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Newsletter

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LET COMMUNITIES LEAD !

To mark the pivotal impact communities have had in shaping the HIV response, as well as global health at large, the theme of World AIDS Day 2023 is 'Let communities lead'.

World AIDS Day, 1st December, is an opportunity to reflect on the progress made to date, raise awareness about the challenges that remain to achieve the goals of ending AIDS by 2030 and mobilize all stakeholders to jointly redouble efforts to ensure the success of the HIV response.

“People living with or affected by HIV have left an indelible mark on the world with their activism. The affected communities who fought for tools to prevent, test, and treat HIV enabled 30 million people to access antiretroviral therapy, and helped to avert an unknowable number of infections.”

- Dr Tedros Adhanom Ghebreyesus
Director-General WHO

Key Facts

- HIV remains a major global public health issue, having claimed 40.4 million [32.9–51.3 million] lives so far with ongoing transmission in all countries globally; with some countries reporting increasing trends in new infections when previously on the decline.
- There were an estimated 39.0 million [33.1–45.7 million] people living with HIV at the end of 2022, two thirds of whom (25.6 million) are in the WHO African Region.
- In 2022, 630 000 [480 000–880 000] people died from HIV-related causes and 1.3 million [1.0–1.7 million] people acquired HIV.
- There is no cure for HIV infection. However, with access

to effective HIV prevention, diagnosis, treatment, and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

- WHO, the Global Fund and UNAIDS all have global HIV strategies that are aligned with the SDG target 3.3 of ending the HIV epidemic by 2030.
- By 2025, 95% of all people living with HIV (PLHIV) should have a diagnosis, 95% of those should be taking lifesaving antiretroviral treatment (ART) and 95% of PLHIV on treatment should achieve a suppressed viral load.
- When considering all people living with HIV, 86% [73–98%] knew their status, 76% [65–89%] were receiving antiretroviral therapy and 71% [60–83%] had suppressed viral loads.

Indian Scenario

Epidemiological HIV Data - 2023

Estimated No. of People Living with HIV	25,00,000
Estimated No. of Children aged 0 to 14 living with HIV	68,000
Estimated No. of Women (15+) living with HIV	11,00,000
Estimated Incidence rate per 1000 uninfected population	0.05
Estimate No. of People newly infected with HIV	66,000
Estimated Number of Deaths due to HIV	40,000
Estimated Adult (15-49) Prevalence	0.2 %

Health Sector Cascade – 2023

Indicator & Value	% 95 – 95 – 95
People living with HIV who know their status – 19,48,635	79 %
Reported No of People living with HIV receiving ART - 16,75,533	68 %
People living with HIV with Viral load suppression – 15,52,315	63 %

Source: WHO/UCN/HHS/SIA/2023.05
(Based on Information from WHO Website)

“Research Frontier: Public Health Always”

Editorial

Dr. Nisha Relwani

Associate Professor, Community Medicine, MGM Medical College, Kamothe, Navi Mumbai

“The way we work in public health is, we make the best recommendations and decisions based on the best available data.”- Tom Frieden

What is Public Health?

Public health is the science and art of preventing disease, prolonging life and promoting human health through organized community efforts as well as the informed choice of society, public, private and voluntary organizations and communities at large. Analyzing the health of a population and the threats to that health, forms the basis for public health. The field of public health is a rapidly evolving, diverse field of opportunity with high demand for skilled professionals able to promote and protect the health of all communities. While there are a variety of career paths within public health—from roles as epidemiologists and registered nurses to dietitians, mental health counsellors, and medical record technicians—one in particular touches on them all: public health researchers.

Overview of Research in Public Health

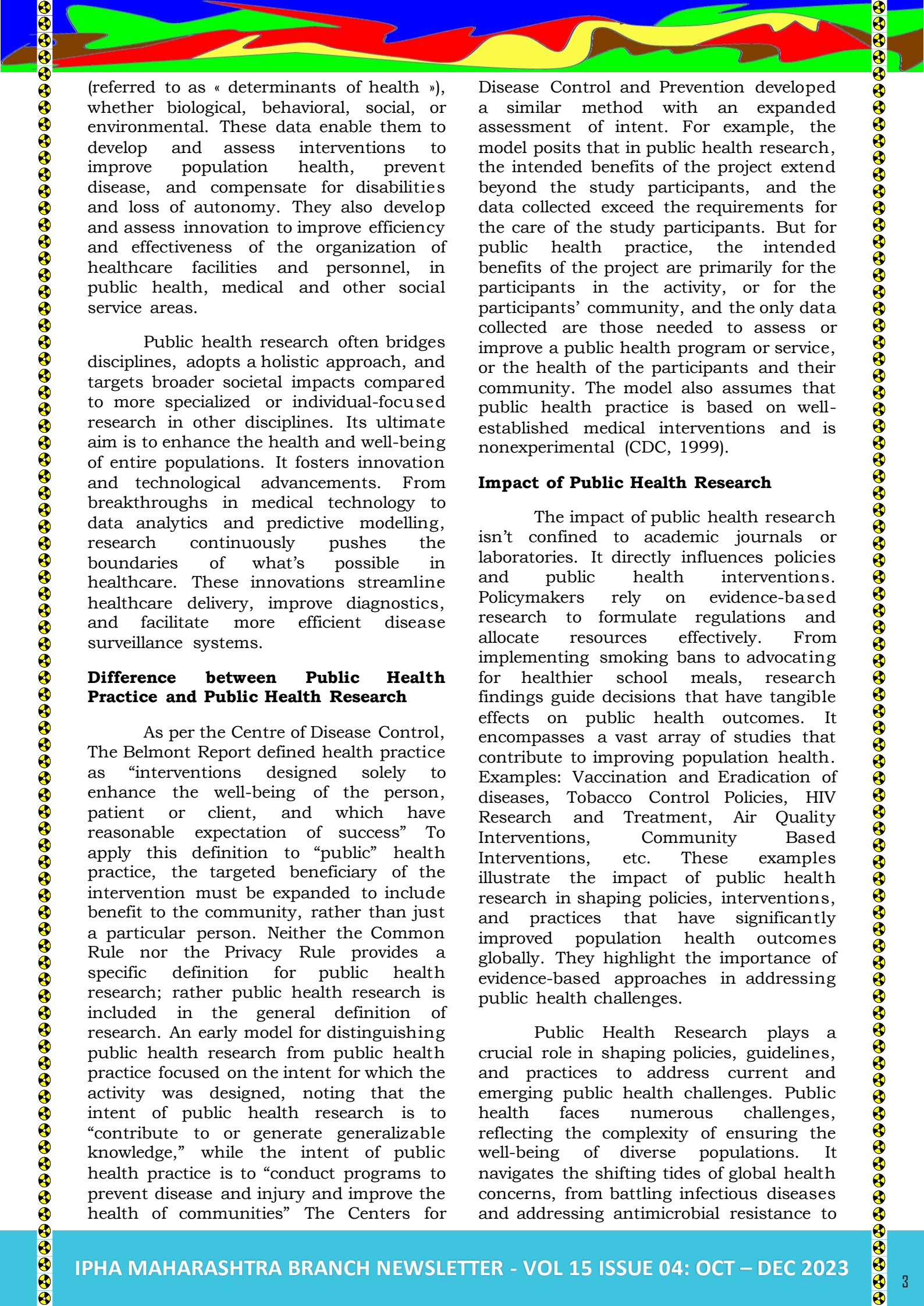
Research means a systematic investigation designed primarily to develop or contribute to general knowledge, including public health, medical, social, demographic and historical research. These are interlinked and need to be pursued in a parallel manner in public health development. Research in the frontier of public health is an ever-evolving, dynamic field that continuously strives to push the boundaries of knowledge and innovation. It serves as a beacon guiding us toward understanding, addressing, and overcoming the myriad health challenges faced by societies worldwide. At the heart of public health research lays a commitment to unravelling the intricate web of factors influencing health outcomes across populations.

The landscape of public health research is marked by its adaptive nature. Research in public health encompasses a broad range of studies which covers

various areas such as epidemiology, biostatistics, health policy, environmental health, community health, global health, healthcare management, and more. Public health research often involves interdisciplinary collaboration, data collection, analysis, policy recommendations, and interventions to improve health outcomes at the population level. Other Types of Research often concentrate on specific scientific, technological, or theoretical advancements in disciplines like medicine, biology, physics, etc., focusing on narrower topics or individual cases. They seek to expand knowledge, develop theories, or solve specific problems within a particular field or discipline. They aim at developing new technologies, medicines, or theories without a direct focus on population-wide impacts. They focus on expanding theoretical knowledge or technological advancements without immediate societal or public health implementation. Both types of research are crucial in advancing knowledge and improving our world, but public health research has a distinctive focus on the health and well-being of entire populations, considering broader social, environmental, and economic factors influencing health outcomes.

Role of Public Health Research

The role of public health research is to illuminate the path, to make the invisible visible, and to provide the evidence that can guide actions for the betterment of all. It presents unique ethical issues from other types of human participant research. Specifically, at least three possible kinds of duties to communities need to be considered: The duty to respect the community, the duty not to harm the community, and whether a duty to benefit the community exists. In practical terms, public health researchers study the statuses of population health and well-being, disability and loss of independence. They study population health, well-being, disability, and loss of autonomy, as well as the factors that determine these states



(referred to as « determinants of health »), whether biological, behavioral, social, or environmental. These data enable them to develop and assess interventions to improve population health, prevent disease, and compensate for disabilities and loss of autonomy. They also develop and assess innovation to improve efficiency and effectiveness of the organization of healthcare facilities and personnel, in public health, medical and other social service areas.

Public health research often bridges disciplines, adopts a holistic approach, and targets broader societal impacts compared to more specialized or individual-focused research in other disciplines. Its ultimate aim is to enhance the health and well-being of entire populations. It fosters innovation and technological advancements. From breakthroughs in medical technology to data analytics and predictive modelling, research continuously pushes the boundaries of what's possible in healthcare. These innovations streamline healthcare delivery, improve diagnostics, and facilitate more efficient disease surveillance systems.

Difference between Public Health Practice and Public Health Research

As per the Centre of Disease Control, The Belmont Report defined health practice as “interventions designed solely to enhance the well-being of the person, patient or client, and which have reasonable expectation of success” To apply this definition to “public” health practice, the targeted beneficiary of the intervention must be expanded to include benefit to the community, rather than just a particular person. Neither the Common Rule nor the Privacy Rule provides a specific definition for public health research; rather public health research is included in the general definition of research. An early model for distinguishing public health research from public health practice focused on the intent for which the activity was designed, noting that the intent of public health research is to “contribute to or generate generalizable knowledge,” while the intent of public health practice is to “conduct programs to prevent disease and injury and improve the health of communities” The Centers for

Disease Control and Prevention developed a similar method with an expanded assessment of intent. For example, the model posits that in public health research, the intended benefits of the project extend beyond the study participants, and the data collected exceed the requirements for the care of the study participants. But for public health practice, the intended benefits of the project are primarily for the participants in the activity, or for the participants’ community, and the only data collected are those needed to assess or improve a public health program or service, or the health of the participants and their community. The model also assumes that public health practice is based on well-established medical interventions and is nonexperimental (CDC, 1999).

Impact of Public Health Research

The impact of public health research isn't confined to academic journals or laboratories. It directly influences policies and public health interventions. Policymakers rely on evidence-based research to formulate regulations and allocate resources effectively. From implementing smoking bans to advocating for healthier school meals, research findings guide decisions that have tangible effects on public health outcomes. It encompasses a vast array of studies that contribute to improving population health. Examples: Vaccination and Eradication of diseases, Tobacco Control Policies, HIV Research and Treatment, Air Quality Interventions, Community Based Interventions, etc. These examples illustrate the impact of public health research in shaping policies, interventions, and practices that have significantly improved population health outcomes globally. They highlight the importance of evidence-based approaches in addressing public health challenges.

Public Health Research plays a crucial role in shaping policies, guidelines, and practices to address current and emerging public health challenges. Public health faces numerous challenges, reflecting the complexity of ensuring the well-being of diverse populations. It navigates the shifting tides of global health concerns, from battling infectious diseases and addressing antimicrobial resistance to

responding swiftly to pandemics like the recent COVID-19 outbreak. The ability of public health researchers to swiftly pivot their focus and methodologies in response to emerging threats underscores the agility and resilience of this field. A career in public health research can be incredibly rewarding and impactful. It involves studying various aspects of health at a population level, aiming to understand and improve the health of communities and societies as a whole.

Challenges Faced

Some of the major challenges include demographic changes and ageing population, environmental health, increasing need to use resources efficiently, rising mental health crisis, digital divide, health disparities, ongoing threat of infectious diseases, demand for new skills in health professionals, non-communicable disease epidemic, etc. Public health research continually evolves, adapting to new challenges and discoveries, making a long-lasting impact on individuals, communities, and global populations. Addressing these challenges requires collaborative efforts among governments, healthcare organizations, researchers, communities, and other stakeholders. Innovative strategies, policy reforms, increased funding, and a focus on prevention and equity are essential for overcoming these obstacles in public health. In conclusion, public health research embodies a perpetual quest—a relentless pursuit of understanding, intervention, and progress. It stands as a testament to human resilience, adaptability, and the unwavering commitment to fostering healthier communities today and for generations to come.

Future of Public Health Research

Public health research is an evolving field with several emerging trends that are likely to shape its future like Precision Public Health, Artificial Intelligence and Data Analytics, Digital Health and Telemedicine, Climate Change and Health, Behavioral, Social and Economic determinants, Global Health Security, Mental Health Integration, Ethical and Legal considerations and personalized prevention and early detection. The future

of public health research is multidisciplinary & requires collaboration among healthcare professionals, researchers, policymakers, technologists, and communities to address emerging challenges and improve population health outcomes.

“The power of public health research lies in its ability to generate evidence that can transform policies, shape practices, and ultimately save lives.”

Padavidhar (UG) Sanshodhan Prakalp Anudan - 2024

In order to promote interest for research among undergraduate medical students, there is a need to encourage research aptitude among undergraduate medical students to undertake small research projects. The students aspire recognition and may need some financial support to pursue these small research projects. As a response to this need, Indian Public Health Association, Maharashtra Branch is offering last few years financial support to deserving research proposals from undergraduate students from Medical Colleges located in Maharashtra State. Since last year there is funding support from UNICEF Maharashtra Office for this activity.

- Research project proposal should be submitted through IPHA Maharashtra website only, on or before 31st May 2024
- The proposals will be scrutinized by panel of experts and five best projects will be awarded funding of Rs. 10,000/- each.
- The list of accepted proposals will be communicated by end of June 2024.
- Students should prepare & complete project under guidance of IPHA Member Community Medicine faculty.
- Selected student should submit Project Report on or before 31st Dec 2024.
- Please note: Research proposal should be accompanied by –
 - Institution Ethics Committee (IEC) approval letter
 - Forwarding letter from Head of Community Medicine Department

For Details Visit: www.iphamaha.org
Email: wprasad67@gmail.com

Compassionate Communities: Together for Palliative Care

Theme for World Hospice and Palliative Care Day 2023

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Introduction:

Throughout the world approximately 56 million people die each year, with the majority dying with or from non-communicable diseases, often in older age. The populations of Europe, North America, Australia and parts of Asia are ageing; increasingly older people live with chronic and advanced conditions before they die. In other parts of the world such as sub-Saharan Africa, Communicable diseases such as HIV/AIDS, Tuberculosis and Malaria place major demands on Palliative care.

Because there are no support systems for chronically ill, palliative care services were not restricted to patients with cancer and AIDS but extended to, stable chronic disorders like post-traumatic paraplegia, fluctuating chronic disorders like such as filarial lymphedema and sickle-cell disease, slowly progressive diseases such as peripheral vascular disease. all end stage progressive diseases such as COPD with respiratory failure.

It is well known that in most industrialized countries, the population is rapidly aging, highlighting the importance and significance of end-of-life services. Children and adolescents with life-limiting condition have very specific palliative care needs which are often different to those of adults. If their physical, emotional, social, spiritual and developmental needs are to be met, the carers require special knowledge and skills.

Compassionate care, which is central to dying well, encompasses listening and spending time with the patient, empathetic rapport and bedside manner, listening and respecting patients and helping them manage the hospital environment. Practicing compassion is free and cost neutral and benefits patients at the end of life as well as their families.

Palliative medicine asserts, boldly and optimistically, that even in the face of overwhelming illness, suffering can be relieved.

Important terms:

Palliative Care: Palliative care is an approach that improves the quality of life of patients and their families facing the

problem, associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.

Hospice and Hospice Care: Hospice care refers to a philosophy of care of the whole person and all that matters to her/him. The word "hospice" may be used to de-note a place where such care is provided.

Care: It is the recognition that the wellbeing of others is a matter of consequence. It is a motivating force that influences the nature and dynamic of interpersonal behavior.

Compassion: It is that aspect of care that recognizes the emotional dimension of human experience and encompasses the sympathy of another's loss. It is more than pity or sympathy. True compassion is more than feeling. It is the quality that allows the patients to recognize that they cannot remove suffering.

Components of Compassion:

1. Cognitive Component i.e. it requires an imaginative indwelling into the condition of another, requiring identification with the victim and suggests more than mere acts of basic care.
2. Wanting to alleviate suffering and willingness to help, to make some sacrifice, to go out of one's way.
3. Respectful awareness of being touched by the other person's suffering It is the capacity to feel and suffer with the sick person ie to experience something of the predicament of illness, its fears, anxiety, temptations, its assault on the whole person, the loss of freedom and dignity, the utter vulnerability and the alienation every illness produces.

Empathy: The ability to perceive and to understand the emotional experience of others and relate to it in a meaningful and appropriate manner.

Care, compassion and empathy motivate sensitivity, respect, concern, charity, generosity, altruism and sometimes self-sacrifice.

History of Development of Palliative Care:

Year	Key Developments in Palliative Care
Century Ago	First Hospices were opened in Dublin (Our Lady's hospice) & in the east end of London (St Joseph's hospice, Hackney) by catholic nuns as a charitable mission to care for those dying of poverty and those living in poverty.
1967	St Christopher's hospice opened in South London followed by pioneering work by Dame Cicily Saunders and this was soon followed by hospice and palliative care initiatives in Western European countries.
1970	Hospices programme started in US
1976-77	First hospital Palliative care team was established in the Royal Victoria Hospital, Montreal, by Balfour Mount, followed by Thomas Hospital, London
1982	Sr. Francis Dominicia opened Helen Hose, the world's first children hospice in Oxford England.
1983	Arm Armstrong Dailey began CHI in US to promote better access to children's hospice care
1987	Dr Declan Walsh established first hospital-based PCC at Cleveland centre.
1988	EAPC was formed
1990	IAPHC was established in United states. Hospice care was authorized.
2000	Latin American Association of Palliative care was formed.
2001	The Asia Pacific Hospice Palliative Care Network was formed.
2002	The hospice information service recommenced in the United Kingdom
2003	The first conference focusing on International developments was held at Hague. in the same
2003	The European society of Medical oncology officially recognized the discipline of Palliative Medicine.
2004	African Palliative care association was formed.
2004	USAID launched PEPFAR, which funds to the development of hospice and palliative care.
2005	ICPCN was formed in Seoul, South Korea to advocate for and to support the development of Palliative Care for Children.
2005	The second International Conference on PC was held in 2005
2005	The first World Hospice and Palliative Care Day was observed .
2006	A declaration was compiled that stressed importance of research in Palliative care.
2006	WHO and IAPHC led in producing 34 essential medicines for Palliative Care
2009	WPCA was formally constituted
2009	ATOME project commenced.
2011	ATOME project has revised the WHO guidelines "Ensuring Balance in National Policies on Controlled Substances (WHO)

Palliative Care Development in India

Year	Developments in India
Early 80s	Few pain clinics in India
1986	Shantiavedna Sadan, India's first inpatient hospice was established in Bandra ,Mumbai
1993	IAPC was launched and PPCS in Kozhikode, Kerala was founded.
1995	PPCS was designated a WHO demonstration project for a community-based approach.
1996	Dept of Palliative Medicine was started in TMH, Mumbai
1997-2004	33 PC clinics opened in Kerala
2008	The Govt of Kerala declared a palliative care policy integrating palliative care into the Govt's health-care system. Pallium India, an NGO, has catalysed the development of 8 Palliative care centres in major teaching health-care institutions in North and North-East India and facilitated the initiation of 2 Palliative care centres in South India.
2011	MD(Palliative Medicine) recognized by MCI.
2012	India developed NPPC which is now incorporated in NP-NCD programme.

World Hospice and Palliative Care Day (WHPCD).

The first WHPCD was observed in 2005 and it's been going ever strong since.

It is held on second Saturday of month of October.

The table below depicts the themes for WHPCD since year 2006.

Year	Theme
2006	Access to care for all.
2008	Hospice and Palliative care: a human right
2009	Discovering your voice
2010	Sharing the care
2011	Many diseases, many voices. Palliative care for Noncommunicable conditions.
2012	Living to the end: Palliative care for an ageing population
2013	Achieving universal coverage of palliative care: Dispelling the myths
2014	Achieving universal coverage of palliative care: Who cares? We do!
2015	Hidden lives/Hidden patients
2016	Living and dying in pain: it doesn't have to happen
2017	Universal Health Coverage and Palliative Care: Don't leave those suffering behind
2018	Because I matter
2019	My care, my right
2020	My Care, my comfort
2021	Leave no one behind, Equity in access to palliative care
2022	Healing hearts and communities

WHPCD is about annual unified day of action to celebrate and support hospice and palliative care all around the world. This day is observed on second Saturday of month of October every year. This year the theme of WHPCD which was observed on 14th October 2023 is **“Compassionate Communities: Together for Palliative Care.”**

WHPCD mentions palliative and hospice as separate as there is an important distinction between the two terms. Both palliative and hospice care focus on relieving the pain and other symptoms including the emotional, social and financial stresses as well spiritual concerns experienced by patients with any serious illness that could include e.g. Alzheimer's, Parkinson's, Dementia, Pulmonary diseases, chronic heart or kidney disease or cancer.

Palliative care can begin as early as diagnosis and continue during curative treatment, so that whilst the treating physician focuses on the disease management, the palliative care team can address the impact of the disease on the patient and the caregiver as well. Hospice (home away from home) care, on the other hand is, that part of Palliative care that begins only once curative treatment stops, and the goals of care are focused on maximizing the comfort of the patient and supporting the patients and their families at the end of their treatment journeys and also includes offering bereavement support to the families.

In India, the Lancet Commission estimates that only 4% of those who need palliative care actually receive this care, highlighting a huge unmet need in communities. The WHPCD this year reminds us that we all need to play a role to demonstrate our compassion.

Compassionate Communities:

The Compassionate community's movement is growing under the leadership of the PHPCI. It is dedicated to growing the number of compassionate communities to all kinds around the world and in partnership with WPHCA is emphasizing the importance of working together to realize this goal.

Compassionate community responds to needs in the community. It improves people's quality of life, those living

with serious illnesses together with their families throughout caregiving and bereavement. This is done by encouraging people to advocate and provide assistance and practical support within their communities. Compassionate communities will help to build greater care capacity in communities to provide physical, emotional, social, and practical support to those who need it.

A compassionate community can be found in a geographical location, a social group, people united by a common cause, and with the help of technology in an online community. They widen the circle of caring. With the world's population aging in different regions, the number of caregivers and the support needed from those caregivers is expected to increase.

Compassionate communities have been known to impact people's lives in many ways. They help patients and caregivers as they experience death, dying, caregiving, and grieving. They facilitate improved quality of community life and increased mental health support throughout the palliative and end-of-life journey. They help in increasing awareness of access to palliative care.

One such example is of a compassionate community located in Kozhikode, also known as Calicut. It is a city in Northern Kerala. It is the first place in South India to start a palliative care service. A platform namely, “Compassionate Kozhikode” was floated in 2015.

One of the important objectives of NPPC is to promote behavior change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.

Conclusion:

Life with an incurable and debilitating disease is often associated with a lot of suffering. The state, under **Article 21 of the Constitution of India is duty bound to ensure the fundamental right to live with dignity.** WHO observes that it is, **‘the fundamental responsibility of the health professionals, to ease the suffering of patients.’** This will not be fulfilled unless palliative care has priority status within public health and disease control programs; and is not an optional

extra. To ensure that palliative care is available and accessible to the majority of the needy, a major thrust should be on a primary care approach. Integration of palliative care in the primary care at rural and urban health care centers will be a major breakthrough leading to holistic healing in the community.

Abbreviations:

PCC	Palliative Care Centre
IAHPC	International association of Hospice and Palliative Care
IAPC	Indian Association of Palliative Care
EAPC	European Association of Palliative Care
PPCS	Pain and Palliative Care Societies
WPCA	Worldwide Palliative care alliance.
CHI	Children's Hospice International
PEPFAR	President's Emergency Plan for AIDS relief
ATOME	Access to Opioid medication in Europe
NP-NCD	National Programme for Non-communicable diseases
USAID	United States Agency for International Development.
PHPCI	Public Health and Palliative Care International Organization
WHPCA	World Health Palliative Care Alliance
NPPC	National Programme on Palliative Care
ICPCN	International Children's Palliative Care Network
WHO	World Health Organization
TMH	Tata Memorial Hospital.
IACA	Indo-American Cancer Association
TIPS	Trivandrum Institute of Palliative sciences.

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Padvyuttar (PG) Sanshodhan Prakalp Anudan - 2024

The post graduate students of Community Medicine/ Public Health have to learn the research methodology and conduct the research activity and submit dissertation/ thesis to obtain postgraduate degree. Many students develop interest in research during the process and wish to conduct more research studies during their post graduate period. One of the obstacles in conducting good quality research, especially for a student, is lack of funding. As a response to this need, Indian Public Health Association, Maharashtra Branch had started a scheme in 2021, 'Padvyuttar Sanshodhan Prakalp Anudan', offering financial support to deserving research proposals from post-graduate students of Public Health/ Community Medicine from Medical Colleges located in Maharashtra State with funding support from UNICEF Maharashtra Office.

Eligibility

1. Applicant should be a post-graduate student of Community Medicine OR master's in Public Health OR Community Nursing OR Community Dentistry.
2. Either the applicant or Guide of the applicant should be member of Indian Public Health Association.
3. Research study proposed should be community based original research and should be distinctly different from student's dissertation topic.

Guidelines for submission of Research Proposal

- Topic of research project should contribute to Public Health knowledge base.
- The student should be the Principal Investigator and Guide should be Co-Investigator. ONE teacher can guide only ONE student and ONE student can submit only ONE research proposal. Only the students from Colleges of Maharashtra can apply.
- The project proposal should be submitted through IPHA Maharashtra website only, on or before 31st May 2024.
- The proposal will be scrutinized by panel of experts and acceptance of proposal will be communicated by end of June 2024.
- The FIVE best projects will be awarded funding of Rs. 15,000/- each.
- Selected Student should complete project & submit report before 31st December 24.

For Details Visit: www.iphamaha.org
Email wprasad67@gmail.com for any query

Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padavidhar (UG) Sanshodhan Prakash Anudan
for M.B., B.S. Students from Medical Colleges of Maharashtra.

2021: Vishakha Jayram* – Dr. D. Y. Patil Medical College & RC, Pimpri, Pune.

Bedtime Usage of Handheld Devices and Its Effect on Quality of Sleep Among Undergraduate Medical Students

Background: Sleep problems are common in the general population, and approximately one-third of adults report some form of insomnia. Medical students are one subgroup of the general population who appear to be especially vulnerable to poor sleep, perhaps due to the long duration and high intensity of study, clinical duties that include overnight on-call duties, work that can be emotionally challenging, and lifestyle choices. Digital screens, smartphones, tablets, and computers, among other devices, emit the concerning blue light. These short, blue wavelengths cause the release of more cortisol in our brain, which helps us stay awake and alert. Blue light can reduce melatonin production. Blue wavelength also plays a role to determine the stage of falling asleep: slow-wave sleep (SWS) or rapid eye movement (REM).

Objectives: To study quality of sleep among undergraduate medical students, the effect of use of gadgets before bedtime hampering sleep patterns and the average time utilized on different devices amongst medical students.

Materials & Methods: A cross-sectional descriptive study was conducted among the 200 participants using the proportionate stratified random sampling technique. Study conducted based on self-administered questionnaire assessing the pattern of sleep using the PQSI Scale, gadget usage and daily somnolence.

Results: 200 students were part of the study and the participants consisted of 136(68.0%) females and 64(32.0%) of males of which 121(60.50%) had a PSQI global score ≥ 5 (poor sleep quality) and 79 (39.50%) had a PSQI global score < 5 . The PQSI scoring consists of 7 components with the mean score of 6.07 ± 3.44 and C3 component having the highest score of 1.42 ± 0.80 . The average number of hours device is used per day is 5.59 with a standard deviation of 3.19 with 144(72.0%) participants using at least one device an hour before sleeping and 55(27.5%) participants using more than one handheld device. 119(59.5%) of the participants agreed to taking daytime naps and 97(48.5%) feeling drowsy during the daytime. A significant association was seen between participants who utilize the average screentime option on their device with 39.5%($P=0.0134$) of the participants reducing their screentime based on the notification.

Conclusion: The study population selected gives an insight of the impacts of handheld devices on sleep pattern. The changes in lifestyle associated with immense pace to keep up with the rapidly connected world urges medical students to compensate on their sleep patterns. An alarming 121(60.50%) undergraduate medical students have a poor quality of sleep according to the PQSI scoring system which urges the immediate need to implement a more balanced utilization of devices and emphasizing on adopting healthier means of obtaining sound sleep in the form of exercise, reading, meditation etc.

Keywords: The Pittsburgh Sleep Quality Index (PSQI), Sleep Disorders, Screentime.

* Guide: Dr. Shital Patil, Assistant Professor, Dr. D. Y. Patil Medical College & Research Centre, Pimpri, Pune

Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padavidhar (UG) Sanshodhan Prakalp Anudan
for M.B., B.S. Students from Medical Colleges of Maharashtra.

2023: Muskaan Somani* – Mahatma Gandhi Institute of Medical Sciences, Sevagram

Screen exposure in children 0-2 years of age: a qualitative exploratory study regarding parental perceptions from a rural tertiary care hospital in central India.

Background: Screen-time (ST) involves electronic media use, with Indian Academy of Paediatrics advising zero screen exposure (SE) for under-2s due to developmental risks. Overlooking the critical first 1000 days in India's studies emphasizes the need for education on ST documentation and digital wellbeing. This study explores parental perceptions of reasons, advantages, disadvantages, and content for children <2 years.

Objectives:

1. To study the parental attitudes (need, rationale, benefits, harmful effects) on their child's screen time.
2. To identify the reasons for screen exposure.
3. To map the content of screen exposure.

Materials & Methods: A qualitative study in OPD setting of rural tertiary care hospital in central India employed triangulation methods, including In-depth interviews (IDI), Free listing, and Ten seed ranking, among caregivers of 0-2-year-olds. Twelve IDI, guided by a customized tool, were thematically analyzed until saturation. Saliency of items from the free list was calculated using ANTHROPAC software.

Results: Parents acknowledge that children imitate phone use, yet providing phones serves as a helpful distraction, preventing parental fatigue. Caregivers express the need for moments of silence and cite a lack of alternatives due to lack of help. Quotes like "I feel like sometimes she should watch television or mobile when I'm tired, like our mentality changes and we need silence.", "In our house there is no one to look after the kids, so there is no other option, and we have to give them a mobile." reflect this sentiment. ST rules are made for older children but not for toddlers, "I have rules for my elder daughter and will make rules for my son in future." quoted by one of the caregivers. Advantages include fun learning, teaching essential skills, while disadvantages involve eyesight strain and developmental issues. Free listing reveals reasons for SE, such as imitating parents and calming a crying child. Salient advantages were none, quick learning and learning diverse languages independently. Salient disadvantages were eyesight impairment, developmental hindrance, and difficulty focusing. Salient content includes YouTube shorts and cartoons. Triangulated findings enhance reliability, offering valuable insights into parental perceptions and practices.

Conclusion: Unveiling a stark perception-practice gap, our study exposes a surprising trend: parents, aware of the potential harm, still allow early SE for their children. Delving into the reasons behind this disconnect and exploring parental views on the positive and negative effects of early SE is crucial.

Keywords: Screen time, Responsive caregiving, Child's digital well-being, Kid-Favourites, Developmental risk.

* Guide: Dr. Abhishek Raut, Professor, Mahatma Gandhi Institute of Medical Sciences, Sevagram

Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padavidhar (UG) Sanshodhan Prakalp Anudan
for M.B., B.S. Students from Medical Colleges of Maharashtra.

2023: Balarishi Narra* – All India Institute of Medical Sciences, Nagpur

Physician consultation as an opportunity for health promotion and disease prevention: How are we faring? A tertiary care hospital experience.

Background: Physicians have a potential role in providing health promotion and disease prevention advice during their interaction with the patients at the hospital. However, this physician-patient interaction opportunity has not been tapped to its potential. There is limited literature on the health promotion and preventive advice patients receive during consultations with physicians in India. Thus, the study was conducted to describe the patterns of health promotion and disease prevention advice offered to patients during physician consultation visiting tertiary care hospital in central India and explore the barriers to offering advice from a physician's perspective.

Objectives:

1. Estimate the proportion of prescriptions with documented health promotion and disease prevention advice.
2. Describe the patterns of health promotion and disease prevention advice (both verbal and documented) offered to patients during physician consultation visiting a tertiary care hospital in central India.

Materials & Methods: A cross-sectional study was conducted at the OPD of a tertiary care hospital in Central India from July to December 2023. Patients were chosen via convenience sampling, who described the pattern of health promotion and disease prevention advice offered by a physician followed by prescription audit for documented preventive advice. Physicians were interviewed using a Google form to ascertain the barriers to providing preventive and promotive advice to patients. Data captured via EpiCollect 5 and Google forms was analysed in STATA 14.0, summarizing advice patterns and exploring associated factors.

Results: Among 308 participants, only 52.27% (n= 161) received any health advice: 9.7% (n=30) for physical activity and 21.4% (n=66) for dietary modification. Tobacco and alcohol use were enquired by the physician in about 38.6% (n=119) and 33.8% (n=104) of patients, respectively. Among patients with any non-communicable disease, verbal advice for physical activity and dietary modification was given to 14.3% (n=11/77) and 31.2% (n=24/77) patients respectively. Written preventive advice was scarce (8.7%, n=27/308), with advice related to dietary modification being the most common (24, 7.8%) followed by tobacco cessation advice (2, 0.6%). Blood pressure and BMI measurements were done in 23.7% (n=73) of patients and 0.3% (n=1) respectively.

Conclusion: This study highlights substantial gaps in health promotion and disease prevention advice during physician-patient interaction, emphasizing the need for systematic improvements in physician prescription practices and healthcare protocols. Addressing these deficiencies could enhance patient outcomes and promote holistic healthcare practices.

Keywords: prescription audit; preventive advice; health promotion; physician advice; preventive care

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Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padavidhar (UG) Sanshodhan Prakalp Anudan
for M.B., B.S. Students from Medical Colleges of Maharashtra.

2023: Yash Kamath* – Seth G S Medical College & KEM Hospital, Mumbai

An Interventional Study to reduce spitting in public places at a Tertiary Care Hospital in Mumbai.

Background: Spitting in public places is a prevalent and socially disruptive behaviour in India, contributing to spreading contagious diseases and posing significant public health concerns. It has been recognised as a longstanding cultural norm, often driven by a lack of awareness regarding its associated health risks. Numerous studies have highlighted the potential health hazards associated with spitting in public places, shedding light on the urgent need for effective interventions to address this issue. This study addresses the public health issue of spitting in a Mumbai hospital, exploring interventions to reduce this behaviour.

Objectives: The primary objective of this study was to evaluate the efficacy of interventions in reducing spitting incidents in designated areas of a hospital through a comparative analysis of image data using ImageJ software.

Materials & Methods: A comparative design was used, involving two intervention sites and one control site. Three locations within the hospital premises were identified. These were labelled as sites A, B and C. Chart paper was attached to the wall in each designated area, and daily photographs were taken using flash from a distance of one metre, ensuring consistent lighting conditions. The baseline levels of spitting were measured over a period of 7 consecutive days in each area. ImageJ software was used to analyse the images. The percentage of clear area for each day and locations was recorded. Interventions included the provision of spittoons and display of legal consequence posters. Spitting activity was measured in all three locations after interventions, for another consecutive 7-days. The mean percentage of clear area for the baseline and post-intervention periods was separately calculated for each designated location. The means before and after the interventions were compared using T-Test to assess the efficacy of the interventions in reducing spitting incidents.

Results: The analysis indicates that the spittoon intervention in Location A did not result in a significant reduction in spitting, as evidenced by the non-significant p-value ($P > 0.05$). In Location B, where fines and punishment posters were displayed, there was an increase in the mean daily spit area post-intervention. However, this increase was not statistically significant ($P = 0.09$), although it approached significance. Location C, serving as the control, showed no change, as expected.

Conclusion: The study's findings suggest that neither the provision of a spittoon or the fear of fines significantly reduced spitting behaviour in the post-intervention period compared to the pre-intervention period. The results highlight the complexity of influencing public behaviour through such interventions and indicate the need for more robust strategies to effectively address the issue of public spitting.

Keywords: Public Place Spitting, ImageJ, Behaviour Change Communication

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Padvyuttar (PG) Sanshodhan Prakalp Anudan
for Post Graduate Students from Medical Colleges of Maharashtra.

2021: Dr Devyani Wanjari* – Mahatma Gandhi Institute of Medical Sciences, Sevagram

Assessment of work pattern of Community Health Officer (CHO) under Ayushman Bharat: A Mixed Method Study

Background: The Ayushman Bharat program introduced the Community Health Officer (CHO), a more recent cadre of healthcare professionals, with the goal of improving the functioning of Health and Wellness Centres by bringing healthcare closer to the community. CHOs are expected to assume the duties of a healthcare service provider, manager, leader, and supervisor in addition to being an active participant in community healthcare.

Objectives:

1. To assess work pattern of CHOs to deliver comprehensive primary health care
2. To understand the perspectives, barriers and the challenges faced by the CHOs during the delivery of their services.

Materials & Methods: Using Time Motion Study as a technique, an exploratory qualitative inquiry was conducted with six purposefully selected community development blocks (CHOs) from all PHCs in a rural area of central India. Using the 24-hour recall method, the work patterns and workload of each CHO were examined for one week. By requesting activity photos from CHOs, the information they submitted was verified. CHOs participated in semi-structured interviews, which were then thematically analysed to uncover their viewpoints, obstacles, and difficulties.

Results: It was discovered that the median time of work performed by each CHO was 25.23 hours per week. The three major domains of work distribution of CHOs include curative/ clinical, public health and managerial work. Most of the time during a week is given to OPD services in case of all the CHOs. Thus, they worked on curative projects for around 64.2% of their time, managed projects for about 21.3%, and promoted projects for about 14.5% of their time. The results from semi-structured interviews showed that the barriers and challenges of CHOs include very basic but crucial things like insufficient resources including infrastructure, manpower as well as essential medicines. There was a knowledge-application gap observed in data triangulation. The main obstacles and difficulties identified were the emphasis on clinical treatment, the absence of microplanning, the scarcity of resources, and the lack of job security.

Conclusion: With less emphasis on promotional and preventive features, the CHOs' work distribution is mostly oriented on curative and managerial skills. In order to promote the "Wellness" of the community in accordance with the Ayushman Bharat program's holistic approach, strategies that prioritize health promotion and address the issues brought forward by this new cadre must be developed.

Keywords: Health workforce development, Task shifting, Health promotion, Wellness programs, Primary Health Care.

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Padvyuttar (PG) Sanshodhan Prakash Anudan
for Post Graduate Students from Medical Colleges of Maharashtra.

2021: Dr Rachhanaa Pawaskar* – Seth G. S. Medical College & KEMH, Mumbai
Determinants Of Compliance and Correct Method of Self Breast Examination In Women Residing In An Urban Slum – A Longitudinal Follow-Up Study.

Background: Breast cancer is increasing its foothold in India. Regular Self Breast Examination (SBE) is associated with the identification of Breast cancer at an earlier stage, and thereby with reduced mortality. Morbidity due to Breast cancer is unnecessary because there is compelling evidence that Breast Cancer is preventable and treatable if detected early and managed effectively. Purpose of study was to develop a checklist for assessing the correct method of Self Breast Examination and to identify the factors influencing compliance with SBE.

Objectives:

1. To develop and validate a checklist to assess women regarding the Self Breast Examination procedure.
2. To assess study participants for determinants of compliance with Self Breast Examination and the correct method of Self Breast Examination.

Materials & Methods: After taking Ethics Clearance from the Institutional Ethics Committee (EC/OA-119/2021), the study was initiated; and carried out in two phases: Phase 1 involved the development of the checklist for assessing the correct method of SBE. Phase 2 involved identifying factors influencing compliance with SBE (longitudinal component of study; study participants were followed up monthly, for period of 6 months). Data were collected using structured self-administered questionnaires & analysed by descriptive statistics, t-tests, and logistic regression.

Results: A 20-point checklist for assessing the correct method of SBE was developed, which has good intra- and inter-rater reliability. Out of the 61 participants, all women (100%) came for the first follow-up, and 40 women (66%) completed all 6 visits. Univariate and multivariate logistic regression analyses were carried out to identify the predictors of participation in screening, and age, education, income, language, marital status, and history of previous consultation for breast-related complaints emerged as independent predictors of correct method of SBE in multivariate logistic regression analysis. Younger, school-level-educated, those belonging to lower-income families, Marathi-speaking, married, and women who had previously consulted for any breast complaints had higher compliance.

Conclusion:

1. The Self Breast Examination checklist developed can be used to evaluate the correct method of SBE.
2. The present study demonstrates good compliance with SBE.
3. Women educated up to school level had the best compliance followed by illiterates, whereas graduate women had poor compliance.
4. Women belonging to lower-income families were more compliant compared to women from high-income families.
5. Increasing age, being single or unmarried, and women with no history of previous consultation for breast-related complaints were identified as predictors for non-compliance with the correct method of SBE.

Keywords: Breast self-examination, checklist, compliance, urban slum.

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Padvyuttar (PG) Sanshodhan Prakalp Anudan
for Post Graduate Students from Medical Colleges of Maharashtra.

2021: Dr Damini S Mahanubhav* – B. J. Government Medical College & SGH, Pune

Evaluation of National Iron Plus Initiative (NIPI) Programme in urban slums of Pune

Background: Nutritional anaemia is a major public health problem in India and is primarily due to iron deficiency. The specific details of IFA supplementation for the prevention and treatment of iron deficiency anaemia is available. For adolescent boys and girls in school (10–19 years of age), the programme will be implemented in urban and rural areas through government/government-aided/municipal schools. Through AWCs, it will also reach girls who do not go to school and are in the age group of 10–19 years.

Objectives:

1. To evaluate National Iron Plus Initiative programme at Anganwadi centres using various indicators like Input indicator (Infrastructure, Manpower) Process indicator (Programme activities – Beneficiary enrolment in the programme, services provided) and Output indicator (Prevalence of Anaemia)
2. To discover various demographic factors associated with anaemia across all the beneficiaries of this programme.

Materials & Methods: All the Anganwadi in the Pune city (Ward wise, Population wise, Beneficiary wise) were listed where this programme is being run. One Anganwadi was selected from each ward randomly by simple random sampling and thus list of selected Anganwadi kept on generating. One Anganwadi from all the 15 wards was selected and evaluated for various indicators. Various Data Collection tools were used like Registers maintained at Anganwadi Haemoglobin assessment of beneficiaries. Various interviews were conducted for capturing the qualitative data like Interviewing Anganwadi sewika and Anganwadi helper, Interviewing Beneficiaries from different groups and Focus Group Discussions.

Results: Beneficiary coverage was found to be less across the groups. Anaemia prevalence is high among all the groups of NIPI programme. Maximum cases of anaemia were found to be in the group of Pregnant and Lactating women (Group 4) whereas less cases were present in the Group 1 (6–60 months). Certain supply side issues like Incentives to the staff working at the Anganwadi, Infrastructure improvement to attract more beneficiaries at the Anganwadi, Trainings, Review and monitoring by the seniors, Visits by the nutritionist and certain demand side issues like making available first aid services at the AWCs, referral system should be in place so that it would be easy to take follow up, variations should be there in the meal provided as supplementary nutrition came out through the FGDs

Conclusion: Beneficiary coverage is less at the Anganwadi. Certain demand side and supply side issues needs to be looked into in order increase the coverage of programme, Anaemia prevalence is high among all the groups of NIPI programme. Socioeconomic status of a family does play a role in overall Hb status of a family.

Keywords: Input Indicators, Focus Group Discussion, Assessment of beneficiaries, Prevalence of anaemia

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Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padvyuttar (PG) Sanshodhan Prakash Anudan
for Post Graduate Students from Medical Colleges of Maharashtra.

2021: Dr Prachi Ghorpade* – MGM School of Biomedical Sciences, Navi Mumbai.

A study on oral hygiene awareness, status, and the role of Health education in improving the oral health in primary school going children from tribal villages of Raigad district, Maharashtra.

Background: Oral health plays a pivotal role in overall well-being, defining an individual's ability to eat, speak, and socialize without hindrance. The prevalence of oral diseases, especially in rural Indian communities, underscores the urgent need for improved awareness and practices. The problem of dental diseases is more staggering in rural areas owing to inaccessibility to dental professionals. Recognizing the early onset and preventability of oral health issues, this study advocates for targeted educational interventions in schools to foster awareness and promote healthy oral hygiene practices, aiming to enhance the overall health of children.

Objectives:

1. To assess the oral hygiene awareness in primary school going children of tribal villages in Nere, Raigad district
2. To assess the oral health status of the primary school going children of tribal villages in Nere, Raigad district
3. To evaluate the role of oral health educational approach in improving the oral health status in children.

Materials & Methods: Over one year, encompassing a six-month follow-up, total of 200 children aged 6-12 from schools of Maldunge gram panchayat were surveyed. The data was collected through Pre-designed questionnaires and OHI-S index scores noted. Followed by a Focussed Group Discussion with the schoolteachers with focus on their role in improving oral health of the school children. The data was analysed using SPSS software.

Results: out of 200 school-going children, 65% exhibited a low level of awareness, and only 49% showed good oral health indicated by the OHIS score. Following oral health education, there was a noteworthy improvement in their oral health status i.e. 68%. FGD brought out the need of oral health education into school curriculum and requirement of training for teachers.

Conclusion: The study demonstrated the effectiveness of the school Oral Health Education Program in enhancing the knowledge of children aged 6-12 years. This intervention not only positively influenced their oral health attitudes and practices but also resulted in an overall improvement in their oral health status.

Recommendations: Integrating long-term oral health education into school curriculum and providing training for teachers to effectively deliver this education. Additionally, implementing regular oral health check-ups within schools would contribute to ongoing assessment and improvement of oral health among students.

Keywords: Oral Hygiene, Oral Health, OHI-S, School Health, Rural

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Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padvyuttar (PG) Sanshodhan Prakash Anudan
for Post Graduate Students from Medical Colleges of Maharashtra.

2022: Dr Ajinsha A S* – B. J. Government Medical College & SGH, Pune

Risk factors for Measles Outbreak in Pune City: A Case Control Study.

Background: Measles cases indicate gaps in population immunity, signalling inadequate access or uptake. A strong, resilient immunization programme is essential to respond to this challenge and a powerful, measurable means of achieving health equity, since measles is a highly infectious disease. First Case of measles outbreak in Pune reported on 14th November 2022 since then there were a total of 268 cases from Pune Municipal Corporation.

Objectives:

1. To find out the role of missed immunization in measles outbreak.
2. To find out demographic, and environmental factors associated with the measles outbreak.

Materials & Methods: This was a 1:1 unmatched Case Control Study conducted from February 2023 to September 2023 in Pune Municipal Corporation (PMC). Cases were IgM positive lab confirmed measles cases and a control was any child who did not have any rash in the study period and not living in the same household with a case. Face to face interview of cases and controls was carried out by visiting houses to obtain information on Sociodemographic characteristics and immunization history including vitamin A supplementation. Sample size was 200.

Results: In Pune city, from 2022 January to 2023 July there were 928 suspected cases of fever with rashes, out of which 268 measles cases and 6 rubella cases were confirmed by the samples sent to Haffkine institute Mumbai. Cases were reported from 15 different wards. There was statistically significant difference among the mean age of cases (53.18 ± 18.08) and controls (30.08 ± 18.08). Father and mother education, immunization and vit. A supplementation was also significant. Even though Muslim population were majority in this study, religion was not found to be significantly associated with measles. Those who have not received any dose of Measles-Rubella (MR) vaccine had a higher odd of having infection with an odds ratio of 3.093 (95%CI:2.37-4.037) and those who were partially immunized with 1 dose of MR showed odds ratio of 2.027 (95%CI:1.328-3.096). This study also points to the role of overcrowding and inadequate ventilation in spreading of this disease, as there is ease of spread of droplet infections like measles when the houses are compactly packed and there is no flow of air inside the house. Out of under-immunized majority gave covid lockdown as the reason.

Conclusion: This study proves that main cause of such an outbreak is under immunization and focus must be given during time of pandemic for immunization, to prevent future outbreaks. Cases above 5 years of age, due to the waning immunity highlights the importance of booster dose and cases even before 8 months of age, emphasises the importance of vaccination to children from 6 to 9 months during the outbreak.

Keywords: Measles, Outbreak, Pune Municipal Corporation

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Research Study Abstracts of Winners of IPHA Maharashtra Branch Scheme
Padvuttar (PG) Sanshodhan Prakash Anudan
for Post Graduate Students from Medical Colleges of Maharashtra.

2022: Dr Naila Nazir Sayed* – B. J. Government Medical College & SGH, Pune

Social isolation and depression and its predictors among elderly of the urban field practice area of a medical college: A community based cross-sectional study.

Background: As per the Census of 2011, India has 104 million older people (aged 60 years and above), constituting 8.6% of total population. Amongst the elderly (60+), females outnumber males. India's elderly population (aged 60 and above) is projected to touch 194 million in 2031 from 138 million in 2021, a 41 % increase over a decade. The elderly population in India has been increasing rapidly in India. It has become crucial to the public health systems in India to meet the changing needs of this ever-growing population. This community-based study aims to understand the relationship between social isolation and depression among the elderly population.

Objectives:

1. To find out the prevalence of social isolation among the elderly of the urban field practice area of a medical college
2. To find out the prevalence of depression among the elderly adults
3. To study the predictors of social isolation and depression
4. To find out association between social isolation and depression

Materials & Methods: The community-based study was conducted among elderly population. The Lubben social network scale- having 6 items and Geriatric Depression scale -having 15 items were used to assess social isolation and depression among 180 elderly subjects. Data analysis was done by using SPSS.

Results: It was a community-based cross-sectional study conducted in 180 subjects from urban field practice area of a medical college. Majority of the participants were in the age group of 60-74 years, followed by participants in the age group of 75-84 years with the mean age of 65.87± 5.859 years. Majority of the participants 67(37.2%) were illiterate. 67 (37.2%) participants had studied in a primary school, while 46(25.6%) went to a secondary and above. This study showed the prevalence of social isolation was 62.8% among elderly population. Also, the prevalence of depression was 43.9% among elderly and having mild depression (18.9%), moderate depression (13.9%) and severe depression (11.1%). Association between education status and depression was found to be statistically significant. Illiterates were found to be more prone to depression. Association between social isolation and depression was found to be statistically significant. (p < 0.001) OR = 2.86 (1.49-5.46).

Conclusion: The study revealed that the majority of the elderly were socially isolated and depressed. Living status and education status were found to be the predictors for social isolation and depression. Additionally, being socially isolated can lead to depression and the association between them is statistically significant.

Keywords: Social isolation, depression, Lubben social network scale – 6, Geriatric Depression scale -15

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**Research Study Abstracts of Winners of
IPHA Maharashtra Branch Scheme
Padvyuttar (PG) Sanshodhan Prakalp Anudan
for Post Graduate Students of Medical Colleges in Maharashtra**

2022: Dr. Prashant Panchal*

- *MGM School of Biomedical Sciences, MGMIHS, Kamothe, Navi Mumbai*

Knowledge Attitude and Practices of Adult Vaccination among tribal population in Raigad District of Maharashtra.

Background: Vaccination is one of the most cost-effective strategies available in public health today. The adult age group along with adolescents presents an important additional target group for existing immunization programmes. Vaccination in children has been in practice for a long time. Adult vaccination can act as a booster for vaccines administered in childhood. Adult vaccination prevents life threatening infections in adults and also prevents loss of productive time due to VPDs. Purpose of the study is to understand the level of awareness and acceptance regarding adult vaccines in a tribal community in Raigad district of Maharashtra and to provide the relevant and scientific information regarding adult vaccines to this community.

Objectives:

1. To study the awareness, knowledge of adult vaccines among the tribal population.
2. To determine the attitude and practices of adult vaccines among the tribal population.

Methods: Study design-Descriptive Cross-sectional. Study setting- Villages under Dhamni subcentre under field practice area of RHTC Nere, Taluka - Panvel, District - Raigad. The required sample size was calculated using Purposive sampling technique.

Results: The mean age-group of the participants was 21-30 years. Amongst the 110 participants, 65 (59%) were females and 45 (41%) were males. The 90% of the participants were aware of the adverse events following immunization. No participant received information regarding the adult vaccination. Amongst the common adult vaccines, maximum awareness was found regarding ARV (100%), TT vaccine (92%) and Covid-19 vaccine (90%). There is significant association between education and awareness about the time of covid-19 vaccination.

Conclusion: Awareness regarding adult vaccination is poor in tribal population. It is critical to channelize the resources of government and private agencies towards improvement in awareness for adult vaccines thereby enhancing the awareness and uptake of newer adult vaccines as well.

Keywords: Adult Vaccination, Tribal Health

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