employed.

**METHODOLOGY:** A retrospective descriptive comparative study design was used, drawing secondary data from District Surveillance Unit of Amravati District. The analysis involved a year-wise comparison of two consecutive financial years (2024–2025 and 2025–2026),examining outbreak frequency, characteristics (disease type, affected populations, case fatality rates),temporal patterns, preventive and control measures, and potential factors contributing to the observed reduction, using descriptive epidemiology and trend analysis methods.

**RESULTS:** Analysis of outbreaks data revealed a significant decline in waterborne disease incidence in rural areas of Amravati District with 10 outbreaks reported in 2024-2025 financial year compared to only 2 outbreaks in 2025-2026, indicating 80% reduction in outbreak frequency over one year. This achievement corresponded with implementation of comprehensive water safety protocols including continuous water quality monitoring, Intensified disease surveillance mechanisms, timely field investigation, pre-monsoon, and post-monsoon sanitation surveys accompanied by targeted public health action plan focusing on Melghat area, better inter-departmental coordination and enhanced public awareness resulted in only two waterborne disease outbreaks in rural areas of Amravati District.

**CONCLUSION:** The epidemiological shift highlights that sustaining integrated water safety interventions, strengthening surveillance systems, and increasing public awareness are vital for preventing future outbreaks and ensuring long-term resilience in public health.

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**ABSTRACT ID**: IAPSM-KAN-CBI-02

**Feasibility of community screening for COPD and Asthma (Common Chronic respiratory diseases- CRDs) using peak flow meters by ASHAs**

PRESENTING AUTHOR: Ms. Ashwini Kishor Devane
AUTHORS: Dr. Jayshree Gothankar, Dr P.P. Doke
INSTITUTE/ORGANISATION: Bharati Vidyapeeth (DU) Medical College, Pune

**BACKGROUND:** WHO recommends peak flow meters (PFM) as essential NCD tools in resource-limited settings; they are simple, portable devices to detect airway obstruction. Screening by ASHAs using PFM may help bridge gaps in CRD diagnosis. Objective: To assess the feasibility of ASHA-led CRD screening using PFM primary health care level

**METHODOLOGY:** Mixed-methods study assessed feasibility via participant recruitment, ASHA PEFR skills, screening perceptions. Forty ASHAs from Male PHC villages were trained to use a validated symptom tool and portable PEF meter to identify suspected COPD and asthma cases. Training occurred mid-year 1 and before year 2, with PEFR skills assessed via checklists in two evaluations. FGDs with ASHAs assessed their Perceptions.

**RESULTS:** ASHAs recruited 11,360 (78%) eligible participants. All participants improved PEFR skills by year two, though the pre-test explanation still needs strengthening. Scores improved significantly (pre-test mean 10.23, SD 1.90; post-test mean 11.89, SD 1.64; $P < 0.01$). Among 11,360 screened, 953 (8%) had airway obstruction on PEFR. Three readings were taken per participant; the mean coefficient of variation was 13%, indicating acceptable field consistency. Qualitative enquiry suggested screening is feasible with retraining. ASHAs could integrate screening into routine surveys, but noted that effort from both ASHAs and participants is needed, and older adults often struggle with the test.

**CONCLUSION:** The study demonstrated that ASHAs, when equipped with structured training, could reliably carry out PEFR-based screening. Which feasible solution for bridging gaps in respiratory screening, particularly in resource-limited rural settings.

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)
THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-03

**Cervical Cancer Screening Outcomes using Smart Scope among Rural Women in Pune District: A Retrospective Study**

PRESENTING AUTHOR: Dr.Vaidya Sumeet Milindkumar
AUTHORS: Dr.Murarkar Sujata
INSTITUTE/ORGANISATION: Bharati Vidyapeeth (DU) Medical College , Pune

**BACKGROUND:** Cervical cancer remains major public-health concern among rural Indian women due to low screening and late diagnosis. Smart Scope offers digital tool for early detection. Objective is to estimate the proportion of cervical pathologies and assess the association between age and cervical abnormalities among rural women in Pune District.

**METHODOLOGY:** Retrospective record-based study was conducted among women, aged 18–60+ years screened using Smart Scope at a Rural Health Training Centre between January 2020- September 2025. Data was extracted using a structured proforma capturing sociodemographic details, reproductive history, symptoms, and Smart Scope findings. Data were analysed in SPSS v29 using descriptive statistics.

**RESULTS:** Total 1,747 women were screened. Healthy cervix constituted 61.1% (1067), cervical erosion 35.7% (623), polyps 2.6% (46), and mixed infections 0.6% (11). Age-wise distribution showed statistically significant association with cervical findings ($p < 0.001$): cervical erosion was highest in women aged 20–40 years (41.7%) and decreased with age, whereas cervical polyps increased progressively with age (1.6% in 20–40 years, 4.2% in 41–60 years, 5.2% in 60+ years).

**CONCLUSION:** Smart Scope effectively identified age-specific cervical abnormalities, demonstrating usefulness as community-level screening tool. Integrating digital screening into primary healthcare can facilitate early detection and strengthen cervical cancer prevention efforts .

**KEYWORDS:** SmartScope, Cervical Cancer Screening,Rural Women

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**ABSTRACT ID**: IAPSM-KAN-CBI-04

**Assessment of functioning of Health and wellness centers & functioning of Community Health Officers in providing comprehensive primary health care**

PRESENTING AUTHOR: Dharampal Ghanshyamji Dambhare
AUTHORS: Mayur Bhanarkar, Anuj Mundra, Abhishek Raut
INSTITUTE/ORGANISATION: Mahatma Gandhi Institute of Medical Sciences Sevagram

**BACKGROUND:** The NHP 2017 proposed establishing Health and Wellness Centres as the platform for delivering Comprehensive Primary Health Care in India under the Ayushman Bharat initiative. The objective was to quantitatively assess the structural readiness and operational functioning of HWCs in providing CPHC, focusing on Sub-Centre and Primary Health center

**METHODOLOGY:** This study utilized a cross-sectional descriptive survey. A total of 18 functional HWCs (6 HWC-PHCs and 12 HWC-SCs) were selected using maximal variation sampling across the district. Assessment involved administering a structured HWC monitoring checklist based on Ayushman Bharat operational guidelines. The assessment covered five domains: physical infrastructure, human resources, functional IT equipment, medicine and diagnostic availability, and service delivery performance.

**RESULTS:** HWCs showed varied structural readiness. While all HWC-SCs reported completion of repairs (100%), only 16.7% of HWC-PHCs were in good condition. Critical bottlenecks included low 24x7 water supply (33.3% PHCs, 41.7% SCs) and lack of clean toilets (16.7% PHCs, 8.3% SCs). Digital engagement was universal for NCD data reporting (100% using CPHC-NCD application), but functional tele-consultation was lower at HWC-SCs (58.3%). Human resource availability was high (100% MOs at PHCs, 91.7% CHOs at SCs), though job charts were available for only 16.7% of CHOs. Medicine and core diagnostic availability for NCDs were consistently high.

**CONCLUSION:** HWCs have successfully established foundational services. However, continued existence of infrastructural deficits, restricted IT functionality and severe role diversion threaten their capacity to deliver comprehensive primary health care.

**KEYWORDS:** Universal Health Coverage, CPHC, HWC

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)
THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-05

**Effectiveness of a Community-Based Multi-Component Intervention to Improve Anemia and IFA Compliance among Women of Reproductive Age in Mumbai**

PRESENTING AUTHOR: Dr. Sakshi S. Patil
AUTHORS: Dr. Smita Chavhan
INSTITUTE/ORGANISATION: HBT MEDICAL COLLEGE AND DR R N COOPER HOSPITAL

**BACKGROUND:** Anemia among women of reproductive age (WRA) remains a major public health issue in India. Our baseline study in an urban slum of Mumbai reported 57.9% anemia prevalence. This study aimed to assess the effectiveness of a community-based, multi-component intervention in improving hemoglobin levels and IFA compliance among WRA.

**METHODOLOGY:** A community-based interventional study was conducted among 150 anemic women aged 15–49 years residing in the RHTC field practice area of HBT Medical College, Mumbai. The intervention included two home visits for nutritional counselling, telephonic follow-ups for IFA adherence, group discussions, iron-rich food packet distribution, daily or twice-daily IFA tablets, and albendazole. Hemoglobin levels were measured before and after intervention using a digital hemoglobinometer

**RESULTS:** The mean hemoglobin level significantly improved from 9.6 ± 1.1 g/dL to 11.2 ± 0.9 g/dL (mean rise: +1.6 g/dL, $p < 0.001$). The overall anemia prevalence reduced from 100% to 64%. Compliance with iron–folic acid (IFA) tablets increased substantially from 18% to 83%. Dietary diversity scores improved, with greater consumption of green leafy vegetables, pulses, and iron-rich foods. Awareness regarding anemia prevention, importance of regular IFA intake, and dietary practices improved markedly following counselling, home visits, and group discussions, reflecting effective community engagement and behavioral change achieved through this comprehensive, multi-component intervention.

**CONCLUSION:** The community-based, multi-component intervention effectively improved hemoglobin, IFA adherence, and dietary practices. Incorporating similar strategies into primary health programs can strengthen anemia control and accelerate India's Anemia Mukt Bharat goals.

**KEYWORDS:** Anemia, Community-based intervention, Nutrition, Education

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**ABSTRACT ID**: IAPSM-KAN-CBI-06

**Neck Circumference and wrist circumference as A Screening Tool for Obesity in early adolescents: A Cross-Sectional Study.**

PRESENTING AUTHOR: Akula Ramesh Unnathi
AUTHORS: -
INSTITUTE/ORGANISATION: Swami Ramanand Teerth Rural Government Medical College

**BACKGROUND:** BMI is widely used tool to define obesity actually an inaccurate indicator as it is suboptimal to assess the total body fat and central obesity. Neck and wrist circumference, an indicator of upper body subcutaneous adipose tissue allocation predict a higher metabolic threat.

**METHODOLOGY:** This community based cross sectional study on early adolescents of age 11- 14 years, who were residents of rural field practice area of tertiary health care. According to WHO, the prevalence of Obesity and overweight children and adolescents is 18%. Using 4pq/d2 minimum number of children whose data is required for the study comes to be 260.

**RESULTS:** It will be anticipated that the study will reveal a correlation between Neck circumference, wrist circumference and other anthropometric indices, such as BMI, waist circumference, and hip circumference, highlights its potential utility in standardized obesity screening protocols.

**CONCLUSION:** Present study identifies neck and Wrist circumference as a practical marker for assessing obesity. Its ease of measurement makes it an accessible tool in community settings, especially in resource-limited settings.

**KEYWORDS:** Obesity, Early adolescents, Neck Circumference

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)

THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-07

**Barriers to Cervical Cancer Screening by HPV Self-Sampling (HPV-SS) across Diverse Settings: A Multi-setting Assessment of Women's Attitudes and Perceptions.**

PRESENTING AUTHOR: Dr. Vasundhara Y Kulkarni
AUTHORS: Dr. Gauravi A Mishra, Dr. Kavita Anand
INSTITUTE/ORGANISATION: Department of Preventive Oncology, Centre for Cancer Epidemiology (CCE), Tata Memorial Centre, Homi Bhabha National Institute (HBNI)

**BACKGROUND:** Cervical cancer is second leading cause of cancer-related mortality among women in India. Although HPV self-sampling (HPV-SS) is a promising alternative to clinician-based screening, multiple individual, social, and structural barriers must be addressed for effective implementation and scale-up.

**METHODOLOGY:** Three IEC approved studies assessed acceptability and validity of HPV-SS (600), cervical cancer prevention among tribal women (120), impact of HPV-SS combined with art-based sexual health education among men (472) and women (472). Women (30–55 years) were enrolled through household surveys after informed consent. Participants received health education prior to HPV SS. After risk factor assessment, barriers to HPV-SS uptake across settings were analyzed.

**RESULTS:** Totally, 2,192 women were enrolled, of whom 2,160 (98.5%) accepted HPV self-sampling and 32 refused. Refusals included 26 in the acceptability and validity study, two in the tribal pilot study, and four in the art-based education study. Common barriers included preference for provider-collected samples, fear of pain, injury, difficulty understanding or performing self-sampling, embarrassment, privacy concerns, anxiety about positive results, low awarenessand a perceived lack of need for screening among asymptomatic women. Structural and socioeconomic barriers included illiteracy, low income, loss of daily wages, limited access to health facilities, travel distance, time constraints, gender preferencesand financial limitations.

**CONCLUSION:** HPV SS demonstrated very high acceptability across diverse settings. Identified barriers can be addressed through standardized health education integrated in primary healthcare system, supporting sustainable implementation of HPV SS programmes.

**KEYWORDS:** screening, cervical cancer, HPV, self-sampling

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**ABSTRACT ID**: IAPSM-KAN-CBI-08

**Strengthening cervical cancer prevention programme- Insights from community-based research in local context.**

PRESENTING AUTHOR: Dr. Kavita V Anand
AUTHORS: Dr. Gauravi Mishra, Dr. Mandana Vahabi
INSTITUTE/ORGANISATION: Centre for Cancer Epidemiology, ACTREC, Tata Memorial Centre, Mumbai, India

**BACKGROUND:** Despite a national cervical cancer prevention policy, Maharashtra ranks fourth in incidence (ASR 16.75) and mortality (ASR 9.26) per 100,000 women. Screening programs face infrastructure gaps, population-level barriers and fragmented referrals. This paper presents a population and structural situation analysis from six low-income neighborhoods.

**METHODOLOGY:** Door to door household survey was conducted to understand the knowledge related to cervical cancer, screening rates and screening facilities available in villages selected for implementation of the project. 472 women in age group of 30-65years and 472supportive male partners were invited to participate in cervical cancer screening program. Art-based health education tools were used to generate awareness and promote screening for cervical cancer.

**RESULTS:** The knowledge of cervical cancer was very poor with only 0.31% of adult males and 1.33% ofadult women in the community being aware about the same. The cervical cancer screening rate was 0.14% among the eligible women population. There were no screening services in these villages. However good infrastructure in terms of space was available at the six government healthcare clinics that catered to these villages. After generating awareness about cervical cancer and offering them to choose the screening tool, 98% couples opted for HPV-Self Sampling. The compliance to referral was 100% and to treatment was 83%.

**CONCLUSION:** Continuous, locally tailored art-based awareness programs are essential for early screening. HPV self-sampling can improve coverage, while small incentives for screening and follow-up may reduce cervical cancer–related health inequities.

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)
THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-09

**Facilitators and Barriers to Intersectoral Collaboration for Adolescent Health under RKSK: A Qualitative Study in Rural Central India.**

PRESENTING AUTHOR: Dr. Sarita Baskey
AUTHORS: Dr. Jyotsna Deshmukh, Dr. Uday W Narlawar
INSTITUTE/ORGANISATION: Government Medical College Nagpur

**BACKGROUND:** Intersectoral collaboration involves joint efforts between health and other sectors (education, governance, administration, civil society) to enhance health outcomes. Central to RKSK for adolescent health, it faces rural India implementation challenges. This qualitative study examines facilitators and barriers among programme partners at a Central India RHTC.

**METHODOLOGY:** A descriptive qualitative study used World Café methodology with 30 purposively sampled stakeholders (health workers, educators, community leaders) at a Rural Health Training Centre in Central India. Four 20-min rotation rounds explored facilitators and barriers to RKSK intersectoral collaboration via guided questions. Thematic analysis was conducted using Taguette.

**RESULTS:** Key facilitators included shared goals and community trust, while barriers encompassed resource shortages and poor coordination.

**CONCLUSION:** Strengthening training and formal partnerships can enhance RKSK outcomes in rural settings

**KEYWORDS:** Qualitativestudy, intersectoralcollaboration, communityhealth, RKSK.

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**ABSTRACT ID**: IAPSM-KAN-CBI-10

**Health Status and Socio-Demographic Profile of Persons with Physical Disabilities in an Urban Field Practice Area : A cross-sectional**

PRESENTING AUTHOR: Dr. Balla Swati. Junior resident, community medicine, GMC Nagpur/MUHS, India
AUTHORS: Dr. Avinash GawandeAssociate Professor, Community Medicine,GMC Nagpur/MUHS, India Dr. Uday Narlawar Professor and HOD,Community Medicine GMC Nagpur/MUHS, India
INSTITUTE/ORGANISATION: GMC Nagpur

**BACKGROUND:** Persons with physical disabilities represent a vulnerable group facing multiple barriers . This study aimed to assess the health status and sociodemographic characteristics of adults with physical disabilities in an urban field practice area

**METHODOLOGY:** A community-based cross-sectional study was conducted among adults (≥18 years) with physical disabilities residing in the urban field practice area of a tertiary care centre using convenience sampling. The study period was from September 2025 to December 2025.Descriptive analysis was performed using frequencies and percentages.

**RESULTS:** Among 129 participants, 70.5% were males and 29.5% females, with a mean age of 35.7 years. The majority had locomotor disabilities (79%), followed by speech/language impairment (5%). The leading causes were congenital disorders (43%) and trauma (21%). Regarding daily functioning, 42% were independent, 34% partially dependent, and 23% fully dependent. Ambulatory mobility was seen in 72%, while 22% required assistance. Only 44% had undergone mental health screening. Access to rehabilitation services and government welfare schemes was low (around 20%). Unemployment was reported among 61% of participants

**CONCLUSION:** Most disabled individuals were young males with locomotor disabilities, predominantly of congenital or traumatic origin. poor access to rehabilitation, welfare schemes, and employment highlights the need for integrated community-based rehabilitatio

**KEYWORDS:** Disabled Persons Health Status Activities

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)

THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-11

**Consent Literacy in Digital Health: Understanding Data-Sharing Preferences among Health Service Users in an Urban Community**

PRESENTING AUTHOR: Dr J Amirtharaj
AUTHORS: Dr. Rupali Patle, Dr. Uday Narlawar
INSTITUTE/ORGANISATION: Government Medical College Nagpur

**BACKGROUND:** Digital health systems rely on consent-based data sharing, requiring user understanding of data use and rights. As many urban primary health centres lack digital records, this study assesses consent literacy, data-sharing preferences, associated socio-demographic factors, and perceived barriers among urban health service users before system implementation.

**METHODOLOGY:** A community-based cross-sectional study was conducted among 300 adult health service users attending an Urban Health Training Centre. As digital systems were not operational, participants received a brief standardized explanation of digital health data storage and sharing in the local language. Data were collected using a structured interviewer-administered questionnaire. Consent literacy was scored and categorized. Analysis used descriptive statistics, chi-square test, and binary logistic regression.

**RESULTS:** The mean consent literacy score was 2.4 ± 1.2 (out of 5). Overall,58.0% of participants demonstrated adequate consent literacy, while 42.0% had inadequate literacy. Most participants preferred sharing health information only with their treating doctor (52.7%), followed by hospitals (24.3%) and government programs (13.0%), whereas 10.0% were unwilling to share data with any entity. Commonly reported barriers included lack of clear explanation (55.7%), fear of data misuse (46.3%), use of technical language (41.0%), and limited understanding of digital systems (36.7%). Higher education level, smartphone ownership, and regular internet use were independently associated with adequate consent literacy ($p < 0.05$).

**CONCLUSION:** Consent literacy among urban health service users was low before digital system implementation, highlighting the need to assess understanding and preferences early to develop ethical, simplified, and user-centered consent processes.

**KEYWORDS:** Consent literacy; Digital health;

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**ABSTRACT ID**: IAPSM-KAN-CBI-12

**Knowledge, Attitude & Practice/Application of Artificial Intelligence among Medical Students in Navi Mumbai: A Cross-Sectional Study**

PRESENTING AUTHOR: Dr.Aditi V Badhe
AUTHORS: Dr.Madhavi Mankar
INSTITUTE/ORGANISATION: MGM MEDICAL COLLEGE, KAMOTHE

**BACKGROUND:** Artificial Intelligence (AI) is rapidly transforming healthcare and medical education. Understanding medical students' knowledge, attitudes, and practices (KAP) related to AI is essential for guiding curriculum development in India. To assess the KAP regarding AI among medical students in an urban medical college and to examine associations with socio-demographic characteristics.

**METHODOLOGY:** A cross-sectional study was conducted from September 2025 to December 2025 among medical students of different academic years. A pre-designed pre-structured questionnaire assessing the socio-demographics, knowledge, attitudes, practices, and qualitative perceptions was administered via Google Forms after informed consent. Data were analysed using SPSS v26.

**RESULTS:** A total of 310 students participated (64.7% females & 34.8% males). 94.9% of students were aware of AI.68.7% agreed that AI is essential in medicine. 66.7% agreed that it should be a part of the medical curriculum. 81.4% medical students said that they have used AI models in their daily tasks. 96.6% of them report using Chatgpt/Bard for everyday use. Preliminary qualitative analysis of open-ended responses identified themes of perceived usefulness (academic support, diagnostic potential), concerns about ethical implications, and a strong desire for structured AI learning within the MBBS curriculum.

**CONCLUSION:** Medical students demonstrated high awareness and positive attitudes towards AI, with widespread informal use of AI tools. However, structured knowledge remained variable, and students expressed a clear need for formal

**KEYWORDS:** Medical Curriculum, Students, Artificial Intelligence

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)

THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-13

**Transforming Clinical "Data Abundance" into "Insight Abundance": A Prototype for Automated Medical Data Structuring and Analysis.**

PRESENTING AUTHOR: Dr Akshay Jadhao
AUTHORS: Dr Chhaya Rajguru, Dr Lalit Sankhe
INSTITUTE/ORGANISATION: Grant Government Medical College and Sir J.J Group

**BACKGROUND:** Healthcare is major data-producing sector with 97% of data remaining unused with professionals citing silos as barriers. Approximately 60% of clinicians lack analytics tool familiarity and require statistician assistance. This study aims to develop platform creating structured data and AI based chat analytics tool.

**METHODOLOGY:**Full-stack development was conducted integrating Large Language Models (LLMs), classical machine learning algorithms,&Python. The data workflow was designed as: Login → Connect Database/Upload Files → Natural Language Prompts → Final Results with AI Interpretation, Python Codes, and Visualizations .A sample BMI dataset was used to run on platform with 60000 data, the upper limit was set to 1 million.

**RESULTS:** Multiple unstructured PDF files containing healthcare data were successfully converted into structured Excel format within minutes, eliminating manual data entry. The platform processed the BMI dataset, automatically generating dataset previews, comprehensive data summaries including descriptive statistics, and data quality assessments. When natural language queries (e.g., "Show BMI distribution by age group"), the platform generated analysis results with executable Python codes, visualizations like graphs and AI-interpreted insights—all delivered within minutes. This demonstrated the platform has the capability to transform unstructured, inaccessible healthcare information into immediately actionable, analysis ready results with interpretation and visuals without requiring user programming or statistical expertise.

**CONCLUSION:** Validation is in process .With potential use case from clinics to national surveillance systems, real time monitoring and analysis ,accelerate research ,billing, inventory management resulting in improved community health.

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**ABSTRACT ID**: IAPSM-KAN-CBI-15

**An interventional study assessing the effect of color-coded menus on food choices among medical college students.**

PRESENTING AUTHOR: Dr. Anuradha Shah
AUTHORS: Dr. Vijaykumar Singh, Dr. Tanvi Pinto, Dr. Sreevidya S, Dr Swati Deshpande
INSTITUTE/ORGANISATION: KJ Somaiya Medical College and Research Centre

**BACKGROUND:** India faces escalating non-communicable diseases (NCDs) driven by poor dietary habits among medical students, who should model healthy behavior. Campus canteens offer strategic intervention sites. This study evaluated color-coded menus (green: healthy, yellow: moderate, red: unhealthy) on satisfaction, nutritional awareness, consideration frequency, and actual food choices.

**METHODOLOGY:** Single-center pre-post study among medical students across four campus canteens. Baseline assessment followed by 1-month intervention (dietitian-developed color-coding, flyers, digital dissemination). Primary outcome-satisfaction with healthy food availability. Sample size was 42 matched pairs (SD=1.0, change=0.5 points, 90% power, α=0.05), with 103 participants at baseline anticipating 25% attrition. Secondary outcomes: nutritional awareness, frequency, feeling informed, menu support, and reported food choices. Wilcoxon signed rank test used.

**RESULTS:** Among 42 matched pairs analyzed, satisfaction with healthy food availability improved significantly from median 2.0 (IQR 2-3) to 2.5 (IQR 2-3) [mean 2.21±0.78 to 2.71±0.92; p=0.0035]. Nearly half (47.6%) showed >1-point improvement, with satisfied/very satisfied students increasing from 14% to 38%. Secondary outcomes showed positive trends: nutritional awareness improved from 3.0 to 4.0 (p=0.144) and feeling informed remained stable. Intervention exposure was high: 64% noticed menus, 62% reported influence, and 71% recommended scale-up. Fruit/salad selection increased modestly (9.5%→11.9%; p=0.097), while tea/coffee consumption declined significantly (78.6%→76.2%; p=0.003).

**CONCLUSION:** Color-coded menus significantly improved satisfaction with healthy options among medical students. High acceptability (71% recommend scaling) supports campus-wide implementation for NCD prevention.

## DR SHARANGDHAR KANHERE PRIZE (IAPSM)

THEME: COMMUNITY BASED INTERVENTION

**ABSTRACT ID**: IAPSM-KAN-CBI-16

**Changes in body composition in patients and household contacts in the RATIONS trial**

PRESENTING AUTHOR: Madhavi Bhargava
AUTHORS: Ajay Meher, Anika Juneja, Anurag Bhargava
INSTITUTE/ORGANISATION: Yenepoya Medical College, Yenepoya (Deemed to be University)

**BACKGROUND:** We conducted a sub-study of body composition at enrolment and at the end of the nutrition intervention in a subset of the RATIONS trial (Reducing Activation of Tuberculosis by Improvement Of Nutritional Status). The trial had a total of 2800 persons with TB (PwTB) and 10,345 household contacts (HHC).

**METHODOLOGY:** We conducted assessments in 90 PwTB and HHCs, each distributed equally between the control arm (only PwTB received food baskets) and intervention arm (PwTB and HHCs received food baskets). We measured fat mass (FM), fat-free mass (FFM), and their related indices using BodyStat Quad Scan 4000. Statistical analysis was done using STATA version 17.0, and unpaired and paired tests were used according to the distribution.

**RESULTS:** Among 94 men (63 PwTB, 31 HHCs) and 86 women (27 PwTB, 59 HHCs), 75 PwTB and 40 HHCs had undernutrition. At baseline, FM was comparable in both sexes. Among PwTB, men had higher FFM (28.5kg vs. 23.0kg; $p=0.0010$). Among the HHCs, male HHCs had higher FFM (37.8kg vs. women: 26.0kg; $p<0.0001$). At the end of the intervention in PwTB, the FM reduced in men (women: no change) from 13.1 kg to 11.6 kg ($p<0.00005$), FFM increased from 28.5kg to 36.0kg ($p<0.00005$) in men and 23.0kg to 26.4kg in women ($p<0.00005$). No significant change seen in body-composition in HHCs post-intervention

**CONCLUSION:** PwTB had a high prevalence of undernutrition, weight deficit almost entirely in terms of FFM. Nutritional intervention in PwTB led to significant increase in, FFM (without concomitant increase in FM).

**KEYWORDS:** TB, Nutrition supplementation, body-composition, RATIONS-trial

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-01

**Integrated Evaluation of Nutritional Assessment and Awareness of Nikshay Based Interventions among Rural TB Patients in IIMSR,Jalna:Implication for Program Strengthening**

Presenting Author: Siddiqui Roshan Ara
Co-authors: Dr. Mohammed Shafee, Dr. Sachin Solanke
Institution: JIIU'S, Indian Institute of Medical Science and Research

**BACKGROUND:** TB and undernutrition form a vicious cycle, significantly impacting treatment outcomes and mortality. Recognizing this, the National Tuberculosis Elimination Programme introduced the Nikshay digital platform and Nikshay Poshan Yojana to ensure nutritional support and treatment monitoring. Despite these initiatives, gaps persist in awareness, accessibility, and utilization, particularly in rural.

**METHODOLOGY:** A descriptive cross-sectional study conducted among adult TB patients registered on the Nikshay portal. Nutritional assessment performed using anthropometric indices, relevant biochemical parameters as per standard guidelines. Awareness, utilization, and perceived barriers related to Nikshay Portal Nikshay Poshan Yojana will be assessed using a validated, semi-structured questionnaire. Data analyzed using descriptive and inferential statistical methods to explore associations between nutritional status and program awareness

**RESULTS:** Out of the total 100 rural TB patients enrolled in the study •Moderate to severe undernutrition (BMI < 17.0 $kg/m^2$) was observed in approximately 55% of patients, consistent with rural TB nutritional trends. •Awareness of the Nikshay Portal was moderate, with about 65% of patients reporting awareness of the scheme. •Utilization of the Nikshay Poshan Yojana benefits for nutritional purposes was reported by 70% Common barriers to utilization included lack of digital literacy, delays in cash transfer, and lack of documentation, with 40% reporting at least one barrier.

**CONCLUSION:** The findings underscore the need for integrated nutritional screening and strengthened patient education on Nikshay-based services.Enhancing awareness,digital support,timely disbursement of assistance can significantly improve treatment outcomes,accelerate progress toward TB elimination.

**KEYWORDS:** Tuberculosis Undernutrition NikshayPortal Rural Health

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**ABSTRACT ID**: IPHA-UG-02

**Patient's Perspectives of Professionalism in Postgraduates at JIIU's IIMSR Jalna.**

Presenting Author: Juveriya Shaikh
Co-authors: Shaikh Juveriya, Mohammad Shafee
Institution: JIIU'S IIMSR, JALNA

**BACKGROUND:** Patients opinions and ideas about an ideal doctor serve as standard platform for developing objectives of training in professionalism and developing an assessment model in Medical Institutions. Hence, this study aimed at studying patient's perspectives of professionalism in postgraduates before and after a teaching intervention, in a Rural Medical College.

**METHODOLOGY:** This interventional study was conducted in JIIU's Indian Institute of Medical Science and Research, Badnapur, Jalna, Maharashtra, which included 59 postgraduate and total 118 patients [59 before and 59 after intervention]. PG's attended patients in OPD scenario, after which the patients were interviewed through the predeveloped and pretested questionnaire and ppatient's response to each question were assessed on Likert's scale of agreement 1 to 5.

**RESULTS:** Pretest maximum mean score was given to excellence in which, 'Did doctor give you confidence that he/she can help you in your illness?' and minimum score was given to the attribute of duty in which, 'Did he/she thoroughly in detail explain to you about everything?'. Statistically highly significant [P value=0.000008595] improvement was seen in patients' satisfaction scores in all the four domains of professionalism after intervention. ANOVA test showed statistically significant difference in pretest scores of different domains which was not seen in post test scores.

**CONCLUSION:** Teaching and assessing professionalism amongst young training doctors is a necessary need and patients' opinions will play an important role in planning and implementing it.

**KEYWORDS:** professionalism, assessment, patients' opinions,teaching

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-03

**STUDY OF PREVALENCE OF ORAL LESIONS IN TOBACCO ADDICTED WORKERS OF A RURAL TERTIARY CARE HOSPITAL.**

Presenting Author: Hanifa Butool
Co-authors: Mahvish Farooqui, Mahek Bargir, Sana Javeria, Mohammad Shafee
Institution: JIIU'S IIMSR, JALNA

**BACKGROUND:** Introduction: India has one of the highest oral cancer rates globally. Tobacco use is a major risk factor, causing oral and lung cancers and precancerous lesions like leukoplakia and oral submucous fibrosis. This study assesses oral lesions among tobacco-addicted workers. Objectives: Evaluate the impact of tobacco smoking on oral health.

**METHODOLOGY:** A cross-sectional study was conducted over six months among nonteaching staff at a rural tertiary care hospital. A purposive sampling method was used to select 250 participants. Data were collected through a self-administered closed-ended questionnaire and face-to-face interviews. Statistical analysis was performed using descriptive statistics, chisquare tests, and percentage calculations.

**RESULTS:** Among the 250 workers surveyed, 23.6% (59 individuals) reported tobacco addiction. Smokeless tobacco was used by 86.4% of the addicts, while 13.6% used smoked tobacco. A significant association was found between gender and tobacco addiction, with males showing higher prevalence. The analysis showed that 56 out of 59 tobacco-addicted workers had oral lesions, including dental stains (13.6%), periodontal disease (6.0%), and other conditions like keratotic patches, palatal abrasions, black hairy tongue, and smokers' melanosis.

**CONCLUSION:** Tobacco use among non-teaching staff in healthcare settings is found to be high. Effective strategies are needed to address the high prevalence of tobacco use and its adverse effects.

**KEYWORDS:** Tobacco addiction, oral lesions, rural healthcare, smokeless tobacco, oral cancer, prevalence study.

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**ABSTRACT ID**: IPHA-UG-04

**Racial and Gender Representation in Medical Illustrations: Cross-sectional Analysis of MBBS Textbooks Recommended in Indian Curriculum**

Presenting Author: Sarth Rajesh Parekh
Co-authors: Dr Aswyn J Kunnungal
Institution: Government Medical College Alibag, Raigad

**BACKGROUND:** Medical textbook illustrations strongly influence clinical reasoning and diagnostic skills in undergraduate training. However, gender and racial/ethnic representation bias in Indian medical education remains poorly studied. This study assessed gender and racial representation in illustrations from Maharashtra University of Medical Sciences (MUHS)–recommended MBBS textbooks, comparing international and Indian-authored resources.

**METHODOLOGY:** A cross-sectional analysis of 114 MUHS-recommended MBBS textbooks from 19 clinical specialties examined illustrations with identifiable gender or ethnicity (gender: n=1022; race: n=1597). Images with indeterminate traits or reproductive content were excluded. Illustrations were coded by gender and race using the Massey–Martin skin colour scale, with chi-square tests, odds ratios, and 95% confidence intervals calculated.

**RESULTS:** Overall male representation was 66.73% (M:F=2.01:1). International textbooks showed greater male predominance than Indian textbooks (71.12%vs65.84%), though not statistically significant (OR=1.28;95%CI: 0.97–1.69;p=0.099). Racial representation differed significantly by textbook origin ($\chi^2$=611.31,p<0.0001). International textbooks predominantly depicted White subjects (66.57% vs 5.66%; OR=33.21, 95% CI: 23.53–46.87), while Indian textbooks showed higher Brown representation (78.68%vs24.09%). Black representation was limited in both (International:9.33%; Indian:15.66%). Specialty-wise, Physiology (91.67% male) and Forensic-Medicine (86.21% male) showed extreme gender bias. Racial distribution across specialties was significant ($\chi^2$=284.48,p<0.0001), with Paediatrics most balanced and Pathology and Physiology showing White and Brown predominance, respectively.

**CONCLUSION:** Mandating concurrent use of international and Indian textbooks in the MBBS curriculum may balance exposure to contemporary clinical advances while reducing racial and gender representation biases.

**KEYWORDS:** Gender, racial bias in textbook

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-05

**Adaptive Foot Therapy for Diabetes Care**

Presenting Author: Tanush Shende
Co-authors: Parag Patil, Abhishek Rubde, Durvank Sawant
Institution: EXTC Fr. C. Rodrigues Institute of Technology

**BACKGROUND:** Diabetic foot complications affect millions worldwide; ulcer risk is 19–34% and neuropathy ~30% among people with diabetes (IDF). Existing foot therapy devices lack adaptive control, real-time biofeedback, and safety intelligence. This study presents a biofeedback-controlled bronze foot therapy system integrating physiological sensing and adaptive actuation for preventive care.

**METHODOLOGY:** The system combines a bronze massage interface with Galvanic Skin Response (GSR) sensors for stress estimation, pressure sensors for occupancy-based safety control, and IoT connectivity for real-time data acquisition. Biofeedback-driven control algorithms dynamically regulate massage intensity. Foot sensitivity sensing is incorporated to indicate early neuropathic risk. A mobile application supports remote control, visualization, and data logging.

**RESULTS:** The proposed biofeedback-controlled bronze foot therapy device demonstrated reliable stress-responsive operation and adaptive massage intensity based on real-time physiological signals. Integration of Galvanic Skin Response sensing enabled effective modulation of therapy levels, while pressure-based occupancy detection ensured automatic safety shutdown. Foot sensitivity monitoring provided preliminary indicators relevant to early diabetic neuropathy risk. IoT-enabled dashboards allowed real-time visualization and longitudinal tracking of stress and usage patterns. Overall, the system showed consistent personalization, operational safety, and functional suitability for preventive diabetic foot care and stress management applications.

**CONCLUSION:** This biofeedback-enabled foot therapy system offers a safe, adaptive, and diabetes-relevant solution, demonstrating potential to support preventive diabetic foot care, stress reduction, and future clinically validated wellness interventions.

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**ABSTRACT ID**: IPHA-UG-06

**AI-Driven Predictive Intelligence for CGM**

Presenting Author: Vaishn Choondayil
Co-authors: Sanika Jadhav, Sweta Jadhav ,Sankit Koul,
Institution: EXTC,Fr. C. Rodrigues Institute of Technology

**BACKGROUND:** Continuous Glucose Monitoring (CGM) generates high-frequency time-series data critical for diabetes management. While widely adopted in T1DM (~67 %) and increasingly in T2DM, CGM interpretation remains challenging. This study proposes an AI-enabled visual analytics framework to improve predictive glucose modeling, risk stratification, and clinical decision support across diabetes populations.

**METHODOLOGY:** CGM datasets from individuals with Type 1 and Type 2 diabetes were preprocessed using temporal alignment, noise filtering, and missing-value handling. Clinically validated glycemic metrics—mean glucose, variability, time-in-range (TIR), and event frequency—were computed per international guidelines. Machine learning–based time-series models predicted short-term glucose trends (30–60 min), evaluated using RMSE and MAE. Interactive Power BI dashboards enabled interpretable clinical visualization.

**RESULTS:** The AI-enabled CGM visual analytics framework accurately detected hypoglycemic and hyperglycemic events and revealed recurrent temporal glycemic patterns across T1DM and T2DM cohorts. Short-term glucose prediction (30–60 minutes) achieved clinically acceptable performance, with RMSE and MAE values supporting reliable forecasting within defined horizons. Interactive Power BI dashboards enhanced interpretability, reduced clinician workload, and facilitated rapid pattern recognition. In simulated clinical workflows, the system supported early identification of nocturnal hypoglycemia, postprandial hyperglycemia, and assessment of glycemic response following therapeutic adjustments, enabling patient-specific risk stratification and longitudinal monitoring.

**CONCLUSION:** By integrating predictive time-series modeling with interactive visual analytics, this framework transforms complex CGM data into actionable insights, supporting AI-assisted clinical decision-making and scalable glycemic management in routine diabetes care.

**KEYWORDS:** CGM, AI, Prediction, Time-series, Decision

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-07

**From Gossip Hubs to Health-awareness Hubs: Evaluating the Translational Applicability of Barbershops and Beauty Parlours for Community Health Awareness**

Presenting Author: Kritika Patil
Co-authors: -
Institution: Vedantaa institute of medical sciences

**BACKGROUND:** Preventable diseases remain prevalent due to poor health awareness, especially in tribal and underserved communities. Barbershops and beauty parlours, as busy social hubs, can serve as Health Literacy Centres. This study evaluates the feasibility, acceptance, and implementation barriers of using self-made health-awareness booklets in such settings.

**METHODOLOGY:** A cross-sectional study was conducted in urban and tribal Maharashtra. Simplified multilingual booklets on tuberculosis, diabetes, breast cancer, and vitamins with QR-linked videos were provided in barbershop/beauty parlours after consenting. Booklets were displayed in customer waiting areas. Feedback was collected after five months through Google forms assessing clarity, usefulness, customer engagement, and feasibility of using these settings as Health Awareness Centres.

**RESULTS:** Out of 43 barbershops/beauty parlours approached, 31 participated and 25 barbers/beauticians submitted feedback. Ninety-six percent read the booklets, 72% viewed videos, and all reported improved understanding. Seventy-six percent noted customer questions, and 92% requested more booklets. Participants reported enhanced client trust, interest in further training, and demand for additional health topics. All(100%) barbers agreed this concept has increased awareness and removed misconceptions amongst themselves as well as their customers.

**CONCLUSION:** Barber shops and beauty parlours are feasible, acceptable, and effective community platforms for improving health literacy promoting preventive health awareness.

**KEYWORDS:** Barbershop, Beauty parlour, health awareness, health literacy centres

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**ABSTRACT ID**: IPHA-UG-08

**SoundSync: Adaptive AI Music-Driven Therapeutic Pulse System**

Presenting Author: Tanvi Shailesh Kulkarni
Co-authors: Ratika Nadar,Yogesh C
Institution: Department of Electronics and Telecommunication, Fr. C. Rodrigues Institute of Technology

**BACKGROUND:** Multimodal sensory stimulation, combining auditory input and electrical stimulation, is an emerging approach for modulating neural activity and improving clinical outcomes. Controlled studies report that 43.5 % of patients with disorders of consciousness showed significant improvement with rhythmic acoustic-electric stimulation, highlighting the therapeutic potential of synchronized sound and electrical inputs

**METHODOLOGY:** Audio analysis extracts RMS energy, tempo, spectral, and emotional features from music, ambient sounds, or AI-generated audio. Machine learning maps these features to optimized stimulation parameters, including frequency, amplitude, and pulse width. A safety module ensures all stimulation stays within biomedical limits, enabling adaptive, personalized, and music-synchronized electrical stimulation for therapeutic delivery."

**RESULTS:** Simulation studies confirm that the SoundSync system generates stable, balanced, and safe electrical stimulation waveforms across diverse auditory inputs. The system dynamically adapts stimulation parameters—including frequency, amplitude, and pulse width—in real time based on extracted temporal, spectral, and emotional features from music, ambient sounds, or AI-generated audio. Compared to conventional fixed-pattern electrical stimulation systems, SoundSync provides a personalized, responsive, and engaging therapeutic experience. These simulations demonstrate reliable synchronization of auditory and electrical modalities, validating the feasibility of AI-driven, adaptive, music-synchronized stimulation for potential applications in pain management, neurological rehabilitation, and emotional modulation

**CONCLUSION:** SoundSync demonstrates the feasibility of AI-driven, music-synchronized electrical stimulation, leveraging both recorded and AI-generated music, as a personalized, non-invasive therapeutic modality for pain management and neurological rehabilitation.

**KEYWORDS:** Music,Electrical Stimulation,AI,Pain Digital Health

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-09

**Mental Health Chat Bot**

Presenting Author: Ronit Sali
Co-authors: Aayush Kathole, Yogesh C
Institution: Department of Electronics and Telecommunication, Fr. C. Rodrigues Institute of Technology

**BACKGROUND:** Mental health disorders, particularly anxiety and depression, affect more than 1 billion people globally, making them some of the most prevalent causes of disability worldwide according to the World Health Organization (WHO). Anxiety and depressive disorders are among the most common types of mental health conditions, contributing significantly to long

**METHODOLOGY:** The system leverages Natural Language Processing (NLP) and supervised Machine Learning algorithms to analyze user inputs. A comparative evaluation of Linear Regression, Support Vector Machine (SVM), and Random Forest classifiers was performed using a verified emotion-labeled dataset sourced from Kaggle. Inputs are categorized into emotional states-Happiness, Sadness, Fear, Anger, and Neutrality. The chatbot is deployed via a user-friendly Streamlit interface to ensure accessibility for non-technical

**RESULTS:** The chatbot accurately identifies emotional patterns in textual data. When negative emotions are detected, it provides supportive guidance and coping strategies, creating a safe, adaptive conversational environment. Unlike rigid rule-based systems, this AI tool dynamically responds to emotional tone, simulating empathetic human-like interaction.

**CONCLUSION:** While not a substitute for clinical care, this AI-driven chatbot offers a scalable digital solution to encourage emotional expression and potentially de-escalate stress before professional intervention is needed. It functions

**KEYWORDS:** Mental Health, Artificial Intelligence, Chatbot

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**ABSTRACT ID**: IPHA-UG-10

**Comprehensive Evaluation of Road Traffic Accidents in a Alibag Peri-Urban Indian Region: A Data-Driven Analysis using the Haddon's Matrix Framework.**

Presenting Author: Anushka Tiwari
Co-authors: Shaivi Balwatkar, Srushti Deo, Tushar Baid, Ayaan Arshad, Hirdesh Mehta
Institution: Government Medical College, Alibaug

**BACKGROUND:** Road traffic accidents (RTAs) are a major cause of global morbidity and mortality, with sparse evidence from India's peri-urban settings. Objectives: To systematically evaluate demographic, temporal, and clinical patterns of RTAs over six months in the Alibag–Rewas region and identify modifiable risk factors influencing injury severity and outcomes.

**METHODOLOGY:** This cross-sectional study combined and analyzed datasets from two prospectively collected hospital-based registers, yielding 93 RTA cases from August 2024 to March 2025. Descriptive statistics (mean, median, range, confidence intervals) characterized demographic and clinical profiles. Comparative and analytic statistics (chi-square, Kruskal-Wallis, Mann-Whitney U) evaluated associations between categorical risk factors and outcomes, with significance set at $p<0.05$.

**RESULTS:** The mean age of RTA victims was 37.5 years (range 7–84), and 89.2% were motorcyclists or scooterists. A dominant evening peak (6pm–12am, 69.9% of cases) was identified. Grievous injuries accounted for 58.1% of cases, with head/neck involvement in 81.7%. Alcohol consumption by drivers was present in 35.5% of cases ($p=0.0129$). Uninsured victims comprised 82.8%. Statistically significant associations emerged between time-of-accident, vehicle type, alcohol use, injury severity, and hospitalization outcomes (e.g., evening accidents: $\chi^2=103.52$, $p<0.0001$; two-wheeler involvement: $p<0.001$). No significant difference was found by occupation or documented protective equipment use.

**CONCLUSION:** RTAs in this peri-urban region mainly involve middle-aged male two-wheeler riders during evenings, driven by alcohol use and poor protection. Enhanced law enforcement, safety promotion, awareness, and insurance coverage are

**KEYWORDS:** RTA, India, Injury severity, Alcohol

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-11

**A descriptive cross-sectional study to estimate various patterns of fuel usage and to assess Indoor Air Quality Parameters .**

Presenting Author: Arya Ghagare
Co-authors: Dr . Manasi Padhyegurjar , Dr. Shekhar Padhyegurjar
Institution: SMBT IMS RC

**BACKGROUND:** The Ujjwala Scheme was launched in 2016 to provide free LPG connections. However, bio mass fuel was observed to be the preferred source despite availability of LPG during FAP visits. Objectives: (1) To describe Patterns of fuel usage, (2) Compare Indoor Air Quality (IAQ) parameters against real time fuel usage.

**METHODOLOGY:** Sample size was estimated as 220 households (251 taken), randomly selected from 8 villages. Questionnaire included demographics, cooking practices, fuel use etc. IAQ was checked using Portable Air Quality Meter, in a subsample of randomly selected (31 out of the 251) households and compared with real time fuel usage. Availment of Ujjwala Scheme and reasons for use of biomass fuel were explored.

**RESULTS:** 15.94% households did not have LPG. 21.51% households did not use LPG despite owning it. Real time monitoring of IAQ was done on 31 households. One Way ANOVA was applied between 12 households actively using chulha, 12 households with non-active challah and 7 households using only LPG during the real time monitoring. The between category difference is significantly higher than within category difference ($F = 30.618$, $p = 0.0000000897$). Only 24.70% claimed to have attained benefits from Ujjwala scheme. 53.78% households showed low satisfaction with LPG use. Change in taste (72.51%), cost (39.44%) and poor access (19.12%) were the major inhibitions.

**CONCLUSION:** Curbing use of biomass fuel is a challenge. Greater awareness of indoor air pollution, overcoming barriers to LPG use, and improving government scheme penetration are essential for rural India

**KEYWORDS:** Biomass fuel, LPG, Ujjwala

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**ABSTRACT ID**: IPHA-UG-12

**Breast Health Education at the Margins: Learning Gaps and Gendered Barriers Among College-Going Women in a Tribal Area of Central India**

Presenting Author: Diya Tripathi
Co-authors: Diya Tripathi, Rupesh Sahu, Pravin Yerpude, Keerti Jogdand, Dileep Dandotiya
Institution: Chhindwara institute of medical sciences, Chhindwar

**BACKGROUND:** Health education for women in tribal, resource-limited settings is constrained by gender norms, poor dialogue on reproductive health, and limited access to information. Using breast self-examination as a lens, this study examines breast health literacy among college-going women, assessing knowledge gaps, gender-linked barriers, and identifying opportunities for structured health education.

**METHODOLOGY:** A community-based cross-sectional study was conducted among 400 college-going females aged 17–30 years from two tribal blocks of Chhindwara district, Madhya Pradesh. Data were collected using a pre-validated questionnaire assessing knowledge of breast cancer, awareness and understanding of BSE, and perceived barriers. An interactive health education session using audiovisual aids and printed material followed data collection.

**RESULTS:** Although 50.7% of participants had heard of breast cancer, overall breast health literacy was low (median knowledge score: 9/46). Knowledge of BSE technique was particularly inadequate, with none able to correctly sequence the steps. Predominant gender-related barriers included shyness (29.2%), lack of knowledge (21.8%), and the belief that absence of symptoms negated need for BSE (18.9%). Despite these gaps, 69.5% expressed willingness to learn BSE.

**CONCLUSION:** In tribal settings, women's health suffers from educational invisibility. Culturally sensitive, skill-based education can overcome gendered barriers and empower young women when delivered with appropriate content, context, and confidence-building approaches.

**KEYWORDS:** Breast SelfExamination, Tribalwomen, Healtheducation, Genderbarriers

## BEST PAPER AWARD FOR UG STUDENT (IPHA)

**ABSTRACT ID**: IPHA-UG-13

**Epidemiological, Clinical, and Health-System Determinants of Snakebite Outcomes at a Tertiary Care Hospital in Alibag: A Cross-Sectional Study (2024–2025)**

Presenting Author: Siddhi Santosh Solanki
Co-authors: Dr. Deodatt Suryawanshi Dr. Karan Waghmare
Institution: Government Medical College Alibag

**BACKGROUND:** Background: Snakebite envenomation is a major rural health problem in India, with limited contemporary data from the Konkan region. Alibag's coastal and agrarian communities are at high risk. Objectives: To describe demographic, incident-related, clinical, and treatment patterns of snakebite cases in Alibag and assess how treatment delay affects severity.

**METHODOLOGY:** A cross-sectional study analyzed 90 snakebite records (2024–2025). Descriptive statistics were generated for demographics, incident circumstances, clinical findings, management, and outcomes. Associations between time-to-tertiary care and envenomation severity were evaluated using $\chi^2$ tests with effect sizes. Temporal trends were assessed using monthly case counts.

**RESULTS:** Age was available for 55 patients (mean 40.8±17.0 years), of whom 65.5% were male. Labour (14) and farming (13) were predominant occupations. Most bites occurred at home or in agricultural fields, predominantly affecting lower limb. Final diagnosis (n=49) included mild (24; 49%), moderate (12; 24%), severe (9; 18%), and no envenomation (4; 8%). Anti-venom was administered to 53 patients, only 10 reported recieving any first aid. 23 patients reached tertiary care after >3 hours; delay showed a moderate, non-significant association with severity ($\chi^2(6)=10.55$, $p=0.10$; $V=0.33$). Peaks occurred in Nov-2024 (14 cases) and Jul-2025 (10). All 45 documented outcomes were survival.

**CONCLUSION:** Snakebite cases at Alibag's tertiary hospital predominantly involve working-age rural males and often present after delays, underscoring the need for strengthened community awareness, prompt early response and robust regional-surveillance systems.

**KEYWORDS:** Snakebite, Envenomation, Epidemiology, Delay, Severity.

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**ABSTRACT ID**: IPHA-UG-14

**A Study of Knowledge, Attitude and Practice regarding Human Papillomavirus Vaccine among MBBS students of medical college in Sangli District**

Presenting Author: Sanika Santosh Haralkar
Co-authors: Dr. Akhila Rao, Dr. G.B.Dhumale
Institution: Bharati Veedyapeeth Medical College and Hospital,

**BACKGROUND:** Human papillomavirus (HPV) is the name of a group of 200 known viruses. 1. To study the knowledge, attitude and practice regarding HPV vaccine among MBBS medical students. 2. To know the barriers for not receiving the HPV vaccine.

**METHODOLOGY:** Observational descriptive study with cross-sectional design. Data was collected from 3 medical colleges of Sangli district. From each medical college, out of the 4 batches of MBBS, 2 batches were selected by simple random sampling. All students of selected batches who were willing to give consent and were present on the day of data collection were included in the study.

**RESULTS:** Among the participants, majority of participant 76.53% knew that HPV vaccine prevents cancers. 83.8% participants correctly identified that IIPV prevents cervical cancers. 18.5% participants were not knowing about transmission of HPV infection. Maximum no. of participants i.e 41.2% trusted over the safety of the HPV vaccine.39.2% participants thought that cultural or religious beliefs affect people's attitude towards the HPV vaccine. 85% participants had not taken HPV vaccine. Among those who had not received the vaccine, the most common reason was lack of awareness about vaccine (71%). 7% participants had not taken HPV vaccine because of fear of side effects.

**CONCLUSION:** Majority of participants knew about prevention of cancers by HPV vaccine. Majority of participants trusted over the safety of the vaccine. Majority of the participants have not taken vaccine.

**KEYWORDS:** HPV vaccine, Knowledge, Attitude, Practice

## COMMITTEE AWARD - PAPER

THEME: MEDICAL EDUCATION

**ABSTRACT ID**: COM-ME-OR-01

**Knowledge, Attitudes, and Competency in Gender-Affirming Care: A Multidisciplinary Study Among Health Professions Students.**

Presenting Author: Dr. Nair Monisha Mohanan
Co-authors: Dr. Rachhanaa Pawaskar, Assistant Professor
Institution: S.V.J.C.T's B.K.L. WALAWALKAR RURAL MEDICAL COLLEGE

**BACKGROUND:**
Current health curricula offer limited exposure to gender affirming care. This study aims to assess the knowledge, attitudes, and perceived competency regarding gender-affirming care among medical, nursing, and physiotherapy students.

**METHODOLOGY:**
This ongoing, IEC-approved (IEC No.:-BKLWH/1EC/114/2025) descriptive cross-sectional study targets MBBS, MD/MS, Nursing, and Physiotherapy students. Using stratified random sampling (n=392), data is being collected via a interview schedule until 1st Jan 2026 to measure knowledge, attitudes, and perceived competency.

**RESULTS:**
AWAITED

**CONCLUSION:**
AWAITED

**KEYWORDS**: Gender-Affirming Care, Interdisciplinary Studies

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**ABSTRACT ID**: COM-ME-OR-02

**LEARNING STYLE PREFERENCES AND MULTIMODALITY AMONG UNDERGRADUATE STUDENTS- A VARK QUESTIONNAIRE BASED STUDY**

Presenting Author: DR KESAVAN
Co-authors: DR SWATI DESHPANDE, DR VIJAYKUMAR SINGH
Institution: SETH GS MEDICAL COLLEGE AND KEM HOSPITAL

**BACKGROUND:**
Learning styles influence how medical students acquire, process, and retain information. Understanding these preferences can help optimize teaching–learning strategies in medical education. The present study aimed to assess the preferred learning styles of undergraduate medical students using the VARK questionnaire and to determine distribution of unimodal and multimodal learning.

**METHODOLOGY:**
A cross-sectional study was conducted among undergraduate medical students. Learning preferences were assessed using the VARK questionnaire, which categorizes learning styles into visual, aural, read/write, and kinesthetic modalities. Based on the highest scores obtained, participants were classified as having unimodal, bimodal, trimodal, or quadmodal learning preferences. Data were analyzed using descriptive statistics and expressed as frequencies and percentages.

**RESULTS:**
Multimodal learning preferences predominated among participants. Bimodal learning style was the most common (47.3%), followed by trimodal (28.1%) and quadmodal (7.5%) preferences, while only 17.1% demonstrated a unimodal learning style. Among unimodal learners, kinesthetic preference was most frequent (10.3%). The most common multimodal combinations were aural–kinesthetic (21.9%) and visual–aural–kinesthetic (19.9%). Overall, the findings indicate a strong inclination toward multiple sensory modalities for learning among medical students. No statistically significant association was observed between learning style preference and sex or previous academic performance ($p > 0.05$).

**CONCLUSION:**
Majority of undergraduate medical students exhibit multimodal learning , emphasizing need for diversified teaching strategies that incorporate multiple sensory modalities like interactive, auditory, visual, and hands-on may enhance learning.

**KEYWORDS**: Learningstyles, VARK, unimodal, multimodal

## COMMITTEE AWARD - PAPER

THEME: MEDICAL EDUCATION

**ABSTRACT ID**: COM-ME-OR-03

**Perception of Community Medicine Postgraduates on Need and Challenges in Implementing Palliative Care in Tertiary Health Care Setting in Maharashtra**

Presenting Author: Dr. Tarjnee Tiwari
Co-authors: Dr. Pallavi S Shelke
Institution: Lokmanyatilak municipal medical college and general hospital

**BACKGROUND:**
Palliative care is an essential yet underdeveloped component of tertiary healthcare in India. This study assesses the level of awareness, and perceptions of postgraduate students in Community Medicine regarding its need, importance and key barriers in implementation of palliative care services in a tertiary care setting in Maharashtra

**METHODOLOGY:**
A cross-sectional study was conducted among postgraduate students of Community Medicine in selected tertiary care centers of Maharashtra. Data were collected through a structured questionnaire. Data were analyzed using descriptive statistics.

**RESULTS:**
Out of 190 respondents majority were aged between 25–35 years, with an almost equal gender distribution. Over 71.4% of them recognized palliative care as aiming to improve quality of life, with 94.1% agreeing on the need for dedicated services in tertiary centers in Maharashtra. However, only 19% reported receiving any formal palliative care training, and less than 30% felt current professionals were adequately trained. Major barriers identified included lack of trained professionals (86%), insufficient resources (83%), low awareness among healthcare staff (81%). Students perceived implementation as very challenging, emphasizing the critical need for training and administrative support.

**CONCLUSION:**
Postgraduate students strongly recognize the importance of palliative care but face training, resource, and awareness gaps, emphasizing the urgent need for structured education and institutional support for effective implementation.

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**ABSTRACT ID**: COM-ME-OR-04

**Item Analysis of Multiple-Choice Questions using Difficulty Index, Discrimination Index, and Distractor Efficiency**

Presenting Author: Dr Varun Jatin Wani
Co-authors: -
Institution: Lokmanya Tilak Municipal Medical College and Gener

**BACKGROUND:**
Item analysis is an important tool for evaluating the quality and validity of Multiple-Choice Questions (MCQs); using parameters like difficulty index, discrimination index, and distractor efficiency. The study aimed to assess the validity of MCQs using these indices and to explore the relationships among the different item analysis parameters.

**METHODOLOGY:**
Item analysis was performed on 10 single-best-response MCQs used in a formative Community Medicine examination that included a total of 30 distractors. Responses from 189 students were reviewed using difficulty index (DIF-I), discrimination index (DIS-I) and distractor efficiency (DE).

**RESULTS:**
The mean DIF-I was 78.3 ± 19.8%, with 20% of questions having acceptable difficulty. Mean DIS-I measured 0.310 ± 0.205, with 60% of questions being good/excellent. A strong negative correlation was identified between DIF-I and DIS-I ($r = -0.894$, $p < .001$). The overall DE for the items was 33.3%. The number of functional distractors displayed a negative correlation with DIF-I ($r = -0.719$, $p = .019$), as well as a positive but not significant correlation with the DIS-I ($r = 0.609$, $p = .062$).

**CONCLUSION:**
The MCQ paper was found to be overall too easy, but with good discrimination. Regular reviews would help to develop effectively structured MCQs as a question bank for quality assessment.

## COMMITTEE AWARD - PAPER

THEME: MEDICAL EDUCATION

**ABSTRACT ID**: COM-ME-OR-06

**PERCEPTIONS OF STUDENTS ON THE ENTRY LEVEL FOUNDATION COURSE CONDUCTED AT NEWLY ESTABLISHED MEDICAL COLLEGE – A MIXED METHOD STUDY**

Presenting Author: Dr Minal Borode
Co-authors: Dr Lalit Sankhe
Institution: GRANT GOVERNMENT MEDICAL COLLEGE AND JJ GROUP OF H

**BACKGROUND:** Foundation course is relatively new course established by NMC under CBME format since 2019 for facilitating transition of students from school into a professional course. This study aims to understand perception of students about the same

**METHODOLOGY:** Students were given pre-designed, pre-tested, pre-validated questionnaire in which students were asked to write five questions understand their perspectives in their own language in brief along with questionnaire given to access their perceptions of knowledge, attitude and skills before and after foundation course. Feedback were also taken from faculty participating in this course. Appropriate tests were applied for statistical analysis

**RESULTS:** Students described approachable teachers, supportive peers, and interactive methods like skits, videos, group discussions, and experience-sharing as key learning enablers, fostering a safe, engaging environment over monotonous lectures. The course built readiness through ethics sensitization, self-directed learning shifts, and MBBS challenge awareness, boosting professionalism and confidence. Improvement suggestions emphasized more practical sessions, less repetition, shorter lectures, and extra group activities. Moreover, post-course knowledge improved significantly (mean difference 9.96; t=-4.94, p=0.0; Wilcoxon p=0.001; Cronbach's α=0.834 pre-course), with high perceptions (means >4.0 for clinical skills, ethics, humanities)

**CONCLUSION:** The foundation course was found to be successful in preparing for their upcoming academic journey while same time motivating them to develop skills like professionalism and self-directed learning

**KEYWORDS**: FOUNDATION COURSE, FIRST YEAR MBBS

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**ABSTRACT ID**: COM-ME-OR-07

**Assessment of Self-Directed Learning Abilities among Medical Undergraduates of in a Government Medical College of Central India: A Cross-Sectional Study**

Presenting Author: Dr. Pogula Preethi
Co-authors: Dr . Uday Narlawar
Institution: GOVERNMENT MEDICAL COLLEGE NAGPUR

**BACKGROUND:** The introduction of competency-based medical education Curriculum in India has endorsed new concepts, one such approach is SDL which is an active learning approach.So study aimed to assess the knowledge, attitude, and practices regarding self-directed learning among medical undergraduate students to identify gaps and strengthen teaching–learning strategies in medical education

**METHODOLOGY:** A cross-sectional study was conducted during the month of August 2025 among medical undergraduate students of Government Medical College Nagpur. Data were collected using a pre-designed, semi-structured questionnaire assessing knowledge, attitude, and practices related to SDL. Data were entered in Microsoft Excel and analyzed using Jamovi software. Descriptive statistics such as frequencies, percentages, mean, and standard deviation were used to summarize KAP variables.

**RESULTS:** The majority of students demonstrated adequate knowledge regarding the concept and importance of SDL. While a positive attitude towards SDL was observed, the actual practice of SDL strategies such as goal setting, self-assessment, and use of learning resources was found to be suboptimal.

**CONCLUSION:** Medical undergraduates possess reasonable knowledge and a favorable attitude towards self-directed learning, there exists a gap in translating this into effective practice.

**KEYWORDS**: Self-directed learning; Medical Undergraduates; CBME

## COMMITTEE AWARD - PAPER
THEME: MEDICAL EDUCATION

**ABSTRACT ID**: COM-ME-OR-08
**Stress and anxiety among undergraduate medical students: a cross sectional study.**
Presenting Author: Dr Sudhakar Prakash Rathod (Junior Resident )
Co-authors: Dr.Yasmeen Kazi (Associate Professor)
Institution: LTMMC&GH SION HOSPITAL .
**BACKGROUND:** Undergraduate medical students experience significant levels of stress and anxiety impacting their health, academic performance, and interpersonal relationships. The study aimed to assess the stress and anxiety among undergraduate students, the contributing factors, and its impact.
**METHODOLOGY:** Undergraduate medical students at our institute, studying in all years, after Ethics committee approval, were explained about the study and after their informed consent, Questionnaire was circulated among as Google forms. Questionnaire included sociodemographic details, personal details and validated scales (PSS (Perceived stress scale ) & GAD-7 (General anxiety disorder )) to assess anxiety & Stress levels.
**RESULTS:** Participants showed an approximately equal sex distribution, with most belonging to the 3rd academic year (38.4%). Anxiety was observed in 17% of students, while high stress levels were present in 3.15%. Females were significantly more prone to stress ($p<0.0001$) and anxiety ($p=0.03$). Factors significantly associated with both anxiety and stress included hostel stay ($p=0.02$), being in the 1st or 2nd academic year, and choosing MBBS due to family pressure or external influence. Affected students reported poor physical health ($p=0.01$), disturbed sleep ($p=0.01$), declining academic performance ($p=0.03$), and altered interpersonal relationships ($p<0.001$).
**CONCLUSION:** Moderate-to-high stress affects most undergraduates, with one-third facing significant anxiety. Urgent mental health support is needed to enhance well-being, academic success, and relationships in tertiary settings.
**KEYWORDS**: Stress, anxiety,undergraduate medical students

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**ABSTRACT ID**: COM-ME-OR-09
**Emergency Response Coping Skills of Healthcare Professionals: A Qualitative Study**
Presenting Author: Maj Poonam Shekhawat
Co-authors: Col Harpreet Singh, Brig Kunal Chatterjee, Maj Sakshi Sharma
Institution: Armed Forces Medical College (AFMC), Pune
**BACKGROUND:** Healthcare emergencies present dynamic, high-risk environments characterised by unpredictable patient volumes, rapid clinical deterioration, and intense cognitive and emotional demands on healthcare professionals. Effective coping skills are essential to maintain performance, resilience, and patient safety during such crises. The study explores the emergency response coping skills of healthcare professionals.
**METHODOLOGY:** A qualitative study was conducted using in-depth, semi-structured interviews with healthcare professionals working in the emergency department of a tertiary care hospital in Western Maharashtra. Participants included doctors, nurses, and paramedical staff with at least one year of emergency care experience. Interviews were audio-recorded, transcribed verbatim, and analysed using NVivo software. Thematic analysis was performed following an iterative coding process until data saturation was achieved.
**RESULTS:** Twelve participants were interviewed, with thematic saturation achieved at the twelfth interview. Four major themes emerged: Maintaining Balance, Crisis Control, Human Factors, and Teamwork. Participants described emotional regulation, protocol-based prioritisation, and micro-coping strategies as essential for maintaining psychological balance in unpredictable and crowded environments. Crisis control was facilitated through preparedness, leadership, situational awareness, and effective resource management. Human factors such as training adequacy, structured communication, and equipment familiarity influenced coping and performance. Teamwork, characterised by mutual cooperation, reciprocal trust, psychological safety, and supportive leadership, emerged as a critical enabler of effective emergency response.
**CONCLUSION:** Emergency coping is multidimensional, involving individuals, teams, and systems. Integrating Crisis Resource Management, human factors training, and supportive cultures enhances resilience, safeguarding healthcare workers' well-being, and ensuring patient safety.

## COMMITTEE AWARD - PAPER

THEME: COMMUNICABLE DISEASES

**ABSTRACT ID**: COM-CD-OR-01

**Awareness about Human Papilloma Virus, Cervical Cancer and Acceptability of Human Papilloma Virus Vaccination among Medical Students.**

Presenting Author: Dr. Shaikh Anjum Fatema Mahboob
Co-authors: Dr. Rajesh Sambutwad , Dr. Nidhi Kumari Mehta
Institution: SRTR GOVERNMENT MEDICAL COLLEGE AMBAJOGAI

**BACKGROUND:**
OBJECTIVES: 1.To assess awareness regarding Human Papilloma Virus and cervical cancer among Medical students. 2.To analyze the factors influencing the acceptability of HPV vaccination among Medical students.
**METHODOLOGY:**
This cross-sectional study will be conducted among all medical students from a Rural Medical College during the period of 6 month.Predesigned, pre-tested questionnaire will be used as study tool and information regarding sociodemographic profile of study participants, their awareness regarding Human papilloma virus and cervical cancer will be assessed. Knowledge regarding HPV vaccine and the acceptability of HPV vaccine among students will be also assessed.
**RESULTS:**
About 72% Medical students overall have good awareness regarding Human Papilloma Virus, and 81% Medical students overall have good awareness regarding Cervical Cancer. Binary logistic regression analysis showed that sex, year of course, encouragement from family/friends, and support for inclusion in NIP were statistically significant predictors of vaccine acceptability ($p < 0.05$).
**CONCLUSION:**
Study revealed that sex, academic year, peer influence, and support for inclusion in the National Immunization Program significantly influenced HPV vaccine acceptability.

**KEYWORDS**: HPV,CERVICAL CANCER,HPV VACCINE ACCEPTABILITY

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**ABSTRACT ID**: COM-CD-OR-02

**Awareness Among Postgraduate Medical Students on - One World, One Health**

Presenting Author: Dr.Dinesh Bade
Co-authors: -
Institution: Dr.PDMMC Amravati

**BACKGROUND:**
The One World, One Health (OWOH) approach emphasizes the interconnectedness of human, animal, & environmental health. Rising zoonotic outbreaks and AMR underscore the need for integrated, multisectoral action. Postgraduate Medical students, as future healthcare professionals, play a key role in outbreak detection, rational antimicrobial use, and community health promotion.
**METHODOLOGY:**
A cross-sectional study will be conducted among 150 medical students using universal sampling. A structured questionnaire evaluated knowledge of the four pillars of One Health: zoonotic diseases, food safety, environmental health, and antimicrobial resistance.
**RESULTS:**
Data analysis is in progress. The findings are expected to highlight gaps and strengths in post graduate medical students' awareness regarding zoonotic diseases, food safety, environmental health, and antimicrobial resistance, providing insights for curriculum enhancement and capacity-building initiatives.
**CONCLUSION:**
Evaluating awareness of One Health among postgraduate medical students is essential for strengthening interdisciplinary competencies, improving outbreak preparedness, and supporting national and global One Health initiatives.

**KEYWORDS:** One Health,Zoonotic disease ,Antimicrobial resistance

## COMMITTEE AWARD - PAPER

THEME: COMMUNICABLE DISEASES

**ABSTRACT ID**: COM-CD-OR-03

**AWARENESS OF TREATMENT PROTOCOL OF ANIMAL BITE AMONG HEALTH CARE PROVIDER DOCTORS**

Presenting Author: Dr. Sayli Murkute
Co-authors: -
Institution: Dr. Panjabrao Deshmukh Memorial Medical College, A

**BACKGROUND:**

BACKGROUND Animal bite is common neglected problem. It is a vaccine-preventable viral disease OBJECTIVES 1. To determine the level of awareness among healthcare provider doctors about treatment protocol in animal-bite cases. 2. To identify gaps between knowledge and practice in the management of animal-bite cases.

**METHODOLOGY:**

A cross-sectional study with validated questionnaire is being carried out among health care provider doctors in a medical college in central India for the duration of 3 months.

**RESULTS:**

AWAITED

**CONCLUSION:**

AWAITED

**KEYWORDS**: animal bite, vaccine, healthcareprovider doctors

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**ABSTRACT ID**: COM-CD-OR-04

**A CASE OF SLE WITH HEPATIC GRANULOMATOSIS AND LYMPHADENOPATHY**

Presenting Author: Rushabh Momaya
Co-authors: -
Institution: DBVP Rural Medical College and Hospital, Loni

**BACKGROUND:**

Hepatic granulomatosis with lymphadenopathy typically indicates tuberculosis (TB) or sarcoidosis, but rare associations with systemic lupus erythematosus (SLE) involve non-caseating granulomas mimicking infections or malignancy. This case report highlights SLE as a differential after excluding common granulomatous diseases and cancer, aiming to promote timely autoimmune evaluation in patients with prolonged

**METHODOLOGY:**

A patient presented with prolonged fever, rash, hepatomegaly, and lymphadenopathy. Investigations included imaging (ultrasound/computed tomography showing hepatic granulomas and enlarged nodes), infectious workup (negative Mantoux test, interferon-gamma release assay, cultures, fungal serology), malignancy exclusion (biopsies negative for lymphoma), and autoimmune tests (positive antinuclear antibody, anti-double-stranded DNA, low complements). Renal biopsy confirmed lupus nephritis, fulfilling SLE diagnostic criteria.

**RESULTS:**

A patient presented with prolonged fever, rash, hepatomegaly, and lymphadenopathy. Investigations included imaging (ultrasound/computed tomography showing hepatic granulomas and enlarged nodes), infectious workup (negative Mantoux test, interferon-gamma release assay, cultures, fungal serology), malignancy exclusion (biopsies negative for lymphoma), and autoimmune tests (positive antinuclear antibody, anti-double-stranded DNA, low complements). Renal biopsy confirmed lupus nephritis, fulfilling SLE diagnostic criteria.

**CONCLUSION:**

SLE can manifest as hepatic granulomatosis with lymphadenopathy; rigorously exclude infections and malignancy before autoimmune workup. Prompt immunosuppression yields excellent outcomes, emphasizing clinician awareness to avoid diagnostic delays.

**KEYWORDS**: Systemic lupus erythematosus, hepatic granulomas

## COMMITTEE AWARD - PAPER

THEME: COMMUNICABLE DISEASES

**ABSTRACT ID**: COM-CD-OR-05

**Treatment Non Compliance Among Leprosy Patients Attending the Skin OPD of a TertiaryCare Teaching institute in Western Maharashtra: A Cross-Sectional Study**

Presenting Author: Dr Akshaykumar B Hawaldar
Co-authors: Dr Mukesh Suresh Bawa
Institution: PGI's Yeshwantrao chavan memorial hospital pimpri.

**BACKGROUND:**
Leprosy remains a significant public health issue in India despite the provision of free MultiDrug Therapy (MDT).Treatment noncompliance is a major factor which needs attention. This study aims to determine the level of MDT compliance among leprosy patients and identify factors associated with non-compliance.
**METHODOLOGY:**
A cross-sectional study is being conducted of patients visiting Skin OPD of tertiary care hospital during November–December 2025. currently receiving MDT for leprosy and attending follow-up are being included. Data collection involves a pre-tested, semi-structured questionnaire capturing socio-demographics, clinical details, treatment regularity, and reasons for missed doses. The study is currently ongoing, and data analysis, which will include (Chisquare test) to identify associations between socio-demographic/clinical factors and noncompliance, will be completed by the end of December 2025.
**RESULTS:**
AWAITED
**CONCLUSION:**
AWAITED

**KEYWORDS:** Leprosy, MDT, Treatment compliance.

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**ABSTRACT ID**: COM-CD-OR-06

**EPIDEMIOLOGICAL PROFILE OF ACUTE RESPIRATORY DISEASES IN UNDER FIVE ADMITTED IN PEDIATRIC WARD OF A TERTIARY CARE HOSPITAL.**

Presenting Author: Dr. Shubhalaxmi Kotnis
Co-authors: Dr. Sahiti veetla, Dr. Prerana Deokate
Institution: RCSM government medical college Kolhapur

**BACKGROUND:**
Background and Objectives: Respiratory tract infections are among the most common illnesses worldwide. While often mild in adults, they remain a major cause of morbidity and mortality among young children and the elderly. Global health agencies such as WHO and UNICEF identify Acute Respiratory Infections (ARI) as an important public
**METHODOLOGY:**
hospital-based descriptive cross-sectional study was conducted among indoor pediatric patients. The sample size was calculated using the formula $N = 3.84pq/L^2$ with p = 20%, resulting in 246 participants.
**RESULTS:**
The proportional case rate of Acute Respiratory Disease (ARD) was 18.10%. The male-to-female ratio was 1.86, and the urban-to-rural ratio was 3.91. Age distribution showed 27.64% of children were 0–1 years, 37.40% were 1–2 years, and 34.96% were 2–5 years. Most mothers were literate, and the highest socioeconomic representation was from Class V (36.59%). Complete immunization was seen in 58.54% of children. Significant risk factors included improper weaning (p = 0.014), undernutrition (64.23%; p = 0.009), use of smoke-producing fuels (63.41%), and overcrowding (66.26%). Pneumonia constituted the majority of cases (85.37%), with fewer cases of severe and very severe pneumonia.
**CONCLUSION:**
Key determinants of ARI included poor nutrition, inappropriate weaning, overcrowding, and indoor air pollution. Improving living conditions, nutrition, literacy, and health awareness can substantially reduce the burden of ARI. Covid19 pandemic didn't show any change in incidence

**KEYWORDS**: ARI, underfives.

## COMMITTEE AWARD - PAPER

THEME: COMMUNICABLE DISEASES

**ABSTRACT ID**: COM-CD-OR-07

**Severe Animal Bite Injuries Among Children Attending a Tertiary-Care Teaching Institute in Western Maharashtra: A Case Series**

Presenting Author: Dr. Amol Dhole
Co-authors: -
Institution: PCMC's, PGI, Yashwantrao Chavan Memorial Hospital,

**BACKGROUND:**
Animal bites in children are a major public-health concern in rabies-endemic regions. Category III exposures pose the highest risk due to transdermal contamination. This case series describes clinical features, management, and outcomes of paediatric Category III animal-bite injuries in Western Maharashtra and assesses adherence to NRCP 2024 and WHO guidelines.

**METHODOLOGY:**
A retrospective descriptive case series was conducted using hospital records of children aged thirteen years or younger presenting with WHO Category III animal-bite exposures between May and October 2025. Ten cases were analysed. Data included demographics, bite details, reporting time, first aid, RIG use, ARV schedule, treatment outcomes, and clinical follow-up. All children received wound washing, RIG infiltration, and appropriate intradermal ARV per NRCP 2024.

**RESULTS:**
Of the ten children included in the series, eight sustained dog bites and two had cat exposures. Ages ranged from two to thirteen years. Lower limbs were the most common site of injury (50%), followed by the face and head regions (30%). Eight children reported to the hospital within six hours of exposure. All cases were classified as WHO Category III and received complete post-exposure prophylaxis, including thorough wound washing, local RIG infiltration, and intradermal ARV as scheduled. No child developed rabies, secondary infection, adverse reaction, or neurological complication. All wounds healed appropriately without long-term sequelae.

**CONCLUSION:**
Timely reporting, proper wound care, RIG infiltration, and intradermal ARV ensured recovery. Strengthening awareness, pet vaccination, rapid referral systems, and health efforts remain essential to reduce rabies risk in children.

**KEYWORDS:** Rabies, Zoonosis, Pediatrics, Immunoglobulin, Vaccination

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**ABSTRACT ID**: COM-CD-OR-08

**Knowledge, Attitude,Practices Regarding Cervical Cancer and Human Papillomavirus Vaccination Among Women of Reproductive Age in city of Western Maharashtra**

Presenting Author: SUSHEEL D BIRADAR
Co-authors: Dr.Anurag Gupta
Institution: RCSM GMC & CPR HOSPITAL, KOLHAPUR

**BACKGROUND:**
Cervical cancer remains major public health problem in India due to inadequate awareness, low screening coverage, and poor uptake of HPV vaccination. To assess awareness of cervical cancer risk factors, symptoms, prevention, HPV infection and vaccination, and to examine associations with selected socio-demographic ( age,education)characteristics among women of reproductive age.

**METHODOLOGY:**
An observational cross-sectional study is being conducted among women of reproductive age in an urban area of western Maharashtra. Participants are selected using convenient sampling. Data are being collected using a pretested, semi-structured questionnaire assessing knowledge, attitude, and practices regarding cervical cancer and HPV vaccination. Data entry and statistical analysis are ongoing, with results awaited. Ethical approval and informed consent have been obtained.

**RESULTS:** AWAITED

**CONCLUSION:** AWAITED

**KEYWORDS:** CERVICAL CANCER, HPV, VACCINATION, AWARENESS

## COMMITTEE AWARD - PAPER

THEME: COMMUNICABLE DISEASES

**ABSTRACT ID**: COM-CD-OR-09

**Assessment of risk factors in patients with Guillain-Barré Syndrome admitted in a tertiary care hospital : A case-control study.**

Presenting Author: Dr. Hrishikesh Choudhari
Co-authors: Dr. S. D. Kotnis
Institution: RCSM GMC & CPR Hospital, Kolhapur

**BACKGROUND:**
Recently, Maharashtra has reported an outbreak of Guillain-Barré Syndrome, a potentially life-threatening neurological disorder, leading to serious mortality and morbidity. Given the geographical and environmental variations, region-specific data can provide valuable insights into local epidemiology, possible triggers and risk factors, aiding clinicians in improving patient care and better prognostic predictions.
**METHODOLOGY:**
After informed consent, cases and controls are enrolled according to inclusion and exclusion criteria. All the cases and double the number of hospital-based, age and sex matched healthy controls are selected. Baseline details of the patients like demographics, antecedent illnesses, and duration of symptoms are noted. Cases and controls will be compared for the risk factors and the strength of association will be assessed.
**RESULTS:**
AWAITED
**CONCLUSION:**
AWAITED

**KEYWORDS:** Guillain-Barré Syndrome,case-control study, risk factors

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**ABSTRACT ID**: COM-CD-OR-10

**Decadal Trends and Patterns of Leptospirosis: A Tertiary Care Hospital-Based Study**

Presenting Author: DR ALOK RAJORIA
Co-authors: DR SUJATA S POL
Institution: DEPARTMENT OF COMMUNITY MEDICINE LTMMC & GH SION

**BACKGROUND:**
Leptospirosis is an important monsoon-associated zoonotic disease and a recurring public health problem in Mumbai due to flooding, overcrowding, and poor sanitation. This study aimed to assess the socio-demographic profile, seasonal and annual trends, and decadal changes in case fatality rate among leptospirosis patients attending a tertiary care hospital.
**METHODOLOGY:**
A retrospective observational study was conducted at the Integrated Disease Surveillance Programme (IDSP) unit of LTMMC & GH, Sion, Mumbai. All suspected and IgM ELISA-confirmed leptospirosis cases reported between January 2014 and December 2023 were included. Data were obtained from IDSP line lists and hospital records and analyzed using Microsoft Excel and SPSS to evaluate demographic, temporal, seasonal, and mortality patterns.
**RESULTS:**
During the study period, 3,595 suspected leptospirosis cases were reported, of which 1,629 (45.3%) were laboratory confirmed. The maximum number of cases (544) was recorded in 2021, coinciding with excessive monsoon rainfall. Males constituted 69.2% of cases, with the highest burden observed in the 19–40-year age group. A distinct seasonal pattern was noted, with peak incidence during the monsoon months of July to September. The overall case fatality rate was 6.2%, with the highest CFR observed in 2018, followed by a declining trend in recent years.
**CONCLUSION:**
Leptospirosis continues to pose a significant monsoon-related urban health challenge, highlighting the need for strengthened surveillance, early diagnosis, improved flood preparedness, and targeted preventive interventions among vulnerable populations.

**KEYWORDS:** Leptospirosis, Epidemiology, Trends, Mumbai, Seasonality

## COMMITTEE AWARD - PAPER

THEME: COMMUNICABLE DISEASES

**ABSTRACT ID**: COM-CD-OR-11

**Prevalence of TB among the inmates of a prison in a district of eastern India**

Presenting Author: Dr Kumar Bijyendra Sourabh
Co-authors: Dr (Major) Madhukar, Dr Lovely Kumari
Institution: -

**BACKGROUND:**

The burden of communicable diseases is higher in population residing in closed setting than the general population. It is more among the prison inmates. Close contact between inmates in prison cell would aid transmission of infectious diseases rapidly within prisons. The risk of transmission of pulmonary tuberculosis disease depends on situational and environmental vulnerabilities in prison setting.

**METHODOLOGY:**

The study design was a cross-sectional study conducted in a jail of Patna district in Bihar. The inmates (both male and females) incarcerated in the jail during the survey period, with no terminal illness and willing to participate in the study were included. A participant register was used to ensure a link between the identification data (surname, forenames and date of birth) and a unique study number of each participant. The present study is a pilot study conducted for a period of one week in the prison to understand the feasibility of doing this activity in all the prisons of Bihar. The inmates were subjected to the chest x-ray by the ultra-portable hand held x-ray and the x-ray suggestive of TB or / and TB symptomatic were requested to give sputum sample for TB testing by CBNAAT. The diagnostic algorithm was followed as per the NTEP guidelines. The data was entered in MS excel and analysed using the SPSS software.

**RESULTS:**

Out of 745 inmates screened by the X-ray, 42 were found to be suggestive of TB. Sputum samples of 22 inmates could be collected and sent for CBNAAT testing. Samples of 3 inmates was found positive for MTB and no drug resistance was detected. Treatment was initiated for all 3 inmates according to the NTEP guidelines.

**CONCLUSION:**

The Active Case Finding is important in all the vulnerable population especially the jail inmates. Regular screening will help in early case detection and treatment initiation. TB Preventive Therapy can be advised to all the inmates after ruling out active TB.

**KEYWORDS:** -

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

**Socio-demographic profile and prevalence of Hypertension among Type 2 Diabetes Mellitus patients attending a Tertiary Care Centre in Central India**

**ABSTRACT ID**: COM-NCD-OR-01
Presenting Author: Dr. Shafiya Fatema, Junior Resident, Department of Community Medicine, Government Medical College, Nagpur
Co-authors: Dr. Jyotsna Deshmukh, Professor, Department of Community Medicine, GMC Nagpur. Dr. Uday Narlawar, HOD, Department of Community Medicine, GMC Nagpur.
Institution: Department of Community Medicine, Government Medical College

**BACKGROUND**:T2DM is a global health problem, particularly in India, due to urbanization and sedentary lifestyles. Hypertension is common comorbidity in T2DM, increasing the risk of cardiovascular disease, renal dysfunction, and stroke. This study aims to assess the socio- demographic profile of T2DM patients and estimate the prevalence of hypertension amongthem
**METHODOLOGY**:A cross-sectional study was conducted over eight months among 150 diagnosed Type2Diabetes Mellitus patients attending the Urban Health Training Centre of a tertiary care centre in Central India.Critically ill patients and those unwilling to provide consent were excluded.Data was collectedusing a pre-designed ,pre-tested ,semi-structured questionnaire ,through ,detailed ,history, general,and clinical examination,data entered in Microsoft Excel and analyzed using Jamovi software.
**RESULTS**:The present study was conducted among 150 diagnosed Type 2 Diabetes Mellitus patients.The mean age was 62.35 years, and majority of participants were aged 60–69 years (43.33%). Most participants were married, Hindu, from nuclear families, and belonged to middle socioeconomic status. Educational and occupational data showed that a significant portion of the population had low formal education and were either unemployed or home-makers. Female participants had a higher burden of both obesity and hypertension. Adherence to diabetes treatment was high (94.67%). Hypertension was a common comorbidity, affecting 84.67% of patients . (113 controlled and 14 uncontrolled Hypertensive patients).
**CONCLUSION**:In present study there is 84.67% prevalence of hypertension in T2DM patients, emphasizing importance of early detection and comprehensive management through regular screening, lifestyle changes, nutritional counselling and weight control.

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**Role of Sociodemographic,Clinical factors & their Association with Colon Cancer Survival- A retrospective study in Tata Memorial Hospital, Mumbai**

**ABSTRACT ID**: COM-NCD-OR-02
Presenting Author: Dr. Amey Oak
Co-authors: Ambekar T, Sivaranjini K, Cheulkar S, Chavan S, Ganesh B, Desouza A, Saklani A, Dikshit R, Chaturvedi P, Gupta S.
Institution: Centre for Cancer Epidemiology(CCE), ACTREC, Tata

**BACKGROUND**:Colon cancer is the fourth most common cancer worldwide, with 1,142,286 new cases and the fifth leading cause of cancer death, with 538,167 deaths reported in 2022 (GLOBOCAN). This retrospective study examines overall survival and the impact of sociodemographic and clinical factors on colon cancer patients.
**METHODOLOGY**:The study included colon cancer patients diagnosed and treated at TMH, Mumbai, between January to December 2017, with a 5-year follow-up to 2022. Of the 761 cases registered, 434 received treatment and were eligible for analysis. Overall survival and its variation by socio-demographics were assessed using the Kaplan-Meier method and log-rank test, Cox proportional hazard model analysed the impact of multiple factors on survival
**RESULTS**:Survival rates in this study were encouraging, with 88% of patients surviving at least one year, 77% at three years, and 71% at five years. The average patient age was 50 years. These results suggest a relatively good long-term outcome for patients, highlighting the effectiveness of current treatment and care approaches. Factors such as higher income, signet ring cell histology, advanced stage, and partial treatment were associated with poorer survival outcomes(numerical results of Cox-proportional hazard analysis are in a table).
**CONCLUSION**:The study suggests that improving socioeconomic conditions and encouraging proactive treatment-seeking behavior are key to increasing colon cancer survival.

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

**Prevalence of medication adherence among patients diagnosed with COPD:a cross - sectional study**

**ABSTRACT ID**: COM-NCD-OR-03
Presenting Author: Shantnu Dhingra
Co-authors: Jayashree Gothankar
Institution: Bharati Vidyapeeth DU Medical College Pune

**BACKGROUND**

Chronic Obstructive Pulmonary Disease (COPD) needs long-term treatment; however, non-adherence is common. Poor adherence worsens symptoms and increases morbidity. This study aimed to determine the prevalence of non-adherence to medication among patients with COPD using the Test of Adherence to Inhalers (TAI) questionnaire and to identify associated comorbidities.

**METHODOLOGY**

A cross-sectional study was conducted in the Respiratory Medicine OPD of a private medical college and in private pulmonology clinics in Pune. Participants were confirmed COPD patients using prescribed inhalers for at least one month. Adherence was measured with the 12-item TAI, with scores ≤24 (from items 1–10) indicating non-adherence. Items 11–12 evaluated inhaler technique and regimen memory. Comorbidities were also documented.

**RESULTS**

The average age of the participants was 63 ±11.4 years, and 60% were female. The study found a non-adherence rate of 63.2%. Most participants demonstrated a good understanding of their regimen (70.0%) and inhaler technique (76.3%). Common comorbidities included hypertension and diabetes mellitus.

**CONCLUSION**

Despite adequate inhaler technique, medication adherence remains low among patients with COPD. This emphasizes the need for targeted patient counselling to reinforce the importance of consistent inhaler use.

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**Assessment of Adherence to Comprehensive Diabetes Management and Self-Care Practices among Type 2 Diabetic Patients from Central Rural India.**

**ABSTRACT ID**: COM-NCD-OR-04
Presenting Author: Dr. Kimaya Parkhe
Co-authors: Dr. Abhay Mudey
Institution: Jawaharlal Nehru Medical College, Wardha

**BACKGROUND**

This study aimed to assess adherence to medication, diet, physical activity, and follow-up among Type 2 diabetic patients, identify factors influencing adherence to comprehensive diabetes management, and explore stakeholder perceptions regarding barriers to adherence, to inform strategies for strengthening diabetes care and self-management in rural populations.

**METHODOLOGY**

The study includes 350 individuals aged ≥30 years with Type 2 Diabetes Mellitus (T2DM) registered at Primary Health Centres and Subcentres in the Study area of a tertiary care teaching hospital in Maharashtra.

**RESULTS**

Analysis showed moderate adherence to medication (65%) and follow-up (70%), but poor adherence to diet (45%) and physical activity (40%). Awareness about complications and diet was limited. In-depth interviews revealed barriers such as low motivation, poor family support, financial issues, irregular drug supply, limited counselling, and misconceptions about diet and exercise. These findings emphasize the need for stronger health education, consistent follow-up, and community-based behavioural support to improve comprehensive diabetes management in rural areas.

**CONCLUSION**

Medication and follow-up adherence were satisfactory, but diet and activity adherence were poor, highlighting the need for improved awareness, counselling, and primary care support.

**KEYWORDS:** Type 2 Diabetes, Adherence, Self-Care

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

### 5gm% reduction of HbA1c in one month by following Dixit Lifestyle(R): A case report from Hyderabad

**ABSTRACT ID**: COM-NCD-OR-05
Presenting Author: Dr.Jagannath Vinayak Dixit
Co-authors: Dr.Anjali Dixit, Dr.Veda Nalawade
Institution: B J GOVERNMENT MEDICAL COLLEGE, PUNE

**BACKGROUND**
Type 2 diabetes is important public health problem in India affecting 11.5% people above the age of 20 years. Being a lifestyle disorder logically the solution should be improving lifestyle. Dixit Lifestyle(R) is shown to cause weightloss and control of blood sugar. Effect of Dixit Lifestyle was studied.
**METHODOLOGY**
A 50 years old man from Hyderabad lost 12 Kg weight in one month was diagnosed to have type 2 diabetes with HbA1c of 14.8gm%. He chose to follow Dixit Lifestyle(R) from 7th October. He took two meals a day and walked for 6 to 8km . He monitored his fasting, post-lunch and before dinner sugars for 31 days and HbA1c on 8th November.
**RESULTS**
On the first day of following Dixit Lifestyle(R) his fasting, post lunch and before dinner sugars were 347, 232 and 182 mg% respectively. Fasting sugars were 181, 135, 125 and 133; post lunch sugars were 206, 127, 163, and 219; before dinner sugars were 113, 97, 120 and 114 on days 8, 15, 22 1ne 31 respectively. His HbA1c reduced from 14.8gm% to 9.8gm% in one month. In one month he lost 4Kg weight and 1 inch from his belly. His energy level improved and he felt empowered.
**CONCLUSION**
Dixit Lifestyle(R) is very effective in diabetic with a miraculous 5gm% reduction in HbA1c in one month. Before starting medication patient should be advised Dixit Lifestyle(R) for three months.
**KEYWORDS:** Dixit Lifestyle(R), Diabetes, HbA1c

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### Cardiovascular Risk Assessment Using WHO Risk Scoring Among Tribal Populations of Raigad District, Maharashtra: A Community-Based Cross-Sectional Study

**ABSTRACT ID**: COM-NCD-OR-06
Presenting Author: Dr Nazia Khan
Co-authors: Dr Sandeep Mali , Dr Deodatt Suryawanshi
Institution: GMC ALIBAG

**BACKGROUND**
Background:With increasing urbanization and lifestyle transitions, these populations are now exhibiting rising metabolic and cardiovascular risk profiles. Objectives: To estimate the prevalence and predictors of metabolic syndrome and to stratify the 10-year CVD risk among tribal adults in Raigad district, Maharashtra, using the WHO 2023 laboratory-based cardiovascular
**METHODOLOGY**
A community-based cross-sectional study was conducted between October and December 2024 across 25 randomly selected villages in Pen Taluka, Raigad district. A total of 1,907 adults aged ≥18 years were included using multistage random sampling. Data were collected through structured interviews and anthropometric and biochemical assessments. Metabolic syndrome was defined using NCEP ATP III criteria ,CVD risk was assessed using WHO risk charts.
**RESULTS**
Metabolic syndrome was present in 23.5% of participants (24.8% males, 22.7% females). BMI (OR = 1.12, p = 0.016), systolic BP (OR = 1.04, p = 0.007), HbA1c (OR = 1.59, p = 0.013), and TG/HDL ratio (OR = 1.88, p < 0.001) emerged as independent predictors. Nearly 40% of individuals were classified in moderate-to-high 10-year CVD risk categories (≥10%).
**CONCLUSION**
This study underscores a rising cardiometabolic burden among tribal populations of Maharashtra. The integration of WHO risk-based screening and culturally tailored interventions is essential for early prevention of CVD.

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

### NON-COMMUNICABLE DISEASES MORBIDITY AND ITS DETERMINANTS AMONG TRIBAL ADULTS IN RURAL THANE: A CROSS-SECTIONAL STUDY

**ABSTRACT ID**: COM-NCD-OR-07
Presenting Author: Dr Poornima Tomar
Co-authors: -
Institution: Rajiv Gandhi Medical College & Chhatrapati Shivaji

**BACKGROUND**
Noncommunicable diseases (NCDs) have emerged as a major public health challenge among tribal adults in rural Maharashtra, adding to established burden of malnutrition and infections. This study aimed to assess the NCDs morbidity and its determinants among tribal adults in rural Thane.

**METHODOLOGY**
A community-based cross-sectional study was conducted among 144 tribal adults aged 18 years and above, residing in rural Thane. The study participants were selected by simple random sampling method and interviewed them. Structured questionnaire was used to record the sociodemographic and clinical data of the subjects. Descriptive statistics and chi-square test was applied. The statistical level of significance was fixed at $p<0.05$.

**RESULTS**
Among 144 tribal adults, 78(54.17%) were males and 66(45.83%) were females. Most participants i.e. 78(54.17%) were in the age group of 31-50 years. Total 59 (40.97%) subjects were suffering from NCDs. Among 59 subjects, 25(42.37%) were hypertensive, 16(27.12%) were diabetic, 18(30.51%) had both HT and DM, 9(15.25%) had other NCDs along with DM or HTN. 39(27.08%) subjects were consuming tobacco while 26(15.25%) were drinking alcohol. Tobacco use was significantly associated with hypertension ($p=0.03$). Majority of the subjects with NCDs were overweight, pre-obese and obese ($p=0.007$). Illiteracy among the subjects was also significantly associated with greater morbidity.

**CONCLUSION**
NCDs are prevalent among tribal adults; improving education, nutrition, tobacco control, and health awareness through community-based strategies targeting modifiable risks and proactive screening can enhance health equity and outcomes.

**KEYWORDS:** NCDs, Tribal Population, Rural Health

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### A cross-sectional study assessing risk factors associated with obesity among adult males attending NCD OPD at a tertiary care hospital

**ABSTRACT ID**: COM-NCD-OR-08
Presenting Author: Dr. Devashri Ganorkar
Co-authors: Dr. Yasmeen Kazi, Dr. Shwetangi Shinde
Institution: Lokmanya Tilak Municipal Medical College and Gener

**BACKGROUND**:Obesity is a modifiable risk factor for Non-Communicable Diseases, such as hypertension, diabetes and cardiovascular diseases among others. This study aims to find the prevalence of obesity among adult male patients attending the NCD OPD of a tertiary care hospital and to assess the associated sociodemographic and lifestyle factors.

**METHODOLOGY**:A cross-sectional study was conducted among 347 adult male patients (>18 years) attending the NCD OPD from September 2025 - December 2025. Secondary data maintained electronically was used. Obesity was classified as a Body Mass Index of ≥ 25 kg/m. Central obesity (Waist Circumference ≥ 90 cm) was also assessed. Data were analysed using descriptive statistics and chi-square tests to identify factors associated.

**RESULTS**:The prevalence of obesity among male adult patients was found to be 61.96%, while central obesity was at 76.95%. The median age was 59 years. The distribution of NCDs among male patients attending NCD OPD was as follows DM 28.24%, HTN 28.24% and DM with HTN 43.53%. On bivariate analysis, obesity was significantly associated with hypertension as the comorbidity ($p = 0.02$), daily consumption of processed food (0.01) and a physical activity duration of less than 150 minutes per week ($p – 0.01$).

**CONCLUSION**:A substantial proportion of adult male patients attending the NCD OPD were obese, highlighting the need for and targeted lifestyle counselling among this population.

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

**Knowledge, Attitude and Practice Regarding Lifestyle Modifications Among Type 2 Diabetes Mellitus Patients Attending an Urban Health Training Centre**

**ABSTRACT ID**: COM-NCD-OR-09
Presenting Author: Dr. Ashish Kishor Madake
Co-authors: nan
Institution: Government Medical College Nagpur

**BACKGROUND**

Type 2 diabetes mellitus is a growing global public health challenge, especially in developing countries. Poor glycaemic control leads to serious acute and chronic complications, largely influenced by lifestyle behaviours. This study aimed to assess the knowledge, attitude and practices regarding lifestyle modification among patients with type 2 diabetes mellitus

**METHODOLOGY**

A cross-sectional study was conducted at an UHTC in Central India between May to September 2025. A total of 230 T2DM patients were selected using convenient sampling technique. Data were collected using a structured questionnaire.

**RESULTS**

A total of 230 participants were included in the study. Of these, 211 (91.7%) demonstrated good knowledge, 117 (50.9%) exhibited a strongly positive attitude and 197 (85.7%) reported very poor practices related to lifestyle modifications.

**CONCLUSION**

Despite good knowledge and positive attitude, most patients reported poor lifestyle practices, revealing knowledge–practice gap and underscoring the need for targeted behavioural intervention and regular counselling in type 2 DM

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**Abdominal obesity among women of reproductive age (15-49 years) in India: age-specific determinants and implications for public health action**

**ABSTRACT ID**: COM-NCD-OR-10
Presenting Author: Priyanshu Sharma
Co-authors: Mamta Chauhan
Institution: Indian Institute of Health Management Research

**BACKGROUND**

Abdominal obesity is a strong predictor of cardiometabolic risk and is increasing rapidly in low- and middle-income countries. National evidence is limited due to the absence of waist circumference data. The inclusion in the National Family Health Survey-5 (NFHS-5) provides a unique opportunity to examine the measure in detail.

**METHODOLOGY**

The study utilized nationally representative NFHS-5 (2019–21) data for 724,115 women aged 15–49 years. Weighted descriptive analysis estimated the overall national prevalence. Multivariate logistic regression models examined demographic, socioeconomic, reproductive, and lifestyle determinants of abdominal obesity. The analyses were stratified by age group (15–34 and 35–49 years). Results are presented as adjusted odds ratios (AORs) with 95% confidence intervals.

**RESULTS**

In India, obesity is no longer confined to urban populations. Overall, 39.9% of women aged 15-49 years were abdominally obese, with a substantial burden observed in both urban and rural areas. The risk of abdominal obesity was higher among women with higher education, urban residence, and greater household wealth, indicating a strong socioeconomic gradient. Muslim, Christian, and Sikh women had higher odds compared with Hindu women. Among younger women, multiparity, alcohol consumption, and hormonal contraceptive use were significant determinants, while these associations attenuated among older women. Non-vegetarian diet remained a consistent risk factor across both age groups.

**CONCLUSION**:Abdominal obesity is strongly shaped by socioeconomic and lifestyle factors. Integrating waist circumference screening into reproductive and maternal health services could support early detection and prevention of cardiometabolic risk.

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

**From Lunchboxes to Waistlines: A cross-sectional study correlating UPF Consumption and Obesity in Children Aged 6–14 Years**

**ABSTRACT ID**: COM-NCD-OR-11
Presenting Author: Dr. Prerana Prakash Deokate
Co-authors: Dr. S. D. Kotnis
Institution: RCSM GMC and CPR Hospital, Kolhapur

**BACKGROUND**
Rising childhood obesity has become a major public health concern because of increase in widely available and attractive ultra-processed foods in children's diets and reduced physical activity. This study aims to assess the frequency of UPF consumption and physical activity among school-going children and its association with obesity.
**METHODOLOGY**
A cross-sectional study is conducted among aged 6–14 years. Parents completed a structured questionnaire capturing sociodemographic details, dietary habits, and frequency of UPF consumption. Height and weight of the children are measured, and BMI-for-age percentiles were classified according to IAP guidelines. Physical activity was assessed and categorized as mild, moderate, or severe. Descriptive statistics and correlation analysis are used.
**RESULTS**
AWAITED
**CONCLUSION**
AWAITED
**KEYWORDS:** ultra-processed foods,childhood obesity, physical activity

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**Determinants of Childhood Obesity Among School-Going Children in a District of Western Maharashtra: A Cross-Sectional Study**

**ABSTRACT ID**: COM-NCD-OR-12
Presenting Author: Dr.Sandeep Sunilrao Nandode
Co-authors: Dr.Sudesh V. Gandham
Institution: RCSM GMC and CPR Hospital, Kolhapur.

**BACKGROUND**
Childhood obesity is an emerging public health challenges in India due to changing lifestyles. This study aims to assess nutritional status and examine associations of lifestyle, dietary, and familial factors with BMI among school-going children in Western Maharashtra.
**METHODOLOGY**
A school-based cross-sectional study is being conducted among children aged 5-15 years. Data on socio-demographic, dietary, lifestyle, and familial factors are being collected using a semi-structured questionnaire. Height and weight are being measured, BMI is being calculated, and nutritional status is being classified using IAP 2015 BMI-for-age standards. Statistical analysis will be performed using the Chi-square test.
**RESULTS**
The study is ongoing, and results are awaited. Analysis of anthropometric measurements and data on lifestyle, dietary, and familial factors will be undertaken. Findings on nutritional status and its association with modifiable factors among school-going children will be reported after completion of statistical analysis.
**CONCLUSION**
This study is expected to highlight modifiable lifestyle and dietary factors associated with nutritional status among school-going children in the local area, supporting future targeted preventive strategies.
**KEYWORDS:** Childhood Obesity, BMI, School-Going Children

## COMMITTEE AWARD - PAPER

THEME: NON COMMUNICABLE DISEASES

**Prevalence of Hypertension, Obesity and Associated Risk Factors among Class IV Employees Working in a Rural Health Training Centre.**

**ABSTRACT ID**: COM-NCD-OR-13
Presenting Author: Dr. Oceansta da Costa
Co-authors: nan
Institution: PCMC's PGI Yashwantrao Chavan Memorial Hospital

**BACKGROUND**
Class IV employees are essential for smooth functioning of RHTC's but are often at risk of multiple chronic morbidities due to lower socioeconomic status, strenuous work hours and limited ergonomic support. This study aims to estimate the prevalence and grades of hypertension, overweight, obesity and to assess related risk factors.
**METHODOLOGY**
A cross-sectional study was conducted among 71 Class IV employees working in a RHTC in Western Maharashtra using a semi-structured proforma. Data included information on socio-demographic variables, morbidities, family history, physical activity and substance use. Clinical assessment included anthropometric measurements, random blood sugar level and blood pressure screening. Descriptive statistics were used for analysis.
**RESULTS**
The mean age of participants was approximately 41 years. Of the 71 participants, 66.2% were females. Only 26.8% had normal BMI, while 39.4% were in Obese I, 15.5% in Obese II, 9.9% overweight and 8.5% underweight categories. Hypertension was present in 28.2% of workers, with 16.9% in Grade I and 8.5% in Grade II, and a further 16.9% had high normal blood pressure; tobacco addiction was reported by 36.6% of participants. Alcohol use was also noted among a subset of participants. Irregular exercise patterns and addictions contributed to the overall morbidity profile.
**CONCLUSION**
The study highlights a low but notable prevalence of hypertension, obesity alongside a burden of modifiable lifestyle risk factors. Workplace screening, periodic health check-ups, targeted health education is needed.
**KEYWORDS:** ClassIV workers, hypertension, obesity

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**Burden of premalignant and malignant oral lesions in rural field practice area of tertiary care hospital - a cross sectional study**

**ABSTRACT ID**: COM-NCD-OR-14
Presenting Author: Dr Bonny Chandy
Co-authors: Dr Shailesh Palve
Institution: Government medical college, Chhatrapati Sambhajinagar

**BACKGROUND**
Head and neck cancers rank third in most common malignancies encountered in both genders globally. Known risk factors of oral cancer or precancer include tobacco smoking, alcohol consumption, smokeless tobacco use. The objectives of the study being to estimate the burden of oral cancerous lesions and to determine other factors related to tobacco consumption.
**METHODOLOGY**
A hospital based cross sectional study was conducted in rural health training centre, Paithan under government medical college, Chhatrapati Sambhajinagar. A pre-tested, structured oral questionnaire was applied to collect relevant data (socio-demographic details, history of habits, white light oral examination) of dental O.P.D patients.
**RESULTS**
A total of 166 individuals were included in the study. Socio-demographic details of all participants are shown in table 1. Mean age of all participants was calculated as 47.4+/-17.19 yrs. Prevalence of oral premalignant lesions was estimated to be 37.3%, and of oral squamous cell carcinoma 3%.
**CONCLUSION**:India being the second largest consumer of tobacco products in the world, the need to heighten our concern about tobacco usage being a leading cause of death and debilitating disease in our country.
**KEYWORDS:** tobacco, oral cancer, prevalence, rural.

## COMMITTEE AWARD - PAPER

THEME: HEALTH SYSTEMS

**Consumption pattern of Take Home Ration provided under the ICDS Scheme in an urban colony of DELHI**

**ABSTRACT ID**: COM-HS-OR-01
Presenting Author: Dr Kadam Aneesh Rajesh
Co-authors: Dr Khan Amir Maroof , Dr Arun Kumar Sharma , Dr Piyush Gupta
Institution: UCMS and GTB Hospital , NEW DELHI

**BACKGROUND** Aim: To find out the utilisation of supplementary nutrition for children aged 6-36 months provided under ICDS Scheme and its associated factors . Objective :To estimate the proportion of children aged 6-36 months who regularly consume Take Home Ration provided under the ICDS scheme through Anganwadi centres.

**METHODOLOGY** A community based cross sectional survey was conducted in Nand Nagri an urban resettlement colony in Shahdara district of Delhi. A Sample size of 170 Mother and Child dyads where the child is in between 6 to 36 months were surveyed. Statistical Analaysis : Descriptive statistics were computed using SPSS 20.0 software. Categorical variables such as consumption pattern of THR is presented as proportions

**RESULTS** We found that more than half (110/170, 64.7%) of the children surveyed did not consume THR in the last one month . Regular consumers were found to be 26.6% (42/158) and irregular consumers around 11.4% (19/158) amongst those who were receiving the THR . Amongst the non consumers maximum proportion of the participants (76/98, 77.6%) cited that the THR was non-palatable . Around two thirds ( 108/154, 70.1%) reported feeding the leftover THR to other members of the household.

**CONCLUSION** We conclude that the THR consumption rate was found out to be low. Further research is needed to improve the consumption of THR among children .

**KEYWORDS**: CHILDHEALTH , ICDS, TAKEHOMERATION

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**Out-of-Pocket Expenditure and Financial Burden in Adults with Type 1 Diabetes: A Cross-Sectional Study from Central India**

**ABSTRACT ID**: COM-HS-OR-02
Presenting Author: Dr. Saukhya Madan Tapre
Co-authors: Dr. Charuhas Akre, Dr. Uday Narlawar
Institution: Government Medical College Nagpur

**BACKGROUND** Adults with Type 1 diabetes face lifelong costs for insulin, monitoring, and follow-up care, leading to high out-of-pocket expenditure (OOPE), especially among lower-SES groups without insurance. The objective was to estimate annual OOPE, assess socioeconomic status, identify major cost components, and highlight inequities to guide policies for subsidised insulin

**METHODOLOGY**

A community-based cross-sectional study was conducted among adults with T1DM registered with a Diabetes Foundation in Central India. Participants were selected through simple random sampling. Data were collected at an annual diabetes camp, with telephonic interviews for absentees. A structured questionnaire captured demographics, SES, insulin use, monitoring practices, expenses, and coping mechanisms. Annual OOPE was calculated by summing all direct diabetes-related costs.

**RESULTS**

The mean duration of Type 1 Diabetes among participants was 16.96 ± 5.22 years, and 51.1% were male. Overall, 51.9% belonged to lower or lower-middle socioeconomic status. Mean annual expenditure on diabetes care was Rs. 32,500 ± 10,200 for insulin, Rs. 22,000 ± 8,000 for glucose monitoring, and Rs. 5,800 ± 2,000 for HbA1c testing. The mean cost per clinic visit was Rs. 3,200 ± 3,100. Among indirect costs, mean hospitalization expenses were Rs. 28,000 ± 29,000. The mean total family income of participants was Rs. 18,500 ± 17,800, indicating significant financial burden.

**CONCLUSION**

Adults with T1DM face substantial OOPE, especially among lower-SES groups. Findings highlight the urgent need for financial protection and subsidised or free government-provided insulin to reduce their overall economic burden.

**KEYWORDS**: T1DM, financial burden, OOPE,

## COMMITTEE AWARD - PAPER

THEME: HEALTH SYSTEMS

### EVALUATION OF BIO-MEDICAL WASTE MANAGEMENT IN A TERTIARY CARE HOSPITAL- A DESCRIPTIVE STUDY

**ABSTRACT ID**: COM-IIS-OR-03
Presenting Author: Dr. Sayyad Jahur Mazherali
Co-authors: Dr. Neelam sukhsohale
Institution: GMC Akola

**BACKGROUND** Biomedical waste poses a significant threat to healthcare personnel, patients, the community, and the environment if not managed appropriately. Effective management involves segregation, mutilation, disinfection, and proper disposal at the point of generation. Objective: To evaluate biomedical waste management practices at source of generation in a tertiary care hospital.

**METHODOLOGY**
A cross-sectional descriptive study was conducted over one year in a 500-bedded tertiary care hospital. All patient care areas, including the Emergency Department, Outpatient Departments, Wards, Intensive Care Units, and Operation Theatres, were assessed. Data were collected using a structured checklist covering waste container condition, segregation, mutilation, and disinfection practices. Statistical analysis was performed using MS excel, with results summarized as frequency and percentages.

**RESULTS**
Overall compliance with BMW management varied across patient care areas, with the highest adherence observed in wards (69.47%) and casualty (69.23%), and the lowest in outpatient departments (57.96%). Waste segregation was relatively well practiced (70.62%), while mutilation of recyclable waste (30.35%) and disinfection of plastics and sharps (0%) were poorly implemented. Most areas had proper placement and labeling of bins with correct bag usage (>87%), although blue bins were underutilized (30%). While 80% of hypodermic needles were destroyed and 92.5% disposed into puncture-proof containers, 40% were still re-capped and mutilation of plastics was inadequate.

**CONCLUSION**
The study revealed moderate compliance with biomedical waste segregation and container practices, critical gaps in mutilation and disinfection. Strengthening awareness, training, and strict enforcement of BMW management protocols are essential

**KEYWORDS**: Biomedical waste, segregation, mutilation, disinfection

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### Assessment of functioning of Health and Wellness Centres (HWCs) in Satara District by Mixed Method Approach

**ABSTRACT ID**: COM-HS-OR-04
Presenting Author: Dr. Kalpak S. Kadarkar
Co-authors: -
Institution: CSM Government Medical College & Hospital, SATARA

**BACKGROUND**
a) To assess the availability and training of human resources, availability of physical infrastructure, equipment & consumables, functional IT (information technology) equipment, essential medicines & diagnostic services, and health promotion activities as per IPHS (Indian Public Health Standards) & AB- HWC program guidelines. b) To understand the perspectives of stakeholders

**METHODOLOGY**
An observational cross-sectional descriptive health service research; Study setting: Health & Wellness Centres (HWCs) from all blocks (talukas) of Satara district; Multiphase sampling technique; Data Collection Methods: Checklist, In-depth interviews, Focus group discussion, Exit interviews, multi-indicator survey

**RESULTS**
AWAITED

**CONCLUSION**
AWAITED

**KEYWORDS**: Health service research, Ayushman Bharat

## COMMITTEE AWARD - PAPER
THEME: HEALTH SYSTEMS

**Challenges in implementation of 'Direct Benefit Transfer' scheme of Nikshay Poshan Yojana – A Qualitative study**

**ABSTRACT ID**: COM-HS-OR-05
Presenting Author: Dr. Pritish Krishna Raut
Co-authors: Dr. Sudhir Jadhav
Institution: Chhatrapati Sambhaji Maharaj Government Medical College

**BACKGROUND** 'Nikshay Poshan Yojana' was launched for nutritional support of TB patients, where they get cash assistance under Direct Benefit Transfer (DBT). But there is delay in receiving this cash benefit hampering the nutritional recovery of patients. This study was undertaken to find out the reasons for this delay.
**METHODOLOGY** A qualitative study was conducted among the stakeholders of 'Nikshay Poshan Yojana' which included beneficiaries of the scheme (TB patients), health-care provides involved in the implementation of Direct Benefit Transfer Scheme and programme officials of National TB Elimination Programme. In-depth interviews were conducted for all stakeholders using an interview guide. Data was explored using thematic analysis.
**RESULTS** There was delay of average 78 days in receiving the cash benefit. The beneficiaries reported the challenges as – lack of awareness about the scheme, non-availability of bank accounts, bank accounts are not linked with Aadhar card resulting in non-receipt of DBT. The health care providers reported software and bank related issues as the major hurdles in the implementation of the scheme. Weak interdepartmental coordination, limited engagement with private sectors and resource and capacity constraints are the main challenges faced by the Programme officials but the scheme is also useful in reducing the default rates and increased patient
**CONCLUSION** Even though the DBT coverage was very encouraging; certain challenges identified by the various stakeholders of Nikshay Poshan Yojana must be addressed to reap the benefit of the scheme.
**KEYWORDS**: Tuberculosis, Nikshay Poshan Yojana, Nutrition

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**Integrating ECD into the HBYC Programme by Enhancing ASHA Skills**

**ABSTRACT ID**: COM-HS-OR-06
Presenting Author: Dr Vaibhav Mahatme
Co-authors: Dr. Gadhari, Dr. Bagal, Dr. Shambharkar, Dr. Rathod, Dr Meher, Dr. Bawankar
Institution: Nutrition Bureau, Public Health Dept, Nagpur

**BACKGROUND**
ECD in first two years is critical for brain development. Existing HBYC training covers health, nutrition, parenting and milestones but gaps remain in safety and security. It was noted one-time HBYC training was not translated into nurturing-care messages. Therefore PHD with UNICEF integrated ECD into HBYC to strengthen ASHA skills
**METHODOLOGY**
13-chapter ILA module was developed by taking content from HBYC, IYCN, NCF and Aarambh approach. A cascade training model trained 82 Master Trainers for three days, who then trained 624 District ToTs across six districts. Between Nov 2022 and Dec 2023, ToTs conducted twelve monthly two-hour sessions for 9,410 ASHAs. Supportive supervision included 302 training observations and 226 home-visit assessments for home visit quality improvement
**RESULTS**
Home-visit SS findings indicated strengthened ASHA performance: MCP card use reached 99%, demonstration of play & communication activities reached 78%, and male family involvement reached 74%. Identification of developmental delays improved, with reported cases increasing from 252 (Apr–Sept 2022) to 511 (Apr–Sept 2023).
**CONCLUSION**
Integrating ECD into HBYC through an ILA enhanced ASHA competencies and improved the quality of home visits. Regular mentoring and supervision further supported improved performance and programme uptake
**KEYWORDS**: ECD, HBYC, MCPC, Home visit

## COMMITTEE AWARD - PAPER

THEME: HEALTH SYSTEMS

### A STUDY OF PRIMARY IMMUNIZATION COVERAGE AMONG CHILDREN OF AGE 12-23 MONTHS IN RURAL AREA.

**ABSTRACT ID**: COM-HS-OR-07
Presenting Author: Dr.Sandeep Dattatrya Mali
Co-authors: Dr. Nazia Khan
Institution: GMC, ALIBAG-RAIGAD

**BACKGROUND**

Background:- Immunization is one of the best medical success stories in human history. Children will be fully immunized against eight vaccine-preventable diseases. Objectives:- 1. To assess immunization status among the children in the age group 12-23 months. 2. To study the various sociodemographic factors and various reasons affecting immunization coverage.

**METHODOLOGY**

The present study was carried out to evaluate the immunization coverage of children in the age group of 12-23 months in the rural area of a taluka. This was a community-based cross-sectional study. The method used was the "WHO EPI 30*7 Cluster Sampling".

**RESULTS**

Out of the total 210 children studied, there were 116 (55.2%) male, and 94 (44.8%) female children. Maximum children belonged to the Hindu religion (72.9%) followed by Buddhist (19.5%), and Muslim (7.6%). Reasons for the failure of immunization are due to the covid-19 pandemic child has not brought was the most common reason for failure of immunization.

**CONCLUSION**

Overall immunization coverage was 83.81% of children were fully immunized, 15.24% were partially immunized and 0.95% were not immunized. The percentage of fully immunized male children was more.

**KEYWORDS**: Immunization, Rural Area

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### Study of Causes ,Trends and Pattern of Maternal Mortality in a District of Maharashtra : A Retrospective Cross Sectional Study

**ABSTRACT ID**: COM-HS-OR-08
Presenting Author: Dr.Anant Devidas Chandekar
Co-authors: -
Institution: Government Medical College Gondia

**BACKGROUND** Maternal mortality remains a global concern, especially in India (MMR 93). While Maharashtra (MMR 38) performs better than states like MP (175), tribal districts require focused attention. This study investigates the causes, trends, and socio-demographic factors of maternal mortality in a Maharashtra district to provide insights for targeted policy .

**METHODOLOGY** This retrospective cross-sectional study conducted in a Maharashtra district after obtaining District Authority permission. Covering April 2020 to March 2025, it employed universal sampling (N=68) to review maternal death records. Data were collected via a pre-designed socio-demographic questionnaire and analyzed using SPSS Software version 25 to describe key trends and causes of Maternal Deaths in the study District.

**RESULTS** Infections (31%), bleeding (27%), and sepsis (16%) were the primary causes of the 68 maternal deaths studied. While MMR trends are declining overall, deaths increased within the ST category. Most fatalities occurred in public health facilities (62%) and predominantly affected rural populations (91%) or those with BPL status. Primigravida women accounted for 53% of deaths, with many occurring post-LSCS (48%). Although 37% of cases experienced no delay, Type I delays were equally prevalent (37%), and increasing death trends were specifically linked to Type III (health system) delays.

**CONCLUSION** This retrospective cross-sectional study analyzed 68 Maternal deaths in a Maharashtra district (2020–2025). Results highlight that preventable deaths, primarily institutional with Type III delays, require Skills & strengthened health systems.

**KEYWORDS**: Maternal Mortality, trends ,pattern

## COMMITTEE AWARD - PAPER

THEME: HEALTH SYSTEMS

**A Cross-sectional study to assess Anthropometric Failure and its associated Factors among Under-Five Children in an Urban Slum**

**ABSTRACT ID**: COM-HS-OR-09
Presenting Author: Dr. Neha Nitin Shet
Co-authors: Dr Milind Rasal, Dr Vijaykumar Singh
Institution: GGMC and Sir JJ Group of Hospitals, Mumbai-08

**BACKGROUND**
Undernutrition remains a major public health concern among under-five children in urban slums. This study aimed to estimate the burden of undernutrition using the Composite Index of Anthropometric Failure (CIAF), identify associated factors and compare whether CIAF provides a more comprehensive study of nutritional status than the conventional indicators.

**METHODOLOGY**
A descriptive cross-sectional study was conducted among children aged 0–6 years enrolled in ICDS Anganwadi's of an urban slum in a metropolitan city. Anthropometric measurements were taken using WHO standards. Nutritional status was assessed using conventional indicators and CIAF. Data on socio-demographic factors, feeding practices, morbidity, and ICDS services were collected and analysed statistically.

**RESULTS**
CIAF identified a substantially higher burden of undernutrition compared to conventional indicators. Multiple anthropometric failures were common among children aged 13–36 months. Undernutrition was significantly associated with low birth weight, inappropriate infant and young child feeding practices, recent morbidity, and suboptimal utilisation of ICDS services. Supplementary nutrition coverage was high, but utilisation of nutrition and health education services was comparatively low.

**CONCLUSION**
CIAF provides a more comprehensive estimate of undernutrition among urban slum children and highlights the need for strengthening ICDS service quality, feeding practices, and targeted early childhood interventions.

**KEYWORDS**: Undernutrition; CIAF; Urban Slum; ICDS; Conventional indicators

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**Financial Burden and Its Determinants among Cancer Patients at a Tertiary Care Centre in India**

**ABSTRACT ID**: COM-HS-OR-10
Presenting Author: Dr. Suyash S. Diggikar
Co-authors: Dr. Arvind V. Gaikwad, Dr. Hrishikesh A. Khadilkar
Institution: Department of Preventive Oncology, Government Medical College and
Cancer Hospital (State Cancer Institute), Chhatrapati Sambhajinagar, Maharashtra, India

**BACKGROUND** Cancer care in India is associated with high out-of-pocket expenditure, often leading to catastrophic health expenditure and distress financing. This study aimed to estimate the financial burden among cancer patients and identify socio-demographic and treatment-related determinants influencing this burden.

**METHODOLOGY** Cancer care in India is associated with high out-of-pocket expenditure, often leading to catastrophic health expenditure and distress financing. This study aimed to estimate the financial burden among cancer patients and identify socio-demographic and treatment-related determinants influencing this burden.

**RESULTS** Cancer care in India is associated with high out-of-pocket expenditure, often leading to catastrophic health expenditure and distress financing. This study aimed to estimate the financial burden among cancer patients and identify socio-demographic and treatment-related determinants influencing this burden.

**CONCLUSION** A high proportion of cancer patients experience severe financial hardship. Strengthening public financing, decentralizing cancer care services, and improving financial protection mechanisms are urgently needed.

**KEYWORDS**: Cancer, Financial burden, Out-of-pocket expenditure, Catastrophic health expenditure, Distress financing

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**Perceptions and Barriers to Childhood Immunization among Mothers and Healthcare Providers in a Tertiary Care Hospital Setting**

**ABSTRACT ID**: COM-RCH-OR-01
Presenting Author: Dr. Shivani Nikam
Co-authors: Dr. Aftab Siddiqui, Dr. Vijaykumar Singh Dr. Sushmita, Dr. Astha Agrawal
Institution: Seth GSMC & KEMH, Mumbai

**BACKGROUND**: Despite being highly cost-effective public health intervention, childhood immunization continues to face challenges related to caregiver perceptions and health-system barriers. Understanding these perspectives is essential for improving service delivery. This study aimed to explore perceptions and barriers related to childhood immunization among mothers and healthcare providers in tertiary hospital.

**METHODOLOGY**: A qualitative study was conducted at the immunization outpatient department of a tertiary care hospital in a metropolitan city. In-depth interviews were carried out with mothers of fully immunized and partially immunized children until thematic saturation was achieved. Two focused group discussions were conducted with healthcare providers involved in immunization services. Purposive sampling was used, and data were analyzed using thematic analysis.

**RESULTS**: Mothers and healthcare providers identified multiple interconnected barriers influencing timely childhood immunization. Mothers demonstrated general awareness of immunization benefits but had limited understanding of vaccination schedules and contraindications. Fear of adverse events, misconceptions, minor childhood illnesses, household responsibilities, migration, forgetfulness, and family decision-making dynamics—where fathers commonly made decisions and mothers attended clinics—contributed to delays. Healthcare providers corroborated these concerns and additionally highlighted system-level barriers, including high patient load, overcrowding, infrastructural constraints, documentation burden, digital platform inefficiencies, occasional supply shortages, referral-related delays, and limited opportunities for effective caregiver counseling.

**CONCLUSION**: Delays in childhood immunization result from overlapping caregiver-related perceptions and health-system constraints. Targeted communication strategies and strengthened service delivery processes are necessary to improve timely vaccine uptake.

**KEYWORDS**: barriers, childhood immunization, mothers, perception

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**Assessing the role of nurturing care in first thousand days of life, it's impact on pregnancy outcome and motherhood: a cross sectional study in central India.**

**ABSTRACT ID**: COM-RCH-OR-02
Presenting Author: Dr Sowmya Dasari
Co-authors: -
Institution: Government medical College nagpur

**BACKGROUND**: WHO, Unicef, Maternal and child health partnership wrote the document "nurturing care for early child development :a global framework action" pregnancy a dependable journey needs utmost support and care from family members. Objective:. The first thousand days of life are crucial for child and well being of mother and child dyad. This study aims to assess the impact of social support received by pregnant women thereby its consequences on maternal outcomes.

**METHODOLOGY**: An observational study performed on 320 mothers of children who are aged above 6months to 2 years attending immunisation centre in tertiary care centre in central India from 1 st august,2025 to 1 st november,2025 using MSSS scale. Data was entered and analysed using JAMOVI software

**RESULTS**: mothers with high MSSC score i.e high social(83% ) had greater chance of exclusively breast feed their children and higher(63%) spontaneous labour and vaginal deliveries with less number of cesarean section rate whereas mothers with moderate and low social support has less chances of breast feeding rate ,spontaneous labour and vaginal deliveries.

**CONCLUSION**: Pregnancy, childbirth, and early motherhood are deeply shaped by the social environment and the level of support available to women , which in turn influences newborn health. It clearly proves that it is not her journey alone but a combined effort of the members around her for shaping a healthy life ahead.

**KEYWORDS**: Nurturing care, First thousand days of life, pregnancy outcomes,motherhood.

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**Assessment of Nutritional Gaps and Associated Factors for Protein-Energy Intake Among Pregnant and Lactating Women.**

**ABSTRACT ID**: COM-RCH-OR-03
Presenting Author: Dr. Supriya Gomase
Co-authors: Dr.Sarika Dakhode, Dr.A.K.Jawarkar
Institution: DR PDMMC

**BACKGROUND**

Adequate maternal nutrition is vital for maternal and child health, yet many Indian women fail to meet calorie and protein RDAs. Low dietary diversity and limited nutrient-rich food intake persist, especially in rural and disadvantaged groups. Despite programs like ICDS and PMMVY, coverage and impact remain inconsistent.

**METHODOLOGY**

A nine-month community-based cross-sectional study is conducted among pregnant women in their second and third trimesters and lactating women up to six months postpartum, selected through simple random sampling. With sample sizes of 139 and 159, data collection includes a structured questionnaire, 24-hour dietary recall, and anthropometric measurements. Statistical analysis will identify determinants of nutritional inadequacy and its association with THR utilization in the community.

**RESULTS**

AWAITED

**CONCLUSION**

AWAITED

**KEYWORDS**: maternal nutrition, protein-energy intake.

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**Knowledge, Attitude and Practice of antenatal care among pregnant women attending antenatal clinic in tertiary care hospital of north Maharashtra**

**ABSTRACT ID**: COM-RCH-OR-04
Presenting Author: Dr. Charulata Chenduram Pawar
Co-authors: Dr. Yogita Bavaskar, Dr. Jitendra Surwade , Dr. Chavhan Mahesh Keshavrao
Institution: Government Medical College Jalgaon

**BACKGROUND**

Antenatal care is crucial for ensuring the best health conditions for both mother and baby during pregnancy. ANC plays a vital role in reducing MMR and Infant Mortality Rate. This study aimed to assess the knowledge, attitude and practice of ANC among pregnant women attending antenatal clinic in tertiary care

**METHODOLOGY**

Cross-sectional study was conducted on 400 pregnant women from April to October 2025. Pretested structured questionnaire was used to collect data through face-to-face interviews after obtaining informed consent

**RESULTS**

- The study revealed that majority 83.76% of participants were 20-29 years, and 75.85% were from rural areas.59.6% knew the first checkup should be done within three months of gestation.64.8% women aware of ambulance services but 97.5% women don't know about Kilkari app.74.9 % knew about 2 Td injections and 46.09% understood its purpose. Additionally, 93.05% of women took IFA tablets and 79.03% were regular for ANC check-ups. Only 34.9% women answered that 4 ANC visits are required during pregnancy and 87.61% agreed on the necessity of registration for ANC. 74.6% have planned to deliver at hospital.

**CONCLUSION**

Study highlights need for IEC/BCC activities on E ANC and ambulance services through community campaigns/mass media which motivate women to utilize maternal care services, ultimately reducing MMR / IMR.

**KEYWORDS**: ANC, Attitude, Danger-signs, Knowledge, Practices

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**Assessment of knowledge, attitude, and practices regarding family planning methods among women attending the immunization OPD in Western Maharashtra**

**ABSTRACT ID**: COM-RCH-OR-05
Presenting Author: Dr. Yukta Sambhaji Giri
Co-authors: Dr. Kalpana Kale
Institution: Government Medical College Miraj

**BACKGROUND**
Family planning is essential for enhancing maternal and child health by promoting informed reproductive decisions. Despite multiple government programs and available contraceptive options, their use in India remains inadequate. This study assesses the knowledge, attitudes, and practices regarding family planning among women attending the immunization OPD in Western Maharashtra.

**METHODOLOGY**
This community-based cross-sectional study was conducted in the immunization outpatient department of a tertiary care hospital in Western Maharashtra. A total of 200 women aged 18–49 years visiting for their child's routine immunization were selected through systematic random sampling. Data were collected using a structured data collection form, and participants were interviewed to assess their knowledge, attitudes, and practices regarding family planning methods.

**RESULTS**
AWAITED

**CONCLUSION**
AWAITED

**KEYWORDS**: family planning methods, contraception

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**Adoption of Menstrual Cups and Menstrual Hygiene Practices among Women of Reproductive Age – A Community-Based Study**

**ABSTRACT ID**: COM-RCH-OR-06
Presenting Author: DR.MRUNALI RAUT
Co-authors: DR. SONALI PATIL, DR. UDAY NARLAWAR
Institution: GMC NAGPUR

**BACKGROUND**
Menstrual hygiene practices and factors influencing menstrual cup adoption is essential for designing effective community-based health education interventions. To assess the adoption of menstrual cups, menstrual hygiene practices, and factors influencing the use of menstrual cups among women of reproductive age.

**METHODOLOGY**
A community-based cross-sectional study is being conducted among women aged 15–49 years in the field practice area of a tertiary care institution. A sample size of 250 participants is planned, selected using simple random sampling. Data are being collected using a pre-tested semi-structured questionnaire covering socio-demographic characteristics, knowledge regarding menstrual cups, adoption status, menstrual hygiene practices, and perceived barriers to use.

**RESULTS**
AWAITED

**CONCLUSION**
AWAITED

**KEYWORDS**: menstrual hygiene, menstrual cup

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**DESCRIPTIVE CROSS SECTIONAL STUDY TO ASSESS NUTRITION AND HYGIENE PRACTICES AMONG ADOLESCENT INHABITANTS OF AN OBSERVATION HOME IN DONGRI, MUMBAI**

**ABSTRACT ID**: COM-RCH-OR-07
Presenting Author: Dr Mohini Mhaske
Institution: MGM,Medical college and Hospital,Kamothe,Navi Mumbai

**BACKGROUND**: Adolescents residing in observation homes constitute a vulnerable population exposed to adverse socio-economic conditions, suboptimal hygiene practices, and nutritional challenges. Nutrition and hygiene practices are important indicators of adolescent health and morbidity. Objectives:1.To assess the nutritional status of adolescent inhabitants of the Observation Home in Dongri, Mumbai.
**METHODOLOGY**: Descriptive cross-sectional study was conducted among adolescent inhabitants of an Observation Home, Dongri, Mumbai. Universal sampling was employed and all 300 adolescents were included. Data were collected over a one-year period using hygiene assessment checklist, clinical examination, anthropometric measurements and Socio-economic status. Data were analyzed using Pearson's correlation and Chi-square tests, with $p < 0.05$ considered statistically significant.
**RESULTS**: The mean BMI of the study population was 20.07. No significant association was observed between BMI and educational status or socio-economic status ($p > 0.05$). Awareness of nutritional facilities showed a significant positive correlation with BMI ($p < 0.05$). Poor hygiene practices demonstrated a significant negative correlation with morbidity ($r = -0.402$, $p < 0.01$). Gender-based differences in hygiene practices, particularly menstrual hygiene, were statistically significant ($p < 0.001$). Religion showed a weak but significant association with hygiene practices ($p < 0.05$).
**CONCLUSION**: Improved institutional nutrition appeared to positively affect nutritional status. Poor hygiene practices were strongly associated with higher morbidity, indicating need for health education on hygiene practices in observation homes.

**KEYWORDS**: Adolescents, Observation Home.

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**Demographic determinants of maternal anaemia amongst postpartum females at a tertiary care setup: A retrospective observational study**

**ABSTRACT ID**: COM-RCH-OR-08
Presenting Author: Dr. Akshita Sharma
Co-authors: Dr. Rahul R. Surve
Institution: MGM Medical College and Hospital.

**BACKGROUND**: Pregnant women's health-seeking behavior,dietary habits and susceptibility to anaemia are all significantly interlinked and are influenced by their demographics.Planning maternal health interventions more effectively is made possible by understanding them.The study aimed to characterize the demographics of anaemic women who had just given birth(till 7 days)at a tertiary care set-up.
**METHODOLOGY**: A retrospective observational study was conducted among 270 anaemic postpartum women in the Obstetrics & Gynaecology ward of a tertiary care set-up in Chhatrapati Sambhajinagar. Sociodemographic variables such as age,residence,religion,type of family,education, etc. that influence health-seeking behaviours and further utilization of available health services were dotted. These were extracted using a validated pre-tested questionnaire. Descriptive statistics was used to summarize the demographic characteristics.
**RESULTS**: The average age of the participants was 28.43±4.50 years, and 37.8% of the women were in the 26–30 age range. The vast majority were Hindu (81.9%) and lived in urban areas (82.9%). According to the education levels, 30.8% of people were graduates, and 39.6% had finished high school. While the spouses of 41.5% worked in private sector, nearly half (45.9%) were stay-at-home mothers. According to socioeconomic classification, 39.3% of participants were in the lower middle class. The most prevalent types of families were nuclear (47%) and three-generation (37%).
**CONCLUSION**: The demographic profile indicates that anaemia in pregnancy predominantly affects urban,moderately educated,lower-middle-income multiparous women. These findings underline the need for strengthened antenatal counseling, targeted nutrition education, and family–based interventions.

**KEYWORDS**: MCH Care,Demographic profile,Anaemia,Socioeconomic status,Obstetric s

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**Prevalence of malnutrition by assessing the anthropometric status of children under 5 years of age residing in an urban slum**

**ABSTRACT ID**: COM-RCH-OR-09
Presenting Author: Dr Pankaj Chandrabhan Nathe
Co-authors: Dr Richa Kapoor
Institution: Vardhman Mahavir Medical College and Safdarjung Hospital

**BACKGROUND**
This study assessed the nutritional status of under-five children residing in an urban slum of South Delhi, and explore the knowledge and practices of their caregivers. By integrating standardized anthropometry and caregiver knowledge and practices, aiming to pinpoint local drivers and inform targeted interventions in this underserved setting.

**METHODOLOGY**
This cross sectional study was conducted in the field practice area of department of community medicine, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi. Considering the prevalence of anthropometric failure found in the study conducted in urban slums of South Delhi, the sample size was determined as 105. Additional sample of 105 caregivers for evaluation of knowledge and practices of infant and young child

**RESULTS**
In the current study, the prevalence of underweight, stunting, and wasting was 22.8%, 39.4%, and 12.2%,respectively. Among those underweight, 16.6% of children underweight (WFA z < -3SD). Were severely children have. Among those present with stunting , 17.5% of severe stunting (HFA z < -3SD). Among those present with wasting, 7% of children have severe wasting (WFH z < -3SD). Only 49.3% of caregivers had sufficient knowledge about proper feeding.

**CONCLUSION**
Urban slums have higher malnutrition rates due to poor sanitation and healthcare access. Strengthen community-based nutrition programs and increase health awareness.

**KEYWORDS**: Undernutrition, Malnutrition, Under5, Wasting, Underweight

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**Preconception care knowledge, service uptake among pregnant women attending urban health Center of Central India : A cross sectional study**

**ABSTRACT ID**: COM-RCH-OR-10
Presenting Author: Dr. Janki Manoj Bajaj
Co-authors: Dr. Ujwala Ukey , Dr. Uday Narlawar
Institution: Government medical college Nagpur.

**BACKGROUND**
Preconception care is a set of interventions that aim to identify and modify biomedical, behavioral and social risks to women's health and pregnancy outcomes.. However less awareness and practice due to lack of education, limited healthcare access, and sociocultural factors. Objective: To assess PCC service uptake and knowledge

**METHODOLOGY**
A hospital-based cross-sectional study conducted among 200 pregnant women, determined by self-reported reliable first day of last menstrual period attending UHTC of Central India. Study participants were selected using convenience sampling technique. Data collected through semi-structured interview based questionnaire . Sociodemographic details, reproductive and medical characteristics taken. The study period was from August to December 2025.

**RESULTS**
This study revealed that 12% study participants had utilized preconception care services. More than half of study participants had adequate knowledge on preconception care .Highest number of respondents were Hindu 80%. 60% participants used Family planning method before current pregnancy.

**CONCLUSION**
This study uptake is low. Lack of awareness for accessing preconception visit before conception and unavailability of preconception practice at health care level are factors for under-utilization of PCC.

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**Association of exclusive breastfeeding with infection control among children aged 9–16 months: a community-based cross-sectional study.**

**ABSTRACT ID**: COM-RCH-OR-11
Presenting Author: Dr Vishal Pawar
Co-authors: Dr Sameer Golawar, Dr Uday Narlawar
Institution: Government Medical College, Nagpur

**BACKGROUND**

Infectious diseases are a major cause of morbidity among under-five children in India. Exclusive breastfeeding for the first six months offers immunological protection, with benefits extending beyond infancy. This study assessed the association between exclusive breastfeeding and infectious morbidity in children aged 9–16 months in an urban field practice area

**METHODOLOGY**

We conducted a community-based cross-sectional study among children aged 9–16 months attending the urban field practice area of a tertiary health care centre in Central India. Mothers/caregivers were interviewed using a pre-tested questionnaire on infant feeding practices and recent infectious episodes. Data were analysed using JAMOVI software, and associations were assessed with statistical significance set at $p \leq 0.05$.

**RESULTS**: Among the 175 children, 97 (55.4%) were exclusively breastfed for the first six months, and 134 (76.6%) received colostrum. Overall, 82 children (46.9%) experienced at least one infectious episode in the past three months. Of these, 79 (45.1%) had diarrhoea, 7 (4.0%) had dysentery, 19 (10.9%) had associated vomiting, 28 (16.0%) had acute respiratory infections, and 22 (12.6%) had fever. Statistical analysis showed a significant protective association between exclusive breastfeeding and colostrum feeding and reduced infectious morbidity ($p \leq 0.05$).

**CONCLUSION**

Exclusive breastfeeding and colostrum feeding significantly reduced infectious morbidity in children aged 9–16 months. Promoting these practices may help lower childhood infection burden.

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**Awareness, Attitude & Practice Regarding Kangaroo Mother Care (KMC) Among Mothers of Infants in tertiary care hospital**

**ABSTRACT ID**: COM-RCH-OR-12
Presenting Author: Dr Sheeza Javed Shaikh
Co-authors: Dr Kajal Srivastava , Dr Hetal Rathod
Institution: Dr Dy patil medical college an hospital , pune-411

**BACKGROUND**

Infants are vulnerable to hypothermia, infections, feeding problems, and mortality.(KMC) is a cost-effective intervention that improves survival, breastfeeding, and mother–infant bonding.1.To assess the level of awareness/knowledge about KMC among mother infants2.To assess the attitude and of mothers toward KMC.3.To identify barriers and facilitators influencing KMC practice

**METHODOLOGY**

A hospital-based cross-sectional descriptive study was conducted among mothers of preterm infants (<37 weeks gestation) admitted to the neonatal unit/SNCU/postnatal ward of a tertiary care hospital. Using consecutive sampling, 95 eligible and consenting mothers were enrolled. Data were collected using a pre-tested, structured questionnaire assessing awareness, attitude, and practice related to KMC, along with perceived barriers and facilitators.

**RESULTS**

Among the study participants, 87.5% of mothers had heard about Kangaroo Mother Care. Nurses were the main source of information for 85.7% of the mothers.. A positive attitude toward KMC was observed in 66.7% of mothers. With regard to practice, 75% of the mothers initiated KMC during hospital stay, and all mothers practiced breastfeeding while providing KMC

**CONCLUSION**

The study provides valuable insights into maternal awareness, attitude, and practice regarding KMC. Identification of gaps between knowledge, attitude, and actual practice can help guide focused counselling, family.

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**Awareness of spouse about maternal and child health services in tertiary care hospital:Cross-sectional study**

**ABSTRACT ID**: COM-RCH-OR-13
Presenting Author: Dr.Vidya Pawar
Co-authors: Dr. Maya Kshirsagar
Institution: MIMER Medical College, Talegaon Dabhade

**BACKGROUND**: WHO has recommended males to be actively involved for improved MCH outcomes. In India, male participation in MCH care remains low as reported in the NFHS. Objectives: 1.To assess the awareness of spouse about MCH care services. 2.To identify the association between socio-demographic characteristics and MCH awareness.

**METHODOLOGY**: A Cross-sectional study was conducted in tertiary care hospital in Western Maharashtra to observe awareness of spouse regarding MCH services. Total 100 participants were enrolled in the study who were spouse of postnatal females and parents of children less than one year. The data collection tool was predesigned, pretested questionnaire

**RESULTS**: In present study, 26% participants were aware of ANC visits, 55% were aware of danger signs during pregnancy/post partum and among these 22% and 26% were aware of pain in abdomen and per vaginal bleeding respectively. Significant association was found between education and knowledge about danger signs during pregnancy. 76% and 83% participants were aware of Exclusive breastfeeding and Complimentary feeding. Awareness about exclusive breast feeding was significantly more among the educated participants. It was observed that only 36% were aware of government health schemes related to MCH whereas 6% availed these schemes.

**CONCLUSION**: The awareness about Maternal care was found low in the spouses, health education activities among spouses need to be carried out to improve maternal and child health outcomes.

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**Knowledge, Attitudes, and Practices on Contraceptive Methods Among Antenatal Women Attending a Rural Health Training Centre in Central India**

**ABSTRACT ID**: COM-RCH-OR-14
Presenting Author: Dr. Anjali Korewad
Co-authors: Dr. Sushama Thakre, Dr. Uday Narlawar
Institution: Government medical college Nagpur.

**BACKGROUND**; Contraceptive use ensures birth spacing and reduces maternal morbidity and mortality. However, awareness and utilization remain low in rural areas . This study was undertaken to assess the knowledge, attitudes, and practices on contraceptive methods and to identify barriers among antenatal women attending a rural health training center

**METHODOLOGY** ; A descriptive study was conducted among 100 antenatal women attending the outpatient department of a Rural Health Training Centre from September to November 2025. Data was collected using a pre-tested semi-structured questionnaire covering socio-demographic details, contraceptive awareness, attitudes, and prior usage. Responses were entered in Microsoft Excel and analyzed using descriptive statistics, presented as frequencies and percentages.

**RESULTS**: Among 100 antenatal women, 78% were aware of at least one contraceptive, mainly informed by healthcare providers (69%) and ASHA workers (20%). Only 44% had ever used contraception before the current pregnancy. The most common methods were oral pills (23%), condoms (20%), and IUDs (12%), while traditional methods were reported by 10%. Awareness of emergency contraception and injectables was low (8%). Major barriers included fear of side effects (35%), partner opposition (25%), and inadequate knowledge (22%). Although 68% believed birth spacing improves maternal and child health, only half expressed intent to adopt contraception postpartum.

**CONCLUSION**; Contraceptive awareness among antenatal women was satisfactory, but method utilization remained low. Strengthening antenatal counseling, improving accessibility, and involving health workers can enhance contraceptive acceptance,

## COMMITTEE AWARD - PAPER

THEME: REPRODUCTIVE & CHILD HEALTH

**ABSTRACT ID**: COM-RCH-OR-15

**Knowledge and Attitude Regarding National Health Programs Among Women in Rural and Urban Field Practice Areas: An Analytical Cross-Sectional Study**

PRESENTING AUTHOR: Dr Faizal Zamir Khan
AUTHORS: Dr Saibal Adhya
INSTITUTE/ORGANISATION: Bharati vidyapeeth medical college , Pune , Maharashtra

**BACKGROUND**

Women's awareness of public health programmes influences health-seeking behaviour and service utilisation. Despite nationwide implementation of NP-NCD and RMNCAH+N, knowledge gaps persist, especially among rural and socio-economically disadvantaged women. This study assesses knowledge and attitudes regarding national health programs among women in rural and urban field practice areas

**METHODOLOGY**

An analytical cross-sectional study was conducted among 257 women aged 18–64 years from rural and urban field practice areas using consecutive purposive sampling during household visits. Data were collected through a pretested, interviewer-administered questionnaire assessing knowledge and attitudes toward NP-NCD and RMNCH+N, along with sociodemographic details using the Modified Kuppuswamy Scale (2025). Data were analysed using SPSS v29 with descriptive statistics and chi-square tests.

**RESULTS**

Among the 260 women studied, 61.2% were aged >40 years. Overall, the majority demonstrated moderate to good knowledge of national health programs. Approximately two-thirds showed moderate to good knowledge of NP-NCD, whereas knowledge of RMNCH+A was higher, with nearly three-fourths having good to excellent awareness, particularly regarding institutional delivery, immunization, family planning, and JSY/JSSK schemes. More than 70% of women reported a positive attitude toward both programs. Urban residence (OR≈2.0), higher education (OR≈3.0), and higher socio-economic status (OR≈2.5) were significantly associated with better knowledge and attitudes ($p<0.05$).

**CONCLUSION**

The study highlights gaps in women's awareness of national health programs, with better knowledge among urban, educated and higher socio-economic groups, emphasizing the need for targeted, equitable health education strategies.

**KEYWORDS**: NP-NCD RMNCH+N NHP

## COMMITTEE AWARD - PAPER
THEME: MENTAL HEALTH

**Smartphone use and sleep quality: insights from a cross-sectional study among medical students**

**ABSTRACT ID**: COM-MH-OR-01
Presenting Author: DR. ABDUL KAREEM.V
Co-authors: DR. NIWRUTTI JIWANE
Institution: KMSK GOVERNMENT MEDICAL COLLEGE CHANDRAPUR, MAHARASHTRA

**BACKGROUND**: Smartphone use is essential for medical students, but excessive use can cause addiction and disturb sleep quality, affecting overall well-being. This study assesses smartphone addiction levels and sleep quality among medical students and determines the association between excessive smartphone use and poor sleep outcomes.
**METHODOLOGY**: A cross-sectional study was conducted among MBBS students (first to final year) at Government Medical College, Chandrapur, Maharashtra, from March to September 2025. A total of 331 consenting students participated. Data were collected using a self-administered questionnaire. Smartphone addiction was assessed using the Smartphone Addiction Scale–Short Version (SAS-SV) and sleep quality using the Pittsburgh Sleep Quality Index (PSQI). Data were analyzed using Epi Info.
**RESULTS**: Among 331 participants, 54.3% were aged 21–23 years, 53.7% were males, and 68.5% resided in hostels. Based on SAS-SV, 50.4% were addicted to smartphones, while 63.4% had poor sleep quality. Smartphone addiction was significantly associated with poor sleep quality (62.0%) and with smartphone use exceeding 5 hours per day (77.2%). Students using smartphones for more than 5 hours daily had 2.7 times higher odds of addiction. Using phones within 5 minutes of waking also showed a significant association with poor sleep.
**CONCLUSION**: High prevalence of smartphone addiction and poor sleep quality was observed. Excessive smartphone use, especially beyond 5 hours daily, significantly impacted sleep. Awareness programs promoting balanced smartphone use are recommended.
**KEYWORDS**: Smartphone-addiction, Sleep-quality, Medical-students, Cross-sectional study

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**Impact of Screen Time on Sleep Quality and Mental Health Among Undergraduate Medical Students: A Cross-Sectional Study**

**ABSTRACT ID**: COM-MH-OR-03
Presenting Author: DR GIRISH SOPAN UGALE
Co-authors: DR.DILIP DHEKALE
Institution: DR.ULHAS PATIL MEDICAL COLLAGE AND HOSPITAL

**BACKGROUND**: The extensive use of digital devices among medical students has raised concerns regarding its impact on sleep quality and mental health. Prolonged screen exposure, especially near bedtime, is known to disrupt sleep patterns and may negatively affect cognitive function and academic performance. This study aimed to assess the association between
**METHODOLOGY**: A cross-sectional study was conducted in June 2025 among third-year undergraduate medical students of Dr. Ulhas Patil Medical College, Jalgaon. A convenient sample size of 260 students was included. Data were collected using a pre-tested, semi-structured questionnaire administered through Google Forms. The questionnaire assessed the type and duration of electronic device usage, purpose of screen time, sleep duration and quality, bedtime screen use, daytime sleepiness,
**RESULTS**: The most common participant age was 21 years, with 52.6% being male. Most students studied for 3–4 hours daily. Smartphones were the most commonly used devices (67%), followed by laptops. Nearly half of the students (49.2%) reported a daily screen time of 4–6 hours, mainly for entertainment and social media, while 19.2% used screens for academic purposes. Screen use within one hour before bedtime was reported by 32.2% of students. Half slept for 6–7 hours per night, and only 16.3% slept for more than 7 hours. Screen use affected sleep quality in many students, and 42.2% experienced daytime sleepiness. Only
**CONCLUSION**: Screen time is increasing among medical students and is associated with reduced sleep quality. Awareness regarding healthy screen habits and sleep hygiene is essential to promote overall well-being.
**KEYWORDS**: Screen time, sleep quality,mental health

## COMMITTEE AWARD - PAPER

THEME: MENTAL HEALTH

**PREVALENCE OF DEPRESSION, ANXIETY, STRESS AMONG ADOLESCENTS IN AN OBSERVATION HOME IN A METROPOLITAN CITY OF MAHARASHTRA: A CROSS-SECTIONAL STUDY**

**ABSTRACT ID**: COM-MH-OR-04
Presenting Author: DR. AISHWARYA BALAKRISHNAN
Co-authors: DR.SIVA PRASAD, DR. DHIRENDRA KUMAR, DR. PALLAVI UPLAP
Institution: Grant Government Medical College & Sir JJ group of Hospitals

**BACKGROUND**: Adolescence is a vulnerable period for mental health, with those in Observation Homes facing added risks due to separation, legal processes, and restrictive environments. This study aims to assess prevalence of depression, anxiety, and stress among adolescents (10–19 years) in an Observation Home in Maharashtra and examine associated socio-demographic factors.

**METHODOLOGY**: With prior permission from concerned authorities, a cross-sectional study was conducted among 62 adolescents who were eligible in a randomly selected Observation Home. After obtaining assent, data were collected using a structured socio-demographic questionnaire and the validated Depression Anxiety Stress Scale-21 (DASS-21). Descriptive statistics was used to determine prevalence rates and statistical analysis was performed using Jamovi v 2.7.6 software.

**RESULTS**: Among 62 adolescents, 33 (53.2%) had depression, including 14 (22.6%) with moderate levels; 27 (43.5%) had anxiety, with 10 (16.1%) extremely severe; and 29 (46.8%) experienced stress, with 11 (17.7%) moderate to severe. No significant association was found between depression, anxiety , stress, and parental status. Depression (63%) and anxiety (53.2%) were higher among those staying less than 30 days. There was no significant association found between history of drug abuse and depression or anxiety, while 78.6% with drug abuse history reported no stress.

**CONCLUSION**: Adolescents in Observation Home experience a significant burden of mental health problems. Furthermore, more research is needed to develop and strengthen systematic mental health care frameworks for this vulnerable population.

**KEYWORDS**: Depression, Anxiety, Stress,Adolescents, Observation Home

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**Mental Health Literacy and Help-Seeking Behaviour among Urban Adults in Central India: A Cross-Sectional Study**

**ABSTRACT ID**: COM-MH-OR-05
Presenting Author: DR. SHUBHAM NARESH LACHWANI
Co-authors: DR. SARITA WADHVA
Institution: GMCH Nagpur

**BACKGROUND** Mental health disorders contribute substantially to the disease burden, yet help-seeking remains low in India. Limited mental health literacy (MHL) is a key barrier to timely care. This study examined MHL levels and their association with help-seeking behaviour among urban adults in Central India.

**METHODOLOGY** A community-based cross-sectional study was conducted among 237 adults aged 18–60 years selected through multistage random sampling. Data were collected using a pre-tested, semi-structured questionnaire comprising the Mental Health Literacy Scale (MHLS) and a General Help-Seeking Questionnaire. Socio-demographic characteristics, previous exposure to mental health issues, and perceived stigma were also recorded. Data were analysed using descriptive and inferential statistics, including chi-square and logistic regression tests.

**RESULTS** Among the 237 participants, 76% demonstrated average to poor MHL, while only 14% correctly identified common mental disorders such as depression and anxiety. Awareness of available mental health services was reported by 64%, but just 30% expressed willingness to seek formal help. Stigma (71%) and preference for informal support systems (55%) were major barriers. Participants with higher MHL scores had nearly threefold higher odds (AOR = 2.9; 95% CI: 1.6–5.3; $p<0.01$) of intending to seek professional help compared to those with low MHL.

**CONCLUSION** Low mental health literacy and limited help-seeking were identified. Community-based education and stigma-reduction efforts are needed to improve recognition of mental illness and encourage timely professional care.

**KEYWORDS**: Mental health literacy; Help-seeking behaviour

## COMMITTEE AWARD - PAPER

THEME: MENTAL HEALTH

**Impact of short-term Behaviour Change Communication interventions on patterns of digital behaviour among B-school students and influence on health status**

**ABSTRACT ID**: COM-MH-OR-06
Presenting Author: Dr. Aasawari Nalgundwar
Co-authors: Dr. Sumedha Joshi, Dr. Deepa Velankar
Institution: Prin. L.N.Welingkar College of Management Development

**BACKGROUND** Extended digital presence of B-School students may lead to problems in physical and mental health. It is a challenge to limit the usage of digital tools. This study explored the impact of Behaviour Change Communication interventions in creating awareness and modifying behaviours to alter health outcomes.
**METHODOLOGY** This intervention study of six months duration included mental health exercises with physical health activities. The intervention comprised of initial awareness session wherein the students were taught a combination of Jacobson's progressive muscle relaxation technique, breathing exercises and simple physical exercises, which they had to practise daily for 20 minutes. Videos were circulated along with weekly reminder sessions and two-monthly follow up sessions.
**RESULTS** The analysis incorporated data from 126 B-school students. Young's Internet Addiction Test and DASS-21 scale were used in the online self reported questionnaire to quantify outcomes. Correlation analysis revealed that there was a significant medium positive relationship between Internet Addiction and DASS-21 scores at pre-intervention as well as post-intervention phases. It was observed that after intervention there was a significant fall in number of students with severe to extremely severe Depression. However, there was an insignificant reduction in number of students for other outcomes such as anxiety and depression.
**CONCLUSION** Awareness sessions and voluntary participation for home-based exercises among students may not create sufficient impact. Incorporating interventions in structured format within B-school curriculum is necessary to change behaviour and practices.

**KEYWORDS**: Mental Health, B-school, Digital behaviour

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**Awareness and Correlates of Pictorial Health Warnings on Tobacco Products Among OPD Patients in a Tertiary Health Care Centre .**

**ABSTRACT ID**: COM-MH-OR-07
Presenting Author: Dr.Vinod Ramnath Shinde
Co-authors: Dr. Prashant Dahire , Dr. Sharon H. Murmoo.
Institution: SWAMI RAMANAND TEERTH RURAL GOVT.MEDICAL COLLEGE

**BACKGROUND**
1) To Study Awareness about Pictorial Health Warning on Tobacco Products Among outpatients. 2) To Determine the Socio-Demographic and Behavioral Risk Factors associated with awareness of Pictorial Health Warning.
**METHODOLOGY**
This is a Hospital based Cross Sectional descriptive study will be conducted from September 2025 to December 2026 among 422 adult OPD patients (18–65 years) using or exposed to tobacco products from Medicine, Surgery, ENT, Ophthalmology, Psychiatry, and Respiratory Departments of a tertiary Health care centre. Data will be collected using a Pretested Questionnaire and analyzed for Awareness and Correlates of Pictorial Health Warning
.
**RESULTS**
AWAITED
**CONCLUSION**
AWAITED

**KEYWORDS**: Tobacco Consumption, Awareness, Cessation, Correlates.

## COMMITTEE AWARD - PAPER

THEME: MENTAL HEALTH

**The pattern of screen based media usage and its impact among school going children:a cross -sectional study**

**ABSTRACT ID**: COM-MH-OR-08
Presenting Author: Dr. Syeda Arshiya Tabassum Syed Irfan Ali Quadri
Co-authors: Dr. Gautam B. Sawase
Institution: Government Medical College Chhatrapati sambhajinagar

**BACKGROUND**
Screen based media use becomes an integral part of childrens daily lives.Exessive exposure is growing public health concern due to its potential impact on health, behaviour and academic performance. Objectives:1)To assess the pattern of SBM usage in school going childrens.2) To determine its impact on health, behaviour and academic performance.
**METHODOLOGY**
A school based cross-sectional study was conducted among 246 childrens.A pretested semi structured questionnaire was used for data collection.Data regarding health, behaviour and academic performance were collected.This data was entered in MS Excel and analysed with help of SPSS version 26.
**RESULTS**
AWAITED
**CONCLUSION**
AWAITED

**KEYWORDS**: SBM, children, screen time, impact

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**Masculinity in Transition: Identity Formation and Behavioural Patterns Among Delhi NCR Male Students**

**ABSTRACT ID**: COM-MH-OR-10
Presenting Author: Dr Ajinkya Nimbalkar
Co-authors: Maj (Dr) Abhinav Kumar Singh; Surgeon Lieutenant Commander (Dr) Abhilasha Kumari; Brigadier (Dr) Kunal Chatterjee; Colonel (Dr) Harpreet Singh ; Colonel (Dr) Sanjeev Kumar Mishra
Institution: Armed Forces Medical College (AFMC), Pune

**BACKGROUND** Adolescent masculinity attitudes significantly influence psychological development and mental health outcomes. This study assessed perceptions regarding masculine norms among senior secondary male students in Delhi NCR to inform targeted interventions promoting healthy masculine identity formation while respecting cultural values.
**METHODOLOGY** A cross-sectional survey was conducted among 328 male students from grades 11-12 across Delhi NCR schools during June-August 2025. A culturally adapted questionnaire assessed perceptions about role models, emotional expression patterns, help-seeking behaviours, peer relationships, and social pressures related to masculine identity. Data were analyzed using appropriate statistical methods.
**RESULTS** Participants (mean age 16.4 years) demonstrated complex perceptions about masculinity. Family members were predominant role models (65.2%). Most valued qualities included respect for others (70.7%) and helping others (47.6%). Traditional attitudes persisted: high discomfort with public crying (95.7%), belief that men don't back down from fights (70.1%), and preference for solving problems alone (62.8%).
However, progressive attitudes emerged: rejection of help-seeking as weakness (80.5%) and alpha dominance behaviours (75.0%). Most students (40.9%) kept feelings to themselves, with only 9.8% expressing emotions easily.
**CONCLUSION** Students exhibit selective adoption of masculine norms, retaining prosocial values while rejecting harmful dominance. Educational interventions strengthening emotional literacy are needed while building on positive masculine values.

**KEYWORDS**: adolescent masculinity, emotional expression, help-seeking behaviour, gender roles, mental health

## COMMITTEE AWARD - PAPER

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-01

**KAP about Biomedical Wastes in Nursing Students :A Cross Sectional Study**

Presenting Author: Dr. Syed Mina Khanam
Co-authors: Dr.Nilesh Bendale, Dr. Dilip Dhekale, Dr.Vishal Auchare
Institution: DR.ULHAS PATIL MEDICAL COLLEGE AND HOSPITAL,JALGAON

**BACKGROUND**

BACKGROUND - Biomedical waste means any waste that is generated during the diagnosis, treatment, or immunization of human beings or animals or in research activities pertaining to the production or testing of biologicals. Biomedical waste generated in our nation is immense and contains infectious materials.

**METHODOLOGY**

This study was done in Godavari Nursing College, Jalgaon, Maharashtra. The Google form was distributed to 100 B.Sc. Nursing students, selected by Convenience Sampling Method. A cross-sectional study was done regarding the knowledge, attitude and practices of students towards biomedical waste management.

**RESULTS**

The knowledge and Attitude of the Study Population was satisfactory about Biomedical Waste Management but Practices were seen to be Poor.

**CONCLUSION**

Repeated training and sensitization workshops should be organized for increasing knowledge and attitude of the health care workers and repeated monitoring is required to improve practice.

**KEYWORDS**: Biomedical waste, Nursing Students, KAP.

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**ABSTRACT ID**: COM-MISC-OR-02

**Knowledge, Attitude and Practices regarding Biomedical Waste Management among ANMs and staff Nurses in PHCs of Tribal block .**

Presenting Author: Dr Bharat Masal
Institution: Seth G S Medical College and KEM Hospital Mumbai

**BACKGROUND**

Nurses and (ANMs) play a pivotal role in the generation, segregation, and disposal of BMW, particularly at the primary health care level. OBJECTIVES: To assess the knowledge, attitude, and practices (KAP) regarding biomedical waste management among ANMs and staff nurses working in Primary Health Centres (PHCs) of Shahapur block,

**METHODOLOGY**

A cross-sectional study was conducted In Sept 2025 among 72 nursing personnel (56 ANMs and 16 staff nurses) working in 9 PHCs of Shahapur block. Data were collected using a pre-structured, pre-tested, self-administered questionnaire covering knowledge, attitude, and practices related to BMW management. Data were analyzed using descriptive statistics and results were expressed as frequencies and percentages.

**RESULTS**

Although awareness of BMW guidelines was universal, only 44% of participants correctly identified the Biomedical Waste Management Rules. Knowledge regarding colour coding, waste segregation, and disposal of specific items such as needles and ampoules was suboptimal. Overall, 55 nurses had average to poor knowledge scores, while only 23.6% demonstrated excellent knowledge. Attitude towards BMW management was largely positive, with 93% showing a favourable attitude. However, practices were not optimal: only 9.7% had excellent practice scores, while the majority (83.3%) demonstrated average practices. Training in BMW management showed a positive association with better knowledge and practice scores.

**CONCLUSION**

Despite a favourable attitude towards biomedical waste management, significant gaps exist in knowledge and practical implementation among ANMs and staff nurses at the PHC level.

**KEYWORDS:** BMW, KAP ,ANM, PHC, SN

## COMMITTEE AWARD - PAPER

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-03

**Study to assess the medical, social & legal issues of female sex workers in a metropolitan city.**

Presenting Author: Dr Kamran Farooq Qureshi
Co-authors: Dr Roshni Miranda, Dr Ravindra Kembhavi
Institution: ESIC Medical College & Hospital, Andheri

**BACKGROUND**

Sex work, is the provision of sexual services for money/equivalent. Female Sex Workers(FSWs) face multiple interdependent health risks.Supreme Court of India emphasized that FSWs, like other professionals, are entitled to dignity and constitutional rights. Objectives: Estimate physical/sexual abuse among FSWs Assess the medical, social and legal problems faced by FSWs

**METHODOLOGY**

Cross sectional study conducted among FSWs enrolled under NGOs registered with TI division of MDACS over a period of 3 months. Minimum Sample size : 88 (prevalence 34.9, absolute error 10%) Inclusion criteria:Age ≥ 18 years Working for past 6 months Data collection & analysis: A pre-validated questionnaire will be used for collection, recorded in Excel & analysed using SPSS software.

**RESULTS**

AWAITED

**CONCLUSION**

AWAITED

**KEYWORDS**: FSWs, sexual violence, abuse, discrimination

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**ABSTRACT ID**: COM-MISC-OR-04

**Perception of Elder Abuse Among Urban Youth in Bhubaneswar, Odisha: A Cross-Sectional Study**

Presenting Author: Dr. Pradnya Chandanshive
Co-authors: Dr. Sonu H. Subba, Dr. Swayam P. Parida, Dr. Shree Mishra
Institution: MGM Medical College, Panvel

**BACKGROUND**

Abuse of the elderly is a hidden and less-known issue. Limited awareness prevents recognition of elder abuse, emphasizing the need for early education. Youth may become victims, perpetrators, or bystanders of elder abuse; thus, awareness is vital. This study assessed perceptions of elder abuse among medical students

**METHODOLOGY**

This cross-sectional study was conducted among 324 MBBS students aged 15-24 years studying at AIIMS Bhubaneswar. Data was collected from June 2020 to November 2020 using an online form prepared using a semi-structured self-administered questionnaire and circulated among the students. Data was analysed using Statistical Package for the Social Sciences (SPSS) software- Version 22.0. Ethical approval was obtained from the Institutional Ethics Committee, AIIMS Bhubaneswar.

**RESULTS**

As much as 92% of the young participants were aware about the existence of the problem in the current study. Majority participants considered financial exploitation and forcing for property meant elder abuse, followed by isolation of elderly and use of abusive or rude language. Majority also felt that a desire or greed to inherit property as the primary reason for abuse of the elderly (73.4%), & lack of patience among the younger generation (73.1%). The commonest suggestion to prevent elder abuse was to make financial arrangements for old age and staying socially active.

**CONCLUSION**

The youth is aware of issue of elder abuse in general, but they need to be provided with resources for detecting and preventing elder abuse, and helping those affected.

**KEYWORDS**: elderly, abuse, youth, perception

## COMMITTEE AWARD - PAPER

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-05

**Ectopic Kidney in Young Adult: A Case for Strengthening Routine Screening and Imaging in Primary Care**

Presenting Author: Dr. Kimaya Parkhe
Co-authors: Dr. Abhay Mudey
Institution: Jawaharlal Nehru Medical College, Wardha

**BACKGROUND** Ectopic kidney, a rare congenital anomaly caused by disrupted renal ascent during embryogenesis, is often asymptomatic but may predispose to infections, stones, or hydronephrosis. This case highlights an incidentally detected ectopic kidney in a young adult and emphasizes the importance of routine imaging and preventive screening in primary care settings.

**METIIODOLOGY** A 27-year-old female presented with dull epigastric pain. Ultrasound and further imaging revealed a left pelvic ectopic kidney with normal renal function and no obstruction or calculi. Detailed evaluation ruled out renal pathology. The patient was counselled regarding benign prognosis and advised regular follow-up and periodic imaging if symptoms develop.

**RESULTS** The patient remained asymptomatic with normal renal function. Imaging confirmed left ectopic kidney without hydronephrosis or stones. Awareness and reassurance prevented unnecessary interventions. This case demonstrated how incidental detection during unrelated evaluations can enable preventive monitoring and underscores the need for clinician vigilance in identifying silent congenital renal anomalies.

**CONCLUSION** Ectopic kidneys, though often asymptomatic, warrant clinician awareness for early detection and monitoring. Strengthening routine screening and imaging in primary care can prevent complications and enhance long-term renal outcomes.

**KEYWORDS**: Ectopic kidney, Primary care

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**ABSTRACT ID**: COM-MISC-OR-06

**Cydnidae Bug Pigmentation in a Toddler: A Clinical and Entomological Correlation**

Presenting Author: Dattaprasad Sawant
Co-authors: Neha Kamble
Institution: Grass Jewel Solutions and Shakambharee Clinic

**BACKGROUND**:Sudden unexplained pigmentation in children can cause anxiety and diagnostic confusion. This case describes a light-brown macular stain on a toddler's sole, detailing its clinical assessment, photographic features, environmental evaluation, and identification as harmless Cydnidae bug pigmentation to improve clinician recognition of this benign condition.

**METHODOLOGY**:A one year nine months old child with a sudden macular stain on the sole was clinically examined for bruising, bites, inflammation, and systemic symptoms. The lesion's persistence despite washing attempts prompted detailed macro-photography using Nikon D5600 with Raynox DCR-250. Comprehensive history-taking and home inspection were performed. Live insects were collected, super-macro photographed, and taxonomically identified to determine the cause of pigmentation.

**RESULTS**:The child exhibited a 4.5 × 3.5 mm macular, asymptomatic, light-brown stain without swelling, tenderness, or systemic complaints. The mark did not fade with soap, alcohol, or sanitizer. Macro-photography showed dye deposition in skin grooves and pores without clumping. No additional lesions were noted. Home survey revealed multiple Cydnidae bugs entering at dusk, with one likely crushed under the child's foot. The insect was photographed and identified as Pangaeus sp., likely Pangaeus bilineatus. Over three days, the pigmentation gradually faded and disappeared completely with gentle rubbing, confirming benign Cydnidae bug pigmentation.

**CONCLUSION**:This case highlights Cydnidae bug pigmentation as a harmless yet alarming presentation in children. Accurate recognition prevents misdiagnosis as bruising or abuse and avoids unnecessary investigations or parental anxiety.

**KEYWORDS**: Cydnidae, pigmentation, one-health, tropical-diseases

## COMMITTEE AWARD - PAPER

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-07

**Development and Preliminary Validation of a Travel Preparedness Scale for International Travellers.**

Presenting Author: Dr. Chinmai S Anand

Co-authors: Dr. Geeta Pardeshi, Dr. Pallavi Uplap, Dr. Uma Nair, Dr. Sushmita, Dr. Joyce Bardeskar, Dr. Vaishali Singh

Institution: Grant Government Medical College and Sir J.J. Group of hospitals

**BACKGROUND** International travel involves diverse health risks, making preparedness essential. Existing tools assess isolated aspects such as vaccination or insurance without providing a holistic measure. This study aimed to develop and validate a multidimensional Travel Preparedness Scale encompassing medical, behavioural, and safety components among international travellers.

**METHODOLOGY** A hospital-based cross-sectional study was conducted among 300 international travellers attending the Adult Vaccination OPD of a tertiary care centre in Mumbai. A 24-item, 5-point Likert scale was developed from literature review and expert consultation. Exploratory Factor Analysis using principal axis factoring with oblimin rotation was performed to assess construct validity. Reliability was evaluated using Cronbach's alpha.

**RESULTS** The Kaiser–Meyer–Olkin measure was 0.953 and Bartlett's test of sphericity was significant ($\chi^2$ – 6333, $p < 0.001$), confirming sampling adequacy. Two factors with eigenvalues > 1 were retained, representing Health Risk Management and Medical Planning, and Preventive and Safety Behaviours During Travel. Cronbach's α values for the two factors were 0.946 and 0.945 respectively, indicating excellent internal consistency.

**CONCLUSION** The Travel Preparedness Scale demonstrated robust reliability and construct validity, capturing multidimensional aspects of travel readiness. Further validation through Confirmatory Factor Analysis (CFA) is recommended.

**KEYWORDS**: Travel preparedness, EFA, Scale development

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**ABSTRACT ID**: COM-MISC-OR-08

**A Study of Burn Injuries over time at tertiary care hospital in Western Maharashtra: An epidemiological comparison of two decades**

Presenting Author: Dr. Haralkar Santosh Jagannath

Co-authors: -

Institution: Dr. V.M.Govt. Medical College, Solapur, Maharashtra

**BACKGROUND**:Burn injuries constitute a major public health problem and account for a significant cause of high mortality and morbidity amongst the Indian population.This results in heavy social, economic and clinical burden OBJECTIVE - To compare the sociodemographic profile and outcome of burn patients admitted after a gap of two decades.

**METIIODOLOGY:**Record based observational descriptive study with cross sectional design was conducted on burn patients admitted in burn ward of surgery department, Dr. V. M. G. M. C and Shri C. S. M. S. R, Solapur, a tertiary care hospital. The comparative record-based study was conducted on 159 patients admitted from January 2019 to December 2019 and 450 patients admitted during September 2000 to August 2001.

**RESULTS:**In a year Sept. 2000 to August 2001, there were 450 patients and in year 2019 there were only 159 patients were admitted. 1/3rd reduction of burn patients over period of two decades. In 2000-2001, Maximum no. of patients (62%) were in age group 41-60 years and in 2019, 55% patients were from age group 21-40 years. In 2000-2001 and 2019-year, maximum no. of patients were females, from rural areas, accidental burns. The outcome of burn patients was better in 2019 i.e. 67% patients discharged as compare to patients in 2000-2001 i.e.16%

**CONCLUSION:**Even after the gap of two decades, maximum no. of burn patients were females, from rural areas, accidental burns. The outcome of burn patients was improved and mortality was decreased.

**KEYWORDS:** Burn, nature, hospital stay, outcome

## COMMITTEE AWARD - PAPER

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-09

**A Cross-Sectional Study of Some Epidemiological Factors of Road Traffic Accidents Among Patients Attending a Tertiary Health Care Center**

Presenting Author: Dr. Kaustubh Khetre

Co-authors: -

Institution: Indira Gandhi Govt Medical College, Nagpur

**BACKGROUND** Road traffic accidents (RTA) are a major global public health issue, responsible for approximately 1.3 million deaths and 20–50 million non-fatal injuries annually. RTAs are multicausal events influenced by several factors.This study was done with objectives to study selected epidemiological factors associated with RTA and pattern and severity of injuries

**METHODOLOGY** A hospital-based cross-sectional study was conducted among patients presenting with RTA-related injuries. Data was collected using a pre-tested structured questionnaire and clinical examination. Information regarding socio-demographic details, accident circumstances, vehicle type, road and weather conditions, use of safety measures, and alcohol or mobile phone use at the time of accident was recorded. The severity and pattern of injuries was assessed. Data was analysed statistically.

**RESULTS** The majority of participants (121; 37.81%) were in the age group of 21–30 years. The majority of the Participants had injury in the elbow and forearm 232 (72.5%) followed by wrist and hand injury 222 (69.37%). Majority 259 (80.93%) of the road traffic accident participants sustained grievous injury while 61 (19.07%) of the Participants sustained simple injury. The study found significant associations between alcohol usage, mobile usage, speed of vehicle, type of collision and severity of injury.

**CONCLUSION**

Identification of key epidemiological factors and injury patterns can guide policymakers in formulating targeted preventive strategies, strengthening traffic law enforcement, and improving road safety awareness in Central India.

**KEYWORDS**: Road traffic accident,Epidemiology,Injury,Severity,Risk factors

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**ABSTRACT ID**: COM-MISC-OR-10

**Dietary diversity and IIealthy ageing among Geriatric population of an urban field practice area of a tertiary health care hospital**

Presenting Author: Dr. Innani Rashi Nawalkishor

Co-authors: -

Institution: GMC Nagpur

**BACKGROUND**

Healthy aging is a growing public health priority as global life expectancy increases . With chronic conditions prevalent among older adults, nutrition particularly dietary diversity is a key modifiable factor. This study investigates the association between dietary diversity and healthy aging, addressing critical gaps in geriatric nutrition research To estimate

**METHODOLOGY**

This study was conducted in urban field practice area of a tertiary health care hospital, for 3months.Date was collected house to house using a pre-designed, semi-structured and pre-validated questionnaire. Data collected will be entered in Microsoft Excel and data will be analyzed using SPSS (trial version). Descriptive statistics will be used to summarize the data. Chi-square test will be used to check for association Results:

**RESULTS**

AWAITED

**CONCLUSION**

AWAITED

**KEYWORDS:** Dietary diversity, Healthy aging, Geriatric

## COMMITTEE AWARD - PAPER

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-11

**Evaluating The Cyberchondria Construct among the Agriculture students in Central India – A Cross sectional study.**

Presenting Author: Dr. Chinmayee Chandurkar, Junior Resident

Co-authors: Dr. Neelam Sukhsohale Associate Professor and Head, Dr. Laxmi Naorem Junior Resident

Institution: Government Medical College, Akola

**BACKGROUND**

The Internet appears to play a pivotal role in the lives of individuals. The Internet is used for finding medical information and health knowledge. The search results can affect the quality of life and lead to anxiety. To estimate prevalence of Cyberchondria in agriculture students. To asses risk factors

**METHODOLOGY**

Study Design: Cross- sectional study. Study duration: September- December 2025. Study population: Students in the age group of 18-24 years. Inclusion criteria: Both males and females Agriculture undergraduate degree students. Exclusion criteria: Those who do not wish to participate. Those who are undergoing treatment for chronic illnesses. Sample size: 338. Sampling Technique: Simple Random sampling. Data Collection: CSS-15 questionnaire and sociodemographic proforma.

**RESULTS**

AWAITED

**CONCLUSION**

AWAITED

**KEYWORDS:** Cyberchondria, Anxiety, Internet, Students reproductive

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**ABSTRACT ID**: COM-MISC-OR-12

**Attitudes Toward Gender Preference and Its Public Health Implications in Rural India**

Presenting Author: Dr Shanthini Selvaraj

Co-authors: Dr Vijaykumar Singh

Institution: SETH GS MEDICAL COLLEGE & KEM HOSPITAL

**BACKGROUND**

Gender preference, particularly for male children, remains a persistent social and public health concern in India,especially in rural areas.1.To assess attitudes toward gender preference among rural reproductive age women. 2.To identify Socio-demographic factors influencing gender preference. 3.To examine its impact on reproductive and maternal health seeking practices.

**METHODOLOGY**

A community-based cross-sectional study was conducted among 200 reproductive age group women from rural Maharashtra. Data were collected using a pre-tested semi-structured questionnaire.

**RESULTS**

A community-based cross-sectional study was conducted among 200 reproductive age group women residing in rural Maharashtra. Data were collected using a Pre-tested semi-structured questionnaire. Data analysis and results are pending.

**CONCLUSION**

The Conclusion will be drawn once the analysis is done.

**KEYWORDS:** son-preference,Maternal health,public health,reproductive behaviour

**COMMITTEE AWARD - PAPER**

THEME: MISCELLANEOUS

**ABSTRACT ID**: COM-MISC-OR-13

**Anti-Cyclic Citrullinated Peptide Antibody: Diagnostic and Prognostic Biomarker of Rheumatoid Arthritis Arthritis A Tertiary Care Study**

Presenting Author: Dr.Gunuganti Nithin

Co-authors: Dr.Shrinivas kulkarni

Institution: Dr. Balasaheb vikhe patil rural medical college

**BACKGROUND**

To know the positive rate of RA factor and anti-CCP antibodies in patients with clinical RA who meet the ACR criteria or in patients with genetic RA who did not have clinical symptoms

**METHODOLOGY**

All patients underwent laboratory, radiological, and clinical evaluations. Sera were tested for rheumatoid factor (IgM, IgG) and anti-CCP antibodies using ELISA; anti-CCP >5 units was positive. Disability was assessed by HAQ and VAS. Hand and foot radiographs were scored using modified Larsen criteria to classify erosive disease. Disease activity was monitored using DAS28. Latex agglutination assessed IgM rheumatoid factor, supporting diagnosis and treatment monitoring outcomes.

**RESULTS**

A validation comparison showed that autoantibodies directed against citrullinated anti-CCP were better than RF in detecting RA. Anti-CCP antibodies have an independent role in predicting radiological lesions and progression in RA patients

**CONCLUSION**

Rheumatoid arthritis causes irreversible joint damage; citrullination generates anti-CCP antibodies with specificity, enabling early diagnosis, stratification, and detection of seronegative disease, outperforming rheumatoid factor and assessment with DAS28 and HAQ.

**KEYWORDS:** RA, Anti CCP, RA factor, Das 28, HAQ

# Abstracts for Poster Presentation

## BEST POSTER AWARD (IPHA)
FEMALE PRESENTER

**ABSTRACT ID:** IPHA-FP-01

**Pre- and Post-COVID-19 Trends in Impact and Outcome Indicators of the National Tuberculosis Elimination Programme in Maharashtra**

Presenting Author: Dr. Sharvari Sanjay Lele
Co-authors: Dr. Amit Bhondve , Dr. Vijaykumar Singh, Dr. Sushmita
Institution: Seth G. S. Medical College and KEM Hospital Mumbai

**BACKGROUND:** The COVID-19 pandemic disrupted TB services, risking setbacks to elimination goals. Monitoring impact and outcome indicators is essential to understand programme resilience and recovery. Maharashtra, a high-burden state, provides valuable insights. This study compares pre-pandemic (2019) and post-pandemic (2023) trends to assess COVID-19-related changes in TB programme performance.

**METHODOLOGY:** A secondary data analysis was undertaken using Maharashtra-specific data from the India TB Report 2020 (reporting year 2019) and India TB Report 2024 (reporting year 2023). Impact indicators (TB incidence and mortality) and outcome indicators including TB notifications, private sector contribution, MDR/RR-TB detection, drug susceptibility testing (DST) coverage, treatment initiation, treatment success rates, active case finding, and DBT coverage were analysed descriptively.

**RESULTS:** Maharashtra notified 1.89 lakh TB cases in 2019, which increased to over 2.05 lakh in 2023, indicating improvement over pre-pandemic levels. Estimated TB incidence and mortality showed a declining trend post-pandemic. Private sector contribution rebounded to nearly one-third of notifications in 2023. Coverage of DST among notified TB patients exceeded 85%, while treatment initiation remained above 95%. Treatment success among drug-sensitive TB improved from 82% in 2019 to nearly 88–90% in 2023, with modest gains in DR-TB outcomes. Active case finding and DBT coverage expanded substantially post-pandemic.

**CONCLUSION:** Post-pandemic, Maharashtra demonstrated significant improvement across key TB impact and outcome indicators. Strengthened diagnostics, private sector engagement, active case finding and social support mechanisms accelerated recovery towards TB elimination goals.

**KEYWORDS:** Tuberculosis; COVID-19; NTEP; Maharashtra.

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**ABSTRACT ID:** IPHA-FP-02

**Knowledge, Attitudes, and Acceptance of Vasectomy among Married Men and Women in a Metropolitan City of India: A Qualitative Study**

Presenting Author: DR. TITHI BANERJEE
Co-authors: DR RUJUTA HADAYE
Institution: GOVERNMENT MEDICAL COLLEGE MUMBAI

**BACKGROUND:** India's National Family Welfare Program began in 1951, yet male participation in family planning remains low. Despite vasectomy being safe and cost-effective, NFHS-5 reports only 2.1% male sterilisation. Gender bias, misconceptions, and fear persist. Guided by WHO principles, this qualitative study explores vasectomy perceptions to inform gender-equitable interventions.

**METHODOLOGY:** This cross-sectional qualitative study was conducted over five months among 52 participants using focus group discussions and in-depth interviews. Interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis with MAXQDA software until data saturation was achieved.

**RESULTS:** The study revealed limited awareness and widespread misconceptions associating vasectomy with loss of masculinity, sexual dysfunction, weakness, and surgical complications. Family planning was largely perceived as a woman's responsibility. Key barriers included fear of permanent sterilisation, economic concerns related to wage loss, religious and cultural beliefs, and limited male-focused counselling. Facilitators included peer counselling by vasectomy acceptors and financial incentives.

**CONCLUSION:** socio-cultural norms and misinformation hinder vasectomy acceptance; male-focused counselling, peer advocacy, and culturally sensitive strategies are essential to promote male involvement and gender-equitable family planning in urban India.

**KEYWORDS:** Vasectomy,Male involvement,Family planning;

## BEST POSTER AWARD (IPHA)
FEMALE PRESENTER

**ABSTRACT ID:** IPHA-FP-03

**From Plate to Practice: Nutritional Status and Eating Behaviour in Rural Primary School Children of Maharashtra, A Cross sectional Study**

Presenting Author: Dr. Laxmi Naorem, Junior Resident, Department of Community Medicine, GMC Akola
Co-authors: Dr. Pushpa Lokare, Associate Professor, Dr. Neelam Sukhsohale, Associate Professor and HOD
Institution: Government Medical College, Akola

**BACKGROUND:** Childhood nutrition critically influences growth and health; rural children face dual malnutrition burden, with limited evidence linking eating behaviour to nutritional outcomes. To assess the nutritional status and eating behaviour of primary school children in a rural area of Maharashtra, and to determine the association between eating behaviour, sociodemographic factors, and undernutrition/overnutrition.

**METHODOLOGY:** A community-based cross-sectional analytical study was conducted among 264 primary school children aged 6–11 years from rural areas using simple random sampling. Sociodemographic information was collected using a pre-tested semi-structured questionnaire. Nutritional status was assessed using WHO BMI-for-age Z-scores (5–19 years). Eating behaviour was evaluated using the Children's Eating Behaviour Questionnaire (CEBQ). Data were analysed using descriptive statistics, chi-square test, and logistic regression, with statistical significance at $p<0.05$.

**RESULTS:** The study included 264 rural primary school children (51.1% males). Most belonged to middle (37.9%) or lower-middle (29.2%) socioeconomic groups. Overall, 52.7% had normal BMI, while undernutrition (23.9%) and overweight/obesity (23.5%) indicated a dual burden. Undernutrition was significantly higher among lower socioeconomic and low-income families ($p<0.001$), whereas overnutrition predominated in higher-income groups. Overnourished children showed higher Enjoyment of Food, Food Responsiveness, and Emotional Overeating, while undernourished children had higher satiety-related behaviors. Logistic regression identified high family income (AOR 2.82), food responsiveness, and emotional overeating as predictors of overweight, while satiety responsiveness was protective.

**CONCLUSION:** The study demonstrates a dual burden of malnutrition among rural schoolchildren, with eating behaviours and socioeconomic factors significantly influencing nutritional status,highlighting the need for early, targeted behavioural and nutrition interventions.

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**ABSTRACT ID:** IPHA-FP-04

**Silent struggles in medical education Anxiety & depression among medical interns–Cross-sectional study**

Presenting Author: Dr. MANISHA TANDON
Co-authors: Dr. SHITAL DHOBLE
Institution: K.M.S.K GMC CHANDRAPUR

**BACKGROUND:** Medical internship represents a critical transition period characterized by heavy clinical responsibilities, prolonged working hours, emotional strain, and academic pressure. To estimate the prevalence and severity of anxiety and depression among medical interns and to assess their association with workload characteristics and lifestyle disturbances related to internship duties.

**METHODOLOGY:** A cross-sectional observational study was conducted among 113 medical interns at a tertiary care teaching hospital. Data were collected using a pre-tested semi-structured questionnaire capturing socio-demographic details,workload parameters and perceived stress levels. Anxiety and depression were assessed using the Generalized Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9) scales. Data were analyzed using descriptive statistics, Chi-square tests, and Pearson's correlation, with $p<0.05$

**RESULTS:** The prevalence of anxiety and depression was 13.3% and 17.7%, respectively. Mild anxiety and depression were observed in 27.4% and 23.0% of interns, while 13.2% had moderate-to-severe anxiety and 17.6% had moderate-to-severe depressive symptoms. Female gender was significantly associated with depression ($p = 0.014$). A prior diagnosis of mental illness and current treatment were significantly associated with anxiety and depression. Mental and emotional workload ($p = 0.022$) and higher perceived stress levels ($p = 0.004$) showed significant associations with anxiety. Anxiety and depression demonstrated a strong positive correlation.

**CONCLUSION:** Anxiety and depression affect a considerable proportion of medical interns, with mental and emotional workload Routine mental health screening and supportive interventions during internship are warranted to promote psychological well-being.

## BEST POSTER AWARD (IPHA)
FEMALE PRESENTER

**ABSTRACT ID:** IPHA-FP-05

**Risk Assessment for Type 2 Diabetes Mellitus and Its Association with Lifestyle Factors among Adults: A Cross-Sectional Study.**

Presenting Author: Dr. Pushpa Garole
Co-authors: Dr. Sushama Thakre, Dr. Uday Narlawar
Institution: Government Medical College, Nagpur

**BACKGROUND:** Type 2 Diabetes Mellitus is a growing public health problem in India due to lifestyle changes. Early identification of at-risk individuals is essential. This study assessed diabetes risk among adults using the Indian Diabetes Risk Score and examined its association with selected lifestyle factors.

**METHODOLOGY:** A community-based cross-sectional study was conducted among 126 adults aged 18 years and above. Data on socio-demographic profile and lifestyle factors were collected using a pre-tested questionnaire. Anthropometric measurements were recorded using standard procedures. Participants were categorised into low, moderate, and high risk based on IDRS. Statistical analysis was performed using appropriate tests, with $p<0.05$ considered statistically significant.

**RESULTS:** Out of 126 participants, 38.1% were at high risk, 42.9% at moderate risk, and 19.0% at low risk for T2DM. A statistically significant association was observed between higher IDRS and physical inactivity, unhealthy diet, overweight/obesity, increased waist circumference, and advancing age ($p<0.05$).

**CONCLUSION:** A substantial proportion of adults were at moderate to high risk of T2DM, highlighting significant associations with modifiable lifestyle factors and the need for early community-based screening and preventive interventions.

**KEYWORDS:** Type2 Diabetes; Risk; IDRS;Lifestyle; Cross-sectional

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**ABSTRACT ID:** IPHA-FP-06

**PREVALENCE OF INSOMNIA AND ITS ASSOCIATION WITH INTERNET ADDICTION AMONG COLLEGE GOING STUDENTS IN A DISTRICT OF CENTRAL INDIA.**

Presenting Author: DR. SOWBAKKIYA ELUMALAI
Co-authors: DR. PRASHANT BAGDEY
Institution: Government Medical College, Gondia

**BACKGROUND**: Insomnia and problematic internet use are emerging public health concerns among young adults, affecting academic performance and mental wellbeing. Evidence from central India remains limited. This study aimed to estimate the prevalence of insomnia and internet addiction and to examine their association among college-going students in a district setting context.

**METHODOLOGY**: A community-based cross-sectional study was conducted among 256 medical students using a structured questionnaire. Insomnia was assessed using the Insomnia Severity Index (ISI) scale, and internet addiction was evaluated using Young's Internet Addiction Test (YIAT) questionnaire. Data were entered and analysed using Jamovi statistical software. Descriptive statistics, chi-square test, odds ratio, and 95% confidence intervals were applied, with $p<0.05$ considered statistically significant.

**RESULTS**: The prevalence of insomnia among study participants was 50.4%, while internet addiction was observed in 46.5% of students. A statistically significant association was noted between internet addiction and insomnia ($\chi^2=81.6$, $p<0.001$). Students with internet addiction had 13.2 times higher odds of developing insomnia compared to those without addiction (OR=13.2; 95% CI: 7.22–24.0), indicating a strong and meaningful association. Insomnia was also significantly associated with socioeconomic status ($p=0.024$) and average daily screen time exceeding six hours ($p<0.001$). No significant associations were observed with age, gender, residence, or parental education, highlighting behavioural and contextual determinants as key contributors.

**CONCLUSION**: High insomnia and internet addiction prevalence with strong association underscores the need for early screening, digital-use regulation, sleep hygiene education, and campus-based mental health promotion interventions among students.

**KEYWORDS:** Insomnia, Internet, Addiction, College, Students

## BEST POSTER AWARD (IPHA)
FEMALE PRESENTER

**ABSTRACT ID:** IPHA-FP-07

**Understanding the Healthcare Needs and Healthcare Seeking in Tribal Communities: A Qualitative Study in tribal district of central India.**

Presenting Author: Dr.Harsha.V.Nannaware
Co-authors: -
Institution: Govt. Medical College, Gondia

**BACKGROUND**: India's 104 million tribal people face health inequities. Gondia's Salekasa block, isolated and forested, struggles with poor infrastructure, connectivity, and mainstream health models, enduring a triple burden: communicable, non-communicable, and maternal-child health challenges. Salekasa villages face illness burdens, complex healthcare-seeking pathways, and gaps between tribal needs and programmes.

**METHODOLOGY**: This qualitative, transformative study (April–June 2025) in Salekasa block explores tribal health needs through FGDs with men and women and KIIs with healers, PHC staff, ANMs, and ASHAs. Conducted in Gondi, Marathi, and Hindi, it purposively samples 10 remote villages, engaging 220 participants. Grounded theory with COREQ guidelines guides analysis, addressing cultural context, isolation, and gaps between community priorities and government programmes.

**RESULTS:** In Salekasa villages, common illnesses include cough, fever, diarrhoea, scabies, snake bites, malnutrition, pneumonia, typhoid, and women's health issues like anaemia, menstrual problems, hypertension, diabetes, and sickle cell disease. Providers highlight malaria, TB, leprosy, pneumonia, and maternal complications, showing a mismatch with villagers' everyday concerns. Reported mortality arises from malaria, snake bites, sickle cell disease, accidents, and maternal causes, often underreported. Healthcare begins with traditional healers, supported by dais, ASHAs, and AWWs, with distant PHCs, hospitals, and private doctors leading to delays through provider shopping.

**CONCLUSION:** Salekasa's tribal communities face everyday and programmatic illnesses, with delays from healer reliance. Programmes must align priorities, strengthen frontline workers, integrate systems, merging "Point of Approach" with "Point of Care"

**KEYWORDS**: Tribal health, Salekasa, illnesses, healers

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**ABSTRACT ID:** IPHA-FP-08

**Vanishing Vaccines: The Silent Impact of Missing Documentation**

Presenting Author: DR ANGIALA DANIEL PADAPACKAL
Co-authors: DR ABHAY CHAVAN
Institution: INDIRA GANDHI GOVERNMENT MEDICAL COLLEGE NAGPUR

**BACKGROUND:** Rabies remains a major public health and economic challenge in India. Millions suffer dog bites annually, yet PEP coverage is low and vaccine shortages persist. Loss of prior vaccination records leads to repeat PEP, causing avoidable biological wastage and added costs. This study assesses documentation status and estimates wastage.

**METHODOLOGY:** A crosssectional study was conducted at an Anti-Rabies Clinic in a tertiary care centre in Central India from January to July 2025. All patients presenting with WHO-classified Category 2 and 3 exposures were included. Data from clinic registers were entered and analysed using Microsoft Excel 2019.

**RESULTS:** Most patients belonged to the 21–30-year age group, followed by 11–20 years, and the majority were males. Dogs were the most common biting animals, and most exposures were Category 3. Single-site bites were more common. Of the 631 re-exposure cases, 559 (88.59%) lacked documentation of previous anti-rabies treatment. These patients required a full repeat PEP course, leading to significant and preventable wastage of vaccines and serum

**CONCLUSION:** The high proportion of re-exposed patients lacking prior treatment documentation resulted in unnecessary repeat PEP, contributing to biological wastage. Strengthening documentation systems can help reduce avoidable vaccine use .

**KEYWORDS:** Anti-rabies serum, wastage, vaccines, reexposure

## BEST POSTER AWARD (IPHA)
FEMALE PRESENTER

**ABSTRACT ID:** IPHA-FP-09

**Diabetes distress and its relationship with depression in Type 2 Diabetes Mellitus patients: A cross-sectional study.**

Presenting Author: Dr Kosturi Dakshit
Co-authors: Dr Sarika Palepu, Dr Ayan Roy
Institution: All India Institute of Medical Sciences, Kalyani

**BACKGROUND:** Diabetes distress is a negative emotional state due to the stressor of diabetes and its related management. It impacts glycemic control and self-management. Objectives: To assess burden of diabetes distress among type 2 diabetes patients and its association with depression along-with determinants of diabetes distress.
**METHODOLOGY:** Hundred diabetes patients with Type2 diabetes visiting Non-Communicable-Disease clinics from the rural field practice area were recruited from June-September 2024. The exclusion criteria:i)psychiatric illnessess, ii)type1 diabetes, iii)any other endocrine disorder, iv)Cardio-vascular-disease, v)blood-transfusion history, vi)pregnant and lactating women, v)chronic diseases. DDS-17 and PHQ-9 were used for diabetes distress and depression screening respectively.
**RESULTS:** A total of 53% participants had diabetes distress. Subdomain prevalence for diabetes distress were 60 (CI 50.2–69.8), 27 (CI 18.1–35.9), 52 (CI 42.0–62.0) and 31 (CI 21.8–40.2) for emotional burden, physician related, regimen related and interpersonal distress respectively. Prevalence of depression was 42% (PHQ 9). Logistic regression demonstrated significant association of diabetes distress with female gender, late onset diabetes and PHQ depression score.
**CONCLUSION:** The burden of diabetes distress is high among the participants and also interlinked to depression (PHQ9). Regular screening and measures to impact diabetes distress are recommended.
**KEYWORDS:** Diabetes distress, Depression, Type2DM

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**ABSTRACT ID:** IPHA-FP-10

**Grade III Dog Bite from a Snake-Bitten Dog: A CASE REPORT**

Presenting Author: Dr. Ishita Chauhan
Co-authors: -
Institution: NKP SALVE INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

**BACKGROUND:** Rabies is a fatal but fully preventable disease with timely post-exposure prophylaxis. In India, fear, myths and delayed care often hinder treatment. this case highlights the importance of effective counselling in a Grade III bite from a snake - bitten dog, to reduce anxiety and ensure PEP completion.
**METHODOLOGY:** A 70 y/o male sustained multiple Grade III bites on the right forearm and palm from a pet Doberman that was bitten by Russell viper on the same day. The patient while taking the dog to vet. Patient was hesitant to take the vaccines, as he believed that the dog's prior snake bite had introduced poison into the dog's saliva which can cause complications.
**RESULTS:** After counselling, the patient accepted Rabipur 0.5 ml on Day 0, followed by the Day 3, 7, 14 and 28 schedule. RIG 2800 IU was infiltrated circumferentially around the wounds, and T.T 0.5 ml was administered. He remained clinically stable and asymptomatic, with wounds healing without complications. The dog died one week after the incident, heightening the patient's initial anxiety, but structured counselling ensured timely completion of all recommended doses. The patient adhered to every visit and developed no neurological or systemic symptoms. This case demonstrates that in unusual, high-stress exposures, focused counselling is essential for positive outcomes.
**CONCLUSION:** Timely wound care, complete PEP, and strong counselling are essential in unusual, anxiety-provoking exposures. Counselling reduces fear, improves adherence, and ensures optimal outcomes in preventing rabies.
**KEYWORDS:** Rabies, Dogbite, counselling, PEP

## BEST POSTER AWARD (IPHA)
FEMALE PRESENTER

**ABSTRACT ID:** IPHA-FP-11

**Patterns of multimorbidity and NCD clustering among psoriasis patients in a Cross-sectional Latent class analysis**

Presenting Author: Dr. SUBHASMITA PANIGRAHY
Co-authors: Dr. ASHUTOSH ADE, Dr.PRAGATI RATHOD, Dr. UDAY NARLAWAR
Institution: GOVERNMENT MEDICAL COLLEGE, NAGPUR

**BACKGROUND:** Psoriasis is a chronic inflammatory skin disease increasingly linked to non-communicable diseases (NCDs) such as cardiometabolic and psychiatric disorders. This study aimed to identify multimorbidity patterns among psoriasis patients using latent class analysis (LCA), and to explore associations with disease severity (PASI), psychological distress (HADS), and quality of life (DLQI).

**METHODOLOGY:** A hospital-based cross-sectional study was conducted over 6 months among 312 psoriasis patients aged ≥30 years. Data on NCDs, PASI, HADS, and DLQI were collected. Latent class analysis identified multimorbidity clusters. Descriptive statistics, Pearson's correlation, and multinomial logistic regression were used to analyze disease severity, psychological distress, and quality of life across latent classes.

**RESULTS:** Among 312 psoriasis patients (mean age 45.6 ± 12.3 years,58% males), three latent classes emerged: Class 1 (Low Comorbidity, 46.8%), Class 2 (Metabolic-Psychiatric, 32.1%), and Class 3 (Cardiometabolic, 21.1%). Class 3 showed significantly higher PASI scores (mean 14.2), DLQI scores (mean 18.5), and HADS-A/D scores (11.3/10.7), indicating severe disease burden. Age, disease duration, and SES were significant predictors of class membership ($p < 0.05$). Pearson correlation revealed strong associations between PASI and DLQI ($r = 0.62$), and between HADS-D and DLQI ($r = 0.48$), suggesting psychological distress and impaired quality of life corelate with disease severity.

**CONCLUSION:** Distinct multimorbidity clusters among psoriasis patients are associated with greater disease severity, psychological distress, and reduced quality of life. Integrative care models are essential for holistic management.

**KEYWORDS:** Psoriasis, Latent class analysis, NCD, Multimorbidity

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**ABSTRACT ID:** IPHA-FP-12

**ADVERSE EATING BEHAVIOUR & ITS ASSOCIATION WITH OBESITY IN INDIAN ADOLESCENTS**

Presenting Author: Dr. Varsharanee V Jadhav, Junior Resident Doctor
Co-authors: Dr. V. L. Vedpathak, Associate Professor, Department of Community Medicine
Institution: SRTR GOVERNMENT MEDICAL COLLEGE & HOSPITAL AMBAJOG

**BACKGROUND:** Adolescence is crucial phase during which dietary habits are established. Adverse eating behaviours have been linked to rising rates of overweight and obesity, posing a growing public health concern. Objective: Study aims to assess prevalence of adverse eating behaviours among Indian adolescents and evaluate their association with overweight and obesity.

**METHODOLOGY:** A cross-sectional observational study was conducted among school-going adolescents aged 10–19 years. 100 participants from 6 schools were selected for study using stratified random sampling from both urban and rural schools. Data were collected using pre-tested structured questionnaire assessing eating habits, frequency of fast-food consumption, physical activity. Anthropometric measurements were measured; Body Mass Index (BMI) was classified using WHO age. All data collected and analysed.

**RESULTS:** A high prevalence of adverse eating behaviours was observed, including meal skipping (42%), frequent snacking (58%), and fast-food consumption (65%). The prevalence of overweight and obesity was 18% and 11%, respectively. Adverse eating behaviours showed a significant positive association with increased BMI ($p < 0.05$), independent of gender and physical activity levels.

**CONCLUSION:** Unhealthy eating patterns are strongly associated with obesity among Indian adolescents. Early lifestyle modification and school-based nutritional interventions are essential to prevent obesity and its long-term complications.

**KEYWORDS:** Adolescents, Obesity, Eating behaviour, Lifestyle.

## BEST POSTER AWARD (IPHA)

MALE PRESENTER

**ABSTRACT ID:** IPHA-MP-01

**Cashless on Paper? Catastrophic Health Expenditure among PMJAY Beneficiaries in Urban Central India: An Analytical Cross-sectional study**

Presenting Author: Dr Surya Kannan
Co-authors: Dr Jyotsna Deshmukh, Dr Uday Narlawar
Institution: GMC Nagpur

**BACKGROUND**: Ayushman Bharat–PMJAY aims to provide cashless inpatient care and financial risk protection. However, studies indicate continued out-of-pocket expenditure, particularly in urban settings with mixed public–private provision. This study assessed catastrophic health expenditure and compared out-of-pocket spending among PMJAY beneficiaries hospitalized in urban public and private empaneled hospitals.

**METHODOLOGY:** A cross-sectional study was conducted among PMJAY beneficiaries hospitalized in urban empaneled public and private hospitals of Central India. Data on socio-demographic characteristics, hospitalization details, and out-of-pocket expenditure were collected using a structured questionnaire. Catastrophic health expenditure was defined as >10% of household income or > 40% of non-food expenditure. Differences between hospital types were assessed, and multivariable analysis identified factors associated with catastrophic expenditure.

**RESULTS:** Among 200 PMJAY beneficiaries included in the study, 78 (39.0%) experienced catastrophic health expenditure. The prevalence of catastrophic expenditure was significantly higher among patients hospitalized in private empaneled hospitals (54.0%) compared to those admitted to public hospitals (24.0%). Median out-of-pocket expenditure was ₹9,500 (IQR: ₹4,000–₹18,200) in private hospitals, whereas beneficiaries in public hospitals incurred a median expenditure of ₹2,000 (IQR: ₹0–₹5,100). Medicines, diagnostics, and non-medical expenses constituted the major components of out-of-pocket spending. Lower socio-economic status, longer hospital stay, and admission to private hospitals were independently associated with catastrophic health expenditure.

**CONCLUSION:** Despite cashless coverage, PMJAY beneficiaries incur substantial financial burden in urban settings, particularly in private hospitals, underscoring the need for improved regulation and stronger financial risk protection mechanisms.

**KEYWORDS:** PMJAY, Catastrophic_Expenditure, Out-of-pocket_expenditure, Urban_Health

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**ABSTRACT ID:** IPHA-MP-02

**Fathers as Health Champions: A Cross-Sectional Study on Maternal Outcomes at an Urban Primary Health Centre**

Presenting Author: Dr.Deviprasad Rath
Co-authors: Dr.Sachin Divekar , Dr.Uday Narlawar
Institution: Government Medical College, Nagpur

**BACKGROUND:** Father involvement significantly influences maternal health outcomes. While maternal engagement is traditionally emphasized, paternal participation enhances healthcare utilization and breastfeeding practices. This study assesses father involvement during pregnancy and early childhood and examines its association with maternal health outcomes

**METHODOLOGY:** A cross-sectional study was conducted among 200 mother–father dyads with children aged 12–24 months at an Urban Primary Health Centre (UPHC) over 6 months. A validated 20-items Father Involvement Scale measured emotional support, practical assistance, health decision-making, caregiving, and financial provision. Maternal outcomes included antenatal care (ANC) attendance and skilled birth attendance. Chi-square tests and multivariate logistic regression were employed for analysis.

**RESULTS:** Higher father involvement was significantly associated with improved antenatal care (ANC) completion (OR: 10.2; 95% CI: 5.1–20.3), skilled birth attendance (OR: 12.1; 95% CI: 5.5–26.5), and exclusive breastfeeding (OR: 4.3; 95% CI: 2.1–8.8). These findings demonstrate strong positive associations between paternal involvement and key maternal health indicators, with statistically significant odds ratios across all measured outcomes

**CONCLUSION:** Father involvement is a modifiable determinant of maternal health outcomes. Integrating father-inclusive strategies into routine health services can significantly strengthen maternal health outcomes and family engagement.

## BEST POSTER AWARD (IPHA)
MALE PRESENTER

**ABSTRACT ID:** IPHA-MP-03

**Triglyceride Glycemic Index: A Novel Lipid Biomarker for Glycemic Control Assessment and Diabetic Retinopathy Severity Stratification**

Presenting Author: Rushabh Momaya
Co-authors: -
Institution: DBVP Rural Medical College and Hospital, Loni

**BACKGROUND:** Dyslipidemia and poor glycemic control are major modifiable risk factors for diabetic retinopathy (DR), yet no single composite biomarker integrates both pathways for risk stratification.This study aimed to evaluate a novel composite metric,the Triglyceride Glycemic Index (TG_GI),derived from routine laboratory parameters and to assess its association with (T2DM).

**METHODOLOGY:** A cross-sectional study was conducted on 373 adults with T2DM (22–80 years) attending a tertiary care center. Fasting lipid profile [triglycerides (TG), total cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL), very-low-density lipoprotein (VLDL)] and glycated hemoglobin (HbA1c) were measured. TG_GI was calculated as (\text{TG in mg/dL} / 100) \times \text{HbA1c (%) }. Diabetic retinopathy was graded using the Early Treatment Diabetic Retinopathy Study (ETDRS) classification.

**RESULTS:** TG_GI showed an excellent positive correlation with HbA1c ($r \approx 0.98$, $p < 0.001$) and a strong correlation with DR severity grade ($r \approx 0.91$, $p < 0.001$). TG_GI also correlated significantly with fasting blood sugar, TG, and LDL. Mean TG_GI increased progressively from no DR to proliferative DR, with ANOVA demonstrating a highly significant trend across DR stages ($p < 0.001$).

**CONCLUSION:** TG_GI is a simple, easily calculable composite biomarker that reflects both glycemic status and DR severity. It is cost-effective, uses routinely available tests, and may serve as a practical tool

**KEYWORDS:** Type 2 diabetes mellitus;Triglyceride

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**ABSTRACT ID:** IPHA-MP-04

**Perception among Medical Undergraduates in view of Schizophrenia as a psychiatric illness- an in-depth study**

Presenting Author: Dr. Abhishek Dhawan
Co-authors: Dr. Adchitre SA, Dr. Vishal Pahune, Dr. Akshita Sharma, Dr. Andrea Almeida
Institution: MGM MEDICAL COLLEGE AND HOSPITAL Chh. Sambhajinaga

**BACKGROUND:** Schizophrenia is a chronic, disabling mental illness. Persistent stigma and misconceptions among medical undergraduates negatively influences patient's care, professional interactions, clinical attitudes, and willingness to pursue psychiatry as a career. This study assesses medical undergraduates' knowledge, attitude, and perceptions of schizophrenia, identifying gaps affecting mental health education and patient care.

**METHODOLOGY**: A cross-sectional, questionnaire-based Knowledge, Attitude, and Perception study was conducted among medical undergraduates. A prevalidated, structured questionnaire was used to assess knowledge, attitudes, and perceptions regarding schizophrenia. Participants were selected using convenient sampling. Collected data were coded, entered, and analyzed using appropriate statistical methods to identify misconceptions, attitudinal patterns, and gaps that may affect mental health education and patient care.

**RESULTS:** The findings show that while most medical undergraduates recognize schizophrenia as a psychiatric illness, important misunderstandings remain about its causes, course, and outcomes. Many students held mixed beliefs about heredity, curability, trauma, and recovery, reflecting lingering myths. Attitudes toward marriage, employment, and social roles revealed subtle but persistent stigma. Although students acknowledged the condition's impact on daily functioning, confidence in long-term recovery was limited. Encouragingly, most felt current awareness is insufficient and expressed strong interest in workshops and better textbook coverage, highlighting a clear opportunity to strengthen mental health education and empathy.

**CONCLUSION:** Although medical undergraduates understand schizophrenia at a basic level, lingering misconceptions and stigma persist, highlighting the need for stronger education and sensitization to nurture empathy and improve future mental healthcare.

**KEYWORDS:** Schizophrenia, Awareness, Attitudes, Stigma, Education

## BEST POSTER AWARD (IPHA)
MALE PRESENTER

**ABSTRACT ID:** IPHA-MP-05

**A Rare case of newly diagnosed hypothyroidism presenting as massive pericardial effusion**

Presenting Author: Dr.Nithin gunuganti
Co-authors: Dr . Shrinivas kulkarni
Institution: Dr. Balasaheb vikhe patil rural medical college

**BACKGROUND**: Hypothyroidism presenting as pericardial effusion is uncommon. It is seen in patients who have severe and long standing untreated hypothyroidism as in our case. It can present as spectrum - mild to massive pericardial effusion causing cardiac tamponade requiring pericardiocentesis.

**METHODOLOGY:** After clinical examination, we were confident patient had overt signs and symptoms of hypothyroidism and likely a pericardial effusion which was later confirmed on echocardiology. After senior cardiology advise pericardiocentesis was done and diagnostic studies ruled out other causes like tuberculosis. We investigated the patient for her long standing hypothyroidism and aetiology behind it , as shown in investigation chart.

**RESULTS**: After thyroid profile , echocardiography and pericardiocentesis patient was started on thyroxine supplements with tab levothyroxine 100micrograms once a day. We performed serial echocardiography as advised by cardiology to Look for size of pericardial effusion which was minimal at end of 1 week. After a week levothyroxine was increased to 125 micrograms. Patient was symptomatically better and further plan was FNAC and thyroid uptake scan, but the patient was not willing for further workup during current admission and was asked to follow-up with same. Patient followed up after 2 more weeks with resolution of pericardial effusion

**CONCLUSION:** Mild to moderate cases respond very well to thyroxine replacement therapy whereas massive pericardial effusion requires diagnostic and therapeutic pericardiocentesis.

**KEYWORDS:** Pericardial effusion, hypothroidism, pericardiocentesis, levothyroxine

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**ABSTRACT ID:** IPHA-MP-06

**Smartphone Use and Mental Health Challenges Among School Students: A Narrative Review**

Presenting Author: Dr Prasad Jaysinh Patil - Junior Resident, Dept of Community Medicine, Vedantaa Institute of Medical Sciences and Research Centre, Dahanu
Co-authors: Dr Aarti V Sahare – Assistant Professor, Dr Rahul Netragaonkar -Prof & Head, Dept of Community Medicine, VIMS, Dahanu
Institution: Vedantaa institute of medical sciences, Dhundalwad

**BACKGROUND:** Smartphone usage among school students has surged dramatically, resulting in dependency behaviors, disrupted sleep patterns, and declining psychological wellness. Understanding this, present study was conducted to collect evidence on the impact of smartphone use on school student's mental health, to determine contributing factors, and consequences associated with excessive smartphone usage

**METHODOLOGY:** A narrative review approach was adopted to compile findings. Research published from January 2018 to November 2025 was examined using PubMed, Google Scholar, ScienceDirect, WHO, UNICEF, and National Council of Educational Research and Training (NCERT) databases. Following the elimination of duplicate entries and implementation of inclusion criteria and exclusion criteria 68 studies were chosen. A thematic analysis was used to extract and summarize key findings

**RESULTS:** Mental health problems including anxiety (20–35%), depression (15–25%), stress (30–45%), and inadequate sleep patterns (40–60%) were frequently observed in school-aged children. Smartphone dependency varied between 15–40% across Indian research studies. Excessive screen time, night-time phone use, social media dependence was strongly associated with emotional problems, poor concentration, reduced academic performance, and disturbed sleep. Key contributing factors are educational pressures, household conflicts, peer pressure, and unlimited technology exposure.

**CONCLUSION:** There is a relationship between excessive smartphone usage and poor mental health. An integrated strategy involving educational institutions, families, and communities emphasizing healthy digital habits, early psychological support is needed.

**KEYWORDS:** mental health, students, smartphone addiction

## BEST POSTER AWARD (IPHA)
MALE PRESENTER

**ABSTRACT ID:** IPHA-MP-07

**Adolescent girls' health profile and healthcare workers' perspectives on utilization and barriers in Adolescent Girl Friendly Clinics in urban slums.**

Presenting Author: Dr. Aditya Sharma
Co-authors: Dr. Sanjivani Patil
Institution: Bharati Vidyapeeth (DU) Medical College, Pune

**BACKGROUND:** In urban slums adolescent girls face health issues related to healthcare access, menstruation and nutrition. Under RKSK these challenges addressed by setting Adolescent-Friendly Health Clinics. This study assesses health profile and service utilisation of girls attending an AGF clinic at UHTC along with barriers and facilitators perceived by healthcare workers.

**METHODOLOGY:** A cross-sectional study reviewed 1,047 records of adolescent girls (10-19 years old) who visited the AGF clinic between 2021 and 2025. A structured data extraction form collected information about service use, clinical details, and follow-up trends. Interviews with 13 healthcare providers involved in AGF service delivery assessed perceived facilitators and barriers. The quantitative data were analysed using SPSS v29.

**RESULTS:** Out of 1,047 adolescent girls, 28.9% experienced menstrual irregularities, 17.9% had anemia, and 3.5% had fungal infections. Mean BMI increased from 19.52 ± 4.55 at the first visit to 20.49 ± 4.91 at the fifth visit ($p < 0.001$), while mean hemoglobin rose from 10.31 ± 1.92 g/dL to 10.73 ± 1.80 g/dL. Overall, 29.5% participants completed all scheduled follow-up visits. All adolescents received physiotherapy and diet counselling, but only 8.58% sought psychological counselling. Healthcare workers identified low-cost services, supportive staff, privacy, and location as facilitators, whereas inconvenient hours, limited awareness, stigma, and parental disapproval were major barriers.

**CONCLUSION:** Adolescent-friendly health services in urban areas can be improved by increasing community awareness, offering more flexible clinic hours, and better informing parents.

**KEYWORDS:** Adolescent, AGF, Urbanslum, ARSH,health

## COMMITTEE AWARD- POSTER

THEME: HEALTH SYSTEMS, MEDICAL EDUCATION & WORKFORCE

**ABSTRACT ID:** COM-MEW-PO-01

**Assessment of Knowledge, Attitude, and Practices Toward Ethical Mapping Among Medical Interns in a Tertiary Care Institution.**

PRESENTING AUTHOR: DR. AMBADKAR SHRAVAN
AUTHORS: DR. CHARUHAS AKRE, DR. UDAY NARLAWAR
INSTITUTE/ORGANISATION: GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, NAGPUR

**BACKGROUND**: Ethical mapping—systematically identifying and addressing ethical issues—is essential for medical professionalism and quality patient care. Assessing interns' KAP helps strengthen ethical decision-making during training. Objectives: To evaluate medical interns' knowledge, attitude, and practices regarding ethical mapping and identify factors influencing these parameters
**METHODOLOGY**: A cross-sectional study was conducted among medical interns in a tertiary care hospital. A pre-validated, structured questionnaire assessing knowledge, attitude, and practices toward ethical mapping was administered. Data were analyzed using descriptive statistics and inferential tests to determine associations between demographic characteristics and KAP scores.
**RESULTS**: Of 120 interns, 110 responded (91.7%). The mean knowledge score was 65.3% (SD ± 12.5), with gaps in confidentiality and informed consent. A positive attitude toward ethical mapping was seen in 78% of participants, but only 54% reported consistently applying its principles in practice. Prior ethics training was significantly associated with higher knowledge scores ($p < 0.05$).
**CONCLUSION**: Despite positive attitudes, interns show knowledge gaps and inconsistent practice of ethical mapping. Strengthened ethics training, including structured modules during internship, is needed to improve ethical competence and patient care
**KEYWORDS**: Ethical mapping, Knowledge, Attitude, Practices

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**ABSTRACT ID:** COM-MEW-PO-02

**Assessment of knowledge,Attitude and practices of Biomedical Waste Management among Healthcare personnel in a Tertiary care centre:A Cross-sectional Study**

PRESENTING AUTHOR: Dr Akshay Kadam
AUTHORS: Dr Bahattare V N. Dr Nagaonkar A S. Associate professor Professor & HOD
INSTITUTE/ORGANISATION: Vilasrao Deshmukh government medical college and h

**BACKGROUND**: Biomedical waste has a great potential for causing injuries and infections. Inadequate and improper handling of medical waste can have detrimental effects on one's health as well as the environment.This study was conducted to assess the knowledge, attitude and practices of biomedical waste management among healthcare workers.
**METHODOLOGY**: A cross-sectional study was conducted among healthcare workers at a 500-bed capacity tertiary care centre in latur district. A pre-tested and structured questionnaire regarding socio-demographic characteristics,Knowledge, attitudes and practices on bio-medical waste management. Was administered among 420 healthcare staff of which 386 have responded.
**RESULTS**: Of 386 Healthcare workers that responded, most 198(51.30%)were nurses, 103(26.68%)were doctors, 62(16.06%)were housekeeping staff and 23(5.96%)were lab technicians.All the healthcare workers had adequate knowledge.through the housekeeping staff lagged behind comparatively. Practices related to biomedical waste management were significantly higher among nurses followed by lab-technicians compared to others.
**CONCLUSION**: Regular training and sensitisation workshops should be held and strict adherence to biomedical waste management regulations should be encouraged at all levels.
**KEYWORDS**: Bio-medical waste, healthcare workers

## COMMITTEE AWARD- POSTER

THEME: HEALTH SYSTEMS, MEDICAL EDUCATION & WORKFORCE

**ABSTRACT ID:** COM-MEW-PO-03

**Knowledge and Awareness of Integrated Child Development Services (ICDS) among Anganwadi Workers in a Tribal District of Maharashtra, India**

PRESENTING AUTHOR: Dr. Abdul Rahman Akbar
AUTHORS: Dr. Abhay Ambilkar, Dr, Akshay Ghavane
INSTITUTE/ORGANISATION: Government Medical College, Gondia

**BACKGROUND**: AWWs constitute the frontline workforce of ICDS, delivering nutrition, health, and early childhood services at the community level in tribal regions. The objectives were: 1. To evaluate the knowledge of Anganwadi workers about the components of the ICDS program, 2. To explore the sociodemographic characteristics and other factors affecting knowledge

**METHODOLOGY**: A cross-sectional study was conducted from January to May 2025 among all 84 AWWs working in 84 Anganwadi Centers in a tribal block of a district in Maharashtra, using universal sampling. Data were collected through face-to-face interviews using a structured, pretested questionnaire administered at the Anganwadi centers.

**RESULTS**: Of the 84 Anganwadi workers surveyed, the mean age was 49.65 years with an average experience of 18.21 years. Most were urban residents (93%) and had high school education. Overall, 75% had moderate knowledge of ICDS, significantly associated with education ($p = 0.049$). No associations were found with age, residence, or experience. Immunization knowledge was highest, while gaps existed in prophylaxis and growth monitoring. Key challenges included low honorarium (97.6%), excessive records, poor supervision, and inadequate infrastructure.

**CONCLUSION**: AWWs showed fair overall awareness of ICDS, but important gaps persisted in critical domains such as prophylaxis and growth monitoring. Strengthening domain-specific training, improving supervision, and addressing systemic constraints.

**KEYWORDS**: Anganwadi Workers; ICDS

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**ABSTRACT ID:** COM-MEW-PO-04

**Routine Immunization Among Under-Five Children Coverage and Key Barriers: A Cross-Sectional Study from a Tertiary Care Hospital**

PRESENTING AUTHOR: DR RAVI KUMAR DALAL
AUTHORS: -
INSTITUTE/ORGANISATION: MGM MEDICAL COLLEGE AND HOSPITAL, CHH. SAMBHAJINAG

**BACKGROUND**: Vaccine-preventable diseases remain the foremost cause of morbidity and mortality among under-5 children. Routine immunization is one of the most cost-effective interventions to ensure child health. This study aimed to assess immunization coverage among children under 5 attending a tertiary care center and to identify reasons for partial or non-immunization.

**METHODOLOGY**: A hospital-based cross-sectional study was conducted at MGM Medical College, Aurangabad, from 24 March to 31 March 2023. Children below 5 years attending the pediatrics OPD, ward, and immunization clinic were included through convenience sampling. Data were collected using a pre-structured questionnaire and verified using immunization cards wherever available. A total of 159 children were assessed.

**RESULTS**: Among the study population, 62.9% were fully immunized and 30.8% were partially immunized. Full immunization was slightly higher among males (72.5%) than females (65.8%). Immunization coverage varied by socioeconomic class, with higher coverage in upper-middle and lower-middle classes. Key reasons for partial or no immunization included loss of vaccination card, lack of awareness of schedule, parental forgetfulness, time constraints due to work, and child illness leading to delays.

**CONCLUSION**: The study found suboptimal immunization coverage compared to national goals, consistent with declining trend reported post-COVID-19. Strengthening awareness, improving accessibility, and ensuring parental engagement are essential to enhance vaccination uptake

**KEYWORDS**: Routine Immunization, Under-5 children,Partial immunization

## COMMITTEE AWARD- POSTER

THEME: HEALTH SYSTEMS, MEDICAL EDUCATION & WORKFORCE

**ABSTRACT ID:** COM-MEW-PO-05

**Level of knowledge and attitude among clinical practitioners towards NTEP services in Khopoli, Raigad District**

PRESENTING AUTHOR: Dr. Danya Jawahar (JR3)
AUTHORS: Dr. Sunila Sanjeev (AP), Dr. Ram (MPH)
INSTITUTE/ORGANISATION: MGM MEDICAL COLLEGE,KAMOTHE, NAVI MUMBAI

**BACKGROUND**: The Revised National Tuberculosis Control Programme (RNTCP) was restructured as the National Tuberculosis Elimination Programme (NTEP) in 2020 to accelerate India's goal of eliminating TB by 2025. As 80–85% of licensed physicians in India work in the private sector, their knowledge attitude and awareness regarding NTEP service is crucial.
**METHODOLOGY**: A cross-sectional study was conducted at the Urban Health Training Centre Khopoli, covering a mixed urban–rural population of approximately 86,000. From a list of 127 registered practitioners, 114 participated. Data on knowledge and attitudes toward NTEP were collected using a self-administered, pre-tested and validated structured questionnaire.
**RESULTS**: Of the 114 participants, 43 were allopathic and 71 AYUSH practitioners. While 90% recognized TB as a notifiable disease and 96% were aware of free government treatment, gaps in knowledge of treatment duration were evident .Among allopathic doctors 60.47 % knew duration of intensive phase, 39.53% knew the duration of continous phase . 41 (95%) allopathic practitioners and 61 (85%) non-allopathic practitioners felt that all private practitioners should be trained and regularly updated regarding modifications in TB treatment.
**CONCLUSION**: This study highlight the need for targeted training and integration of all types of Clinical practitioners into TB elimination efforts.
**KEYWORDS**: NTEP, Knowledge, Attitude, Clinical Practitioners

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**ABSTRACT ID:** COM-MEW-PO-06

**Comparison of Utilization of Maternal Health Services amongst pregnant women of Urban and Rural Areas of Amravati District**

PRESENTING AUTHOR: Dr. Supriya Gomase
AUTHORS: Dr.P.A.Warbhe, Dr.A.K.Jawarkar
INSTITUTE/ORGANISATION: DR PDMMC

**BACKGROUND**: Maternal and child health (MCH) services are essential for reducing maternal and neonatal morbidity and mortality. However, disparities in access, awareness, and utilization often exist between urban and rural populations.Objectives: (1) To assess and compare awareness of maternal health services and programs among pregnant women in urban and rural areas
**METHODOLOGY**: A cross-sectional, interview-based study will be conducted in the urban and rural selected areas of Amravati District. The study will includes randomly selected 100 participants—50 from the Urban area and 50 from the Rural area. Data regarding awareness and utilization of maternal health services will be collected.
**RESULTS**: AWAITED
**CONCLUSION**: AWAITED
**KEYWORDS**: Maternal health, Urban area,Rural area

## COMMITTEE AWARD- POSTER

THEME: HEALTH SYSTEMS, MEDICAL EDUCATION & WORKFORCE

**ABSTRACT ID:** COM-MEW-PO-07

**A Study on Learning Styles and Approach Preferred Among Medical Students: A Cross-Sectional Study**

PRESENTING AUTHOR: Dr P Rakshana
AUTHORS: Dr Acharya N.A, Dr Nagaonkar A.S
INSTITUTE/ORGANISATION: Vilasrao deshmukh government medical College,latur

**BACKGROUND**: Medical field is ever changing. hence, the students pursuing career in medicine are expected to be 'lifelong learners' to enhance their knowledge and abilities to keep up with the constant evolution.. This study is conducted to determine the preferred learning styles and approaches among MBBS students to make learning effective .

**METHODOLOGY**: A descriptive cross-sectional study is being conducted among undergraduate medical students from 1st year to 4th year MBBS, at Government medical college in Latur district, Maharashtra. After obtaining informed consent, convenience sampling will be employed, and all consenting students in each year will be included in the study. A self-administered visual, auditory, read/write, kinesthetics (VARK) and Study Skills Inventory for Students(ASSIST) questionnaire is used.

**RESULTS**: AWAITED

**CONCLUSION**: AWAITED

**KEYWORDS**: Learning style, VARK questionnaire,medical students

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**ABSTRACT ID:** COM-MEW-PO-09

**Out-of-Pocket Expenditure and Catastrophic Health Spending in Rural Western Maharashtra: A Community- based Cross-sectional Study**

PRESENTING AUTHOR: Dr Sakshi Sharma
AUTHORS: Dr Kapil Pandya, Dr Kunal Chatterjee, Dr Vijaykumar S
INSTITUTE/ORGANISATION: Armed Forces Medical College, Pune

**BACKGROUND**: Out-of-pocket expenditure (OOPE) remains a major barrier to achieving financial risk protection in India, particularly in rural settings where dependence on private healthcare and indirect costs continue to strain household resources. This study aimed to estimate the burden of OOPE and Catastrophic Health Expenditure (CHE) and examine their sociodemographic correlates among rural households in Western Maharashtra

**METHODOLOGY**: A community-based cross-sectional study was conducted between August and November 2025 in the catchment area of a Rural Health Training Centre in Western Maharashtra among 770 households using systematic random sampling using a structured questionnaire.

**RESULTS**: Of the 770 households, 233 (30.2%) reported any OOPE and constituted the analytical sample. Among these, 45 households (19.2%) experienced at least one inpatient episode in the year preceding the study. The mean monthly household income was ₹20,809 ± 9,223. The mean inpatient OOPE was ₹14,380±9,750, with medicines (37.7%) and diagnostics (22.7%) accounting for the largest share of expenditure. Overall, 30.0% of households with OOPE experienced catastrophic health expenditure. Among households with inpatient episodes, 60.6% incurred CHE. Utilisation of health insurance was significantly associated with a lower prevalence of CHE (6.1% vs 34.0%).

**CONCLUSION**: A substantial proportion of rural households in Western Maharashtra continue to experience high out-of-pocket expenditure and catastrophic health spending, particularly following inpatient care.Strengthening awareness, improving utilisation of insurance benefits, and reducing expenditure on medicines and diagnostics are essential to mitigate catastrophic health expenditure and advance progress toward universal health coverage in rural communities.

**KEYWORDS**: Out-of-Pocket Expenditure; Catastrophic Health Expenditure; Rural Health; Financial Risk Protection; Universal Health Coverage

## COMMITTEE AWARD- POSTER

THEME: HEALTH SYSTEMS, MEDICAL EDUCATION & WORKFORCE

**ABSTRACT ID:** COM-MEW-PO-10

**Emotional Intelligence and Happiness Among Clinical Medical Students in India: A Cross-Sectional Study**

Presenting Author: Dr. Rasika P. Khondalay
Co-authors: Dr. Aniruddha R. Deoke
Institution: NKP Salve Institute of Medical Sciences & Research

**BACKGROUND:** Emotional intelligence (EI) influences how medical students handle stress, relationships, and academic challenges. While global studies link higher EI with greater happiness, Indian evidence is limited. This study aims to assess the association between EI and happiness among clinical medical students in India and identify key predictors of happiness.

**METHODOLOGY:** A cross-sectional study will be conducted among 400 MBBS clinical-year students and interns from selected Indian medical colleges using proportionate sampling. Data will be collected electronically through the Brief Emotional Intelligence Scale, Oxford Happiness Questionnaire, Perceived Stress Scale, burnout inventory, and a demographic-academic proforma. Following pilot testing, descriptive statistics, correlations, and multivariable analyses—including gamma and gradient-boosted regression models—will assess associations and predictors.

**RESULTS:** The study anticipates finding a significant positive association between emotional intelligence and happiness among clinical medical students and interns in India. Higher EI scores are expected to correlate with greater happiness and lower levels of stress and burnout. Students demonstrating better emotional regulation, empathy, and social awareness may report higher overall wellbeing. Conversely, elevated stress and burnout levels are anticipated to negatively affect happiness. Certain demographic and academic factors, such as gender, year of study, and academic performance, may also influence this relationship. Gradient-boosted regression models will likely highlight emotional intelligence and stress as key predictors of happiness.

**CONCLUSION:** This study will provide insights into how emotional intelligence influences wellbeing among Indian medical students, guiding the integration of EI-based training and wellbeing initiatives into medical education curriculum.

**KEYWORDS**: Emotional intelligence, Medical education, Happiness

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**ABSTRACT ID:** COM-MEW-PO-08

**Navigating the Digital Shift: A Qualitative Analysis of the Hidden Cost of Digitalisation on India's Frontline Health Workers**

PRESENTING AUTHOR: Dr. Taneya Singh
AUTHORS: Dr. Deepa Velankar, Dr. Sumedha Joshi
INSTITUTE/ORGANISATION: Dr. DY Patil University, School of Medicine, Navi

**BACKGROUND**: This study explores Accredited Social Health Activists' (ASHAs) lived experiences with digitalisation in India's community health system. With the shift toward digital record-keeping across health programmes, it examines how digital tools have transformed their roles, influenced workload, and the key challenges they face while adopting and using these systems.

**METHODOLOGY**: A qualitative study design was employed. Fourteen ASHA workers affiliated with an Urban Health & Training Centre in the field practice area of a tertiary care hospital in Navi Mumbai were included in the study through purposive sampling. Data was collected through semi-structured, open-ended, in-depth interviews and thematic analysis was performed.

**RESULTS**: Three major themes emerged: 1. Digital transformation of routine work: Digitalisation redefined ASHAs' field roles, creating duplication of effort, work-life imbalance, and an undercurrent of resistance toward digital tools perceived as burdensome. 2. "Invisible" digital labour: The shift expanded routine daily work without additional compensation, reinforcing unpaid overtime, economic precarity, and a preference for manual documentation. 3. Challenges of digital transition: Technical instability, limited digital literacy, inadequate devices and network issues hindered efficiency, while emotional fatigue and fiscal irregularity was offset by a strong moral obligation and resilience among workers.

**CONCLUSION**: Digitalisation has increased ASHAs' workload and reduced community interaction time, highlighting the urgent need for better digital infrastructure, training, and financial support to ensure technology empowers rather than burdens them.

## COMMITTEE AWARD- POSTER

THEME: HEALTH SYSTEMS, MEDICAL EDUCATION & WORKFORCE

**A cross-sectional study assessing loneliness prevalence, its correlating factors, and coping mechanisms among medical undergraduates in a tertiary hospital**

**ABSTRACT ID:** COM-MEW-PO-11
Presenting Author: Dr Surekha Aishwarya R
Co-authors: Dr Violet Pinto, Dr Sumedha Joshi
Institution: DY Patil School of Medicine, Navi Mumbai

**BACKGROUND**
Loneliness, a growing public health concern, often affects medical students due to academic stress and limited social interaction. This study assessed the prevalence of loneliness and its association with socio-demographic, lifestyle, and health factors among undergraduate medical students in a Navi Mumbai tertiary hospital, and explored their coping mechanisms.

**METHODOLOGY**
A cross-sectional study was conducted among undergraduate medical students from first to final year using universal sampling. Data were collected through a self-administered Google form including socio-demographic, lifestyle, and health-related variables, the UCLA Loneliness Scale (Version 3), and coping mechanisms. Statistical analysis was done using Microsoft Excel and SPSS version 21, employing descriptive and analytical statistics and binomial logistic regression.

**RESULTS**
Loneliness prevalence was 58.5%. Significant associations ($p<0.05$) were found with birth order, financial issues, relationships with friends, childhood experiences, physical inactivity, hobbies, tobacco and drug use, understanding local language, social anxiety, personality, self-esteem, body image, academic performance, sleep, social media use, and mental and medical health. Logistic regression revealed that students with financial issues, tobacco use, low self-esteem etc experienced higher loneliness($p<0.05$). Most common coping strategies among the students were interacting with peers, using social media, and watching television.

**CONCLUSION**
Loneliness among medical students is a major concern. Early identification, peer-support initiatives, counseling, and stress-management programs are essential to promote their mental well-being and academic success.

**KEYWORDS**: Loneliness, Medical students, Coping mechanisms.

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**ABSTRACT ID:** COM-MEW-PO-12

**A Boon or a Curse: A KAP Study on AI in Education Amongst School Students'**

PRESENTING AUTHOR: Dr. Andrea Anthony Almeida
AUTHORS: Dr. Rahul Surve , Dr. Shobha Salve
INSTITUTE/ORGANISATION: Mahatma Gandhi Mission Medical College and Hospital

**BACKGROUND:** Artificial Intelligence (AI) has become an integral part of our life.So, to make students 'Aware about AI', National Education Policy 2020 recommended Central Board of Secondary Education (CBSE) to introduce AI in the school curriculum.This study objective was to assess the knowledge, awareness and perception of school students regarding AI.

**METHODOLOGY:** The project was started in September 2025 along with my project guide. •A pre-structured self-administered Questionnaire was prepared •The survey was conducted in 2 Schools (1 CBSE and 1 Non-CBSE) in Aurangabad which were randomly selected from the list of schools. •Total 294 (Std V to X) responses were collected.

**RESULTS:** 88.89% CBSE had knowledge about AI as compared to 64.86% Non-CBSE students. The Survey showed 52.7% use AI for academic work in both groups. CBSE students (63.7%) were much aware about AI hampering their natural learning ability when compared to Non-CBSE students (39.2%). 72.6% CBSE Students believed that AI could cause dependency.

**CONCLUSION** : Students from CBSE school who were taught about AI in their Curriculum were well aware about its uses and risk factors pertaining to it.

**KEYWORDS**: Artificial Intelligence, Curriculum, Learning ability

## COMMITTEE AWARD - POSTER

THEME: DISEASE PATTERNS, CLINICAL & EPIDEMIOLOGICAL STUDIES

**ABSTRACT ID:** COM-DCE-PO-01

**Prevalence of obesity among secondary school children in rural field practice area of a medical college.**

PRESENTING AUTHOR: Dr. KHADE KISHOR KASHINATH
AUTHORS: Dr.Jagannath Dixit, Dr. Malangori Parande, Dr. Mamta K. Shewte, Dr. Muralidhar Tambe
INSTITUTE/ORGANISATION: BJGMC, PUNE

**BACKGROUND:** Childhood obesity is an emerging public health concern, particularly in rural areas where nutritional transitions and lifestyle changes are increasingly observed. Primary objective: • To estimate the prevalence of obesity. Secondary objectives: • To find out the sociodemographic factors associated with obesity.

**METHODOLOGY:** A cross-sectional study was conducted among 659 students. Body Mass Index (BMI) was calculated and categorized using standard classifications. Data on age, sex, and socio-economic status were analyzed to assess associations with obesity.

**RESULTS:** Of the 659 participants, 64.0% were underweight, 30.5% had normal weight, 4.6% were overweight, and 0.9% were obese. Obesity showed no significant association with age ($\chi^2$=9.30, p=0.157) or sex ($\chi^2$=0.0595, p=0.807). A significant association was found between obesity and socio-economic status ($\chi^2$=23.7, p<0.001), with obesity more prevalent in the upper-middle class.

**CONCLUSION:** Although the prevalence of obesity was low, socio-economic status emerged as a significant determinant. The high proportion of underweight children indicates a dual burden of malnutrition. Targeted health education.

**KEYWORDS:** Childhood obesity, Body Mass Index

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**ABSTRACT ID:** COM-DCE-PO-02

**OCCUPATIONAL HEALTH PROFILE AND ACCIDENTAL INJURIES AMONG STEEL COIL CUTTING INDUSTRY WORKERS**

PRESENTING AUTHOR: Dr. Kiran Vithal Keny
AUTHORS: Dr. Yogita Manoj Sanas, Dr. Balkrishna Adsul
INSTITUTE/ORGANISATION: MGM Medical College, Hospital and Research Centre

**BACKGROUND:** The Steel Coil Cutting Industry workers faced many workplace hazards, including accidental injuries, work-related morbidities, representing a major occupational health problem. The objective of the study was to assess the occupational health profile, accidental injuries, and associated health issues among workers.

**METHODOLOGY:** This is a cross-sectional descriptive study on an estimated sample of 50 male workers in a steel coil cutting industry in Navi Mumbai. Data were collected using a pre-validated questionnaire, occupational history, clinical examination, and anthropometric measurements from July 2023 to June 2024. Descriptive and exploratory statistical methods were used for Data analysis.

**RESULTS:** The majority of workers belonged to the 25 to 35 years age group. 66% workers had less than 2 years of work experience. 80% workers had a normal BMI, whereas 10% were underweight. Addictive habits were commonly reported, especially gutkha chewing. Few tobacco smokers reported recurrent respiratory symptoms. Most reported injuries were minor, mainly cuts to the hands and forearms, with no major or fatal injuries. Many health workers commonly reported about sleep disturbances, gastritis, musculoskeletal discomfort and respiratory complaints.

**CONCLUSION:** As frequent minor and nil major injuries were observed in the present study, along with other morbidities, including addiction and therefore periodic assessment of health problems is needed

**KEYWORDS:** Occupational IIealth, Injuries, Respiratory S

## COMMITTEE AWARD - POSTER

THEME: DISEASE PATTERNS, CLINICAL & EPIDEMIOLOGICAL STUDIES

**ABSTRACT ID:** COM-DCE-PO-03

**Study of the prevalence of Anaemia in adult population residing at Urban Slum Area of Solapur.**

PRESENTING AUTHOR: Sapkale Mayur Khushal
AUTHORS: Dr. L. L. Gaikwad, Dr. P. R. Kabra
INSTITUTE/ORGANISATION: Dr. V. M. Govt. Medical College, Solapur.

**BACKGROUND:** Background: The trend of anaemia prevalence in India has increased between NFHS-4 and NFHS-5 from 53% in 2015-16 to 57% in 2019-21 among women and from 23% in 2015-16 to 25% in 2019-21 among men. Objectives: a) To estimate the prevalence of Anaemia in adult population residing at Urban Slum Area of Solapur. b) To determine the association between sociodemographic factors and Anaemia among adults residing at Urban Slum area.

**METHODOLOGY:** An Observational descriptive study with Cross-sectional study design was conducted after taking IEC approval among adult population residing at Urban Slum selected by Simple random sampling. Sample size was calculated taking prevalence of anaemia of 23.2%. Informed consent was obtained before taking blood samples & anaemia was diagnosed using WHO Criteria of Haemoglobin level Adult males <13 g/dl & Adult females < 12 g/dl.

**RESULTS:** Total no of participants in study were 302 out of which majority 107 (35.1%) were from age group 31-45 years. Overall prevalence of anaemia was 135 (44.7%). The association between anaemic and socio demographic factors in which the variable gender was statistically significant with female were 94 (57.7%) anaemic as compared to male 41 (29.5%). In variable education status among illiterate were 36 (63.2%) anaemic and in variable working status unemployed group were 92 (52%) anaemic, this association was statistically significant while rest of the variables like Age, Family type & BMI were not found to be statistically significant.

**CONCLUSION:** The prevalence of Anaemia among adult population of urban slum was 44.7%. Interventions like nutritional education are important to control anaemia especially with focus on illiterate, unemployed & female residents.

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**ABSTRACT ID:** COM-DCE-PO-04

**Parenting Stress and Daily Hassles Among Parents of Children with ADHD: An Overlooked Component in Family-Centered Care - Cross-sectional Study**

PRESENTING AUTHOR: Dr Aswathy Madhu
AUTHORS: 0
INSTITUTE/ORGANISATION: Dr. D. Y. PATIL MEDICAL COLLEGE, HOSPITAL AND RESE

**BACKGROUND:** Background: Parenting a child with Attention-Deficit/Hyperactivity Disorder (ADHD) imposes significant emotional and caregiving demands. While international studies report high levels of parental stress, evidence from the Indian context remains limited. Objective: To assess daily parenting stress and hassles experienced by the parents of children with ADHD, attending pediatric outpatient department.

**METHODOLOGY:** A cross-sectional study was conducted among 54 parents of children diagnosed with ADHD at a tertiary care hospital in Pune. Parenting stress was measured using the Parenting Daily Hassles (PDH) scale, and descriptive statistics were used to summarize the burden.

**RESULTS:** Most participants were mothers (70.4%) from urban households (94.4%), and the majority of children were male (72.2%). Parents reported high levels of daily stress, with a mean PDH Total Intensity Score of 71.33 ± 9.95; 66.7% scored ≥70, indicating substantial parenting strain. Frequently reported hassles included constant supervision (87%), repeated interruptions (76%), bedtime resistance (72%), and difficulties managing behaviour in public (79%).

**CONCLUSION:** Parents of children with ADHD in India experience daily stress due to behavioural challenges and routine caregiving demands. Highlighting the need for targeted parental support programs and structured interventions.

## COMMITTEE AWARD - POSTER

THEME: DISEASE PATTERNS, CLINICAL & EPIDEMIOLOGICAL STUDIES

**ABSTRACT ID:** COM-DCE-PO-05

**Assessment of Mental Health App Usage, Expenditure, and Effectiveness Among Young Adults in India.**

PRESENTING AUTHOR: Dr. Shristi Verma
AUTHORS: Dr. Bijaylaxmi Panda Dr. Chaitali Borgaonkar Dr. Jui Tetu Dr. Ramya Nair
INSTITUTE/ORGANISATION: Dr. D Y Patil Medical College, Pimpri, Pune

**BACKGROUND:** Mental health problems such as anxiety, depression, and stress are increasingly common among young adults in India. With widespread smartphone use, mental health apps offer accessible self-care support, yet evidence on their usage patterns, costs, effectiveness, and barriers to continued use remains limited.

**METHODOLOGY:**Study Design: Cross-sectional, online survey-based study. Study Setting: Pan-India digital data collection (Google Form). Study Population: Young adults aged 18–35 years using smartphones. Inclusion Criteria: • Age 18–35 years • Access to smartphone/mobile app usage • Willing to provide informed consent Exclusion Criteria: • Diagnosed psychiatric illness needing supervised treatment • Unwilling to participate Sample Size: 450 participants

**RESULTS:** The study is expected to provide insights into the prevalence of mental health app usage, financial burden related to app subscriptions, perceived benefits, and key facilitators and barriers influencing app engagement among young adults.

**CONCLUSION:** The findings will inform policymakers, mental health professionals, and digital health developers about mental health app use in India and support the design of effective, accessible, and user-centered digital interventions.

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**ABSTRACT ID:** COM-DCE-PO-06

**Cardiovascular Risk Assessment Among Rural Adults Aged 40–60 Years Using WHO–ISH Charts: A Cross-Sectional Study in Central India**

PRESENTING AUTHOR: Dr. Sanyukta Manik Choudhari
AUTHORS: Dr. Avinash Gawande, Dr. Uday Narlawar
INSTITUTE/ORGANISATION: Govt medical college and hospital ,Nagpur

**BACKGROUND:** Cardiovascular diseases contribute substantially to morbidity and mortality in rural India. Limited access to laboratory investigations necessitates simple risk stratification tools. This study aimed to estimate ten-year cardiovascular risk among adults aged 40–60 years using WIIO–ISII charts and to examine associations with selected demographic and clinical risk factors in populations.

**METHODOLOGY:**A community-based cross-sectional study was conducted at a rural health centre.Adults aged 40–60 years were enrolled using convenient sampling.Sociodemographic details,behavioural factors,blood pressure,diabetes history, anthropometry were recorded using a semi-structured questionnaire.Ten-year cardiovascular risk was assessed using non-laboratory WHO–ISH charts for the South-East Asia region.Data were analysed using descriptive statistics chi-square tests with appropriate confidence intervals estimation methods.

**RESULTS:** Most participants were categorised as having low ten-year cardiovascular risk. A notable proportion demonstrated moderate risk, while a smaller fraction fell into the high-risk category. Higher risk levels increased with advancing age. Males showed comparatively greater moderate and high risk than females. Hypertension, diabetes, smoking, and elevated body mass index were more prevalent among individuals in higher risk categories. However, several associations between risk factors and cardiovascular risk categories did not reach statistical significance, reflecting the multifactorial nature of cardiovascular risk in rural populations, underscoring need for early screening and preventive interventions within primary healthcare settings in rural India settings.

**CONCLUSION:** WIIO–ISII charts provide a feasible approach for cardiovascular risk assessment in rural health centres. Incorporating risk-based screening into primary care can facilitate early identification, targeted prevention, and efficient resource allocation.

## COMMITTEE AWARD - POSTER

THEME: DISEASE PATTERNS, CLINICAL & EPIDEMIOLOGICAL STUDIES

**ABSTRACT ID:** COM-DCE-PO-07

**Assessment of risk of NCDs in adults residing in urban field practice area of a medical college in Navi Mumbai**

PRESENTING AUTHOR: Dr. Sneha Vijay Nakade
AUTHORS: -
INSTITUTE/ORGANISATION: MGM medical college and hospital, Vashi

**BACKGROUND:** NCDs account for more than 62% of the age-standardized burden of DALYs in India. Specially, excessive consumption of sugar, salt and oil is said to increase risk of developing NCDs in adults Objectives: To assess risk of developing NCDs in adults residing in urban field practice area
**METHODOLOGY:** cross-sectional study was conducted in an urban health training centre. Adults aged 30 and above who were residing in the area since at least 1 year and who are not suffering from NCD at the time of data collection were chosen as subjects. Convenient sampling method was used to collect the data. Community Based Assessment Checklist(used for NCD Screening under NHM) was used for assessment
**RESULTS:** 65% subjects were males while 35% were female. About 36% were above 50 years of age. About 60% were consuming more than recommended amount of sugar 70% of study subjects were consuming Excessive amount of salt. About 40% of the subjects were at risk of developing NCDs.
**CONCLUSION:** large proportion of study subjects are at risk of developing NCDs. Overconsumption of sugar, salt and oil is high within the community. screening and health education will help.
**KEYWORDS:** NCD, Overconsumption, salt,Sugar, oil,Risk

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**ABSTRACT ID:** COM-DCE-PO-08

**A Survey on Digital Literacy in Senior Citizens**

PRESENTING AUTHOR: Dr. Neha Patil
AUTHORS: Dr. Surve RR, Dr. Takwale GP, Dr. Salve SB
INSTITUTE/ORGANISATION: Mahatma Gandhi Mission's Medical College and Hospital

**BACKGROUND:** Digital literacy is an increasingly essential skill for accessing information, healthcare services, financial transactions, and social connectivity. Senior citizens often face unique challenges. The objective was to explore the knowledge of senior citizen towards digital literacy and to understand older people's familiarity and barriers to interact with digital technology.
**METHODOLOGY:** A community-based cross-sectional survey was conducted among 233 senior citizens using a structured questionnaire covering digital device ownership, internet skills, communication abilities, safety practices, and perceived barriers. Data were collected through face-to-face interviews and analyzed using descriptive statistics.
**RESULTS:** Among participants, 75.9% owned a mobile phone, and 72.1% used at least one digital platform such as WhatsApp, YouTube, or online newspapers. Awareness of mobile apps was reported by 66.1%, while 41.2% could independently search for information on the internet. Participation in video calls was possible for 45.9%, but only 16.3% could troubleshoot device or app issues on their own. Digital anxiety was prevalent: 60.9% reported feeling anxious or fearful. Despite this, 63.5% expressed interest in learning digital technology. Major barriers included poor vision, illiteracy, inability to handle phones, and financial difficulties.
**CONCLUSION:** Most seniors use basic digital tools, but advanced skills are limited due to anxiety and functional barriers; targeted training, simplified interfaces, and community support can improve digital inclusion.
**KEYWORDS:** digital, senior citizen, technology barriers

## COMMITTEE AWARD - POSTER

THEME: DISEASE PATTERNS, CLINICAL & EPIDEMIOLOGICAL STUDIES

**ABSTRACT ID:** COM-DCE-PO-09

**Experiences of Women of Reproductive Age, working as Housekeeping Staff in Private Medical College on using Sustainable Menstrual Products**

PRESENTING AUTHOR: Dr. Ayushi Anil Rathod
AUTHORS: Dr. Varsha Vaidya
INSTITUTE/ORGANISATION: Bharati Vidyapeeth Deemed University Medical College

**BACKGROUND:** Menstrual Hygiene Management [MHM] is a key aspect of women's health impacting their wellbeing, further complicated by workplace-related challenges and lower socio-economic status. Objectives: 1.To identify socio-demographic, WASH and information-source factors associated with sustainable MHM practices 2.To identify facilitators and barriers to use of Sustainable menstrual products
**METHODOLOGY:** The qualitative study was conducted in the campus of a private medical college in Pune in women aged 15 to 49 years working as housekeeping staff Inclusion Criteria: Women aged 15 to 49 years working as housekeeping staff in a private medical college Exclusion Criteria: Women who have achieved early menopause Women who do not wish to participate in the study
**RESULTS:** AWAITED
**CONCLUSION:** AWAITED
**KEYWORDS:** Sustainable, menstruation, hygiene, reproductive age

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**ABSTRACT ID:** COM-DCE-PO-10

**Study of Prevalence and Associated Risk Factors of Non Communicable Diseases Among Rural Population- Cross Sectional Study**

PRESENTING AUTHOR: Dr. Asha Sopanrao Munjal
AUTHORS: Dr. Nitin N. Ambadekar, Dr. Rajendra T. Ankushe, Dr. Shriram V. Gosavi
INSTITUTE/ORGANISATION: Public Health Department, Government of Maharashtra

**BACKGROUND:** NCD prevalence increases throughout the world leads to 47% of disease burden and 63% of all mortalities. Of which, 80% mortalities occur in developing countries, and majority of deaths are premature. NCD risk factors start early in life and build up throughout adulthood, despite being usually linked to older persons.
**METHODOLOGY:** Community based cross-sectional study conducted among 30 years and above rural population from April 2025 to November 2025 with the help of CBAC form. Ethical approval obtained from Institutional Ethics Committee.
**RESULTS:** In 2,52,432 Kalyan block population 1,68,434(66.72%) population were 30 years & above among them 165514(98.26%) were enrolled. 147507(87.57%) filled CBAC form and 63404(37.64%) were screened. 8582(13.53%) were addicted to tobacco, 4268(6.73%) to alcohol and 20490(32.31%) participants were above 60 years. About 11951(19%) were examined and 6361(10%) diagnosed with one of the NCD. In diagnosed NCD, 5075(8%) were diagnosed with HTN, 3753(5.91%) with DM, 1502(23.61%) with HTN & DM co-morbidity, 68(1.06%) with MNS, 89(1.39%) with COPD, 1 diagnosed with oral and 1 with cervix cancer. Study found overall 5996(94.26%) participants were under treatment. 670(10.53%) participants were adhere to the follow up.
**CONCLUSION:** Study found 6361(10.03%) NCD. 5075(8%) HTN, 3753(5.91%) DM, 1502(23.61%) HTN-DM co-morbidity, 68(1.06%) MNS, 89(1.39%) COPD, 1 oral and 1 cervix cancer. 8582(13.53%) addicted to tobacco, 4268(6.73%) alcohol, 20490(32.31%) >60 years.
**KEYWORDS:** NCD, Risk Factors, CBAC Form.

## COMMITTEE AWARD - POSTER

THEME: DISEASE PATTERNS, CLINICAL & EPIDEMIOLOGICAL STUDIES

**ABSTRACT ID:** COM-DCE-PO-11

**Handwashing Practices and associated factors among primary school students: A cross-sectional study.**

PRESENTING AUTHOR: Dr Patil V R
AUTHORS: Dr Sonkar V K, Dr Nagaonkar A S
INSTITUTE/ORGANISATION: VILASRAO DESHMUKH GOVRNMENT MEDICAL COLLEGE, LATUR

**BACKGROUND:** Handwashing is a simple way to prevent and decrease the spread of infectious diseases. Children with proper and efficient handwashing practices had shown a significant decrease in risk of contracting diarrheal illnesses and ARI. Hence this study aimed to know the handwashing practices and associated factors among primary school students

**METHODOLOGY:** A school- based descriptive cross sectional study was conducted among students of two govt and two private schools selected through purposive sampling which were near to UHTC area of tertiary care centre Latur. A structured questionnaire focussed on handwashing practices and sociodemographic characteristics was used to acquire data from 420 students. The data collected was processed and analysed using open Epi.

**RESULTS:** Among 420 primary school children ,244(58.09%) were males and 176(41.91%) were females .Adequate handwashing practices were seen among 159(37.86%)students. Prevalence of handwashing with soap and water after using toilet reported to be 55%(231) and 68.09%(286)had acquired knowledge on handwashing from their parents .forgetfulness and unavailability of soap and water were the most common reasons given for not practicing handwashing.

**CONCLUSION:** The study observed that students' proper handwashing habits and the availability of infrastructure were limited, furthermore infrastructure upgradation behavioural change education and stakeholders collaboration,all are crucial to encourage handwashing practices

**KEYWORDS:** Handwashing ,school children, infectious diseases

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# NANO SOMA

## DELIVERING ALL-IN-ONE HEALTH SUPPLEMENT

**S**ince the pandemic, urban and semi-urban Indians have been more conscious about leading healthy lifestyles. Exercise, a well-balanced diet, and the usage of health supplements have now become a way of life. Reports suggest that Indians are now traversing towards preventive healthcare, generating a huge demand for healthcare supplements. Resultantly, the Indian health supplement market is expected to touch USD 60 billion. The sector is projected to reach approximately USD 100 billion by 2030–2035.

With this impeccable growth trajectory, the customers are also developing a unique preference pattern with increased awareness. Starting with purity, strength, to chemical free, natural products, the customers are attentive and aware about the products they consume for their impact on health. Today, customers also demand a well-researched all-in-one supplement that contains all the nutrients important for overall well-being. This is where **NANO SOMA** enters the scene and totally fills the gap.

With its unique product NANO SOMA, aka Metadichol, the organization, strives to revolutionize the health supplement market of India. This unique Miracle supplement NANO SOMA is an all-in-one supplement that provides 15 different types of benefits such as, increasing Vitamin C level in the body, restoring the immune function, regulating genes, enhancing the energy levels. During the Pandemic NANO SOMA was also tested on COVID patients at Kasturba Hospital in Mumbai, where 75 percent of those who completed the prescribed dosage tested negative within 4 days of administering the supplement with NO known side effects.

"Our product has been tested by different health authorities, and we are pleased to disclose that our product was found effective at every point. NANO SOMA, aka Metadichol has proven to be effective for different issues, like Hypertension, Liver problem, TB (Tuberculosis), Diabetes, ask in diseases and others. "Nano Soma is the only product in the world that produces Vitamin C, Glutathione, and Antibody within the body", states **Dr. P R Raghavan, the Inventor of Metadichol.**

### Nanoparticles Delivering Total Protection

NANO SOMA, aka Metadichol is a natural product that is developed from the extracts of sugar cane. All natural ingredients and the main ingredients that go into making our products are Policosanol (Extract of Sugar cane wax), Vitamin E TPGS NANO SOMA.

The Policosanol nanoparticles with size less than 60 nm, penetrate through the organs to help improve the health from the very core gene level. NANO SOMA is also effective for delivering relief to the persons dealing with brain problems, like stroke or Parkinson's disease. In addition, NANO SOMA aids in wound healing while repairing damaged organs and blood vessels and skin diseases.

NANO SOMA serves the purpose of anti-bacterial, anti-viral and antifungal agents. In addition, NANO SOMA helps to restore proper immune functions, and improve overall health.

The product considerably increases the production of Vitamin C inside the body, thereby reducing the chance of chronic diseases, and corrects the abnormal biomarkers The development of Vitamin C further aids in increasing longevity and improving anti-aging.

### Robust Market Position

NANO SOMA, provided by the Distributor's is dedicatedly manufactured in Switzerland. The team has also developed an automated plant in India that plays a critical role in packaging, stocking, and delivering the product throughout the world. Todays, Nano Soma has a huge demand across the world that includes Australia, the UK, Europe, Canada, the US, South Africa and South east Asia and more.




"Our product is currently not marketed anywhere, and solely runs on a word-of-mouth basis. This proves the quality and effectiveness of NANO SOMA" with no advertisements or marketing in play.

Since inception, NANO SOMA strives to deliver an impeccable service to its clients. Along with the quality of the product, the firm ensures that its clients are satisfied with every demand concerning the product. It is customary for the firm to apply a just-in-time approach to ensure quick turnaround time, and fastest delivery at every corner of the world.

NANO SOMA, has also been continuous in testing its product with different authorities. Till date, NANO SOMA is tested by different reputed entities like, Kasturba Hospital Mumbai, Sewri TB Hospital Mumbai, Haffkine Institute Mumbai, and others. Moreover, all the findings are published in NANO SOMA's website (nanosoma.net) and other portals like Research Gate. The continuous test and finding helps the firm to increase its credibility and, gain confidence of its customers while creating a robust space for itself in the market.

### New Product Line

Our company is also working to introduce new product in the Indian market Nano cream. The product wherein it is tested on the elderly women of age 50 years or above.

"The Nano cream have shown to be helpful in healing of skin disease, wrinkles, with those who tried our products reporting a good effect and their wrinkles disappearing within three months". In the coming days, the firm also plans to develop a robust distribution network, across India and the global market, helping the firm to further strengthen its position.

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**Use of Artificial Intelligence(AI) in Angioplasty, Dr. Ankur Phatarpekar announces the integration of the latest OCT**

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