

RELEVANCE OF STRUCTURED TEACHING PROGRAM FOR PARENTS IN CONTROLLING HABIT AND PHYSICAL DISORDER OF CHILDREN AGED BETWEEN 6 TO 12 YEARS OLD: A CASE STUDY ON TRIPURA

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ABSTRACT

Structured training programs increase knowledge, credibility, and understanding among parents regarding the assessment of habitual and physical disorders among children. Different structured training programs, such as “Behavioural STP (ABA/PBS), Competing Response Training, Self-Monitoring Modules” are available for parents to increase their ability to control habits and physical disorders among children. A population of 120 participants, including women, men, and parents from different age groups, has been selected to conduct a survey process. Parents need to assess behavioural and challenging changes in the mind-sets of children to prevent disorders among children in a significant manner. Time-related constraints, lack of interest, and high costs become a serious concern for parents to get access and participate in structured training programs to increase awareness regarding addressing habit disorders among children. This research has concluded that participating in structured training programs is important for parents to understand and learn different processes to identify and address physical as well as habit disorders.

Keywords: Behavioural STP, self-monitoring modules, competing response training, structured training, physical disorders, habit disorders.

Keywords: *Sleep quality, Sleep inertia, Students, Gender differences, Sleep patterns*

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Introduction

Parents take the major responsibility in the learning and development program of the children. In several researches it has been explored that the age of 6 to 12 represents a critical time in the physical, emotional, and behavioural development of the child. Due to unhealthy habits, developmental disorders and behavioural problems children experience repetitive behaviours, poor social interaction, sleep or eating difficulties, scholastic difficulties, and other adjustment problems. For the children between 6 to 12 years of age, parents, being the main caregivers and decision makers of care, treatment, supervision, discipline and health-seeking behaviour, significantly shape outcomes for children, owing to their understanding of these disorders

(Sahoo *et al.*, 2023). This is not only a subject of practical importance in Tripura, but studies conducted in the region have already revealed that structured teaching interventions have the potential to significantly enhance the knowledge and attitudes of parents regarding childhood behavioural disorders including autism. The issue is particularly salient in the context of community-based, pediatric, school-based, and parent education nursing programs in the state along with the entire country. Around 3,02,953 children between 6 months to 6 years are enrolled in the Anganwadi centre of Tripura (Tripura, 2026). Due to lack of monitoring and structured learning programs in such schools, a majority of Indian children are dealing with the issue of behavioural disorder.

Indicator	Estimated Number (Millions)	Percentage of Children Aged 6–12

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Total Indian children between 6–12 years	180	100%
Attending school	154	85.3%
Out of school	2 million	14.7%
Children with behavioural / habitual and physical disorders	18–22	10–12%
Children receiving professional care/support	4–6	20–30% of affected children
Children with behavioural / habitual and physical disorders not receiving care	14–16	70–80% of affected children

Table 1: Tabular presentation of Indian children with behavioural / habitual and physical disorders

(Source: Influenced from Education for all India, 2026)

Physical and habitual disorder is considered as the most common psychiatric disorder issue among children between 6 to 12 years old. It has been examined that issues, such as physical compulsions in OCD and body-focused repetitive behaviours are affecting the growth of children (Ridanya and Renuchitra, 2022). OCD often causes defiance and angry disorders among the children. As a result of this most of the children are facing issue to learn new things and maintain a healthy lifestyle. On the contrary, lack of learning program creates severe conditions of the children which involves behavioural issues and violates the basic rights. In this case children often show aggression towards others and violate the rules. In such conditions along with therapy, parents should arrange structured learning programs for the children. Structured parent training and home environments are highly effective in such situations. This research has articulated data on the habit and physical disorder of children along with the relevance of structured teaching programs for parents.

Literature Review

The age of 6 to 12 years of children are crucial times for mental and physical growth. Young children often face behavioural issues, such as “aggression, attention issues, poor social skills, increased screen time, eating disorder, and emotional unavailability”. In this regard Amodu *et al.* (2024) mentioned that physical illnesses such as “malnutrition, obesity, lack of proper hygiene, sleep problems and developmental disorders” can leave a negative impact on a student's academic performance and physical growth. Researches on behavioural disorder of children have shown that parents are key contributors in managing the behavioural and health outcomes. On the contrary, Mpanza and Govender (2022) stated that Structured Teaching Programs (STPs) provide “systematic teaching, training and counselling of parents”, for helping them to detect, manage and eliminate behavioural and physical health challenges of school going children.

Generating predictable routines and antecedent modifications leave significant impact on parents in taking an evidence-based approach.

Consideration of parent training programmes in the behavioural and growth stage of children contribute in reducing the disruptive behaviours of children. As a majority of children in Tripura are facing issues to get a structured learning environment and health monitoring process it neglects the growth of individuals. Abidogun (2023) stated that parent management training (PMT) is effective in reducing the “conduct problems, oppositional behaviours and emotional problems” of children. Involvement of the parents in the trained group generates positive communication skills, maintains discipline and provides emotional support towards their children. In this regard, Prime *et al.* (2023) stated that parent training interventions can increase parental behaviour competence and consistency to support children of pre-schooler, prime childhood and preteens. Structured learning programs and positive initiatives parents provide result in better behaviours of children in both the private and social places.

Behavioural interventions for children aged between 6 to 12 years have been evaluated in this research for exploring their habits and psychological behaviour. In this, parents play a significant role in that success. As mentioned by Awofala and Bilikis (2024) the most effective interventions include parent involvement and school and health care systems in the growth of children. Interactive techniques, like “stories/storying, reward systems and behaviour monitoring” have been shown to be effective particularly in developing structured learning programs for individuals. On the contrary, Ha *et al.* (2022) also added that parental education that is structured through interactive sessions and strategic measures also plays a role in improving children's physical health. Several studies have confirmed that parental knowledge on nutrition, cleanliness, exercise and preventive health care greatly affects children's growth and

health. Based on the analysis of different studies it has been clarified that digital and face-to-face parent training have a positive impact on the management of health-related behaviours. It influences dietary habits, exercise, and provides health-related recommendations to parents. Awofala and Bilikis (2024) stated that structured guidance can enable parents to develop healthy habits and better access early health care services. Regular parental supervision and health education help decrease childhood obesity, malnutrition and lifestyle related diseases.

Majority of Indian parents in rural and urban areas are facing child behavioural and physical health issues in India. As stated by Hung (2022) the growing number of

behavioural issues among children in school is causing due to the rapid urbanisation of the country, changing family structures, increased academic pressure, and heavy digital exposure among children. Research shows that behaviour problems, such as aggression, anxiety, social withdrawal and attention problems have a significant impact on students' learning and social adjustment. It has been considered as one of the most effective protective factors against these challenges is effective parent engagement. In countries, such as India child disorders are not recognised and managed early enough, particularly in rural and poorer areas.

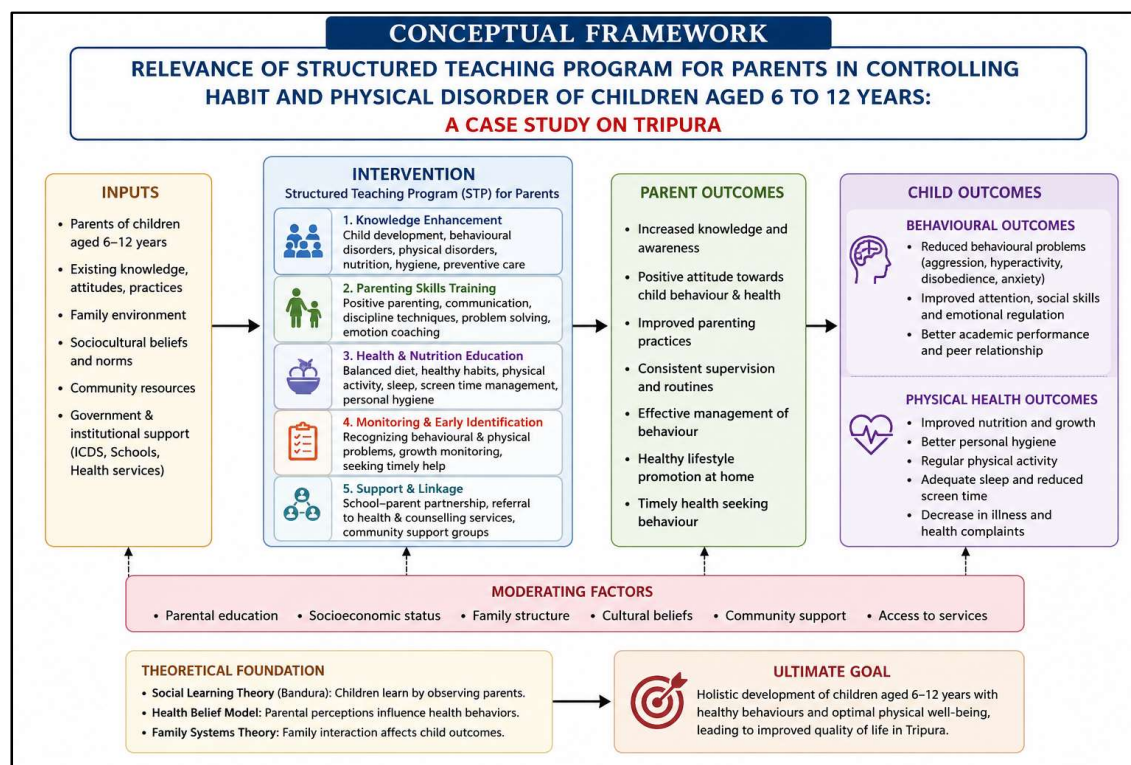


Figure 1: Conceptual Framework

(Source: Self-Created)

Due to the differences in parental education and access to health care in rural areas of Tripura a majority of parents failed to understand about the structured learning program. As per the research of Catalan-Serra and Sebastian (2025) a structured teaching program is more relevant in the multi-cultural and multi-national scenario with emerging child development challenges. In the rural areas of India physical and psychological violence had a negative impact on the social adjustment and behavioural development of children. Therefore, its results underscored the significance of supportive family environments and parental guidance for the healthy psychosocial development.

Continuous development in the education system of Tripura has highlighted the significance of joyful learning, emotional health and all-round development of children.

For example, a recent nutritional assessment of school-going children between the 6-12 years in Sepahijala district revealed issues of nutritional status and physical growth. This has further highlighted the need of the parents to be more aware about the health and nutrition of their children. In this collaboration the Government of Tripura has made efforts for the welfare of children, such as ICDS, Poshan Abhiyan and child protection programmes, which have made the environment conducive for structured programmes of parental education.

Research Methodology

In this research of habits and physical disorder of children primary data has been included. For understanding the real-time scenario of Tripura' this research has selected a

primary data collection method using a survey process. Followed by the purposive sampling methods has been selected in this research to meet the needs of targeted population. A total of 120 responses have been collected in this research to maintain credibility of the findings. On the contrary, exploratory research findings have been followed in this research to develop a critical analysis on the use of structured teaching programs for the children. Exploratory research design maintains a flexible and preliminary approach for investing about the poor problems in the research findings (Olawale *et al.*, 2023). Relied on such methodologies this study has analysed the effectiveness of structured teaching programs for the children with behavioural disorder between 6 to 12 years. As the research

has explored, poor learning or teaching programs in rural areas of Tripura are affecting the growth of children. In support of this, a statistical analysis has been developed based on a survey of 120 participants. Followed by the purpose sampling this research has only selected parents with school going children who has habitual or physical disorder. Primarily this survey collection process has focused on the location of Tripura. This research has tried to maintain inclusive and diversified data findings by involving parents from gender groups of males, female and others. After taking concern from the participants the survey collection process has been started. This research has maintained data confidentiality and anonymity as well for avoiding the issue of data security in future.

Results and Discussion

Statistical analysis

Row Labels	What is your age group?	What is your age group?
25 to 36 years	32	26.67%
37 to 46 years	73	60.83%
Above 47 years	15	12.50%
Grand Total	120	100.00%

Table 2: Age group of participants

(Source: Excel)

The above table gives a greater insight that most of the participants in the survey process belong to the age group of 37-46 years, with the value of 60.83%. Apart from this, participants aged above 47 years with the value of 12.50% also participated in this survey. It indicates that most of the

participants are between 37 and 46 years, which contributes deeper knowledge regarding the essentialness of structured training to control and manage habits as well as physical disorders among children.



Figure 2: Common habits of children

(Source: Excel)

Row Labels	What is the age group of your children?	What is the most common habit or physical disorder you have identified in your child?
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Metabolic & Cardiovascular Risks	4	3.33%
Nervousness	11	9.17%
Sedentary Lifestyles	27	22.50%
Sleep Issues	61	50.83%
Snacking & Dietary Habits	17	14.17%
Grand Total	120	100.00%

Table 3: Most common problems among the children

(Source: Excel)

According to the above table, it has been observed that around 50.83% of children are facing sleep issues and 22.50% are facing sedentary lifestyles. On the other hand, metabolic & cardiovascular risks are also physical disorders that have been observed among 3.33% of children.

Therefore, sleep issues are the most common physical and habit disorders among children.

Row Labels	Which structured teaching program do you attend with your children to improve such issues?	Which structured teaching program do you attend with your children to improve such issues?
Behavioural STP (ABA/PBS)	54	45.00%
Competing Response Training	42	35.00%
Self-Monitoring Modules	10	8.33%
TEACCH-Based Programs	14	11.67%
Grand Total	120	100.00%

Table 4: Most used structured teaching programs

(Source: Excel)

The above table shows different preferred training programs that are used by parents to control habits and physical disorders among their children. It has been found that 45% parents prefer behavioural STP (ABA/PBS) structured training methods for their children to improve physical disorders. Apart from this, “Competing Response

Training” is preferred by 35% of parents to control the habits and physical disorders of their child. Apart from this self-monitoring module, TESCCH-based programs are also preferred by a small number of parents to prevent and control disorders among children.

	<i>Experienced any habit or physical disorder</i>	<i>Most common habit or physical disorder</i>	<i>Useful of structured teaching program</i>	<i>Prevention of common childhood habits</i>	<i>Structured teaching program</i>	<i>Confidence of parents</i>	<i>Typical techniques</i>	<i>Relevant program content</i>	<i>Acceptable program format</i>	<i>Materials</i>	<i>Recommended teaching program</i>	<i>Instructive method</i>
Experienced any habit or physical disorder	1											

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Most common habit or physical disorder	0.001042	1										
Useful of structured teaching program	-0.03761	-0.07947	1									
Prevention of common childhood habits	0.240061	-0.04023	-0.08823	1								
Structured teaching program	0.239332	0.1157	0.063052	0.046752	1							
Confidence of parents	-0.01769	0.032375	0.195776	0.071457	-0.13624	1						
Typical techniques	0.147742	0.023836	0.144976	0.318841	0.253073	0.013791	1					
Relevant program content	0.12521	-0.01168	0.166245	0.171639	0.161847	0.239337	0.063659	1				
Acceptable program format	0.03465	0.115118	0.113844	0.125752	0.040064	0.204519	0.077796	0.1284	1			
Main barriers	0.170454	0.105052	0.082041	0.35327	0.036615	0.1784	0.207957	0.254592	0.239594	1		
Recommend structured teaching program	0.148966	0.028218	0.17112	-0.00155	0.162366	0.044829	0.01008	0.071163	0.129317	0.02355	1	
Instructional method	0.105567	0.209145	0.147689	0.016853	0.060078	0.147477	0.098024	0.113071	0.216482	0.013242	0.216358	1

Table 5: Correlation analysis

(Source: Excel)

	Experienced any habit or physical disorder	Most common habit or physical disorder	Useful of structured teaching program	Prevention of common childhood habits	Structured teaching program	Confidence of parents	Typical techniques	Relevant program content	Acceptable program format	Main barriers	Recommend structured teaching program	Instructional method
Experienced any habit or physical disorder	1											
Most common habit or physical disorder	0.00104	1										
Useful of structured teaching program	-0.0376	-0.0795	1									
Prevention of common childhood habits	0.24006	-0.0402	-0.0882	1								
Structured teaching program	0.23933	0.1157	0.06305	0.04675	1							
Confidence of parents	-0.0177	0.03238	0.19578	0.07146	-0.1362	1						
Typical techniques	0.14774	0.02384	0.14498	0.31884	0.25307	0.01379	1					
Relevant program content	0.12521	-0.0117	0.16625	0.17164	0.16185	0.23934	0.06366	1				
Acceptable program format	0.03465	0.11512	0.11384	0.12575	0.04006	0.20452	0.1378	0.07128	1			
Main barriers	0.17045	0.10505	0.08204	0.35327	0.03662	0.1784	0.20796	0.25459	0.23959	1		
Recommend structured teaching program	0.14897	0.02822	0.17112	-0.0016	0.16237	0.04483	0.11008	0.07116	0.12932	0.02325	1	
Instructional method	0.10557	0.20915	0.14769	0.01685	0.06008	0.14748	0.09802	0.11307	0.21648	0.13242	0.21636	1

The above table of correlation analysis has indicated that the variable of structured reading program has a weak to moderate strength in the relationship with others. Based on this statistical analysis the highest positive correlation value has been observed between prevention of common childhood habits and main barriers which valued $r = 0.353$ which is close to 1. It suggests that parents with high awareness are able to take preventive measures in controlling the common barriers. The relation between typical techniques and preventive common outcome has valued $r = 0.319$. in the current condition of children's behavioural disorder structured teaching program has

become important. However, lack of clear understanding, awareness and initiatives by the parents often lead to situations of vulnerability. Positive association with structured teaching programs often reduces the scope of work management and improve the mental wellbeing of individuals. Hence, based on the findings of the overall report it can be identified that a structured teaching program is relevant and acceptable among the learning program of parents to ensure their better health comes.

SUMMARY OUTPUT OF STRUCTURED TEACHING PROGRAM AND TYPICAL TECHNIQUES											
<i>Regression Statistics</i>											
Multiple R	0.25101										
	5501										
R Square	0.06300										
	8782										
Adjusted R Square	0.05500										
	031										
Standard Error	0.62905										
	7018										
Observations	119										
ANOVA											
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>						
Regression	1	3.113375087	3.113375087	7.867765774	0.005894661						

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Residual	117	46.29838962	0.395712732					
Total	118	49.41176471						
	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	1.817698562	0.159655687	11.3851163	1.14417E-20	1.50150884	2.133888283	1.50150884	2.133888283
1	0.17018449	0.060672832	2.804953792	0.005894661	0.050025126	0.290343855	0.050025126	0.290343855

Table 6: Regression analysis

(Source: Excel)

SUMMARY OUTPUT OF STRUCTURED TEACHING PROGRAM AND TYPICAL TECHNIQUES								
<i>Regression Statistics</i>								
Multiple R	0.2510155							
R Square	0.06300878							
Adjusted R Square	0.05500031							
Standard Error	0.62905702							
Observations	119							
<i>ANOVA</i>								
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>			
Regression	1	3.113375087	3.11337509	7.867765774	0.005894661			
Residual	117	46.29838962	0.39571273					
Total	118	49.41176471						
	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	1.81769856	0.159655687	11.3851163	1.14417E-20	1.50150884	2.133888283	1.50150884	2.133888283
1	0.17018449	0.060672832	2.80495379	0.005894661	0.050025126	0.290343855	0.050025126	0.290343855

The above regression analysis stated that the R-squared value is 0.0630, the adjusted R-squared value is 0.0550, indicating a 6.3% variation in the dependent variables. Apart from this, the significance of the F-statistic is 0.0059, indicating a positive and significant relationship between the structured training and controlling disorders among children. The regression statistics indicate that the positive coefficient value is 0.17 with a significant P-value of 0.0058, highlighting that structured training programs for

parents are highly required for controlling habits and physical disorders of children. Hence, offering structured training programs is important in the current circumstances to prevent and control habits and physical disorders among children.

Discussion

Influence of structured training on controlling disorders among children

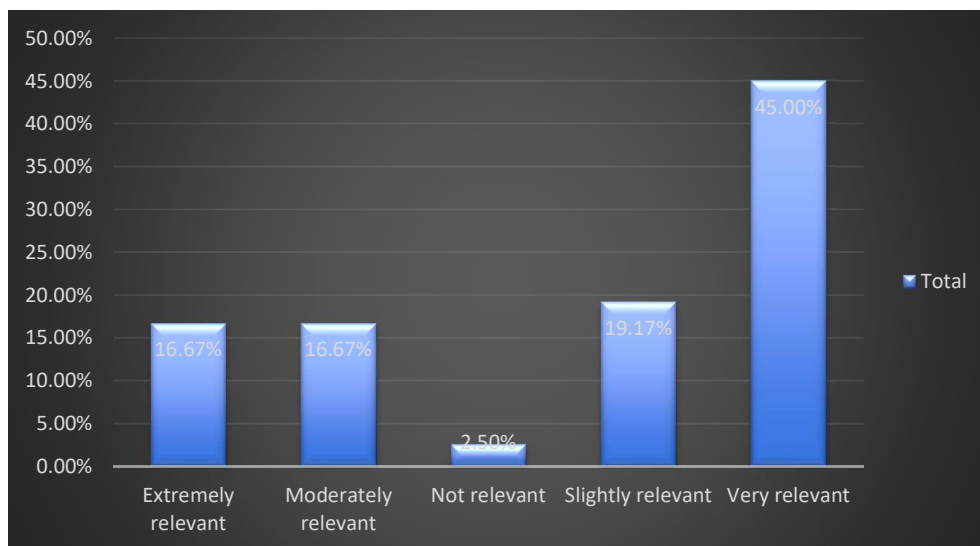


Figure 3: Attendance in structured training program

(Source: Excel)

Based on the findings, structured training for parents increases their capabilities to conduct habitual and physical assessments of children that are necessary to control disorders. It has been found that “Behavioural STP (ABA/PBS)” is a widely used structured training program that helps parents to identify and address challenging behaviours among children, and this is used by 45% of parents. It indicates that structured training allows parents to understand challenging behavioural disorders among school going children.

Importance of knowledge and awareness regarding structured training among parents

Knowledge and awareness among parents regarding different structured training is important to maximise the participation of parents in training for controlling habits and physical disorders. Apart from this, it has been found that a large number of parents have identified that 50.83% of children have sleep issues due to physical and habit

disorders. It highlighted that having proper knowledge and awareness regarding training helps parents to identify the type of disorder to address issues.

Challenges for parents in attending or applying for structured training programs

The findings also highlighted that time constraints, lack of interest, high costs, and different cultural beliefs are key barriers for parents towards their participation in the structured training process. The statistical analysis highlights that the r value is $r = 0.353$, which is close to 1, indicating that barriers such as time constraints and high costs directly impact controlling the most common habits and physical disorders of children. Hence, managing time and the availability of affordable training programs is important for parents to participate in structured training and control habit disorders among children.

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Influence of different training techniques on control habits and physical disorders among children

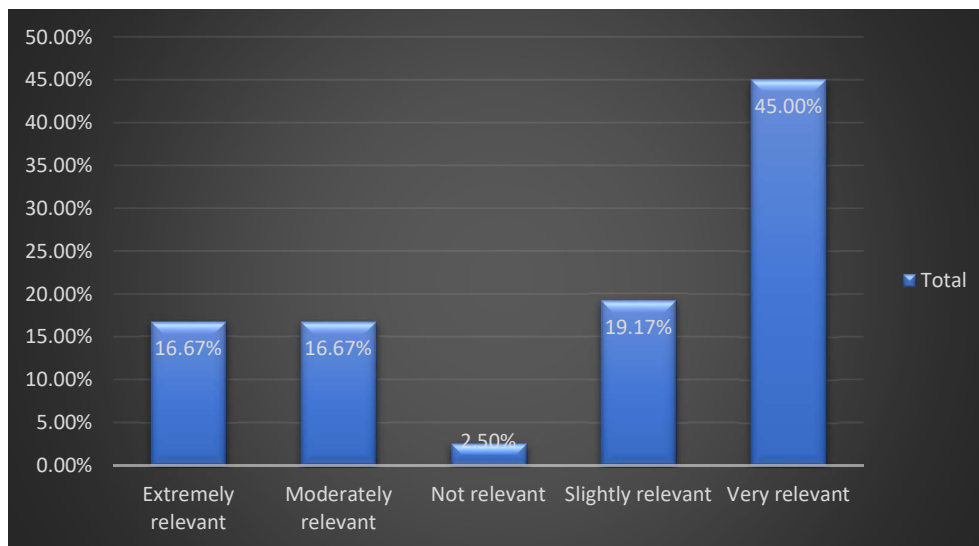


Figure 4: Relevance of structure training program

(Source: Excel)

Based on the findings, there are different structured training programs, such as “Behavioural STP (ABA/PBS), Competing Response Training, Self-Monitoring Modules” for parents to address habit disorders among children. It indicates that selecting an appropriate and right training method is important for parents to get better knowledge on habits and physical disorders among children. For instance, 45% of parents prefer the “ Behavioural STP” training program that increases knowledge to address challenging behaviours and harmful behavioural changes among children.

Conclusion

Findings of the study indicate that offering structured training is important to enhance knowledge and awareness among parents to address habits and physical disorders among children. Apart from this, the finding part suggests different training programs, including “Behavioural STP (ABA/PBS), Competing Response Training, Self-Monitoring Modules,” that can be used by parents to address behavioural and physical disorders of children. On the other hand, barriers such as high cost, time constraints, and lack of interest are key barriers towards enhancing the participation of parents in the structured training process to improve their knowledge on habits and physical disorders. On the other hand, it has been found that sleep issues, cardiovascular risk factors, sedentary lifestyle are some common and mostly observed physical as well as habit disorders among children. In this regard, participating in training programs to learn the process of identifying challenging behaviours and physical disorders are important for parents to prevent disorders among children.

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