



*Indian Association of  
Preventive & Social Medicine  
West Bengal Chapter*



**38<sup>th</sup> Annual State Conference**

*Institute of Post Graduate Medical Education & Research, Kolkata*

*8<sup>th</sup> – 9<sup>th</sup> September, 2023*

**Theme**

*Healthy Living in the Shadows of Climate Change*



## Indian Association of Preventive & Social Medicine

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IAPSM



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**Dr. R. N. Sinha**  
President



**Dr. Dibakar Halder**  
Secretary



INDIAN ASSOCIATION OF PREVENTIVE & SOCIAL MEDICINE  
WEST BENGAL CHAPTER

*38<sup>th</sup> Annual State Conference*

*Institute of Post Graduate Medical Education &  
Research, Kolkata*

**8<sup>TH</sup> – 9<sup>TH</sup> SEPTEMBER, 2023**

**Conference Theme**

**Healthy Living in the Shadows of Climate Change**







राज्यपाल, पश्चिम बंगाल  
**Governor of West Bengal**  
राज्यपाल, पश्चिमबङ्ग

17 August 2023

**Message**

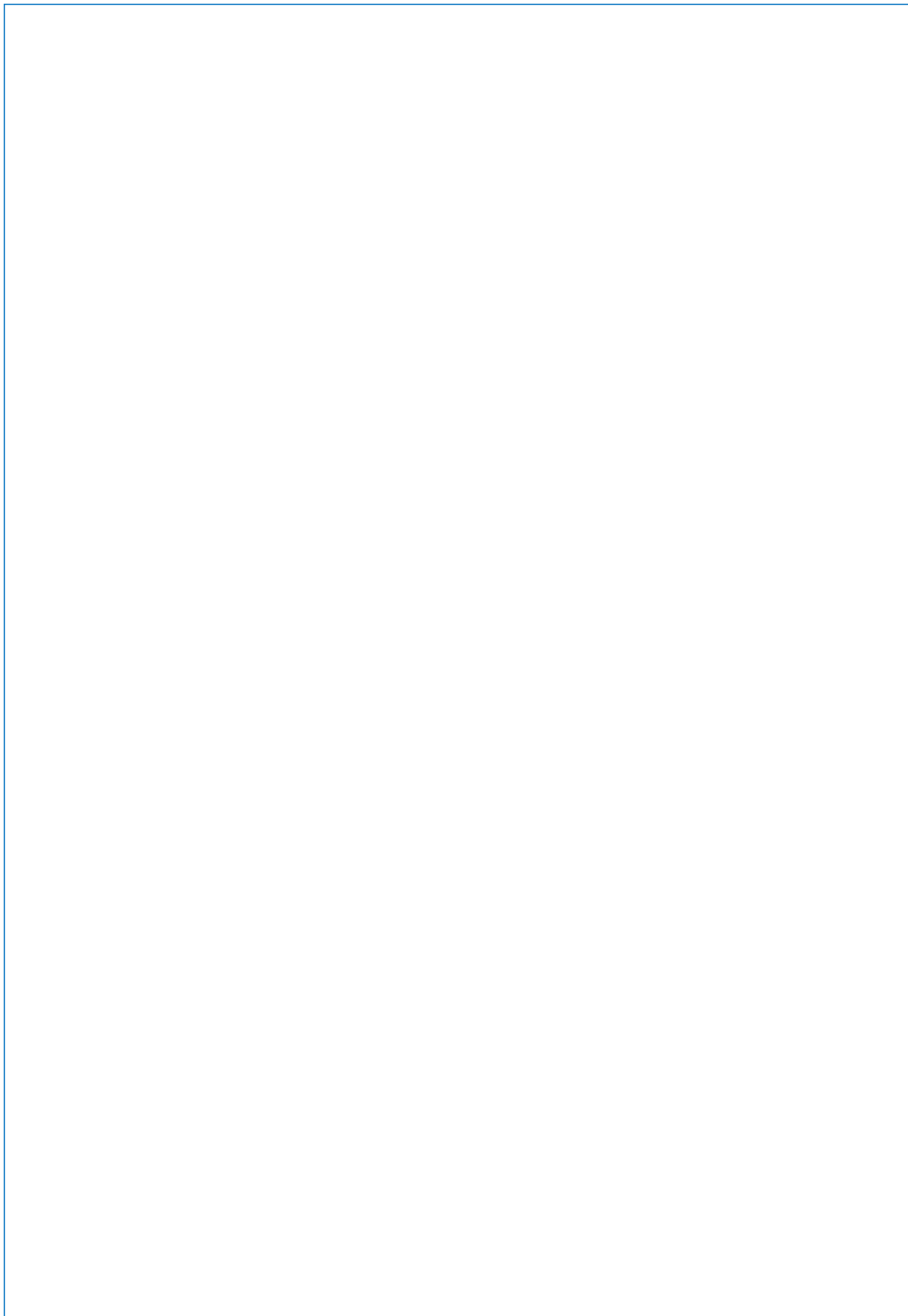
I am pleased to learn that the Indian Association of Preventive and Social Medicine, West Bengal is organising its 38<sup>th</sup> Annual State Conference on the theme - 'Healthy living in the shadows of climate change' at Kolkata on 8<sup>th</sup> and 9<sup>th</sup> September 2023.

Preventive and social medicine hold the key to a nation's health and wellbeing. Being proactive is being prudent. We should be able to foresee and forestall. Better to light candle than curse the darkness. That is the guiding philosophy behind preventive and social medicine. What the IAPSM gives to society at large is a proverbial 'stich in time' which saves nine.

I wish the IAPSM all the very best for a fruitful and socially rewarding stint in their future

**Dr. C.V. Ananda Bose**

**Prof (Dr.) Mausumi Basu**  
Organising Chairperson  
IAPSMWB CON 2023



মমতা বানার্জী  
মমতা বনার্জী  
ممتا بنرجی

Mamata Banerjee



মুখ্যমন্ত্রী, পশ্চিমবঙ্গ  
मुख्यमंत्री, पश्चिम बंगाल  
وزیراعلیٰ مغربی بنگال

CHIEF MINISTER, WEST BENGAL

21<sup>st</sup> August, 2023

MESSAGE

I am happy to know that the **38<sup>th</sup> Annual State Conference** of the **Indian Association of Preventive and Social Medicine, West Bengal Chapter**, on the theme “*Healthy living in the shadows of climate change*”, will be held on 8<sup>th</sup> and 9<sup>th</sup> September, 2023 at IPGME&R and SSKM Hospital, Kolkata, and a souvenir will also be brought out by the organizers to commemorate the special event.

I convey my heartiest greetings and best wishes to the organisers and participants of the event on the occasion and wish the initiative all success.

  
(Mamata Banerjee)

**Prof. (Dr.) Mausumi Basu**

HOD, Dept. of Community Medicine  
IPGME&R, Kolkata &  
Organizing Chairperson  
IAPSMWBCON 2023

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Prof. (Dr.) Debasis Bhattacharyya  
MD, Ph.D, DNB

Director of Medical Education  
Department of Health & Family Welfare  
Government of West Bengal



Swasthya Bhawan  
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Ref. No. DME/Spl. Corresp./2023/148

Date 31/07/2023

### MESSAGE

*I am very happy to know that the Indian Association of Preventive & Social Medicine, West Bengal Chapter is going to organize their 38th Annual Conference "IAPSM WB CON-2023" from 8<sup>th</sup> to 9<sup>th</sup> September, 2023 at IPGME&R, Kolkata. I am also happy to know that to commemorate the grand event they are going to publish a souvenir.*

*Community Medicine and Public Health is an important branch of Medical Science dealing with health care issues affecting communities as a whole. Medical science is constantly advancing with the innovation of newer technologies. As the theme of the conference is "Healthy living in the shadows of climate change", eminent experts, faculties, residents would share their experience and know how to address the adverse effects of climate change on human body. The main objective of the Conference is to exchange ideas, experiences and lessons learned about the role of internally accepted system and protocols in the field of community medicine and public health. I hope this Conference must improve the unity among the members of Association and also inspire the younger generation with greater enthusiasm for the medical education, scientific research in the field of community medicine which will go a long way in benefiting a large number of patients in our country.*

*I express my best wishes to all the participants in this workshop and wish it a grand success.*

*[Signature]*  
Prof. (Dr.) Debasis Bhattacharyya

Prof. (Dr.) Mausumi Basu  
Organising Chairperson  
IAPSM WB CON 2023





*Dr. Siddhartha Niyogi*

Director of Health Services  
Department of Health & Family Welfare  
Government of West Bengal

Ref. No. ....

Date .....

10-08-2023

**MESSAGE**

I am very happy to understand that the INDIAN ASSOCIATION OF PREVENTIVE & SOCIAL MEDICINE (IAPSM) is going to organize the 38<sup>th</sup> Annual State Conference at "IPGME&R" Kolkata on 8<sup>th</sup> and 9<sup>th</sup> September, 2023 and A colourful Souvenir will also be published to commemorate the happy and momentous occasion.

I am confident that this ceremony would be very beneficial to the participants and update them for better service to the community.

I express my best wishes to all the participants and wish it a grand success.

  
10.08.23.  
(Dr. Siddhartha Niyogi)

**Prof (Dr.) Mausumi Basu**  
**Organising Chairperson**  
**IAPSM – 2023**



*IAPSM (West Bengal Chapter)*  
38<sup>th</sup> Annual State Conference (IAPSM-WBCON 2023)

**List of Patrons**

- |                               |                               |
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| 2. Dr. Siddhartha Neogi       | Director of Health Services   |
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| 4. Dr. Piyush Kumar Roy       | MSVP, IPGMER & SSKMH          |
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| 6. Dr. Amal Kanti Das         | Advisor to the Dean, IPGMER   |

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Dr. Murari M. Mondal, Dr. Ishita Sarkar, Dr. Saurav Lo

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### **Convenors**

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### **Members**

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Dr. Shatanik Mondal, Dr. Soumyaneel Das, Dr. Biswadip Chattopadhyay  
Dr. Sribas Roy

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## **Chairpersons**

Dr. Pankaj Kumar Mondal, Dr. Dipta Kanti Mukhopadhyay

## **Convenor**

Dr. Abhishek De

## **Joint Convenors**

Dr. Kaushik Mitra, Dr. Somnath Naskar, Dr. Anindita Maiti

## **Members**

Dr Agnihotri Bhattacharya, Dr Gandhari Basu, Dr Anindya Mukherjee,  
Dr Mousumi Datta, Dr Rivu Basu, Dr Maumita De, Dr Surajit Lahiri  
Dr Kajari Bandyopadhyay, Dr Jayeeta Burman, Dr Shibaji Gupta

## **Pre – conference workshop**

Pre-conference workshops were organized by College of Medicine and Sagore Dutta Hospital under the leadership of Prof. (Dr.) Dipta Kanti Mukhopadhyay. The topics and dates of the workshops were as follows

<b>Topic</b>	<b>Date</b>
Drafting of publication ready manuscript	25.08.23
Deciphering statistics with Jamovi	07.09.23

The organizing team of preconference workshops comprised of the following faculties-

1. Prof. (Dr.) Dipta Kanti Mukhopadhyay.
2. Dr. Tarun Kumar Sarkar.
3. Dr. Santanu Ghosh.
4. Dr. Nivedita Das
5. Dr. Supantha Chatterjee.
6. Dr. Sukes Das
7. Dr. Soumalya Ray
8. Dr. Kajari Bandopadhyay.
9. Dr. Avijit Das.



## Indian Association of Preventive & Social Medicine

Estd. 1974



Date :08/08/2023

To,  
Dr. Mausumi Basu  
Organizing Chirperson,  
38<sup>th</sup> State Annual Conference of IAPSM  
West Bengal Chapter

Dear Dr. Mausumi

Greetings....

I am happy to learn that West Bengal State Chapter is organizing 38<sup>th</sup> State Annual Conference at IPGME&R Kolkata on 8<sup>th</sup> and 9<sup>th</sup> September 2023. Recently IAPSM has organized the 50<sup>th</sup> National Annual Conference, which was a milestone. WB state Chapter is organizing 38<sup>th</sup> conference, it is in itself a big achievement.

Conferences provide the good opportunity for collective thinking for deciding the role of the members of IAPSM individually and Association as a whole. Conferences provide an opportunity to increase the insight in the discipline in the members and motivates young buddies to aspire to achieve higher. This will help the increase in the insight and capacity in the discipline.

Climate change is posing newer threats to the health of people. There are lots of expectations from the professionals of Community Medicine/Preventive and Social Medicine on it. Theme of this conference "Healthy living in the shadows of Climate Change" is pertinent and I am sure this conference will be an academic feast to its distinguished delegates and deliberations carried out will be contributing in developing strategies for healthy living in the state and country.

I congratulate the institute for taking up the responsibility to organize this conference and wish grand success to this conference.

Yours sincerely,

National President  
(IAPSM)





From Desk of IAPSM President (Elect)

Dr A. G. Kulkarni

President IAPSM Karnataka State Chapter

Professor and Head Community Medicine Department

East Point College of Medical Sciences & Research center

Bangalore – 560049



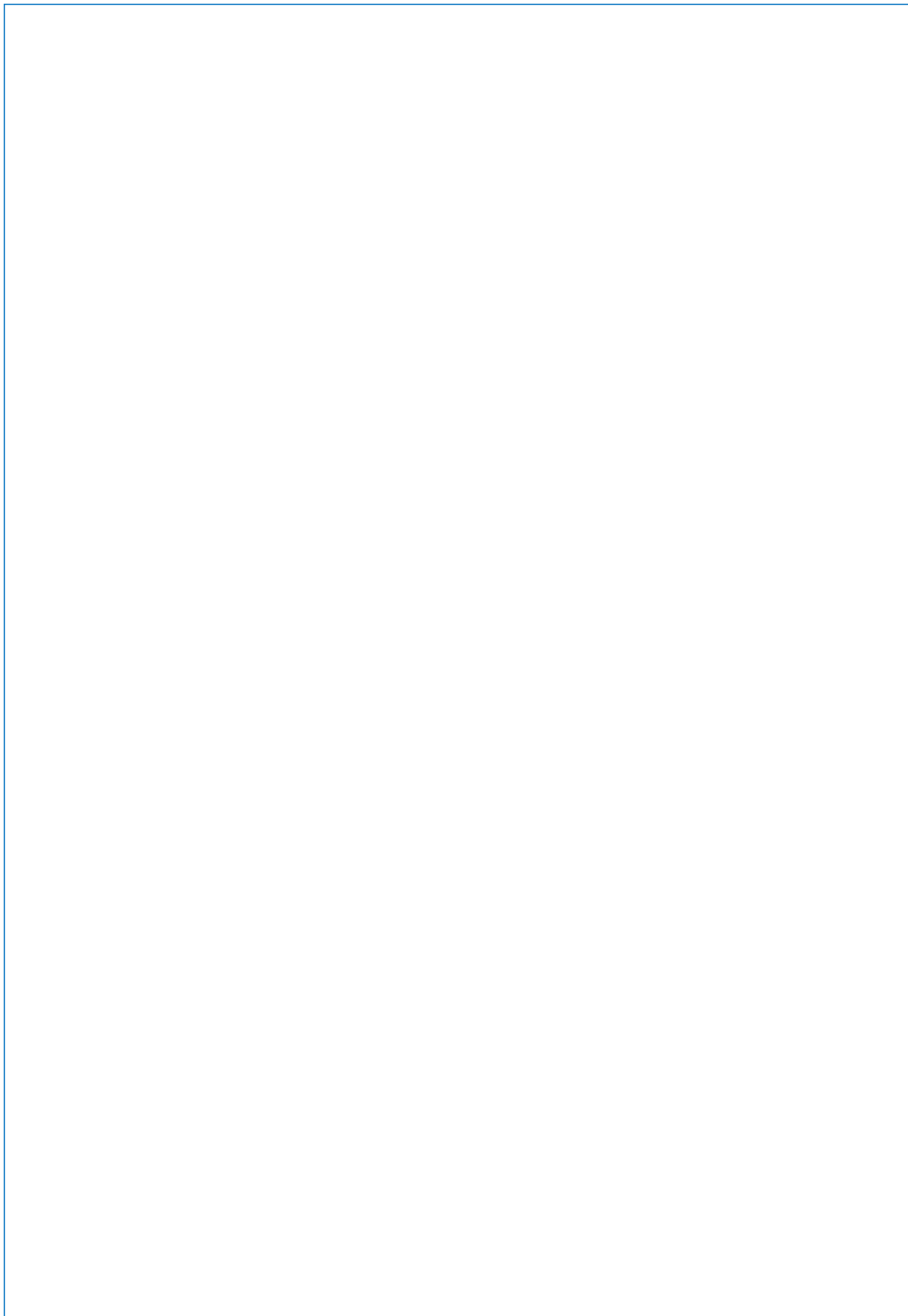
**Dear friends, It gives me immense pleasure to write this message for the 38<sup>th</sup> Annual State Conference of IAPSM – West Bengal Chapter Organized by the Department of Community Medicine, Institute of Post Graduate Medical Education & Research Kolkata on 8<sup>th</sup> and 9<sup>th</sup> September 2023**

- The theme of the conference “Healthy Living in the Shadows of Climate Change” is very thoughtfully chosen. Climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.

I am confident that the deliberations in this conference will be an academic feast for undergraduate & Post graduate students of Community Medicine, Public Health Specialists and Academicians.

The renowned speakers in this conference will make this conference a grand Scientific extravaganza. The sessions in this Conference are a wonderful opportunity for the members to share their experiences in the academic and research domains.

I wish the conference a grand success.



**From Desk of Secretary General – National IAPSM**

**(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)

Vice-President – IPHA Maharashtra Chapter (2021-24)

Zonal Representative (West Zone) - APCRI (2022-24)

Central Council Member (West Zone) – National IPHA (2023-25)

Secretary – IAPSM Maharashtra Chapter (2021-24)

EC Member (West Zone) – National IAPSM (2017-18 & 2018-19)



**MESSAGE**

It gives me immense pleasure to pen this message for the souvenir to be released on the occasion of the 38th Annual West Bengal State Conference of Indian Association of Preventive & Social Medicine (IAPSM) – 2023 is going to be organized by IAPSM West Bengal Chapter at Department of Community Medicine of Institute of Post Graduate Medical Education & Research (IPGME&R), Kolkata during 08th to 09th September 2023.

It is noteworthy that the conference will focus on thoughtfully chosen theme - “**Healthy Living in the Shadows of Climate Change**”, with many sub-themes of public health importance.

I am confident that the conference is meticulously planned with enriched plenary sessions, and scientific paper presentations are being delivered by renowned speakers in the field of community medicine.

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. Mausumi Basu**, Professor & Head, Department of Community Medicine & her whole team for organizing this grand conference with appropriate theme in the present times.

I wish this conference will be an academic feast for all the speakers and delegates. Let us look forward to gain meaningful practical insights in shaping ‘Assured Health’ policies for India.

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**





Prof.(Dr.) Manimoy Bandyopadhyay,  
M.S.

Director,  
IPGME&R – SSKM Hospital & BIN,  
Kolkata,  
Department of Health & Family  
Welfare,  
Government of West Bengal  
244, A. J. C. Bose Road,  
Kolkata – 700 020.  
Tel. No. 2204-1101

Dated, 7<sup>th</sup> August, 2023.

### Message

I am happy to know that the Indian Association of Preventive & Social Medicine is organizing its 38<sup>th</sup> Annual State Conference 2023 along with Department of Community Medicine, IPGME&R- SSKM Hospital on 8<sup>th</sup> – 9<sup>th</sup> September, 2023.

It is also being learnt that on that day many academic activities will be organized on the theme “Healthy living in the shadows of climate change”

I wish all the success of the programme and hope that it will play a commendable role in planning and execution of community based programmes.

Director,  
IPGME&R & BIN  
Kolkata,

Prof.(Dr.) Mausumi Basu,  
Organising Chairperson &  
HoD- Community Medicine,  
IPGME&R, Kolkata.







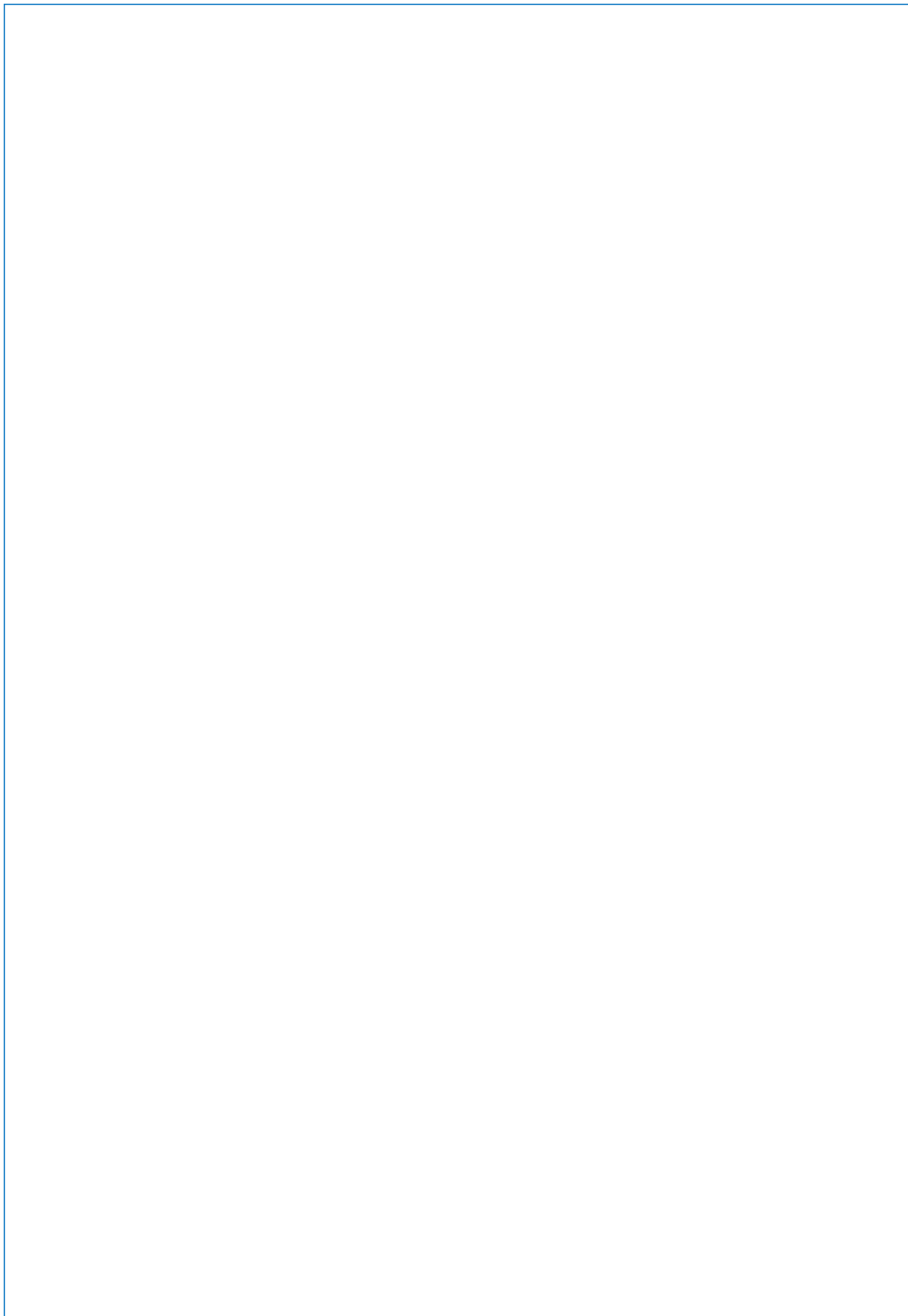
Government of West Bengal  
Office of the Medical Superintendent-cum Vice Principal  
SSKM Hospital, 244 A.J.C Bose Road, Kolkata- 700020

**Message**

It is a matter of great pleasure to learn that the West Bengal Chapter of the Indian Association of Preventive and Social Medicine will be organizing the ensuing 38<sup>th</sup> Annual Conference at this institution. This hospital has been one of the earliest messengers of Western medicine in this part of the globe and has yeomen contribution in the development of preventive, diagnostic and therapeutic advances in our science. The discovery of the malaria life cycle not only brought the Noble Prize to this sub-continent in 1908, but also etched the name of our institution in the annals of Medicine and Microbiology for eternity. It is only befitting that a professional body dedicated to Preventive Medicine will select this hospital to host its annual conference and I am sure that the delegates will be enriched scientifically, rejuvenated socially and pampered gastronomically during this conference.

I wish the organizers all success.

*16/8/23*  
Medical Superintendent-cum-Vice Principal  
IPGME&R-SSKM Hospital, Kolkata





Government of West Bengal  
Institute of Post Graduate Medical Education & Research  
244B, A. J. C. Bose Road, Kolkata-700020



Office of the Dean of Student Affairs

## Message

I am very happy to note that the Indian Association of Preventive and Social Medicine (IAPSM) West Bengal State Chapter will be having its 38<sup>th</sup> Annual Conference in IPGME&R in collaboration with the Department of Community Medicine of our institute.

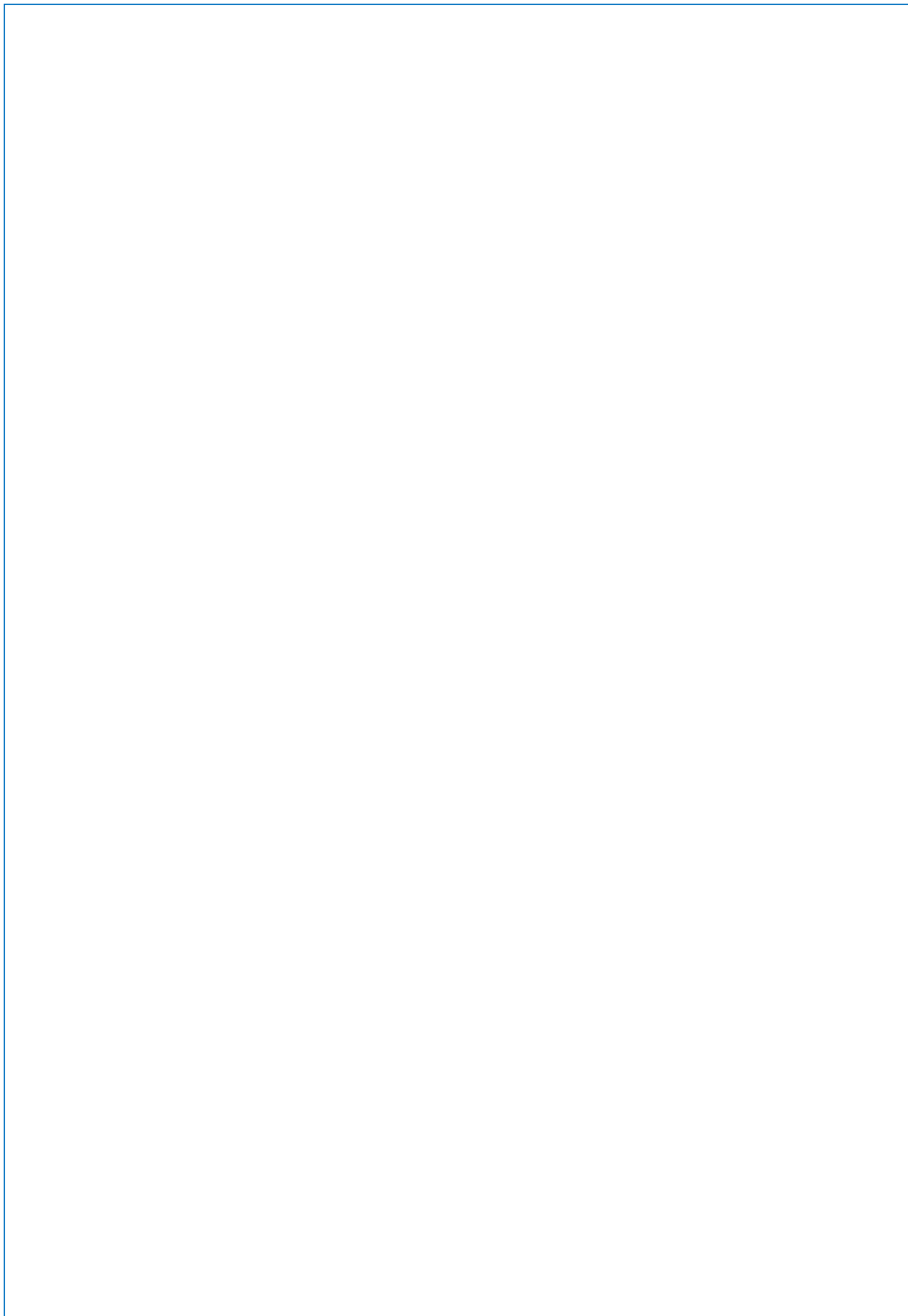
The community medicine department is at the forefront of all community outreach activities of the institute, and it is entirely befitting that they have been entrusted by IAPSM's state chapter to host this year's annual conference. The theme of this conference '**Healthy living in the shadow of climate change**' promises to focus on the huge impact that changes in the earth's climate is having on environment and health. To a large extent these changes are anthropogenic. This is a theme that should strike a chord with all healthcare professionals who deal with patients, directly or indirectly.

The platform of the annual conference will also provide opportunity to faculty, postgraduate students and research scholar to showcase their own work. This, along with the stimulating presentations, lined up will, I am sure, provide a rich academic experience for all participants.

I wish the conference a grand success.

*Avijit Hazra 08/08/2023*

**Prof. Avijit Hazra**  
**Dean of Student Affairs**





## Message

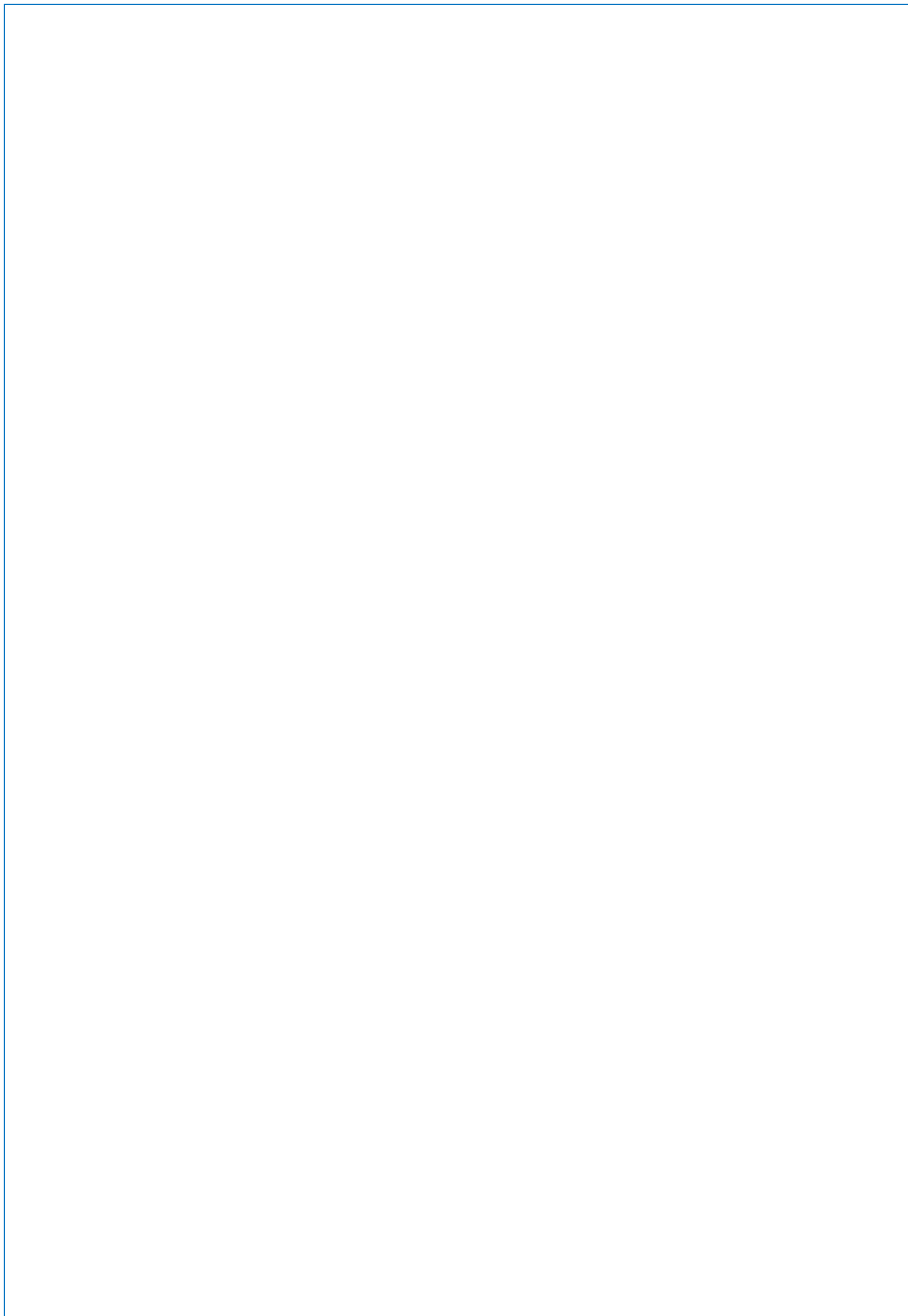
*It is a great pleasure to welcome all delegates to 38<sup>th</sup> annual state conference of IAPSM to be held on 8<sup>th</sup>-9<sup>th</sup> September, 2023 at IPGMER, KOLKATA. I would like to congratulate the organizing Committee member for selecting a appropriate theme of the conference. "Healthy living in the shadows of climate change". The theme of conference is very important & revalant.*

*I hope that the conference will bring meaningful interaction with experts, faculties & post graduate students.*

*I extend my best wishes to organizer of IAPSM Bengal chapter.*

*Amal*  
*10/8/23*

**PROF (Dr) Amal Kanti Das,**  
**Advisor of Dean of student affairs**





## From the desk of State President IAPSM West Bengal Chapter

Honourable dignitaries, faculties, delegates, under-graduate and post-graduate students and dear members of Indian Association of Preventive & Social Medicine (West Bengal Chapter)

It is a proud privilege and honour to welcome you to the 38<sup>th</sup> Annual State Conference of IAPSM West Bengal Chapter being hosted by the department of Community Medicine, IPGME&R, Kolkata on 8<sup>th</sup> and 9<sup>th</sup> September 2023.

Our association continuously works for academic excellence, in terms of improvement of teaching and training standards, promotion of research along with effective inter-departmental coordination of different medical colleges in the field of Community Medicine. We also regularly publish an open access peer-reviewed journal in the name of 'Journal of Comprehensive Health.'

Annual conference of any association is an important event which provides a forum for academic interactions and sharing of expertise and experiences amongst the participants. We encourage original research amongst young scientists like post-graduate trainees and junior teachers. Our association organises **Prof. M.M. Ganguly Memorial Award** for best original research paper, **Prof. Akalanka Bhandari Research Grant** for residents and junior faculties and **Prof Ranadeb Biswas award for best poster** presentation. From this year the association has started **Dr. Saswati Nandi Memorial Undergraduate Quiz** competition award for MBBS students. Quiz competitions are held for post-graduate students also. The conference also provides us an opportunity to felicitate our senior most members as well as undergraduate students excelling in the subject of Community Medicine.

The theme of this conference, "**Healthy living in the shadows of climate change**" is highly relevant and in tune with current public health priorities and challenges. I sincerely hope that the conference will provide a fitting platform to the faculties, researchers, policy makers, programme officers and young scientists to deliberate and exchange their thoughts, ideas and concerns.

I am thankful to Prof. (Dr). Dibakar Halder, Secretary IAPSM(WB) and to all members of our Executive Committee and Journal Editorial Board for their active involvement and whole-hearted support to run the association. I offer my special thanks to Prof. (Dr.) Mausumi Basu, Organising Chairperson, Dr. Sinjita Dutta, Organising Secretary and all members of Organising Committee for making the annual conference grand success.

Long Live IAPSM.



Prof. (Dr.) R. N. Sinha

President, IAPSM (WB Chapter)





**Indian Association of Preventive & Social Medicine- West Bengal Chapter**  
**Department of Community Medicine**  
**Nilratan Sircar Medical College**  
**138 AJC Bose Road, Kolkata-700014**

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Prof Rabindra Nath Sinha

**Vice-President:**

Prof Rabindra Nath Roy  
Prof Sukamal Bisoi

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Prof Dibakar Halder

**Joint secretary:**

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Dr Satwik Mondal

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Prof Nirmal Kumar Mandal

**Editor, JCH:**

Prof Sarmila Mallik (1)

**Managing Editor, JCH:**

Dr Rivu Basu

*From the desk of secretary, IAPSM WB Chapter*

During the Covid-19 pandemic we have witnessed the limitation of modern medicine and the prime role of public health specialists has been reiterated. We are meeting here in the 38<sup>th</sup> Annual State Conference of IAPSM-WB Chapter organised by the prestigious institute of IPGME&R, Kolkata. I convey my gratitude to all the senior members, convey my love to my contemporary and junior members of IAPSM-WB State Chapter for coming forward to make the conference grand success.

It's a matter to rejoice that over two hundred and fifty faculty and post-graduate students of Community Medicine have registered in the 38<sup>th</sup> Annual state conference of IAPSM-WB Chapter on 8<sup>th</sup> and 9<sup>th</sup> September, 2023 to be held in the auditorium of IPGME&R, Kolkata. This will really be an academic feast where scientific presentations in different forms will be held and the delegates will be enshrined by the discussion, debate, critical reviews etc. Undergraduate students will be felicitated for their proficiency in our subject. The occasion will be graced by the honourable Director of Medical Education and Director of Health Services, Govt. of West Bengal.

This conference will provide an excellent platform for the postgraduate students under the following categories, viz, Best Research Proposal Grant initiated by Prof. Akalanka Bhandari, Prof. M.M. Ganguly award paper presentation, Prof Randeb Biswas memorial poster competition and Post-Graduate Medi-Quiz. All these endeavours are meant to foster the zeal for the betterment of the teaching/training/research & public health services which are the domains of our subject.

I would like to acknowledge the efforts of the Organising Chairperson, Prof. (Dr.) Mausumi Basu and her team for organising such a wonderful conference. Special thank goes to all those who devoted their time, labour, intelligence etc. for this conference. I hope all of you would enjoy this academic fest.

Long live IAPSM, Long live IAPSM-WB Chapter.

*Dibakar Halder*

Prof. Dibakar Halder

Secretary,  
Indian Association of Preventive and  
Social Medicine, West Bengal Chapter

Mail us at: [iapsmwbc@gmail.com](mailto:iapsmwbc@gmail.com)

Website of IAPSM West Bengal Chapter: <https://iapsm-wbc.co.in/>

Website of Journal of Comprehensive Health:  
<https://www.journalofcomprehensivehealth.co.in/jch>





**Indian Association of Preventive & Social Medicine- West Bengal Chapter**  
**Department of Community Medicine**  
**Nilratan Sircar Medical College**  
**138 AJC Bose Road, Kolkata-700014**

**President:**  
Prof Rabindra Nath Sinha

**Vice-President:**  
Prof Rabindra Nath Roy  
Prof Sukamal Bisoi

**Secretary:**  
Prof Dibakar Halder

**Joint secretary:**  
Prof Sujishnu Mukhopadhyay  
Dr Tushar Kanti Saha  
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**Treasurer:**  
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Dr Subhrajyoti Naskar  
Dr Satarik Mondal

**Chief Editor, JCH:**  
Prof Nirmal Kumar Mandal

**Editor, JCH:**  
Prof Sarmila Mallik (1)

**Managing Editor, JCH:**  
Dr Rivu Basu

## **Annual performance report of the organization in 2022-2023 FY**

Covid-19 pandemic, an unforeseen enigma, has taken a huge toll on the mankind. It affects every sphere of our life. It has disrupted all our activities and progress for a period of at least two years.

Activity of all sorts of organizations was affected robustly. IAPSM-WB chapter is not an exception. Huge essential tasks have been pending. Moreover, it was a challenge to resume the regular rhythm and momentum of the zeal for working toward an organization. After getting the portfolio the present committee has tried to its best to achieve some left over jobs and some new performances.

1. Audit and renewal of IAPSMWB Chapter has been made up to date
2. A fund has been generated in favour of our teacher/philosopher/guide Dr. Saswati Nandi memorial award for undergraduate annual mediquiz event with displaying the names of the contributors in our website.
3. An FD was created out of the collected amount.
4. Undergraduate mediquiz, dedicated firstly to the name of our beloved Late Dr. Saswati Nandi was conducted ceremoniously
5. DOI for our journal, JCH has been acquired
6. We have proposed and sent to our Central branch the names of our two public health stalwarts Late Professor Dr. Randadeb Biswas and Late Professor Dr. Sandip Roy for considering the "Lifetime Achievement Award in Public Health and Community Medicine"
7. We held regular EC meeting (both online & offline modes) to discuss various issues relating to our beloved organization

P.T.O



**Indian Association of Preventive & Social Medicine- West Bengal Chapter**  
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Dr Debjani Sengupta  
Dr Sinjita Dutta  
Dr Satabdi Mitra  
Dr Gandhari Basu  
Dr Susmita Chaudhuri  
Dr Rakesh Kumar  
Dr Ritesh Singh  
Dr Saikat Bhattacharya  
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8. We could motivate almost every Medical College (both Govt. & Pvt. sector) to take part in public health advocacy programme via celebrating various public health days as well as through some innovative methods of their own

9. Quite a few numbers of our members are playing proactive roles in implementing Government's public health programme via their expertise as trainer or expert

10. Journal issues have been published on regular basis

11. After a long gap we are able to organize an offline conference in IPGMR along with two preconference CMEs on "Drafting of publication-ready manuscript" and "Deciphering statistics using JAMOV software" both organized by the Department of Community Medicine, CMSDH.

12. We have also started some activities which are in processes:

- a. Revision of our constitution
- b. Research promotion amongst our members
- c. Most importantly making MoU with a suitable publishing agency

for running and indexing our journal, Journal of Comprehensive Health (JCH)

All these achievements are happened by virtue of our concerted efforts. Long Live IAPSM, Long Live IAPSMWB Chapter.

**Prof. Dibakar Haldar**

Secretary,  
Indian Association of Preventive  
and Social Medicine, West

Mail us at: [iapsmwbc@gmail.com](mailto:iapsmwbc@gmail.com)

Website of IAPSM West Bengal Chapter: <https://iapsm-wbc.co.in/>

Website of Journal of Comprehensive Health:

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**From the desk of the organizing chairperson**  
**38<sup>th</sup> Annual State Conference**  
**Indian Association of Preventive & Social Medicine, West Bengal chapter**  
**8<sup>th</sup> & 9<sup>th</sup> September, 2023; IPGME&R**

On behalf of the Organizing Committee, I welcome you all to the 38<sup>th</sup> State Conference of the Indian Association of Preventive & Social Medicine -West Bengal chapter being held at IPGME&R, Kolkata on 8<sup>th</sup> and 9<sup>th</sup> September, 2023.

The Indian Association of Preventive and Social Medicine (IAPSM) is a “not for profit” professional organization of public health for specialists from the field of epidemiology, health management, family medicine and related areas.

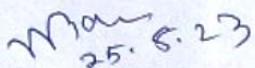
It gives me immense pleasure to state that the 38<sup>th</sup> IAPSMWBCON is being organized by the Department of Community Medicine, Institute of Post Graduate Medical Education & Research (IPGME&R), Kolkata. The institute is well known for its glorious history. The institute was inaugurated by Pandit Jawahar Lal Nehru, the then Prime Minister of India, on 16th January, 1957. Since then the institute is best known as a Medical Learning Centre of Excellence and a Specialty Hospital. Today, the institution is known for study of undergraduate, post graduate and post-doctoral level medical courses, specialist medical degrees and diplomas, para medical and nursing courses; and is known as the Bethlehem of advanced medical research.

This state conference will provide an excellent platform for exchange of information among the delegates. The theme for this year’s state conference, i.e. “Healthy living in the shadows of climate change” is a very pertinent topic in the present times.

I convey my thanks to the IAPSM national and state bodies for giving us the opportunity to conduct the conference. I extend my sincere thanks to the Director of Medical Education and the Director of Health Services, Department of Health & Family Welfare, Government of West Bengal for their immense support. I would also like to thank the Director, Dean of Student’s affairs and MSVP of IPGME&R for providing the required resources and for guiding us. My heartfelt thanks to our distinguished Chairpersons, Speakers, Panelists and Judges for accepting our invitation and sparing their precious time. Special thanks to all the sponsors and all advertisers for their support and cooperation.

I take this opportunity to thank my team for transforming this dream of organizing IAPSMWBCON 2023 into reality. Sincere thanks to all the members of the organizing committee and student volunteers who have worked relentlessly to make this conference a grand success.

Finally, thanks to all of you for participating in this academic bonanza.

  
25.8.23  
Prof. (Dr.) Mausumi Basu  
Organizing Chairperson,  
IAPSMWBCON2023





**From the desk of Organizing Secretary**  
**38<sup>th</sup> Annual State Conference**  
**Indian association of Preventive and Social Medicine, West Bengal Chapter**  
**8<sup>th</sup> -9<sup>th</sup> September, 2023**

Esteemed Members of IAPSM  
West Bengal Chapter

On the behalf of the Organising Committee, it is a matter of great privilege and honour to welcome you all to the 38th Annual State Conference of Indian Association of Preventive and Social Medicine (IAPSMWBCON 2023) Moving on from the Covid 19 times, the annual conference of the West Bengal Chapter has regained its splendour once again with the conference being held in physical mode this year. The theme of this year's conference is "Healthy living in the shadows of climate change". We promise you two days of scientific and academic feast mixed well with delicious food at IPGME&R, Kolkata. The scientific programs covering a wide spectrum of topics, keynote address, award paper presentations, symposiums and workshops would provide the right mix to enlighten you all with the latest development in the subject and keep you abreast of the practical aspects. Each and every member of the Organizing Committee of IAPSMWBCON23 has put in their best of efforts to make this conference a memorable one in all good ways. We eagerly await your active participation in the conference.

Long live IAPSM!

Dr. Sinjita Dutta  
Associate Professor,  
Department of Community Medicine, IPGME&R, Kolkata  
Organizing Secretary,  
IAPSMWBCON 2023

### List of Class Assistants for the Year 2023

NAME OF COLLEGE	SENIOR CA	JUNIOR CA
IPGMER	Eshita Arora	Nil
CNMC	Arghya Sen	Kuntal Biswas
BANKURA SAMMILANI MED COLLEGE	Rajdeep Sarkar	Sankha Pal
NRSMCH	Upamanyu Nag	Supratim Das
KPCMCH	Ritika Ray	Nayanika Gangopadhyay
ICARE INSTITUTE OF MED SCIENCES, HALDIA	Shreya Neogi	Dibyajyoti Bhattacharyya, Tanmay Nandi
ESIPGIMSR JOKA	Murshid Ali Khan	Iman Istakar
MURSHIDABAD MEDICAL COLLEGE	Tanushree Mishra	Supriyo Seal
DIAMOND HARBOUR MED COLLEGE	Shyri Sarkar	Nil
MJN MEDICAL COLLEGE AND HOSPITAL, COOCHBEHAR	Nabiha Numa Kazi	Soudip Laha
RAMPURHAT GOVT. MEDICAL COLLEGE	Satabdi Singha	Ebtesum Farhad
RGKMCH	Ankit Das	Ayitri Mukherjee
MCK	Debasree Pal	Nil
IQ CITY MED COLLEGE, DURGAPUR	Riya Mondal	Poulami Sarkar, Abhisanka Ghosh
SRIMS AND SANAKA HOSP, DURGAPUR	Anindita Chakraborty	Soumya Paul

## **List of Felicitated Members for the year 2023**

Dr. Dipankar Chattopadhyay

Dr. Asit Baran Saren

Dr Tutul Chattopadhyay

Dr. Samir Dasgupta

Dr. Baijayanti Baur

Dr. Salil Kr Bhattacharya

Dr. Gautam Narayan Sarkar

Dr. RN Chaudhary

Dr. Krishnadas Bhattacharyya

Dr. Aparajita Dasgupta

Dr. Anima Haldar

Dr. Subrata Bagchi

Dr. Urmila Dasgupta

**IAPSMWBCON 2023, IPGME&R, Kolkata**  
**Program Schedule**  
**Day 1 (8<sup>th</sup> September, 2023)**

Sl. No	Program details	Auditorium (Prof Sandip Kr Ray Memorial Hall)  Timing	LT4 (Prof Manasi Chakraborty Memorial Hall)  Timing	Speaker(s)	Chairperson /Experts
1	Best research Proposal (initiated by Prof. Akalanka Bhandari) previous year report	9:15 – 9:40am		Dr Tanushree Karmakar	Dr. Lina Bandhyopadhyay  Dr Dipankar Mukherjee
2	HIV AIDS (prevention & Control) Act 2017  Post Exposure Prophylaxis for HIV	9.40 – 10:10am		Mrs Sumita Samanta  Mr. Jagadish Jana  Dr Dolonchampa Modok	Dr. Sima Roy  Dr. Pankaj Kr Mandal
3	Panel discussion: Career opportunities for young public health Professionals	10:10 – 10.50 am		Dr Sanjib Bandhyopadhyay,  Dr Pritam Roy,  Dr Suman Kanungo, Dr. Rivu Basu  Moderator- Dr. Anirban Dalui,	Dr. Manideepa Roy  Dr Kaushik Mitra,  Dr. Indranil Saha
4	Public Health implication of Type I Diabetes	10:50- 11.20am		Prof. Sujoy Ghosh	Dr. Goutam Dhar  Prof. Jyotisman Mukherjee
5	Plenary: (ROCHE) Early Diagnosis of Rare Disease and its implications”	11:20am – 12:20pm		Dr. Suchandra Mukherjee	Dr. Bobby Pal  Dr. Aditya P Sarkar
6	Erectile Dysfunction/ premature Ejaculation	12:20-12.50pm		Dr Sanjay Kr Saha	Dr. Debasis Das  Dr. Kunal Majumdar

7	Free oral paper presentation: (first session)		12.30– 2:00pm	Dr. S Sadhukhan Dr. Arup Chakraborty Dr Tushar Saha	
8	Prof. Ranadeb Biswas memorial poster presentation	12.30– 2:00pm			Dr. Nirmal Kr Mandal Dr. Sukamal Bisoi Prof. Nirmalya Sinha Prof. D N Goswami
9	WHO work shop – measles elimination and VPD surveillance	12.50 – 2:00pm		Dr Subhajit Bhattacharjee	Dr. R N Mishra Dr. Ranjan Das
<b>Lunch: 2:00 – 2:45pm</b>					
10	Type II Diabetes: Current updates for refreshers	2.45-3.15pm		Dr. Sankar Nath Jha	Dr. Tutul Chattarjee Dr. Subhra S Basu
11	Quiz preliminary round		2:45 – 4:00pm		
12	Anaemia: an old foe	3.15 – 3.45pm		Dr. Maitreyee Bhattacharyya	Dr. Baijayanti. Baur Dr. Aditi Aikat
13	Occupational health: Aspect in Indian Factories Act	3.45 - 4.10pm		Dr Sumantra Pal	Dr. Narendra Nath Naskar Dr. Dipta Kanti Mukhopadhyay
14	Health System Leadership	4.10- 4.40pm		Dr. Arup Chakraborty	Dr Tapabrata Guha Roy Dr. Kuntala Ray
15	Report from Central IAPSM Body	4.40-4.50pm		Dr Satabdi Mitra	
<b>Tea (4:50-5:00pm)</b>					
16	IAPSM WB state chapter General Body Meeting	5pm onwards			

## **Day 2 (9<sup>th</sup> September, 2023)**

Sl. No	Program details	Auditorium (Prof Sandip Kr Ray Memorial Hall)  timing	Speaker(s)	Chairperson /Expert(s)
1	Prof M M Ganguly memorial award for young scientists-oral presentation	9:00 – 10:00am		Dr. Palash Das  Dr. Prasanta Roy Karmakar  Dr. Nabanita Bhattacharya
2	Best research Proposal (initiated by Prof. Akalanka Bhandari)	10:00 – 10:30 am		Dr. Sharmila Mallick (senior)  Dr. Jhuma Sarkar  Dr. Suman Roy
3	Session Thyronorm	10.30-11.00 am	Dr Somnath Naskar	Dr Shankar Nath Jha  Dr. Shibani Dutta
4	Plenary: Climate change (UNICEF)	11:00 – 12:00pm	Dr. Dipankar Maji  Mr. Ram Chandra	Dr. Aparajita Dasgupta  Dr. Sharmila Mallick (jr)
5	Inauguration + felicitation	12:00 – 2:00pm		
	Lunch: 2:00pm – 2:45pm			
6	Panel discussion: role of one health in preventing and controlling zoonotic Disease	2.45 – 3.30pm	Dr Niladri Sarkar  Dr Sananda Pati  Dr. Chitrita Chatterjee  Dr. Mamata Guha Mallick  Dr Sinjita Dutta	Dr. Pranita Tarafdar  Dr. Indira Dey  Dr Rupali Basu

7	PG Public Health Quiz final round	3:30 – 5.00pm
8	Announcement of prizes of <ul style="list-style-type: none"> <li>• Best research Proposal (initiated by Prof. Akalanka Bhandari),</li> <li>• Prof. Ranadeb Biswas memorial poster presentation,</li> <li>• Prof M M Ganguly memorial award for young scientists- oral presentation,</li> <li>• PG quiz</li> </ul>	5.00pm onwards
9	Vote of thanks	



## Heritage of IPGME&R and SSKM Hospital

*Dr. Avijit Hazra*

Way back in 1707, the first hospital in Calcutta, and the first one built in British India by the East India Company, was built on the premises of the Old Fort at Gerstein Place. The Council of Fort William constructed this hospital in a single building that measured 175 ft in length and 60 ft in width. This hospital, initially meant for the Europeans, was called Presidency Hospital.

Later, in 1768, two plots were purchased on Lower Circular Road for constructing a full-fledged hospital. Located near the Presidency Jail, the hospital came to be known as Presidency General Hospital, popularly the PG Hospital. The original hospital building underwent many alterations, including the addition of two new buildings in 1795. It was finally dismantled, and, in its place, a huge main hospital building was inaugurated in 1901.

PG hospital was initially meant exclusively for Europeans. This racial segregation ended when the celebrated Bengali poet Michael Madhusudan Dutta got admitted on Jun 22, 1873. After his death, 7 days later, the doors of the hospital were opened for Indians.

It was in the Presidency General Hospital in 1898 that Surgeon Major (later Sir) Ronald Ross, of the Indian Medical Service, identified the mosquito as the vector of malaria, paving the way for control of this major public health problem. Ross worked tirelessly for a few years accompanied by his Indian assistants.

The original laboratory where Ross worked still exists and has been converted into the Sir Ronald Ross Memorial Malaria Clinic. After receiving the first Nobel Prize in Physiology & Medicine in 1901, Ross visited his institute again and a poignant memorial plaque was installed in his honor.



**Sir Ronald Ross – a portrait during his tenure at PG Hospital, Calcutta**

After independence, the hospital was renamed as the Seth Sukhlal Karnani Memorial Hospital, in 1954, in honor of one of the doyens of the local Marwari community who donated generously for the much-needed expansion of the hospital. In official circles, people started referring to the Hospital as SSKM Hospital, although it continues to be PG hospital to the great majority of the people of Kolkata.

It was then a practice that Indian medical graduates used to go abroad for higher medical studies (post- graduation) and medical research. The Bengal Government, under the leadership of its visionary chief minister Dr. B. C. Roy, felt that this situation needed to be remedied. Thereafter, PG Hospital had the honor of becoming the first Post-Graduate Medical Institute in Eastern India in 1957. The college was given the formal name of Institute of Postgraduate Medical Education & Research (IPGME&R) with the mandate to impart post-graduate training in the clinical disciplines. The institute was inaugurated by Pandit Jawahar Lal Nehru, the first Prime Minister of India, on January 16, 1957. Since then, this day – January 16 – is celebrated every year as the Foundation Day of the institute.



**Pandit Jawaharlal Nehru at the inauguration of IPGME&R on Jan 16, 1957. Dr. B. C. Roy is seen seated.**

The erstwhile University College of Medicine (UCM) was started by the University of Calcutta at about the same time, that is 1957, to impart post-graduate training in the pre- and para-clinical disciplines. On the initiative of luminaries of the time, the University subsequently accommodated UCM in a new building constructed at the north-west corner of the IPGME&R and SSKM Hospital campus. The building was named as the Dr. B. C. Roy Institute of Basic Medical Sciences and was formally inaugurated by renowned physicist Prof. Satyendranath Bose on April 10, 1967. The location helped foster a spirit of collaborative teaching and research among the two institutes. The inaugural year of this institute coincided with the 100th year of existence of the University of Calcutta. In 2003 this basic science institute was formally amalgamated with IPGME&R.

For long IPGME&R remained solely as a superspeciality referral hospital and postgraduate medical institute. Many milestones were added along the way, such as the first dedicated Respiratory Care Unit in eastern India and the first dedicated neurology teaching institute – the Bangur Institute of Neuroscience, the Institute of Cardiovascular Sciences, the School of Digestive & Liver Diseases and the Institute of Otorhinolaryngology. The Institute of Psychiatry (already existing as a mental hospital – Bhowanipore Mental Home - from pre-independence India) that existing alongside PG Hospital on Debendra Lal Khan Road and serving as the psychiatry unit became a Center of Excellence. IOP, as it is popularly known, houses, in addition to Psychiatry, departments of Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing. The neonatology unit, initially a part of the pediatrics department, evolved into a separate full-fledged department, admitting superspeciality students, and becoming a model neonatal care unit for the entire country. The Physical Medicine & Rehabilitation (PMR) department is one of the busiest of its kind in the country. The Rheumatology department is the first of its kind in the state. For long after independence, there were few places in the country which offered graduate and postgraduate nursing courses. A nursing school already existed on campus. From 1974, a nursing college, dedicated to higher education in nursing started functioning, making it the first nursing college in eastern India to offer BSc and MSc in nursing. Towards the closing years of the millennium, efforts began to commence undergraduate (MBBS) training in the institute. These efforts finally bore fruit and the undergraduate section of IPGME&R was formally inaugurated on August 23, 2004, to start functioning with 100 MBBS seats. It has now expanded to 200 seats per year.

In 2007, the hospital celebrated its tercentenary and the institute its Golden Jubilee. Today the integrated institute and hospital is expanding with the addition of new clinical sections and research laboratories. The nearby Sambhu Nath Pandit Hospital (Annex 2), the PG Polyclinic (Annex 3), Ramrikdas Harlalka Hospital (Annex 4), Khidderpore Maternity Home (Annex 5) and the Kolkata Police Hospital (Annex 6) have been added in the past 5 years or so. These amalgamations have provided much needed space for the hospital to shift sections to other premises so as to redistribute the ever-increasing patient load. The new 9-storeyed grand academic building that has come up opposite the renowned Woodburn Block has become the nerve Center of the institute's academic activity, housing the Director's office, the Dean's office, modern lecture theaters, examination halls, the Central Library and the Multidisciplinary

Research Unit. A new Cabin Block and Cancer Block are under construction, along with new hostel buildings for UG and PG students. New departments of Emergency Medicine, Infectious Diseases, Surgical Oncology and Head & Neck Surgery, have been added, all of which are the first among medical colleges in Bengal. A Sports Medicine set-up, again the first of its kind in eastern India, has come up as a multidisciplinary unit serving established and aspiring athletes and other sports persons.

Amid all this activity, the mission and vision of IPGME&R and SSKM Hospital remains unchanged, namely to:

- Serve as a referral hospital and institute for the whole of Bengal and Eastern India with many unique services.
- Impart basic medical training to qualified aspirants with the goal of producing competent, confident and ethical physicians responsive to the needs of the community and the country.
- Organize postgraduate teaching in different branches of medicine in an integrated manner.
- Impart training to qualified aspirants in the paramedical disciplines who can function to the highest standards in coordination with physicians to relieve discomfort and suffering.
- Arrange refresher courses for medical practitioners and for service personnel.
- Foster the spirit of research in fundamental and applied problems in medicine and train young graduates and postgraduates in the methodology of research.
- Encourage the development of different medical specialties in coordinated way and to offer facilities for practical and advanced training as specialized branches.

IPGME&R and SSKM Hospital is known all over the country today for its service and its undergraduate, postgraduate as well as superspeciality level medical courses. The state government declared it as a Center of Excellence in Medical Education & Research in 2021 and it is repeatedly ranked in the Indian NIRF rankings as among the top medical institutes in the country. It offers the maximum number of postgraduate and postdoctoral courses, with proportionately the maximum number of students in these categories, in eastern India, and is also one of the largest medical teaching institutions in India. The students and faculty of the institute continue to be its most valued resource and uphold the tradition of learning, service and research worthy of its premier status.

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## **Community Medicine Practices: An Introspection**

*Dr Nirmal Kumar Mandal & Dr Sarmila Mallik*

As a community Medicine teacher, one question always haunts me- is community medicine a subject of cognitive domain only? Or rather, it should have a wider and multifaceted applicability? In a medical college setting, medicine specialists apply their skill in ward & OPD; surgeons in operation theatres; teachers of pathology, biochemistry & microbiology use their laboratories, and, so on. But where community medicine persons will apply their skill and facilitate to develop students' skill?

When we were given opportunity in data collection for an epidemiological survey, we felt happy, but at the same time, question peeped in my mind, was it the role of a qualified teacher? This could easily be done by a non-medical person with some training, or by a MBBS doctor. But when we were the part of the investigation team, starting from protocol designing, data collection, analysis, report writing to publication, then it was really a great learning experience. In another incident, when we were given opportunity to investigate deaths due to fever in a block, we were really excited.

Once, We had the opportunity, like many others, to get involved as master trainer in IMNCI, and evaluate its field application in different districts. It gave us enough scope to exhibit our knowledge & skill in live situation. But problem lies in its wider variability among teachers, colleges & chances they receive. Currently, clinical practice of community medicine experts widely varies from college to college. One common area is the immunization clinic which is run under direct control of community medicine department, and which gives opportunity to provide not only immunization services, but health check-up, growth monitoring & feeding counseling etc. It is found that some college authorities utilize services of community medicine teachers in running adolescent clinic, geriatric clinic, rabies clinic, non-communicable diseases clinic, general screening outpatient department (OPD), fever clinic etc. Here, thirst for clinical practices of our friends might be met to some extent, but that is far from concept of the subject proper.

So, which is our universal application area, should every college & every faculty have equal opportunity to practice their skill and orient students, both UG & PG in community medicine in true sense? Likely answer is the rural & urban health training Centre. But ground reality is this, apart from few, most of the training centers are not owned by the medical colleges. We become guest there, rather than host in these settings.

Bhore Committee in 1946 first recommended training need of 'Basic Doctors' who will provide basic clinical care and, at the same time, will set priority & identify solution to common health issues in the community. Department of Preventive & Social Medicine (PSM) in Medical College came into existence providing facility in field practice area where interaction of determinants of health could be studied. Though, in most of the colleges, subject of PSM was taught mostly theoretically giving least exposure to skill development and community orientation. Through a debate among experts of the subject in the platform of IAPSM, the subject was renamed as community medicine. In Community Medicine, community health, rather than individual came into priority, Community need assessment to solve community

problem got more attention. We know the difference between clinical approach & public health approach, community medicine came in between the two overlapping on either side.

Community Medicine is different from public health and Clinical medicine in the context that it gives opportunity to the subject specialist to make diagnosis and treatment in the community setting in association with disease prevention, health promotion, community need assessment, and providing leadership in health care team. In community medicine residency program, it is desired that students must acquire competency in health promotion, prevention, early diagnosis & treatment and rehabilitative services.

Medical Education in global & national context has evolved rapidly in last few years in conformity with changing community need, educational as well as technological advancement. Community medicine is not an exception. 2 Gradually we are trying to adopt student-centered, outcome-based mode of medical education replacing the teacher-centered, content-based approach.

The new competency based medical education for undergraduate course curriculum started implementing from 2021-22 batches with objectives of covering all three domains of learning (cognitive, affective & psychomotor). Family adoption program has been included as a part of curriculum in community medicine. It begins from 1<sup>st</sup> phase and remains thorough the course with competencies being spread over in ascending manner. Competencies as suggested to be taught in different phases are collecting basic demographic profile of allotted families, organizing health check up to report basic health profile including treatment, maintaining communication & follow up along with environmental protection activities, conducting anthropometric measurement, clinical examination of all family members, necessary investigation, treatment, follow up, remedial measure, counselling, analysing health trajectory of the allotted families. All facts and findings are documented in a log book. The whole activities are conducted under guidance of a mentor faculty. Thus, Family Adoption Program is truly designed to provide an experimental learning opportunity to Indian Medical graduate towards community-based health care. Non-availability of vehicle for movement of students, difficulty in incorporating time schedule of FAP in master routine, huge number of students in many medical colleges are different constraints as experienced while implementing this program properly.

In the recently launched District Residency Programme (DRP), National Medical Commission (NMC) advocates community-centric objectives in the 3-month mandatory training of postgraduate medical students within their residency tenure. PGTs of community medicine have ample scope to participate in implementation of national programs for their skill development, but in reality, are being utilized to provide emergency and OPD service to combat the manpower crisis at district level.

Involvement of community medicine experts in different skill-oriented areas is not an exception also. Their expertise was utilized as strategic planners; spheres of activities in covid pandemic; polio/ measles eradication; state or district level implementation of national programmes; or may be community level practitioners. But all these roles are very much individualistic, based on their individual attitude or opportunity or affinity itself. There is no long-term strategy on the part of central or state government to utilize the expertise, knowledge



or skill of community medicine experts. Also, the problem lies with our experts also. They prefer to join as teachers, without any involvement in community-based activities. Sometimes they demand or express their grievances why they are not given adequate importance in planning and implementation? But when they are given responsibility, not felt eager to participate on the ground of time constraints or huge work load of teaching.

Obviously, the question still arises what's next. What do we want? What is the expectation of government from us? These questions are still unanswered.

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# Healthy Living amidst Climate Change in the Indian Context

*Dr. Debayan Poddar*

As we navigate through the intricate challenges posed by climate change, the pursuit of healthy living gains renewed significance, especially in the context of India. This article explores various domains through which well-being can thrive despite shadows of climate change.

In the era of rapid urbanization, healthy living transcends personal choices. The emergence of smart cities offers a unique opportunity to design and structure urban environments that promote health while minimizing ecological footprints. Integration of green spaces, pedestrian-friendly layouts, and efficient public

transportation systems not only reduce carbon footprints but also potentiates physical activity. Along with these, adoption of technology-driven solutions can lead to energy-efficient buildings, reduced pollution, and optimal resource management, will enhance the quality of life and well-being.

Vector-borne diseases exert significant global morbidity and mortality and their dynamics are intricately linked to weather and climatic shifts encompassing temperature, precipitation, and extreme events. Leveraging digital and technological innovations presents a promising avenue by which climatic data can be seamlessly integrated into surveillance systems, amplifying their predictive capabilities for vector-borne disease outbreaks. Incorporating artificial intelligence using mobile health tools, satellite data not only ensures timely detection of cases but can accurately forecast outbreak locations and disease intensity through disease-climate patterns.

Climate change has affected agricultural practices, impacting nutrition and health. Embracing climate-resilient farming practices, such as drought-resistant crops and sustainable irrigation methods, can safeguard food security. Simultaneously, promoting diverse and nutritious diets can mitigate malnutrition, ensuring that the population is better equipped to face health challenges posed by a changing climate.

The quest for healthy living extends to the realm of clean energy and air quality. The adoption of renewable energy sources not only curtails greenhouse gas emissions but also curbs the toxic air pollutants that impair respiratory health. Incentives for the transition to cleaner technologies, coupled with stringent emission regulations, shall pave the way for breathable air and improved well-being.

Amidst these diverse domains, programs like the National Program for Climate Change and Human Health (NPCCHH) emerge as beacons of hope. While still in its nascent stage, NPCCHH signifies a concerted effort to bridge the gap between climate change and health considerations. Its role in facilitating research, policy formulation, and public awareness is instrumental in steering the nation towards a healthier and more resilient future.

In conclusion, healthy living amidst the challenges of climate change demands a holistic approach that encompasses urban planning, disease management, agriculture, energy, and dedicated climate-health programs. By embracing innovative strategies, cultivating sustainable habits, and fostering community engagement, we can pave the path for a healthier, more sustainable future. Our collective actions today define a prosperous, resilient future for generations to come.



## **Abstract of Articles for**

### **Prof. M M Ganguly Memorial Award for the year 2023**

#### **Breastfeeding Self-Efficacy and Its Association with Post-partum Depression and Breastfeeding Attitude among Early Post-partum Women in a Tertiary Level Hospital of Kolkata, West Bengal**

*Smita Dhar, Junior Resident*

#### **Background**

Depressive symptomatology and breastfeeding attitude has a tendency to affect breastfeeding self-efficacy, which is related with maternal confidence to breastfeed.

#### **Objectives**

To find out the association of Breastfeeding Self Efficacy with Breastfeeding Attitude and Post-partum Depression in early post-partum women in a Tertiary Level Hospital of Kolkata, West Bengal

#### **Methods**

The present Cross-Sectional study was conducted among 156 early post-partum women in a tertiary level hospital. Data were collected on Socio demographic and Obstetric profiles, Edinburgh Postnatal Depression Scale (EPDS) score, Breastfeeding Self-Efficacy Scale—Short Form (BSES-SF) score and The Iowa Infant Feeding Attitude Scale (IIFAS) scores by an interviewer administered schedule.

#### **Results**

The mean age of the participants was  $24.24 \pm 5.31$ , and the mean score they obtained from the BSES-SF was  $64.90 \pm 6.65$ . 15 (9.6%) of the early post-partum women were screened positive for post-partum depression in EDPS Scale. Statistically significant differences were detected between categories for Antenatal counselling for breastfeeding, EDPS Scale scores, IIFAS Scores for Positive attitude with respect to their BSES-SF scores ( $p < 0.05$ ). No statistically significant differences were detected between categories for IIFAS Scores for Negative Attitude with respect to their BSES-SF scores ( $p > 0.05$ ).

#### **Conclusion**

With increasing level of post-partum depression of women, the level of breastfeeding self-efficacy decreases. The breastfeeding self-efficacy increases with increasing positive attitude for breastfeeding.

#### **Keywords**

Breastfeeding, Post-partum Depression, Attitude, Cross-Sectional Study, Obstetrics

# **Validity of Finnish Diabetic Risk Score (FINDRISC) in Reference to Indian Diabetes Risk Score (IDRS) in Assessment of Risk of Developing Diabetes mellitus among Adult Patients Attending a Tertiary Care Hospital in Kolkata**

*Merin K Jaison Junior Resident*

## **Background:**

Indian Diabetes Risk Score (IDRS) is a validated tool for Indian population a score  $\geq 60$  is considered high risk of diabetes and Finnish Diabetes Risk Score (FINDRISC), a tool recommended by International Diabetes Federation, a score  $\geq 15$  is considered high risk of diabetes. FINDRISC has a low sensitivity and high specificity in Indian population compared to IDRS.

## **Objective:**

We aim to assess the appropriate cut-off for FINDRISC in reference to IDRS without compromising specificity of FINDRISC for assessing risk of developing diabetes among patients attending a tertiary care hospital in Kolkata.

## **Methods:**

A cross-sectional study was conducted among 140 non-diabetic patients above 30 years of age attending General Medicine OPD at ESIC Medical College, Joka. A predesigned pretested interview schedule was administered to the study participants which incorporated IDRS and FINDRISC. Data was analysed using Stata 12.1. Correlation between IDRS and FINDRISC was assessed. Sensitivity and specificity of FINDRISC at cut-off  $\geq 15$  in reference to IDRS and the validity of FINDRISC were assessed at different cut-off points of FINDRISC. The performance of FINDRISC in reference to IDRS was depicted using Receiver Operating Characteristic Curve (ROC).

## **Results:**

140 participants were recruited in the study. Using IDRS (cut-off  $\geq 60$ ), 51.4% had high risk of diabetes while using FINDRISC (cut-off  $\geq 15$ ), only 7.9% of the study participants had high risk of diabetes. There was a significant positive correlation between IDRS and FINDRISC. The sensitivity and specificity of FINDRISC (cut-off  $\geq 15$ ) in reference to IDRS was 12.5% and 97.1% respectively with PPV 81.8% and NPV 51.2%. At FINDRISC cut-off  $\geq 9$ , sensitivity was 81.9% and specificity was 72.1% with highest Youden index of 0.54 among all thresholds. In ROC showing performance of FINDRISC in reference to IDRS, the AUC was 0.81.

## **Conclusion:**

FINDRISC performs better in reference to IDRS as a screening tool for assessing high risk of developing diabetes at a cut-off  $\geq 9$  compared to cut-off  $\geq 15$ .  
Keywords: Diabetes risk, Diabetes Screening, Risk scores, IDRS, FINDRISC

# **Utilization of Rashtriya Bal Swasthya Karyakram (RBSK) in a rural area of West Bengal: A Mixed-Methods Study**

*Mamunur Rashid, Junior Resident*

## **Introduction:**

Rashtriya Bal Swasthya Karyakram (RBSK) was launched in 2013, to reduce mortality and morbidity in children due to prevalent birth defects, diseases, deficiencies, and developmental delays. Mobile health teams (MHTs) and District early intervention centres (DEICs) are set up for screening, management, and referral of beneficiaries.

## **Objectives:**

This study was conducted to estimate the proportion of beneficiaries who utilized the RBSK services, find out the reasons for non-utilization; identify the challenges faced by the caregivers and MHTs while availing the services and in implementation of RBSK respectively in a block of West Bengal.

## **Methods:**

A cross-sectional study with explanatory sequential mixed-method approach was conducted in a block of West Bengal from May-July 2023. Caregivers of beneficiaries were interviewed telephonically about utilization, reasons for non-utilization and challenges they faced while availing the services. To explore the challenges in implementation of RBSK, In-depth interviews were held with the MHTs.

## **Results:**

Out of 88 eligible beneficiaries, 76 were interviewed telephonically and among them utilization of services was 63.2%. Reasons for non-utilization were preference for private providers and denial of referral. Out-of-pocket expenditure (OOPE), long waiting periods and multiple visits were the challenges faced by caregivers. MHTs faced challenges like staff shortage, transport issues and lack of co-operation from Anganwadi centers and Schools.

## **Conclusion:**

Nearly two-third of the beneficiaries utilized the services after referral. OOPE, long waiting periods, and multiple visits pose a challenge for utilization of the services. To boost the efficiency of MHTs, recruitment of ANMs and Pharmacists is advisable.

**Keywords:** Rashtriya Bal Swasthya Karyakram (RBSK), Implementation, Challenge

# **Report of IAPSM (WB) research grant initiated by Prof Akalanka Bhandari for the year 2021**

## **Evaluating the effectiveness of an educational intervention in improving the uptake of Single Dose Rifampicin (SDR) among contacts of Leprosy in the District of Bankura: A community-based pilot study**

*Tanushree Karmakar, Junior Resident, Department of Community Medicine, Bankura Sammilani Medical College, Bankura*

### **Background:**

Administration of Post-exposure prophylaxis with Single-dose Rifampicin (PEP-SDR) can prevent leprosy among contacts. Objectives: To explore the barriers and facilitators for SDR uptake and to evaluate the effectiveness of educational intervention on the uptake of SDR among contacts of leprosy in Bankura District.

### **Materials and Methods:**

A sequential exploratory mixed-method study with qualitative component as Focus group discussions among the contacts and in-depth interview of ASHAs and ANMs and quantitative as quasi-experimental pre-post design using educational intervention and control groups (usual care) among 84 contacts (each arm) was conducted in Bankura district from December 2021-September 2022. Thematic analysis was done to identify the barriers and facilitators. To see the effect of intervention, SDR uptake rate was compared in study and control blocks before and after intervention using Mc Nemar's test. Binary Logistic regression was done to determine the factors affecting SDR uptake.

### **Results:**

Lack of knowledge regarding disease transmission, prevention, stigma, fear of adverse effects, improper counselling before drug administration were identified as barriers while faith on health workers, effective counselling prior to distribution, good rapport with health worker were identified as facilitators. SDR rate significantly increased in the study group after intervention (45.2%-94.1%,  $p < 0.001$ ) Vs Control (35.7%-41.7%,  $p = 0.383$ ). Educational intervention (aOR:41.22, 95%CI:11.7-145.6), household contacts (aOR:6.4, 95%CI:2.2-18.5) and effective counselling (aOR:4.2, 95%CI:1.6-11.1) showed increased SDR uptake compared to control, neighbourhood contacts and no counselling group.

### **Conclusion:**

Educational intervention, effective counselling, type of contacts (household) along with addressing the barriers and facilitators can improve SDR uptake.

**Key words:** *Contact tracing, Early Intervention Education, Leprosy, Post-exposure prophylaxis, Prevention and control, Rifampicin*

# **Shortlisted Research Proposal for IAPSM (WB) Research Grant initiated by Prof Akalanka Bhandari for the year 2023**

**Effect of diabetes self-management education on self-efficacy and self-care behaviour among type 2 diabetes mellitus patients in a slum of Kolkata: a quasi-experimental study**

*Sourav Kumar Ghosh, Junior Resident*

## **Background**

Self-care in diabetes mellitus is an evolutionary process of developing knowledge by learning to survive with complex nature of diabetes. Self-care behaviour in favourable direction was found to be positively correlated with good glycaemic control and improvement of Quality of Life. In resource-limited countries with increasing burden of diabetes, use of diabetes self-management education may play a significant role in reducing diabetes related complications and premature deaths. Self-efficacy, a Bandura's social cognitive theory, means the level of confidence a person needs to effectively perform a particular behaviour within his ability. To assess the effect of self-management education on self-efficacy and self-care activities, this phasic assessment will be performed which might be of help in determining appropriate selfcare management education guideline and its application frequency to ensure enduring selfcare management practices.

## **MATERIALS AND METHODS**

A community-based pre, post design - quasi-experimental study will be conducted in a slum of Kolkata among type 2 Diabetes Mellitus patients of  $\geq 30$  years. Simple random sampling technique will be adopted to get estimated sample size of 157, calculated with 95% confidence level, 80% power, assumed proportion of patients with adequate self-management practices before and after intervention as 8% and 24%. Baseline data regarding self-efficacy and selfcare behaviour will be collected using Stanford Self-efficacy for diabetes scale and Summary of diabetes self-care activities assessment scale respectively. Follow up data will be collected at different post intervention phases following application of diabetes self-care management guideline and compared with baseline data using parametric/non-parametric statistical test

# **Comparative Assessment of Food Security and Hunger among the Vulnerable Rural and Urban Households of Darjeeling District, West Bengal**

*Rivam Sarkar Junior Resident*

## **Background:**

Food security is ensuring that all people at all times have both physical and economic access to basic food they need. Household-level food insecurity affects the whole. Food security assessment in India is a crucial and complex task.

## **Objective:**

The present study is aimed to compare the level of food security at household level between the vulnerable rural and urban households of Darjeeling district, West Bengal and factors associated with it.

## **Methodology:**

The study will be observational, analytical study with cross –sectional design done in Siliguri subdivision of Darjeeling district for 9 months. Sample size will be 220 in each group (rural- tea garden and urban- slum), two stage cluster sampling will be followed. Household food security assessment questionnaire adapted from Household Food Security Survey Module; Household Hunger Scale will be used for data collection along with sociodemographic data collection proforma. After obtaining Ethical clearance from the Institution Ethics Committee data will be collected by visiting households and conducting interviews of the respondent with help of pre tested pre designed schedule after obtaining informed consent. Collected data will be entered in Microsoft Excel after coding. Data will be organized and presented using the principles of descriptive statistics with help of tables and charts.  $P < 0.05$  will be considered statistically significant. Statistical analysis will be done by IBM SPSS version 20.

## **Expected outcome:**

Comparison of both urban and rural households will be done to have a better idea and identify the factors behind these.

# **Navigating Adolescents in the Digital Age: A Mixed Method Exploration of Screen Time Behaviours among School Going Adolescents in a Rural Area of Hooghly District**

*Soumik Ghosh, Junior Resident*

## **Summary of the proposal:**

Screen time usage has become a pervasive aspect of modern life, particularly among school-going adolescents, profoundly impacting their academic and overall well-being. The excessive and uncontrolled consumption of digital devices has been associated with several adverse effects. As educators and parents grapple with this issue, striking a balance between the advantages of technology and its potential detriments becomes crucial to fostering healthy cognitive and emotional development in adolescents.

The study aims to assess the screen time patterns and behaviours among school going adolescents in a rural area of Hooghly district, the factors associated with it and the perspectives of the parents and teachers on screen time behaviours of the children, their awareness on its impact and their role in regulating screen time usage among the children.

The study will be conducted in two selected schools of the field practice area of AIIHPH, Kolkata selected by multi-stage sampling for a period of six months from October 2023 to July 2024 in a mixed method convergent parallel design. The quantitative component will be elicited from a sample size of 321 school going adolescents by a self-administered questionnaire and qualitative component will be extracted through FGDs among the parents and KIIs among the school teachers following the saturation principle. The data will be integrated at the time of analysis and an inference will be drawn on the screen time behaviours of the children and linkages with parental perspectives and teacher's viewpoint will be established.

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