

# Positive Parenting

PP13746/06/2013 (032586)

## Emotional Neglect

Recognise the signs and avoid the dangers  
and pitfalls of emotional neglect



Food Neophobia

Exercising for Self-Esteem

Don't Forget Dengue

The Meaning of Adolescence

Volume 1 • 2014  
Family Wellness

Volume 2 • 2014  
Nutrition & Healthy Living

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Child Health

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Child Development



# Positive Parenting

## Malaysia's Pioneer Experts-Driven Educational Programme

Initiated in year 2000 by the Malaysian Paediatric Association (MPA), the Positive Parenting programme offers experts advice and guidance by key healthcare professionals from various Professional Bodies in the field of child health, development and nutrition, teen issues as well as family wellness.

We understand the challenges parents face in raising a child and that is why we bring together expert organisations through this programme via its many activities to support you throughout your journey.

It is our vision to bridge the gap between the healthcare professionals and parents to empower you with unbiased, accurate and practical information.

Together, we can give our children the best start in life to ensure a brighter future.

### Key activities of PP

#### • Positive Parenting Guide:



*Published quarterly, it is distributed through a network of healthcare professionals in private and government clinics and hospitals as well as selected kindergartens nationwide.*

#### • Website:



*www.mypositiveparenting.org: One-stop digital portal with hundreds of articles, recipes and easy access to paediatricians.*

#### • Facebook:



*Follow us on Facebook to gain access to the latest parenting tips and updates from the Experts.*

#### • Educational press articles:



*Look out for our dedicated 'Positive Parenting' columns every fortnight and monthly in Malaysia's leading English, Bahasa Malaysia and Chinese newspapers.*

#### • Talks and Seminars:

*Have questions to Ask the Experts? Join us in our Positive Parenting seminars featuring some of the nation's top Parenting Experts!*



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Positive Parenting is a non-profit community education initiative. Companies wishing to support us or wish to collaborate with the programme are welcome to contact the Programme Secretariat.

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# Are you neglecting your child emotionally?

*Caring for your child can be a very challenging, yet fulfilling task. However, many of us are guilty of not giving them enough of our time, attention, and love. Providing for his material needs is just one aspect of bringing up a child. Equally important are the intangible aspects, especially those that involve his emotional needs. Ignoring or neglecting your child over a period of time can lead to long term emotional issues.*

*In this issue, we discuss the dangers and pitfalls of emotional neglect and how parents can recognise the signs. As parents, we are responsible in making sure that our children get both the physical and emotional care that their growing bodies require. Your child's health and well-being should be at the top of your priority list at all times.*

*Our panel of trusted health professionals also share their insights on how to deal with some common problems faced by parents today. The topics that are covered include: the importance of sharing household responsibilities, ways to practice proper food safety and hygiene, how to deal with your toddler's independent streak, and the deadly dangers of meningitis. Also included is a reminder about dengue fever in view of the current increase in dengue cases and deaths.*

*It is every child's right to live and learn in a safe and healthy environment. Therefore, it is our fervent hope that this issue will help empower you in your efforts to raise your child to become a happy and wholesome individual. We hope you will enjoy reading this issue.*

## **DATUK DR ZULKIFLI ISMAIL**

Chairman, Positive Parenting Management Committee  
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Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist



# Positive Parenting

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**Dr Yen Teck Hoe**  
Consultant Psychiatrist



National Population and Family  
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According to the National Child Abuse and Neglect Data System (NCANDS), neglect is “a type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so”. It is usually characterised by a consistent pattern of inadequate care that is obvious to those who are in close contact with a neglected child.

There are four basic types of neglect, namely **physical neglect** (failure to provide basic necessities such as food, water and clothing), **medical neglect** (failure to meet a child's basic healthcare needs such as ensuring that he receives his mandatory vaccinations or taking him to the doctor when he is sick), **educational neglect** (failure to educate him by sending him to school or allowing him to skip school without reason), and **emotional neglect** (failure to provide emotional support, which includes giving him warmth, love and encouragement. This includes refusing to hold/touch him, ridiculing him, or isolating him from friends and family members).

Of the four types of neglect, emotional neglect is often the most difficult to identify and is often reported secondary to other forms of neglect. However, it is a highly relevant problem in modern society. Neglecting an infant's need for mental stimulation and failing to nurture him as he grows can result in delays in his mental/ cognitive development. In the long term, an emotionally neglected child may have poor self-image, which could lead to alcohol/drug abuse, destructive behaviour and even suicide.

# Emotional Neglect:

## An Invisible Problem





**Dr Anjali Doshi-Gandhi**  
Deputy Director-General  
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Malaysia

# Defining Child Abuse and Neglect

“Abuse” and “neglect” are terms that are often used interchangeably. However, they represent two different types of maltreatment – abuse happens when someone acts against the child (e.g. physical abuse), whereas neglect happens when someone fails to act for the child (e.g. leaving a child at home unattended).

While defining emotional abuse and neglect may be complex and imprecise, most professionals agree that the occasional negative attitude or actions of parents may not yield harmful or permanent effects on a child. Both emotional abuse and emotional neglect follow a persistent and chronic pattern.

## Reasons for emotional neglect

There are many reasons why emotional neglect could enter the picture. They include:

- **Busy parents** - Working parents often do not have time for their children (e.g. talking to them or playing with them). Some parents may feel overwhelmed with work or stress, to the extent that they start to reject their child emotionally. Some parents may isolate themselves from their child or are unable to interact with them. It is important to find a balance between work and family life to avoid neglecting your child.
- **Structure of the family** – If you are a single parent, you may find it a struggle to be there for your child emotionally, while juggling your demands at work. Elsewhere, parents with large families (say you have seven kids) may find it difficult to connect emotionally with every one of their children.
- **Mental health issues** – Mental health issues may affect the way a parent cares for a child or respond to their child’s needs. They may be unable to interact with their child, thus neglecting their emotional needs. Some parents may lead disorganised lives that could result in a chaotic household. This could affect their children emotionally in the long run.
- **Parents’ own history** – A parent who was emotionally neglected as a child tends to lack empathy and is more

likely to emotionally neglect their own children. They may not respond to their children or are unable to establish a meaningful relationship with them. Being deprived of love and a sense of attachment in childhood can make them incapable or unwilling to provide adequate attention and affection to their children.

- **Inappropriate expectations of their children** – Some parents expect their children to behave in a certain way or meet certain standards (whether in behaviour or in school). When their children do not live up to these “standards”, they pull away from them emotionally.

Emotional neglect can have a significant impact on your child’s mental and behavioural development. It is imperative that you recognise the symptoms of emotional neglect, in ensuring that your child grows into a happy and wholesome individual.



# What are the Effects of Emotional Neglect?



**Dr Yen Teck Hoe**  
Consultant Psychiatrist  
Malaysian Psychiatric Association

A baby who has been deprived of basic emotional nurturance may develop a poor sense of self, even if he has been well-cared for physically. He could grow into an anxious and insecure child with low self-esteem.

Often, children who have been emotionally neglected grow up thinking that they are unworthy or deficient in some way. Due to this, he could face difficulty in making friends or conforming to the structure of a school-setting. He may experience delayed speech and language skills, and will tend to fare poorer academically compared to his happier peers.

These days, children who feel emotionally neglected at home may turn to social networking sites (such as Facebook, Instagram or Twitter) to seek the attention and social interaction that they crave. This can be dangerous, as there are many child predators online. This also exposes them to cyber-bullying.

## Signs and symptoms of emotional neglect

Signs and symptoms of emotional neglect often manifest into problematic or self-destructive social or behavioural patterns. They include:

- Anxiety or depression
- Destructive behaviour such as:
  - Temper tantrums
  - Physical aggression
  - Drug/alcohol use
  - Chronic lying
  - Destructive to property
- Excessive fears/phobias
- Lack of personal hygiene
- Overeating/abnormal eating habits/patterns
- Stealing or hoarding food
- Lack of self-control
- Unwilling to follow rules
- Wetting or soiling on self
- Extreme risk taking
- Running away
- Lack of eye contact
- Overdeveloped startle response
- Nightmares
- Suicidal thoughts or tendencies



## Emotional engagement

It is important to connect with your child emotionally. Here are some tips to help you get started:

- **Validate your child** – Listen to what he says when he talks to you. Make sure that you give him your undivided attention. If you are busy, take a minute to explain why you can't give him your full attention right then.
- **Parent your child together** – Child care is a shared responsibility; if you feel that your spouse is not pulling his or her weight as a parent, talk it out and discuss how you can work together as a team to build a balanced and emotionally stable family.
- **Don't be afraid to say you're sorry** – There may be times when you do or say something that hurts your child's feelings. When this happens, do the right thing by apologising to him. This will teach him to take responsibility for his mistakes.
- **Be realistic in your expectations** – Having realistic expectation of what your child can or cannot handle will help you determine how much care and supervision he needs.
- **Compliment your child** – Don't be stingy with praises when he does something good, such as making his own bed or is well-behaved on your outing together. More importantly, make sure that your compliments are honest and heartfelt.
- **Talk to other parents** – Don't be shy to get tips or exchange notes with other parents. Parenting classes, seminars or guidebooks may help you cope better with the demands and challenges of parenthood. You may also consult a child psychiatrist to learn more about your child.





# Shaping Wholesome Individuals



As parents, we are all guilty of distancing ourselves from our children emotionally at times. We all get angry, sad or overwhelmed, all of which could cause us to become hostile or disconnected towards the people around us. Along the way, we may find ourselves drifting away from our loved ones, particularly our children, who are unable to empathise with our feelings or frustrations at their young age.

This does not make us bad parents. It simply means we are human. However, it is important to always bear in mind that we play an important role in nourishing our children's mental and emotional well-being, on top of providing the physical nurturance that their tiny bodies require.

Forming a close, emotional connection with your child will make him feel loved and needed. This will help foster a healthy self-esteem in the long run. A happy child is also likely to develop good social and interactive skills that will allow him to navigate any social setting with ease.

A child who is socially apt will be less inclined to turn to unhealthy habits, such as engaging in destructive or narcissistic behaviours, whether in real life or through social networking sites, to grab your attention.

Remember, a happy child is a healthy child. Your love and care will help ensure that he grows up to become a secure and wholesome individual. **PP**



# Family Wellness

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- Maternal Care
- Parenting Skills
- You & Your Spouse
- Safety and Injury Prevention

## Checklist for Wannabe Mummies

*Planning to get pregnant? Here is a checklist that can help you and your spouse maximise your chances of conceiving a child.*

By **Dr H Krishna Kumar**, Consultant of Obstetrics & Gynaecology and Past President, Obstetrical & Gynaecological Society of Malaysia (OGSM)

The dust has finally settled from your wedding and your honeymoon, and you are all set to embark on the next stage of your marriage – that is, to expand your family. Having a baby is not an exact science, but there are certain things that you can do to boost your chances of getting pregnant. The checklist below will help guide you and your spouse in your preparation of having a baby.



### ☒ Getting started

- ☐ **Get off your pills immediately.** Birth control pills prevent ovulation (the release of an egg during the monthly cycle). A woman cannot get pregnant if she does not ovulate because there is no egg to be fertilised. Once you stop taking these pills, your body should start ovulating again within a few weeks.
- ☐ **Find out when you are ovulating.** A woman is most fertile during ovulation. Ovulation usually occurs between 12 and 14 days before your period starts. For example, if you have a regular 28-day menstrual cycle, the first day of your period should be counted as day one of your ovulation cycle.

Your “fertile window” will likely be around days 12 to 17.

- ☐ **Chart your basal body temperature (BBT).** An increase in BBT occurs with ovulation due to a spike in progesterone levels. Measure your BBT with a special thermometer, ideally before you get out of bed. BBT typically goes up about 24 hours following ovulation, so charting your temperature doesn't help you predict ovulation for your current cycle. However, it can help predict ovulation for subsequent cycles.
- ☐ **Potential daddies should keep their testicles cool.** Heat can

kill or decrease sperm production, so wannabe daddies may want to stay away from hot baths, saunas or wearing tight underwear. If your job involves working in a hot environment, taking regular breaks indoors can help keep your testicles cool.

- ☐ **Have sex!** This goes without saying. Find out when you are ovulating, then move into some sexy bedroom activities with your spouse. Having sex daily during the days leading up to ovulation may give you a better chance of conceiving.

## ✓ Diet and fitness

- ☐ **Quit smoking.** Women who smoke have lowered fertility compared to non-smokers. Smoking can lessen the success of fertility treatment or result in a higher miscarriage and still-birth rate. Male smokers have reduced semen volume and sperm count as well as abnormal sperm compared to non-smokers or ex-smokers.
- ☐ **Cut down on alcohol.** Consuming alcohol increases the risk of miscarriage and affects foetal development. Women who are trying to get pregnant should refrain from drinking alcoholic beverages for at least a month before trying to conceive.
- ☐ **Adopt healthy eating habits.** Adopt healthy eating habits that include a variety of foods from the five major food groups. They include: 1) grains, 2) fruits, 3)

vegetables, 4) eggs, fish, meat, poultry and legumes, and 5) milk and milk products. Portion control is also important for a healthy diet.

- ☐ **Get active.** Experts recommend at least 150 minutes of physical activity in a week to maintain good health. For potential mums, getting healthy and fit will help you cope better with pregnancy, which can place extra demands and strains on your body.
- ☐ **Fortify your body with folic acid.** Folic acid helps the body produce healthy new cells. Getting enough folic acid before and during pregnancy can prevent major birth defects of a baby's brain or spine. Folic acid sources

include: leafy green vegetables, fruits and nuts. You can also take folic acid as a dietary supplement.



## ✓ Doctors and check-ups

- ☐ **Choose a doctor.** An obstetrician-gynaecologist (OBGYN) can help assess your health, fitness and lifestyle habits, and identify areas that you may need to improve on in order to conceive successfully.
- ☐ **Keep your medical conditions under control.** If you have a medical condition such as asthma, diabetes or high blood pressure, try to get them under control before you start conceiving. Your healthcare provider may make adjustments to your medication or other treatments before pregnancy.
- ☐ **Change to pregnancy-safe drugs.** If you are currently on medication, you may want to

consult a doctor or an OBGYN to determine if they are pregnancy-safe. If they are not, ask your doctor to prescribe you ones that are safe.

- ☐ **Visit a dentist** to ensure that your teeth and gums are healthy before getting pregnant. Once you get pregnant, you are more likely to develop teeth and gum issues (e.g. tooth decay, gingivitis) due to pregnancy hormones and may be unable to undergo dental procedures like having an x-ray of your mouth.
- ☐ **Discuss each other's medical history with the doctor.** Discuss any health problems that you or your spouse may be having.

Medical conditions such as diabetes or heart disease often run in families, so it is good to get a clear picture of each other's family medical history.

- ☐ **Get immunised.** Infections like chicken pox, rubella and hepatitis B can harm your unborn baby if you catch them during pregnancy. Consult your doctor and get the necessary vaccinations before you try to conceive.
- ☐ **Have a birth plan.** It is good to have a birth plan ahead of time. Plan out details such as the nearest route to your hospital of choice, who to accompany you in the delivery room, and if you want a natural delivery or a caesarean section.

Generally, if you and your spouse are fertile, you have a good chance of getting pregnant within a year. Factors like your age, your lifestyle and your job may also influence your chances of pregnancy. Fertility experts in general recommend a more relaxed approach – simply by taking it easy and most importantly, to enjoy the baby-making process. **PP**

An educational collaboration with



Obstetrical and Gynaecological  
Society of Malaysia



# Sharing Responsibilities

By **Dr Anjali Doshi-Gandhi**, Deputy Director - General (Policy), National Population and Family Development Board (LPPKN)

*Most couples agree that household chores and parenting responsibilities should be shared, but many fail to find a split that actually works. Here are some tips that could help couples win the domestic war.*



Traditionally, women have assumed the role of the caregiver, while husbands sought to provide financial support for their families. Society has come a long way since and women are now leaders and working professionals in their own right.

Increasingly, the domain of marriage is becoming a partnership between husband and wife. Household responsibilities and domestic affairs are no longer a one-way street, but are managed together and shared.

## Benefits of sharing household responsibilities

There are many benefits when you and your spouse share your responsibilities at home. Some of them include:

- Easing family stress, resulting in fewer arguments at home
- Giving couples more time for activities that both enjoy
- Breaking away from gender stereotypes (e.g. men go to work, and women stay home to watch over the kids and manage household chores)
- Giving couples an opportunity to achieve a fair balance at home

## Did you know?

A new study done by the University of Missouri and Utah State University has revealed that husbands and fathers who helped out with household chores have happier marriages. Marriages were happier when couples worked together on their responsibilities, regardless of the type of house chores they were working on.



## Sharing and caring

While many couples would agree that household chores and parenting responsibilities should be shared, few actually find a split that works. Here are some tips on how couples can manage their house chores efficiently and effectively:

### 1 **Decide who does what.**

There will always be bills to pay, dishes to do, dirty laundry and kids to run after at home.

Determining what needs to be done and who does what, will help

couples get a clearer picture of the workload distribution. Draw a roster if you have to. This will help you even out your responsibilities, as well as to plan your daily schedules in advance. So if you have always been doing the dishes while your spouse does the laundry, perhaps you can switch your responsibilities every once in a while.

**2 Don't practice the 50/50 split.** Splitting your chores right down the middle makes your marital relationship more of a business relationship than an intimate one. According to a recent Norwegian study, couples who adopt the 50/50 approach are more likely to end in divorce. So avoid keeping score on your household chores. Instead, work together as a team. For example, if the kitchen needs cleaning, you can start with the cupboards, while your partner mops the floor.

**3 Take turns to care for your child.** If you have a baby, caring for him is a round-the-clock adventure. Many couples can get tired and frustrated from their endless baby duties. Work out a schedule that will allow you and your spouse to both rest and care for your baby. If you are breastfeeding, perhaps your partner can handle night-time diaper changes. If you're using a bottle, take turns feeding the baby.

**4 Stay united.** The presence of a child in your home can create conflict between you and your spouse. Having grown up in different environments, you are bound to have different sets of values, expectations and discipline

methods when it comes to parenting. However, when it comes to your child, they need to see that both their parents are a united front. The trick is to learn how to meet in the middle on your ideals on parenting, discipline and child-raising, and come up with a plan that both of you can agree on and follow through.

**5 Be open to changes.** As with the trials and tribulations in life, remember that nothing is ever set in stone. If your roster does not fall into place at first, be prepared to make the necessary changes to accommodate with both your busy schedules. Do not be discouraged by setbacks. Instead, use them as fodder to assess what may or may not work, and gradually improve on your roster.

**6 Turn up the music.** Whether you are dusting or vacuuming or teaching your kids how to cook, a little bit of music always helps to lighten up the mood. Listening to music also reduces stress and anxiety, so be sure to turn up the music while you engage in your chores.

**7 Make a habit of thanking each other.** Ever heard of the saying, "A little thanks goes a long way?" A simple "thank you" can speak volumes of your gratitude and appreciation towards your partner. Recognising his or her hard work in maintaining a functional household will likely breed efficacious behaviours in the long run. This makes navigating through the endless enormity of house chores just that much easier.



Breaking old habits and redistributing the workload at home requires commitment and often involves lots of trial and error. But the effort you put into sharing responsibilities with your spouse will foster a relationship in which both of you will feel like equal partners. **PP**

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# 5 Things that Happen After Your Wedding

*Learn about some common problems that you and your spouse may face after the wedding daze has passed and ways to overcome them.*

By **Dr Anjli Doshi-Gandhi**, Deputy Director - General (Policy), National Population and Family Development Board (LPPKN)

Many couples enter a marriage expecting a lifetime of bliss. Unfortunately, once the excitement from your wedding settles, you may start to realise that “happily ever after” is not all that it’s cracked up to be. All of a sudden, there are bills to pay, mouths to feed, and an endless pile in the laundry that needs washing. Amidst the confusion, you also start to discover things about your other half that you never knew.

As you would quickly discover, marriage isn’t always a fairy tale. Instead, it is a continuous learning process and it takes honesty, trust and a whole lot of effort to make things work.

**Five things that could happen when you get married:**

## **1 You continue to live the “single” life.**

We could all use a little “me time” or a fun night-out with friends. But leaving your other half out of the picture over an extended period of time may cause them to feel dejected and unloved. You can get your partner involved by picking up a hobby or an activity that you can do together, such as going to the gym or for dance classes.

## **2 You stop communicating.**

As you go along your marriage, this can sometimes happen. Couples just stop talking to one another. It doesn’t help that you’re constantly on your smart-phones or your tablets. Remember that marriage is a two-way street. Couples need to constantly make an effort to stay involved in each other’s lives. You can start doing this by putting your gadget down, and actually start interacting with each other.

## **3 You stop courting each other.**

Inevitably, you fall into that old couple routine. Over time, your marriage may lose its “excitement” and you may forget what brought the two of you together in the first place. Rediscover the spark by undergoing new or novel experiences together, with fun activities such as scuba diving, mountain climbing, travelling or going to a restaurant that lets you wine and dine in pitch-black darkness.

## **4 You stop complimenting each other.**

One of the simplest and easiest ways to keep the romance alive is by remembering to compliment your

partner. As Mark Twain puts it, “One could live on a good compliment for two months!” This may sound a little corny, but making your spouse feel good about themselves, will likely make you feel good about yourself as well. So the next time your partner gets a new haircut, you know what to do.

## **5 You focus too much on the bad stuff.**

He works too hard and he hardly spends time with the kids. She has too many shoes and is a lousy cook. If you’re constantly finding fault in your partner, it’s time to stop! Do not let resentment take over your marriage. Instead, focus on the good things that brought you together. If your spouse’s attitude or behavioural habits are bothering you, talk to them about it. Being honest with each other will sort things out more quickly.

Over the course of a lifetime together, a couple will discover many things. There will be happy moments, such as having a baby, getting a promotion, or a romantic anniversary dinner. Along the journey, you will also encounter rough waters that often include financial problems and emotional strain. Navigating through these waters and getting through it successfully will make you stronger than you’ve ever been as a couple. **PP**

# Poison, poison, everywhere

*Common chemicals found in your home may pose a potential hazard to your child.*

By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician and Paediatric Cardiologist

Poisoning in children can be prevented! Almost any household product and medication meant for adults can be poisonous to children. Be prepared with prevention by anticipating the dangers of poisoning. Here are some potential poisons in the home:

## Deadly poisons: common chemicals found in your home

**Medications:** many medications look and taste like sweets. In the United States, medication is the leading cause of child poisoning. More than 60,000 children visit emergency rooms each year because of medication poisonings. Almost all these visits occur when children gain access to medicines while their parents were not looking. Trends in Malaysia are the same with kerosene poisoning taking a back-seat in urban settings, being superseded by medicines. Pain-relievers, diabetes medicine, iron tablets, sedatives, heart and blood pressure tablets are some common medications found at home. If ingested, they can cause symptoms of poisoning such as nausea, vomiting, drowsiness, falling over, tummy pain, and fits in your child

lung irritation, respiratory problems, vertigo, confusion, headache, nausea, vomiting and/or fatigue. If your child is G6PD deficient, the mere exposure to these can cause haemolysis (destruction of red blood cells).

**Pesticides:** despite how useful they can be in keeping cockroaches, mosquitoes, or any other household or garden pest at bay, they are also poisons. Not only should you control its usage, you should also keep its container in hard-to-reach locations. Be sure to ventilate any enclosed spaces after use and check to make sure you are using the appropriate pesticides. Contact with pesticides could cause adverse reactions in your child. They include: headache, dizziness, weakness, shaking, nausea, stomach cramps, diarrhoea, and sweating.

**Mothballs:** generally used as an insect repellent, they are a possible source of danger as they can be easily ingested by your child. Mothballs contain either naphthalene or paradichlorobenzene, which are toxic chemicals. Both become a gas when exposed to air (which causes that pungent moth ball smell). Signs that your child has come in contact with mothballs include: eye, nose, throat and

**Air fresheners:** some are highly flammable and can be strong irritants to your child's eyes, skin, and nose/throat. When used excessively or in a small, unventilated area, these products release toxic levels of pollutants. A local consumer group, Malaysian Association of Standards Users, arranged for several air freshener products to be tested by two separate private laboratories in Malaysia for toluene, benzene, formaldehyde, and phthalates. All the products tested positive for at least one



## Did you know?

**In the UK, more than 28,000 children receive treatment for poisoning, or suspected poisoning cases each year.**

of these toxic contents, yet none of the products listed any of the chemicals that they tested positive for.

**Cleaning solutions:** many cleaning detergents, soaps, or liquids contain harsh chemicals such as ammonia or bleach. If your child is exposed to fumes, rubs his eyes or sucks on his fingers (after touching the chemicals), and/or eats or drinks them, it could cause severe irritation of the sensitive membranes of his eyes, nose, and/or mouth. If you find him unconscious, not breathing, or having convulsions or seizures, call your local emergency number right away.

**Batteries:** come in many shapes and sizes; be extra careful especially if you use a lot of small-sized batteries (e.g. button cell batteries) as they are small enough for your child to accidentally swallow if he puts it in his mouth. The most serious injuries are usually associated with batteries that measure 20mm



in diameter as they are likely to get stuck in a small child's oesophagus. If this happens, it can cause tissue injury and necrosis within hours, leading to perforation of the oesophagus or death if not removed urgently.

**Cigarette smoke:** it is a toxic pollutant, made up of more than 4,000 chemicals. It affects not only smokers, but also non-smokers; studies have shown that exposure to second-hand and/or third-hand smoke is potentially deadly. The Centers for Disease Control ranks smoking as the leading preventable cause of death and disease in the United States each year.

## Storing dangerous chemicals

Never store cleaning chemicals and disinfectants in areas where food is handled or where medications are kept. Cleaning products, pesticides, and/or medication should never be kept in food or drink containers. If this is done, it is an accidental ingestion waiting to happen! Anyone (especially your child) can mistake the contents to be food/drinks and ingest it. The worst part is that you might not even know what was in the container, especially if it was filled a long time ago; this is important information for emergency responders to know as the procedure is different for different chemicals.

If you must use other containers to keep your chemicals/medication in, always make it a point to label the container accordingly AND to store it in a location that is out of your child's reach.

Other things you can do to keep your child safe include:

- 1 Always store potentially deadly substances out of children's reach.
- 2 Never take your medications in front of children as they may try to emulate your actions.
- 3 Any cabinets used to store potentially deadly substances should be secured with child-proof latches even after they have been removed. Chemical traces may linger and poses a danger to your child should he be exposed to them.
- 4 Bottles or containers with cleaning products should never be left unattended or open. If you are interrupted while cleaning, put away the cleaning supply. Do not leave anything lying around as your child may be tempted by it.
- 5 Take only the amount of chemicals (e.g. pesticides, cleaning detergent, etc.) that you need from the container. Ensure it is kept back in a safe location (e.g. child-proofed cabinet or high shelf) before going about your work.
- 6 Always use proper personal safety equipment when working with chemicals. Follow the recommendation on its label, which may require the use of gloves or goggles.
- 7 Once your work is complete, all disposable items (e.g. paper towels, rags, etc.) that were used with the chemicals should be properly discarded. To ensure your child will not have access to them, you should take out the trash immediately.

## Who to contact

Most cleaning products and chemicals come with emergency instructions on their label, but it doesn't hurt if you can prepare a list of emergency telephone numbers to keep close at hand. Telephone numbers that you might want to list include:

- National Poison Centre (USM, Penang)  
**1-800-88-8099 / +604-657 0099** (Monday-Friday: 8.10am-5.10pm)  
After Office Hours: **+6012-430 9499** (including weekends and public holidays)
- The nearest hospital/clinic
- A local ambulance service
- Your family doctor

## Safety first

While it's not possible to be with a child 24 hours a day, it's important that the things that can really hurt them have as many barriers as possible. Keep anything dangerous locked up and out of reach. Children rely on their parents to provide them with a safe environment. **PP**

*An educational contribution by*



Malaysian Paediatric Association





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# Nutrition & Healthy Living

- Breastfeeding
- Complementary Feeding
- Nutri Tips and Insights
- Issues
- Healthy Recipes



## Getting Started with Solids

By **Professor Dr Poh Bee Koon**, Nutritionist, Nutrition Society of Malaysia

*Your child is now a bouncy infant who is ready to start his first solids. Below is a guide on how you can introduce complementary feeding to your child.*

You play a very active role in your child's experience with food, and your goal is to make the experience healthy, safe and fun.

The Ministry of Health Malaysia, the World Health Organization and the American Academy of Paediatrics recommend that babies be breastfed exclusively for the first six months. Complementary feeding should start at around six months.

This is when you can start introducing baby to complementary foods but still continue to breastfeed him through to the end of the first year and longer if desired. Solid foods should never be introduced before four months of age, as his digestive system is still developing and is not mature enough to digest them.

Signs that show that your baby is ready for his first bite:

- Your baby should be able to sit up with minimal support and hold his head up on his own.
- He learns to control his tongue and starts to make chewing or munching movements.
- His teeth start appearing.
- Gets hungry quickly between feedings or require more frequent feeding.
- He should show signs of interest in food and open his mouth when it is offered.
- He should be able to move food from his mouth into his throat. He will learn this process when complementary feeding starts as it is a different skill from sucking milk from the breast or bottle. If you offer a spoonful of semisolid food to your baby and he seems to push it right back out of his mouth, give him a bit more practice, but also consider waiting another week or two. He just might not be ready yet.

### Getting started on complementary foods

#### From 6-8 months

Start your baby off by introducing him to one type of food at a time. Try not to mix different foods together. It may take him between three and seven days to get used to the taste and texture of a new food. This also allows you to observe if he is allergic to any particular food. After this period, you may introduce a different type of food to him. Give him complementary foods two to three times a day as his main meals with one or two nutritious snacks in between. The texture of his foods should be liquid, pureed/blended, or mashed. Make sure you start off with a more liquid texture in the beginning and gradually change it to a more solid texture as the months pass.



### From 9-11 months

By this time, he should be fed three to four meals a day with one or two nutritious snacks in between meals. This includes the breast milk that baby should still be getting. The texture of his foods should be minced, diced, or finely chopped soft foods.



### From 1-2 years

At this stage, he should be eating four to five meals a day with one or two nutritious snacks in between meals. You may feed him with bite-sized pieces, or small cubes/chunks of soft foods. Starting from his first birthday, he can basically start having family food (i.e. any food you and the rest of your family eats). However, care has to be taken to ensure that his food is served in smaller chunks.



### Nutritious snacks

Examples of nutritious snacks include carrot sticks (lightly cooked to ensure they are soft enough), *tau foo fah*, sandwiches (with egg, tuna, or cheese), *popiah basah*, or crackers and cheese/seri kaya.



### Did you know?

Research indicates that it is important to expose children to a wide variety of flavours and textures. Many babies and toddlers need to be exposed to foods multiple times before accepting them. Babies and toddlers are more likely to eat foods they see their peers and parents eating. Don't be discouraged if your child refuses to eat. You may need to offer the same food up to eight times or over a period of time before he accepts it.

## Moving on to 'real' solid foods

Compared to babies, children between the ages of one to five years grow more slowly. Even their appetites can change on a daily basis. As long as your child remains energetic and is growing, he is probably getting sufficient nutrients and energy. From the age of two years onwards, your child should be ready to join the rest of the family for regular meals.

However, you should still take precautions not to feed him foods that he may choke on or spicy foods that may cause discomfort in baby. He may need between four and six meals and snacks a day. A typical day's serving should include a variety of nutrient-dense foods (foods with a lot of nutrients but relatively few calories) that support his growth and development. By making it a habit from young, he will continue doing so once he grows up.

## Essential nutrients for your child

Make sure that the types of food you feed your baby with are appropriate to his stage of development. They must be nutritious foods that can provide him with sufficient energy and nutrients such as:

- **protein** (e.g. meat, fish, eggs, legumes, etc.),
- **iron** (e.g. red meat, liver, prune juice, dark green leafy vegetables, etc.),
- **zinc** (e.g. oysters [cooked in porridge or soup, never raw], chicken, beef, legumes, etc.),
- **calcium** (e.g. milk and other dairy products. However, some kids may not eat enough dairy foods. Alternate sources for dairy typically contain less calcium and may be absorbed less efficiently. They include beans, salmon, soybeans, *tempeh*, and tofu.),
- **vitamin A** (e.g. dairy products, liver, and eggs. Other sources include carrots, pumpkins, papaya, etc.),
- **vitamin C** (e.g. orange, papaya, tomato, guava, etc.), and
- **folate** (e.g. dark green leafy vegetables, peas, orange, etc.).

As your baby grows, both the frequency you feed him and the food portion can be gradually increased. As soon as he gets used to a variety of foods, you can vary what he eats every day. Always make it a point to include vegetables and fruits.

## Evolving needs and appetite

It's important to keep in mind the dietary needs of your baby as he grows; his meals should evolve as he grows in order to be able to cater to his growing energy and nutrient requirements. Portion sizes should increase accordingly. On top of that, the variety, taste, and consistency of his food should also be adapted slowly over time to reflect the foods that he will eat as an adult. **PP**

An educational collaboration with



Nutrition Society of Malaysia



# Food Safety and Hygiene

*Maintaining proper food safety and hygiene is important for the good health of your entire family*

By **Professor Dr Norimah A Karim**, Honorary Secretary and Nutritionist, Nutrition Society of Malaysia



Tainted food and beverages may contain disease causing agents such as bacteria, viruses and parasites. These agents are often the culprits behind cases of tummy upset and diarrhoea. Severe illnesses that could arise from consuming contaminated food and beverages include cholera, typhoid fever, hepatitis A, food poisoning and dysentery. All five illnesses are currently monitored by the Health Ministry.

According to the World Health Organisation (WHO), food and water-borne diseases kill more than two million people globally every year, with the majority of the victims being children. The good news is, you can keep on top of food and water-borne illnesses by following proper food hygiene and safety procedures.

## Six tips for food safety and hygiene

Here are six key points to consider before you start whipping up a delicious meal:

### 1 Choose foods and beverages that are safe and clean

Always buy raw foods that are fresh and clean, processed foods that are properly labelled and not yet expired, and choose cans (or any other packaging) that are in good condition, and are not dented or bulging. When buying cold/frozen foods, pick them up just before leaving and place them in a cooler box/bag on your way home.

### 2 Store food in an appropriate manner

Perishable foods like milk, yoghurt, and eggs should be stored at 5°C, while meat, poultry, and seafood should be frozen at -18°C. Always separate raw foods from cooked foods, whether you are preparing a meal, or storing them in the fridge. Do not store leftovers for more than two days at 5°C; to keep them longer, freeze them at -18°C

### 3 Maintain hygiene when preparing meals

Always wash your hands and cooking utensils with soap and clean water before preparing meals. Avoid handling food if you have open wounds. Use different utensils/equipment for handling raw and cooked foods (e.g. do not use the same knife and chopping board for cutting raw meat, and slicing veggies for a salad). Instead of thawing food at room temperature, leave it in the fridge or under clean running water.

### 4 Thoroughly cook all foods

All foods must be properly and thoroughly cooked. Cook beef or poultry until it's no longer pink. When making soup/stew, always bring it to a boil first. If you reheat leftovers, make sure they are reheated thoroughly.

### 5 Ensure cleanliness when serving meals

Always use clean tableware when serving food. If you are laying the table and plan to eat later, ensure the food is covered and do not leave at room

temperature for more than four hours. The ideal storage temperature for hot foods is above 60°C, while cold foods should be kept below 5°C.

### 6 If you're eating out, do so at safe/clean premises

Look for clean premises that are far away from potential points of contamination such as drains, rubbish dumps, septic tanks, waste disposals, etc. Avoid these premises if:

- you can see signs of rodents, cockroaches, or any other pests
- they use tableware that are not clean or in poor condition (broken/chipped cups)
- they do not serve food that is properly covered
- their staff do not practise good personal hygiene or habits

## Keeping your little ones safe

As parents, the onus is on you to be vigilant in preventing your child and your family from suffering any food- or water-borne diseases. Teach your child the importance of hygiene. Washing hands is one of the most basic hygiene practises that is often overlooked. Teach him to wash his hands before and after meal, after going to toilet or blowing his nose, after touching animals or pets, and after touching garbage or using the rubbish bin. **PP**

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# Food Neophobia

*Learn about food neophobia and fun ways to help your kid diversify his palate.*

By **Dr Tee E Siong, Nutritionist**, Chairman  
Nutrition Month Malaysia National Steering Committee\*

Is trying to persuade your child to try new foods a daunting task? Are your efforts to introduce new foods to his palate often met with cries, tantrums and screaming? If yes, your child may be going through a development phase called “food neophobia”.

## What is food neophobia?

It is a behaviour that is characterised by the unwillingness to try new foods in young children. As the word neo- means “new”, and the word – phobia means “fear”, food neophobia literally means a fear of trying new foods. The phenomenon is also referred to as fussy eating or picky eating.

Food neophobia stems from your child’s in-built mechanism to instinctively avoid foods that are unfamiliar, as they could be potentially harmful or poisoned. This phenomenon is common in children aged two to seven, or sometimes even older children but will gradually decrease as the child gets older.

Another explanation for food neophobia is that by the age of two, your child may already have an idea on what foods should look and smell like, so when you introduce new foods that do not fit his perception, they are quickly rejected.

## Foods your fussy eater “fears”

Food neophobia in children has been associated with a low intake of fruit, vegetables and protein foods. Green vegetables, for example, often have a tinge of bitterness. Children’s taste buds will tell them that bitter foods are potential poisons, hence that spurned look on your child’s face when you try to feed him a spoonful of dark greens.

Proteins such as egg, fish and poultry are also commonly met with clenched teeth in fussy eaters. One explanation for this is because protein may be suggestive of decay. Even adults may resist or refuse to consume unfamiliar proteins, such as horse or rabbit meat.

## Health and developmental problems

Food neophobia may produce adverse and long-term repercussions on your child’s overall growth and development. Food consumption based on limited food choices may result in inadequate intake of a variety of nutrients and other food components. For example, a lack of fruits and vegetables in your child’s diet may deprive him of essential micronutrients and dietary components such as fibre and phytochemicals that are beneficial to health.

To maintain good health, the Malaysian Food Pyramid encourages everyone to eat **balanced** meals comprising a **variety** of food in **moderate** amounts.

Balanced meals should consist of foods from all the five major groups that are highlighted in the pyramid. They are: 1) carbohydrate foods (e.g. rice, bread, cereals, and noodles), 2) fruits, 3) vegetables, 4) fish, poultry, meat, eggs and legumes, and 5) milk and milk products.

Children should eat in moderate proportions, so that they do not under-eat or over-indulge. Both habits could lead to future malnutrition problems.

More importantly, a growing child needs to consume a variety of foods from each food group, to ensure that they get all the nutrients that they need. A child with food neophobia is not able to achieve this as he may be inclined

to stick to just one food type or food group. In addition, he may not be able to get the adequate calories his body requires for physical and mental growth.

Studies have indicated that children aged four to five years old with food neophobia generally have poorer growth status compared to children who were more willing to try new or unfamiliar foods.

Food neophobia could also influence your child's dietary preferences later in life. For example, if you've stayed away from vegetables as a child, he will likely steer clear from veggies as an adult as well.

## Feeding the fussy eater

If you are worried about your child's refusal to try new foods, here are a few helpful tips that can help your child diversify his palate:

- **Paint a pretty picture** – Children depend on their descriptive sensory (e.g. visual, odour, and taste exposures) to navigate around the foods they eat. So, describe the new food you intend to introduce to him in an imaginative way and give him some nutritional information about the food. Information can be helpful to increase his willingness to try new foods and reduce his food neophobia.
- **Don't stop trying** – Just because you want to avoid trouble and save time, you may be tempted to choose to get rid of the "problematic" foods in your child's plate and be done with it or resort to bribery. Avoid these strategies if you want your child to eat everything and be well-nourished.
- **Start young** – Let's face it, children are inexplicably drawn to foods that are sweet, salty, crunchy or spongy in flavours and texture and seem to reject foods that are bland, fibrous or sour. In fact, your child may have developed his preferred flavours and textures from inside the womb itself, from the foods that you ingested. The key is to expose your child to new foods from a young age because this is the time he is deciding what tastes and textures he likes best.
- **Wait for the hunger cues** – If you are introducing a new food, make sure your child is hungry. That way, he is more likely to accept it. However, don't force your child to eat something new that he doesn't want; just try again another day. If he thinks eating that new food is very important to you, he will simply use the situation as a way of manipulating you to get what he wants. Don't fall into that trap.
- **Repeat, repeat, repeat** – If your child rejects a new food that you introduce to him, research has shown that sometimes, the new food has to be introduced to him repeatedly (up to eight or 15 times) before he accepts it. This doesn't mean forcing your child to eat the food but instead gently encouraging him to taste it. It may take some time before he becomes familiar with a certain food, but once that happens, he will usually accept it.
- **Lead by example** – You can play a role here by eating the new food too. Your child is more likely to try the suspicious new food if he watches you eat it and "survive" the experience first. Show him how much you enjoyed eating the new food by your facial expressions.
- **Get him involved** – Let your child watch you cook so that he can smell the aromas of foods cooked and ask him his opinion on the taste, texture and flavour of the food. You could also get him to assist you in the preparation of meals (e.g. washing the veggies or peeling onions and garlic for garnishing). Your child is more likely to eat a nutritious meal if he has had a hand in preparing it.
- **Presentation is key!** – When introducing a new food to your child, serve it on a plate in a decorative manner or cut them up into little cubes (if possible). For example, if you are introducing fruits and vegetables like bananas and tomatoes to your child, slice them up into round shapes and decorate them on a plate to look like a 'face'. Experiment with the different colours of fruits and vegetables to help you.



As parents, you play a key role in helping your child overcome his food neophobia. With a little patience and the help from these tips, you will be able to diversify your child's palate, thereby avoiding any nutritional deficiencies that may result from this unhealthy personality trait. **PP**

\*To obtain more educational materials by Nutrition Month Malaysia, visit: [nutritionmonthmalaysia.org.my](http://nutritionmonthmalaysia.org.my)

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# Nutritious, Tasty Chicken

Chicken is not only a great source of protein but it is also one of the most versatile ingredients that you can use when preparing meals for your family. You can put pieces of chicken into sandwiches, soups and salad, or turn them into nuggets and fillets. Whether it is grilled, baked,

sautéed, or roasted, you and your family can be sure to enjoy a tasty and nutritious poultry meal. Herbs and spices can bring out the delicious flavours of your chicken dish. Below are two nutritious and tasty chicken recipes for you and your loved ones.

## Sesame Chicken

(Serves 4-5)

### Ingredients

400 g (2 pieces) chicken breast, skin removed and cut into bite pieces  
30 ml (2 tbsp) tomato ketchup  
30 ml (2 tbsp) honey  
15ml (1 tbsp) oyster sauce  
15 ml (1 tbsp) vinegar  
60 g (1 whole) red capsicum, thinly sliced  
26 g (1 whole) onion, sliced thinly  
10 g (2 cloves) garlic, crushed  
10 g (1/2 inch) ginger, grated  
20 g (2 tbsp) roasted sesame seeds  
15 ml (1 tbsp) sesame oil  
Corn flour just enough to coat the chicken  
Salt and black pepper to taste  
2 stalks spring onions, chopped

### Method

1. Mix salt and pepper in a bowl. Put in chicken pieces and coat evenly. Cover and marinate for about 30 minutes in the refrigerator.
2. Lightly coat the chicken with corn flour and shallow fry until cooked and golden brown. Take out from the wok and put on a kitchen towel to absorb off excess oil.
3. Heat up a wok with sesame oil. Sauté onion, garlic and ginger until fragrant. Add in oyster sauce, ketchup, honey, vinegar and capsicum over medium heat. Add some water and bring to boil while stirring. Simmer until sauce slightly thickens.
4. In the wok or in a serving dish, coat chicken with the sauce and garnish with spring onions and sesame seeds.



#### Nutrient Content Per Serving:

Calorie 218 kcal	Carbohydrate 6.6 g
Protein 25.1 g	Fat 10.1 g

# Chicken Tandoori

(Serves 6-8)

## Ingredients

2 kg (1 whole) chicken, skin and fat removed, quartered  
40 g (4 cloves) garlic, chopped  
40 g (2 inch) ginger, blended  
30 ml (2 tbsp) lemon juice  
250 ml (1 cup) plain yoghurt  
3 g (1 tsp) garam masala  
3 g (1 tsp) ground coriander  
3 g (1 tsp) ground cumin  
3 g (1 tsp) ground turmeric  
3 g (1 tsp) ground fennel  
3 g (1 tbsp) sweet paprika  
30 ml (2 tbsp) mint sauce (optional)  
15 ml (1 tbsp) oil  
Salt and pepper to taste

## Method

1. Heat oil in a small pan over medium heat. Stir in the coriander, cumin, turmeric, fennel, garam masala, mint sauce and paprika. Sauté until fragrant (approximately 2-3 minutes). Set aside to cool.
2. Whisk in the cooled spicy oil mixture into the yogurt. Gently mix in the lemon juice, garlic, salt and ginger.
3. Cut deep slashes (to the bone) in 3-4 places onto the leg/thigh pieces. Just make 2-3 cuts if you are using separate drumsticks and thighs. Coat the chicken in the marinade, cover and chill for at least an hour (preferably 6-8 hours or overnight).
4. Preheat oven to 240°C. Transfer the chicken pieces to an ovenproof dish. Bake the marinated chicken in the oven for about 20-25 minutes or until the chicken is cooked right through and browned on top. The chicken is done when the juices run clear.
5. Let it rest for at least 5 minutes before serving.
6. Serve with naan, Indian flatbread, or steamed rice.

Recipes courtesy of 'Buku Masakan Pilihan Pakar Pemakanan, Jilid 2: Resipi untuk Seisi Keluarga' by Nutrition Society of Malaysia. To purchase this recipe book which includes over 50 recipes, please email: [president@nutriweb.org.my](mailto:president@nutriweb.org.my)



### Nutrient Content Per Serving:

Calorie 137 kcal	Carbohydrate 1.2 g
Protein 20 g	Fat 5.7 g

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The Nutrition Society of Malaysia will be jointly organising the annual Nutrition Month Malaysia Nutri-Fun Land family carnival themed 'Eat Right, Move More: Fight Obesity'. Save the date and join us at the Mid Valley Exhibition Centre (Hall 1) on Saturday and Sunday, March 29th and 30th, 2014! There will be FREE nutrition screenings, nutrition advice by professionals, fun-filled activities and games for the whole family, prizes to be won and much more. Fun starts 10.00am onwards! For more information, call 03-5632 3301, drop by the Nutrition Month Malaysia Facebook page or visit [www.nutritionmonthmalaysia.org.my](http://www.nutritionmonthmalaysia.org.my).



# Improve Your Child's

Improving your child's memory skills can provide an advantage which lasts a lifetime. From remembering names of people he has met to recalling facts and information, a good memory can help a child be successful in school or in daily life.

When my 6 year old son comes home from kindergarten, I usually ask him about his day. He typically gives a nonchalant "I don't know" shrug of his shoulders. Even when I ask him leading questions like, "So what did you have for your tea break today?" his usual reply is, "I forgot". It wasn't him being uncommunicative as I initially thought; he had actually forgotten what he had done just a couple of hours ago!

At this phase in life, most children have to learn to remember many things- from their daily routine to the facts they learn in class. With increasing academic demands, some children may feel inadequate when they are unable to recall what they have learned. As a parent, your reassurances and guidance in preparing them for this can make it a less intimidating and more enjoyable time of learning.



## Giving the brain a workout

Memory is like a muscle- the more you use it, the better it works. The more opportunities your child has to use her memory muscle, the better it gets at handling the information load. Here are a few enjoyable ways to improve your child's memory power:

## Playing memory games

Playing games are fun. Memory games not only boost memory power, but they also give you the opportunity to interact and bond with your child. Try out these suggestions:

### 1. I'm going on a picnic...

You can play this simple game even in the car. Someone starts by saying "I'm going on a picnic, and I'm taking..." Everyone has a turn adding an item and repeating the ones said previously.

### 2. Total Recall

Place 10 to 15 objects on a table. Give everyone 2 minutes to remember the objects placed. After that, get everyone to list down the items they recall.

### 3. Match and win

Use a standard set of deck cards and lay out the cards individually face down. Each person gets to open up 2 cards at a time. If matching cards are opened, the person gets to keep them. The person with the most cards wins.

### 4. Storytelling

Write a list of 10 random words. Get your children to make up a story using the list of words. Encourage them to come up with silly, funny stories that will help them remember. Then, when they have made up the stories in their head, remove the words and ask them to relay the story. Check if they are able to recall the 10 words in the correct order.

## Suggest strategies

A useful strategy to help children remember information is utilising mnemonics. Mnemonics are clues which help us to remember information. These clues help us to associate the information we need to remember with an image, a word or sentence.

Here are examples of some mnemonic devices you can use:

Mnemonic device <sup>1</sup>	Example
Visual image Associating an image with words you need to remember	To remember the name of the first Resident General of the Federated Malay States, Frank Swettenham, visualise a <u>fr</u> ank <u>fur</u> ter (sausage) <u>sw</u> atting a slab of <u>h</u> am.
Acrostic or sentence Making up a sentence whereby the first letter of each word represents the initial letter of what you want to remember	The lines on a music staff represent the notes E, G, B, D, F, which can be remembered using the phrase "Every good boy does fine."
Acronym A word made up of the initial letters of all the words or ideas you need to remember	The name RAHMAN represents the names of the 6 Prime Ministers of Malaysia – Rahman, Abdul Razak, Hussein Onn, Mahathir, Abdullah, Najib.
Rhymes and alliteration These are memorable ways to remember facts and figures	The rhyming phrase 'I before E, except after C' helps children remember how to spell difficult words such as 'receive'.
Chunking This breaks up large amounts of information into smaller, manageable parts	To help a child remember the 10 digit mobile phone number of a parent, break it up into 3 sets of numbers: 012 0432 0077 as opposed to 012 432 0077.
Method of loci Imagine placing items you need to remember along a familiar route	To remember examples of food that provide energy or carbohydrate, imagine a bag of rice at the front door, noodles in the living room, potatoes on the stairway and a loaf of bread in the bedroom.



# Memory Skills

## Fuel the brain

It has been said that investing in nutrition is a necessity, and not a luxury. Nutrition during the early years of childhood is important as it is linked to general well-being and school performance in the later years. In a Taiwanese study of school children, unhealthy eating patterns were found to be associated with unfavourable school performance. Unhealthy eating patterns include the high consumption of low quality food such as sweets and fried foods, accompanied by the low intake of dairy products and highly nutrient dense food such as meat, fish, vegetables, fruits and eggs.

Just as your body needs fuel, so does your brain. Eating a brain-boosting diet not only provides health benefits, but may also boost memory. There is a great deal of interest and research on-going in this area to evaluate how different nutrients may impact memory and learning.

**Choline** is similar to a B vitamin. It is used in many chemical reactions in the body and appears to be especially important in the nervous system. It is the precursor to acetylcholine, one of the crucial brain chemicals involved in memory. Studies

indicate that perinatal supplementation enhances memory and learning.

Choline is found in foods such as liver, muscle meats, fish, nuts, beans, peas, spinach, wheat germ, and eggs. It is also used as a supplement in infant formulas.

**Taurine** is an amino acid. Amino acids are the building blocks of protein. Taurine is found in large amounts in the brain, retina, heart, and blood cells called platelets. The best food sources are meat and fish. Taurine has been shown in studies to increase GABA (gamma-aminobutyric acid) levels in the brain. This may help with memory, learning and anxiety.

**Iron** is an important component of brain tissue. Electrical nerve pulses in the brain fire slower when there is a lack of iron. Iron deficiency in the early years is also associated with behavior change and delayed psychomotor development. Heme iron is found in animal foods that originally contained hemoglobin, such as red meats, fish, and poultry.

**Iodine** is a trace element that is naturally present in some foods and added to others. It is required for proper skeletal and central nervous system development in infants. Iodine deficiency is associated with an average 13.5 point reduction in the I.Q. of a general population. In children, deficiency is linked to poorer cognition and school performance. Dietary sources of iodine include seaweed and seafood. Dairy products, especially milk, and grain products are the other major contributors of iodine to the diet. Iodine is also present in human breast milk and infant formulas.

**Zinc** is an important nutrient for cellular growth, immunity and metabolism. An adequate amount is vital for brain function. Zinc influences both behavior and learning performance. Good food

sources of zinc include oyster, red meat, poultry, beans and nuts, certain types of seafood (such as crab and lobster), whole grains, fortified breakfast cereals, and dairy products.

## Making memories

Nutrition, genes and environment are 3 critical factors that have an effect on cognitive development. While our genes are beyond our control, as parents we can create a nurturing environment that enhances memory and learning; and provide the right nutrition for the optimal development of our children.

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## Did you know?

A well-known study on remembering textbook materials compared the percentage of material remembered after different lengths of time. This is what they found:

After 1 day	54% was remembered.
After 7 days	35% was remembered.
After 14 days	21% was remembered.
After 21 days	18% was remembered.
After 28 days	19% was remembered.
After 63 days	17% was remembered.



# Observant kids

There are many ways your child can learn about the world around

That's why he needs the right balance of nutrients and a strong

The **NEW S-26 Progress Gold and Promise Gold** with **Headstart™** but also **Lutein** and other important nutrients. Help him learn

## Observation

Observation makes up 80% of your child's learning process. He observes his world through his eyes and processes the information in his brain, gaining knowledge along the way.

Lutein, DHA and AA in his nutrition may be beneficial to his eye and mind development.



# LUTEIN

DHA



## HEADSTART™ L

## Play

Play comes to every child naturally. While at play, children are exploring relationships, honing motor capabilities, practicing social skills and language, thinking creatively and gathering information about the world through their senses.

Headstart™ Learning System also provides your child the energy he needs to learn through play



HELP GIVE YOUR CHILD A HEADSTART IN LEARNING WITH OUR NEW ADVANCED FORMULA

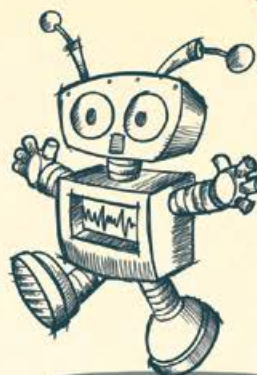


# Learn more

him, be it through observation, study or play.

immune system to realise his fullest potential.

**Learning System**, contains not only **DHA** and **AA**, at his best for a better advantage in life.



At home or at pre-school, your child is also exposed to structured learning. This is when he is first introduced to reading, writing, counting, and the various arts, all vital components of a successful adult life. They also begin to think more critically and ask important questions.

DHA, AA, Choline and Taurine are important nutrients found in the brain.

Observation

Study

Play

## LEARNING SYSTEM



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# Child Development

- Skills
- Socio-emotional
- Problems
- Physical Activity



## Goo-goo, ga-ga

*You can encourage your child to develop better communication skills by conversing with him through speech and song.*

By **Dr. Rajini Sarvananthan**,  
Consultant Developmental Paediatrician

Watching your baby grow into a bubbly toddler is one of the most exciting aspects of early parenting. He starts to make cooing noises or imitate sounds during his first year. And then it finally happens – your child finally says his first “real” word when he turns one!

At 18 months, he goes on to identify the objects around him. His vocabulary increases. He knows it is a ball or a cat and he doesn’t need to be told twice.

Parents and caregivers play an important role in a child’s language development. Studies show that parents, who talk to their children often and use a rich vocabulary to describe things around them, will help their children develop a larger vocabulary.

### Talk to your toddler

Your baby loves to hear you talk, especially if you do it with a warm and happy voice. Since he will learn to speak by imitating the sounds that he hears around him, the more you talk to him, the faster he will develop his speech and language abilities. Here are some ways to enhance the learning experience:

- **Nursery rhymes and songs.** Singing to your baby is a great way to interact with him, while teaching him new words and music. He will learn to understand the importance of sound. Constant repetition will make it

easier for him to learn words. Simple verses of song can be enhanced by accompanying hand gestures or dance movements. So even if you don’t sound like Kelly Clarkson, your baby will still love to hear you sing.

- **Books and stories.** Start with these as early as you like. Bedtime stories are an enjoyable activity for your child. If done consistently enough to become a routine, it can become a signal to start calming down for bedtime or naptime. Take advantage of these precious moments to spend quality time and bond with him. You can interact with your baby by letting him point out pictures and naming them, or asking him to point at objects that you name.
- **Have two-way conversations with your toddler.** Rather than speaking to him in an authoritarian style, try to get your toddler to respond to you verbally. Not sure if he understands? Talk anyway! Over time, your baby will begin to associate feelings and thoughts to the words that you say. Interacting with you will help build his confidence to start talking more. Make sure you give him lots of opportunities to practice how to talk.
- **Extend your sounds and words.** If your toddler says “Drink milk,” you can help him elaborate his thoughts by using more descriptive language. For example, you can say: “You are having your milk in a cup. Remember to finish your milk while it is nice and warm.” By speaking to him more, you are actually helping him to build up his vocabulary.

- **Add details to the objects and events of the day.** For example, if he says “car”, you could add, “That’s right, it’s a toy car. It is a red car. If you push it, it will roll forward”. To help expand his vocabulary, use a rich vocabulary to describe the things you are talking about.

Age-appropriate television programmes can help expand your child’s language skills. Try to watch some of these programmes with him. This way, you can talk to your child about the shows you have watched together. However, it is not recommended that children under 2 years to watch TV or are exposed to screen activities.

### What to avoid

Avoid having the television or radio on as a constant background noise. This could confuse or distract your toddler when you speak to him. You should also avoid the habit of giving him frequent instructions. Remember that talk should be fun and is not about bossing him around. He needs the opportunity to talk to you via a two-way conversation and not just to listen or be told what to do.

If your toddler seems puzzled when you say something, try saying it in a different way, using different words. Repeating certain words often will make it easier for your child to expand his vocabulary. Above all, watch the tone of your voice. Young children do not just respond to what you say, but how you are saying it as well. **PP**

# I Am Me, Leave Me Be

*Your toddler's struggle for independence can leave him feeling moody and irritable.*

By **Associate Professor Dr M Swamenathan**, Consultant Psychiatrist



The “terrible twos” typically occurs when your toddler is around 18 months old and again at around 30 months old. Characterised by abrupt mood changes and temper tantrums, it is a developmental period that is often referred to with fear and distress among parents. It occurs due to conflict between a toddler's need to be reliant on adults and his desire to be independent. This is happening because he is trying to assert himself as an individual.

## Working with your child

Instead of fighting him, allow him to assert his independence in ways that are socially and morally acceptable. This will help ease his transition through this stage, and develop into a more cooperative and reasonable pre-schooler.

Some tips on how parents can cope with the “terrible twos”:

- **Be patient and have a sense of humour.** This is important when dealing with your toddler as it will make the experience less stressful on the both of you.
- **Avoid questions that can be answered with a “yes” or “no”.** During this stage, he will most likely answer with a resounding “NO!” if you ask “Would you like porridge for lunch?” (or any similar questions). Try giving him a choice instead, by asking, “Would you like porridge or sandwiches for lunch?”
- **Focus on the positive aspect of his behaviours rather than punishing his misbehaviours as he develops.** Doing so will help him

focus on his positive traits as well. Get a small pad and write down at least five things that he does right every day (e.g. he ate his breakfast on his own; he brushed his teeth, etc.). Share the list with him before bedtime every night. This provides him with positive reinforcement every night and helps you shift your focus on his positive behaviours instead of just looking at his negative behaviours.

- **Keep your focus on the behaviour you want from him rather than calling attention to unwanted behaviour.** For example, instead of telling him off for running all over the mall, tell him something like, “I like it when you walk around near me at the mall.”
- **Do your best to avoid power struggles.** Allow your toddler the independence to make his own decisions if no harm comes to anyone or anything. However, you may need to assert yourself in situations that involve the health and safety of your toddler or someone else. For example, he should be placed in his car seat, but let him have the option of choosing his own clothes.
- **Learn to be flexible when dealing with your toddler.** While it might seem that your toddler is “in control”, what you really want to do is assess the situation and make a decision that will benefit everyone, especially your toddler. For example, if he makes a fuss about keeping his toys, you could opt to give him a hand instead of being adamant in forcing him to clean up by himself.

- **Always give your toddler as many choices as you can.** This often makes it easier for him to accept the times when there is no choice. For example, if you go somewhere and need to leave, ask him if he would like to get in the car by himself or if he wants your help.
- **Don't be afraid to become a clown on occasion.** Using humour and silliness as a tool to melt your toddler's defences or obstinacy can mean the difference between getting him to do what you want with minimum fuss of shouting and screaming.
- **Avoid demanding obedience from your toddler.** Rather than commanding him to put away his toys, try saying something like, “Could you help me to get these cute little toys into their comfy little homes?”

## Stay focused

These tantrums will not last forever. Children need to go through the “terrible twos” in order to grow into responsible individuals who know what they want and can think well for themselves. When you must set limits, be firm, but do not be too rigid on your expectations toward your child. Allow some leeway or margin for error provided there is no gross violation of accepted norm. At the end of the day, toddlers still need parents to set limits for their safety and security. **PP**

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# Recognising Signs of Abuse

*Detecting the signs of abuse may help save a child's life.*

By **Associate Professor Dr Mary Joseph Marret**,  
Consultant Paediatrician

The United Nations World Report on Violence against Children has documented that many children around the world experience violence within their homes, at school, and in various settings within the community. Violence endangers the lives of children, damages their physical health and disturbs their growth and development. It can also result in serious harm to their mental health, leaving deep-seated emotional scars that may last a lifetime. Everyone in the community has a responsibility to ensure that children are protected from violence. The family forms the most important unit where children receive the care and protection they need. As parents, it is your responsibility to provide your child with his basic needs and to nurture and guide him while protecting him from various types of harm.

Unfortunately, sometimes things go wrong when adults act inappropriately either out of ignorance, stress, unrealistic expectations or the inability to control their own behaviour. Most of these problems remain hidden because children are not able to speak out on their own and adults may not want to talk about the problem.

## Physical abuse

Any child with unexplained and repeated injuries may be experiencing physical abuse. These injuries include bruises, cuts, burns and fractures. Here are some guidelines to help recognise actions that are clearly abusive and should never be considered acceptable ways to discipline your child:

- Any beating that causes injury with bruises and bleeding
- Hitting a baby or toddler who is too young to understand what is right and wrong
- Kicking, punching and shoving him against something hard
- Causing burns or scalds with hot objects, hot liquids or applying other substances that can cause burns e.g. rubbing chilli on his skin, lips, or mouth
- Hitting him during a quarrel with someone else
- Hitting him out of anger or frustration over a matter that does not concern him
- Punishing him due to unreasonable expectations e.g. hitting a two-year-old for wetting his pants
- Hitting him while under the influence of drugs or alcohol
- Depriving him of food or drink or exposing him without shelter from the sun and rain
- Locking him within a confined space
- Pulling him by the hair



## Handle with care...

Young babies need a lot of care and attention. They may sometimes have episodes of non-stop crying that may try the patience of parents and caregivers. Never shake, punch, or hit babies to stop them from crying as this is a very dangerous thing to do. It can result in severe head injuries, bleeding in the eyes, and other internal injuries that may endanger their life.

If you have difficulty controlling the behaviour of your child, ask a family member or friend for support and get professional help.

## Emotional abuse

Emotional abuse occurs when a negative interaction between the parent/caregiver and your child exists. This can cause him to suffer from insecurity, poor self-image and psychological as well as behavioural problems.

Examples of emotional abuse:

- Scolding and criticizing whenever you speak to him
- Constant comparison with others who are “better” or “smarter”
- Repeatedly ignoring him and depriving him of love and attention
- Excluding him from treats, presents given to other children
- Referring to him using labels such as “useless” or “stupid”
- Allowing a child to witness frightening scenes e.g. violent argument between adults



Children learn by emulation, hence as parents you will have to lead by example. Furthermore, children who receive regular encouragement to develop their talents and receive positive feedback for things they have done correctly will grow into confident adults with good self-esteem.

## Sexual abuse

Never ignore your child if he tells you that someone has touched his private parts. Young children do not usually make up such stories without some kind of direct experience. Explain to him that he has a right to say “No!” if someone asks him to do something or touches him in a way that makes him uncomfortable.

Always encourage your child to approach you if he has any problems and be sure to listen to what he has to say. Children may be reluctant or afraid to speak up because the abuser may have threatened them or told them that no one would believe their story. Stand up for your child and assure him that you will protect him from anyone who tries to hurt him. Seek professional help if you have any concerns that your child may have been sexually abused.

Warning signs of possible sexual abuse include:

- Pain around the private parts
- Blood or discharge around the private parts or underwear
- Sexual behaviour towards others
- Sudden rebellious or aggressive behaviour
- Smoking, taking drugs or alcohol
- Appearing sad, depressed, or suicidal
- Pregnancy
- Playing truant and running away
- Falling grades in school
- Difficulty sleeping, nightmare, and poor appetite

## Neglect

Neglect occurs when a child's family fails to provide for his needs despite being able to do so. While most families are aware of the need to provide basic necessities such as food, clothing, healthcare and education, they sometimes overlook proper supervision. Lack of supervision can expose children to many kinds of danger such as drowning, being run over by a vehicle, dying of heat exhaustion and suffocation from being trapped in an enclosed space, or even being abducted. **PP**

## Help to protect children

Children depend on the adults around them to assist when they have a problem. Do not delay if you have concerns that a child may have been abused. You may contact any of the following agencies:

- The national hotline Talian Nur at 15999 or the nearest Welfare office
- Your local police station
- Your nearest hospital

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# Exercising for Self-Esteem

*Studies show that exercise can improve self-esteem in children.*

By **Datin Dr Ang Kim Teng**, President of Malaysian Mental Health Association

Psychosocial wellbeing is important to the healthy development of a child. Children are subjected to stress when they move out from the safe and comfortable environment of their homes. For many children, this experience will begin with leaving home for pre-school. A confident child with healthy self-esteem is able to adapt to the changes and challenges in his life. He will enjoy making new friends, participating in social activities and thrive in a new environment.

## **What is self-esteem?**

It is similar to self-worth (how much a person values himself or herself), developing from infancy and continuing into the adult years. It can be defined as feeling capable while also feeling loved. A child who is happy with an achievement but does not feel loved may eventually experience low self-esteem. Likewise, a child who feels loved but is hesitant about his or her own abilities can also develop low self-esteem. Healthy self-esteem comes when a good balance is maintained.

## **Body image and self-esteem**

Adolescents and young people tend to be extremely conscious about the way they look. Many of them struggle with their self-esteem and body image, especially when they start puberty and are forced to grapple with their changing bodies.

They may start comparing themselves with their peers or media images of celebrities that surround them. The problem is, not everyone grows or develops in the same way, at the same time. Young people may feel bad about their appearances or develop feelings of inadequacy when they compare themselves to media images that are frequently airbrushed to perfection. They may develop unrealistic ideals on what is beautiful or acceptable. All this can affect a young person's body image and self-esteem as their bodies develop and grow.

Studies have found that overweight or obese children face higher levels of victimisation and have poorer self-esteem. Peer victimisation can take form in overt taunting or bullying, and tend to be more focused on body weight and appearances than any other characteristic. Peer victimisation can also manifest into covert scenarios, such as an overweight or obese child being isolated or side-lined in social settings.

Studies also show that children who are overweight or obese are more likely to become obese adults. This is primarily caused by lifestyle habits such as a poor diet and a lack of physical activity, though genetic predisposition can also contribute to weight problems. Efforts to curb obesity and promote effective weight management must begin from young.



## Physical activity and self-esteem

Research shows that regular physical activity is beneficial for children both physically and psychologically. It is associated with an increase in self-esteem and self-concept and a decrease in anxiety and depression. There has also been a lot of attention placed on the link between exercise and mental well-being.

According to a 1986 study on children between the ages of nine and 12 years, self-esteem was found to improve with aerobic exercise, which proves a connection between the two. Other results that have been noted include an elevation in mood state.

In a separate 2009 study on typically sedentary children between the ages of seven and 11 years, it was found that engaging in regular, vigorous aerobic exercise with peers in an organised setting decreased depressive symptoms among overweight children. The emphasis was on intensity, enjoyment, and safety, not competition nor the enhancement of skills.

Activities were selected based on ease of comprehension, fun, and ability to elicit a heart rate greater than 150 beats per minute. Examples of these activities include running games, jumping rope, basketball, and soccer. It was found that increasing the amount of exercise resulted in increased benefits, demonstrating a cause-effect relationship.

These findings, along with numerous other studies, reinforce the notion that exercise is successful in enhancing self-esteem.

## Laying the foundation for future wellbeing

You can help your child build a healthy sense of self by incorporating exercise into his daily routine. The Malaysian Dietary Guideline (MDG) recommends that children and adolescents be physically active for at least 60 minutes per day. This can be acquired either at one go or accumulated throughout the day.

Exercises should be of moderate intensity and include a wide variety of activities as part of sports, recreation, transportation, chores, work, planned exercise, and school-based physical education classes.

Being physically active can help boost endorphins, a feel-good chemical in the brain that enhances mood and promotes a sense of well-being.

Parents should limit the time their children spend on sedentary activities such as watching television, and playing computer/console games.

Parents play a significant role in inculcating the habit of exercising in children. Remember, physical activity is just a part of the health and wellness equation. Following a healthy and nutritious diet is just as important. Ultimately, a happy and healthy childhood lays a firm foundation for a child's optimum development and growth. **PP**

*An educational collaboration with*



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Association







**To vaccinate  
is to save lives.\***



**For further information,  
please consult your doctor**

\* General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm>. Date accessed 4Jan2013.



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# Child Health

- Immunisation
- Digestive Health
- Allergy
- Conditions & Disease

## More than just a **Messy Problem**

By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

*Diarrhoea is a common condition that can yield dangerous consequences, especially on your infant's health. Find out what you can do to prevent this messy and potentially fatal problem.*

Everybody gets diarrhoea at some point in their lives. It is our body's way of ridding itself of germs. Diarrhoea can be caused by many factors, ranging from food poisoning to viral infections.

Rotavirus is the most common viral cause of diarrhoea in infants and children worldwide, according to the US Centres for Disease Control and Prevention. Before the development of a vaccine, almost all kids will develop a rotavirus infection by the time they are five years old.

Most rotavirus infections can be treated at home with extra fluids to prevent dehydration. However, more serious cases of infection can cause you or your child more than just urgent and perpetual runs to the bathroom.

Diarrhoea cases caused by rotavirus can result in gastroenteritis, a potentially severe infection that could lead to severe and dehydrating diarrhoea in infants and young children. It is estimated that about 500,000 children worldwide die from diarrhoea caused by the virus every year.

Read on to find out how you can protect your child and your family from contracting this messy and potentially fatal condition.

### Frequently asked questions (FAQ)

#### 1 What causes diarrhoea?

Most diarrhoea cases result from poor hygiene. Your child can come in contact with viruses, bacteria or parasites that cause diarrhoea when he consumes contaminated food and drinks, or meals that have not been cooked properly or thoroughly. He could also pick up these disease causing agents when he touches contaminated surfaces and then puts his fingers into his mouth.

Diarrhoea infections can spread through contact with some pets or direct contact with faecal matter (i.e. from dirty diapers or the toilet).

Food intolerances and sensitivities can also cause your child to have diarrhoea. For example, children who are lactose intolerant may have diarrhoea if they consume the milk compound in excessive quantities. A reaction to medicines, to antibiotics, or antacids which contain magnesium can also cause diarrhoea.



## 2 Is diarrhoea dangerous?

It can be. Diarrhoea lasting more than two days may be a sign of a more serious problem. Chronic diarrhoea (diarrhoea that lasts at least four weeks) may be a symptom of a chronic disease e.g. irritable bowel disease (IBD) or irritable bowel syndrome (IBS), Crohn's disease or ulcerative colitis.

Diarrhoea for however long it lasts can cause a serious complication – dehydration. This means that your child experiences a severe loss of water and body salts that help his body function properly. If the water and salts are not replaced fast, the body starts to “dry up” or get dehydrated. Your child may then require hospitalisation to replace the lost fluids intravenously. Severe dehydration can cause kidney failure and/or death.

## 3 What symptoms of diarrhoea should I watch out for?

When organisms like bacteria, viruses or parasites attack the intestines, they can cause signs and symptoms such as:

- abdominal cramps and pain
- fever
- loss of appetite
- nausea
- vomiting
- weight loss
- watery usually non-bloody diarrhoea
- dehydration

The following signs indicate dehydration and you should immediately consult a doctor if your child has any of them. They include lethargy or irritability, high fever, no wet diapers for three hours or more (for infants), absence of tears when crying, sunken eyes and fontanelle (soft spot on the head of infants) and visible blood in their stools (appearance of red currant jelly).

## 4 When should I take my child to the doctor?

When your child starts showing the following signs, don't hesitate to take him or her to the clinic or hospital. They include:

- signs of dehydration
- diarrhoea for more than 24 hours
- a fever of 38.5°C (approximately 102°F) or higher
- stools containing blood or pus
- stools that are black and tarry

## 5 How will my child's diarrhoea be treated?

In most cases of diarrhoea, the only treatment necessary is replacing your child's lost fluids and electrolytes through oral rehydration solution (ORS) to prevent him or her from becoming dehydrated. Depending on the cause of the problem, medication may also be needed to stop the diarrhoea or treat an infection e.g. antibiotics, but these are rarely needed.

You should also ensure that your child stays hydrated by drinking plenty of clear liquids in small, but frequent amounts. Children who drink enough water and ORS to replace the fluids lost through vomiting and diarrhoea will not suffer from dehydration. Some probiotics have a limited role in diarrhoea but may be prescribed by some doctors.

If you are breastfeeding your infant with diarrhoea, continue to breastfeed him or her as breast milk contains antimicrobial factors that help to boost your baby's immune system thus leading to fast recovery during illness. Formula milk need not be diluted as this will reduce the nutrient content.

Diarrhoea and dehydration can make your child weak and tired, so it is important that you ensure your child gets plenty of rest.



## 6 How can I protect my child from diarrhoea?

The most important thing is practicing proper hygiene and hand-washing. Another effective way to prevent diarrhoea from a rotavirus infection is through vaccination. In Malaysia, the rotavirus vaccine is given orally, in two or three doses (depending on the vaccine manufacturer), and it can only be given to infants who are less than six months of age. It is advisable to consult with your child's paediatrician to know more about this vaccine.

For older children and adults, who are not as likely to develop serious symptoms of rotavirus, washing your hands frequently is the best line of defence.

Diarrhoea is a problem that is easily prevented. Hygienic food storage and preparation, as well as a clean and well-maintained environment, can help keep tummy troubles out of the picture. Vaccination is also an additional method in ensuring your child's gut health. **PP**





Imagine what your child could be in 24 years...



years

0-6

hours

Hour of onset

Early symptoms are non-specific<sup>1</sup>

- Fever
- Nausea and vomiting
- Irritability
- Poor appetite or feeding
- Headache
- Sore throat/coryza



years

13-15

hours

Hour of onset

Classic symptoms are delayed<sup>1</sup>

- Hemorrhagic rash
- Neck pain and stiffness
- Photophobia



years

16-24

hours

Hour of onset

Late symptoms can lead to death<sup>1</sup>

- Confusion or delirium
- Seizure
- Unconsciousness

# Invasive Meningococcal Disease

can kill in just 24 hours<sup>1</sup>

Ask your Doctor about Meningococcal Vaccination



[www.vaccinationisprotection.com/Infants\\_Children](http://www.vaccinationisprotection.com/Infants_Children)

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REFERENCE: 1. Thompson MJ, et al. Lancet 2006;367:397-403

MPSC 304.14.01.06



# Acting Quick Can Save Your Child's Life

By **Dato' Dr Musa Mohd Nordin**,  
Consultant Paediatrician and Neonatologist

*If your child has meningitis, determining the specific cause of his infection could be a matter of life and death.*

Meningitis is the inflammation of the protective membranes surrounding the brain and spinal cord called the meninges.

It can occur as a response to infection (bacteria, viruses, parasites, or fungi) or due to physical injury, cancer, or the body's reaction to certain drugs. Although meningitis is not restricted to any one particular age group, children below two years of age face the highest risk. Some of the bacterial and viral meningitis can be prevented. Protecting them with early immunisation is the key to preventing the disastrous consequences of the disease.

Meningitis has been found to be much more common in developing countries. Environmental factors such as exposure to smoke, as well as medical conditions and immunodeficiencies can make one more susceptible to the disease.

## Did you know?

**According to the World Health Organisation (WHO), bacterial meningitis is responsible for an estimated 170,000 deaths worldwide. Death or disability can happen in as little as 24 hours from the first symptom. In the case of meningococcal meningitis, survivors can be left with serious medical problems including amputation of limbs/fingers/toes, severe scarring, brain damage, hearing loss, kidney damage, and psychological problems.**

## The types of meningitis

These include bacterial meningitis, viral meningitis, parasitic meningitis, fungal meningitis and non-infectious meningitis.

### • Bacterial meningitis:

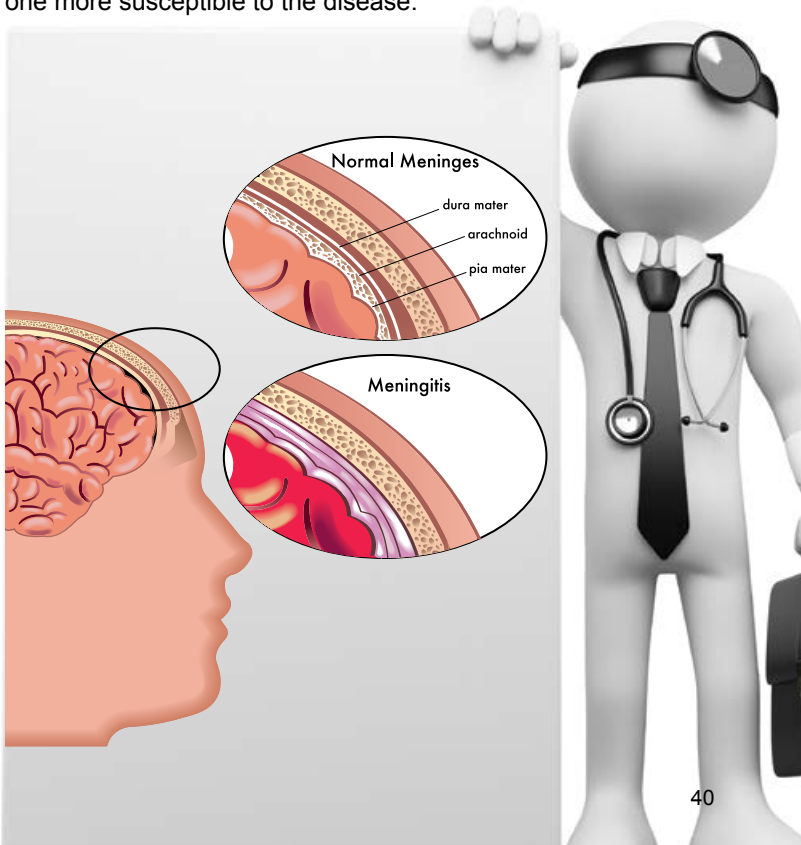
Bacterial meningitis can be a life-threatening infection, and is caused by bacteria such as *Haemophilus influenza b* (Hib), *Neisseria meningitidis* and *Streptococcus pneumoniae*.

These organisms are not as contagious as the common cold or flu, but they can be spread through activities such as kissing, sharing of utensils/cups/cigarettes, close proximity (e.g. childcare centres), or activities in close quarters (e.g. colleges, universities, national service camps, dormitories).

• **Viral meningitis:** Viral meningitis is caused by enteroviruses, herpes simplex and varicella-zoster virus (responsible for chicken pox and shingles). It can be spread through respiratory secretions or faecal contamination. It can affect any age group, but usually occurs in children below five years of age. It is serious, but rarely fatal in people with normal immune systems.

• **Fungal and parasitic meningitis:** Fungi and parasites that cause meningitis are quite rare. The most common fungal meningitis is caused by *Cryptococcus*. Parasitic meningitis is a very rare form of meningitis, but is often fatal. The parasite is an amoeba called *Naegleria fowleri* that can be found in bodies of warm freshwater (lakes or rivers) and poorly maintained swimming pools that are poorly or not chlorinated.

Other causes of non-infectious meningitis include cancers, lupus, certain drugs, head injury, and brain surgery.



## Signs and symptoms

The most common symptoms of meningitis in infants include fever, bulging fontanelle, nausea and vomiting, irritability (babies may cry when you pick them up), poor appetite, or drowsiness.

Older children may also have a sudden onset of fever or complain of headache or a stiff neck. Other symptoms include nausea, vomiting, sensitivity to light (photophobia), altered mental state (confusion or delirium). Meningococcal meningitis is often accompanied by the classic symptoms of a haemorrhagic purpuric rash (rashes that do not blanch on pressure).

While these are some of the more common symptoms, not everyone gets every symptom. Bear in mind that different kinds of meningitis may cause different symptoms. Hence, it is important to be alert and get immediate medical attention as quickly as possible.



### Important!

If you suspect that you or someone in your family has symptoms and signs suggestive of meningitis, seek medical attention immediately. Early treatment of meningitis can prevent serious complications.

## Determining the cause of meningitis

The best means to determine whether it is meningitis, and its specific cause, is by drawing samples of blood or cerebrospinal fluid (CSF) with a procedure called a lumbar puncture (LP). The LP procedure involves collecting CSF from the lower spine with a carefully inserted needle. The entire process will take less than half an hour.

A local anaesthetic is injected over the tail end of the back to prevent pain. A small spinal needle is then inserted into the lower back area, and your paediatrician will collect the CSF sample before withdrawing the needle. The CSF samples will be analysed and tested at a lab to find the specific cause of meningitis.

The results will help your child's paediatrician to determine the most appropriate treatment for your child. In the case of bacterial meningitis, antibiotics can help prevent severe illness and reduce or stop the infection from spreading into the blood stream and from person-to-person.

## To eliminate, vaccinate!

Some of the germs which cause meningitis and can be prevented by immunisation are tuberculosis, polio, Hib, measles, mumps, chicken pox, pneumococcus and meningococcus.

Meningococcal meningitis can now be prevented with the Meningococcal Conjugate Vaccine (MCV) which is now available in Malaysia. Four strains of *Neisseria meningitides*, (A, C, W, and Y) can be protected with the quadrivalent MCV4.

### Recommended by WHO

WHO recommends MCV4 for infants at two doses between the age of nine and 23 months (with at least three months interval between doses), and one dose for children older than two years. The Centers for Disease Control and Prevention (CDC) advocates vaccinating preteens and teens at age 11, with a booster dose by 18 years of age.

MCV4 vaccines have been shown to be safe and efficacious in children aged nine months and older. They are far superior to the older generation of Meningococcal Polysaccharide Vaccine (MPV4) as they provide a longer period of protection and can be used in younger children below 2 years old who are highest at risk.

Currently, vaccination against other more common causes of meningitis, which include Hib, measles and mumps are included as part of the Malaysian National Immunisation Programme. Unfortunately, MCV4 is not included.

Maintaining good personal hygiene may lower your chances of getting infected or spreading the disease to others. However, the best option is still to make sure that you and your child are vaccinated. Don't wait for a tragedy to happen. Ask your child's paediatrician or doctor about meningitis prevention or call your health-care provider to schedule a vaccination appointment. **PP**

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# The Scoop on Baby Poop

*The colour, consistency and texture of your baby's poop will give you a fairly good idea about what's going on in his digestive system.*

By **Dato' Dr Christopher Boey Chiong Meng**, Professor of Paediatrics and Consultant Paediatric Gastroenterologist

Your baby's poop tells a great deal about the state of his digestive health. Characteristics such as the colour, consistency and texture of his poop will give you a fairly good idea about what's going on in his digestive system. These characteristics are largely influenced by your baby's diet and environment. Monitoring his bowel movements will help you assess and address any potential problems your baby may face quickly and effectively.

## The scoop about baby poop

Your new-born's first poop usually appears within the first 24 hours of birth. The greenish-black tar-like stuff you will see in his hospital nappies is called meconium. It is made up of the stuff your baby collected in his intestines while in the womb – including old blood cells and skin cells, giving it its rather unusual appearance.

Two to four days later, you should notice a change in the colour and consistency of his poop. They tend to be green and less tacky than meconium. This is a good sign as it shows that your baby's intestinal tract is in good working order.

From day four onwards, the type of food your baby eats (including breast milk, formula and eventually, solid foods) will determine the colour, consistency and frequency of his poop.

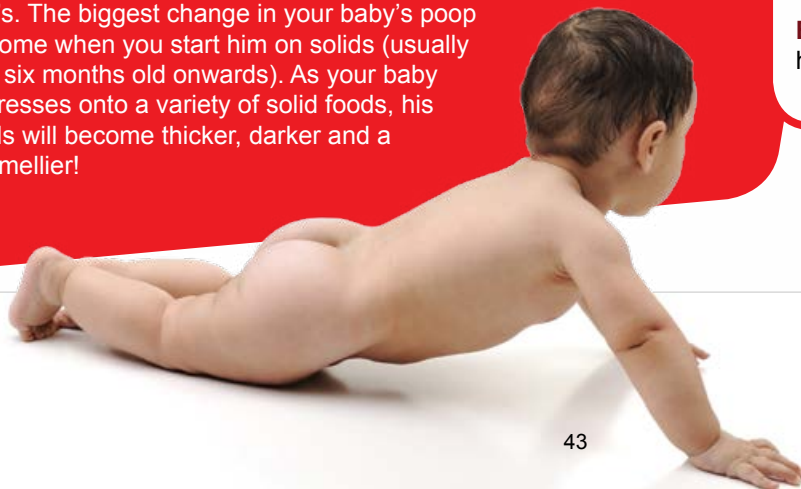
In general, baby's stools tend to be softer and looser compared to an adult's. The biggest change in your baby's poop will come when you start him on solids (usually from six months old onwards). As your baby progresses onto a variety of solid foods, his stools will become thicker, darker and a lot smellier!

## What's normal, what's not?

Baby poop comes in many shades and consistencies, and even the most experienced of parents may not have seen them all. Colour change can occur as a result of his diet or additives in food. For example:

**Yellow:** By about five days after birth, breast-fed babies usually have seedy, loose bowel movements that are yellow to yellow-green or tan in colour.

**Brown:** If you feed your baby formula, his or her bowel movements might become light brown and pasty.





## When to worry?

**Black, white or red** coloured poop can signify a problem with your baby's digestive system.

**Black** poop can occur from consuming certain foods or supplements. However, if poop is tarry black, there may be 'old' blood in the digestive tract that has turned dark black as it travels down the intestines. Ulcers in the oesophagus or stomach (known as gastritis) can cause bleeding in the digestive tract and cause poop to turn black.

Black poop can also result from medical conditions such as bowel ischemia (a reduction of blood flow to the intestines), vascular malformation (misshapen blood vessels) or varices (large protruding veins in the oesophagus).

**White, grey or pale** poop is abnormal and can mean a liver problem, or perhaps a problem with the pancreas, gall bladder or intestines. There could be blockage of bile flow or intestinal malabsorption.

For example, biliary atresia is a condition that is characterised by the absence of malformation of the biliary drainage system outside the liver, and typically presents with jaundice and pale stools.

Chronic intestinal infections can result in intestinal malabsorption and present with bulky and pale faeces in babies.

**Red** poop can be caused by beets, tomato juice and colouring in food but blood in the poop is abnormal. If your baby's poop appears dry and hard, with traces of blood, it could mean that he is constipated and the hard stools have caused tiny tears in the skin of his anus (anal fissures).

If there is a lot of blood in the stool of your baby or child, he could be having a severe intestinal problem such as intussusception (intestinal blockage). Bright red blood in the toilet bowl or darker blood mixed with stool may also indicate the presence of inflammation in the gut which can be caused by infection or inflammatory bowel disease (IBD).

Meanwhile, poop that is oily could mean a change in diet, intestinal malabsorption or a pancreatic disorder. Stool that floats and is buoyant may be caused by fat malabsorption resulting from episodes of diarrhoea or other gastrointestinal infections.

## Don't worry too much

Finding inconsistencies in your baby's excretions may cause alarm. However, parents should not be too worried or immediately jump to conclusions.

For one, bowel movements usually say more about the previous day's menu than a looming disease. However, if a symptom persists, or if your baby isn't gaining weight like he should, promptly seek the advice of a medical professional or a paediatrician.

## Guarding your baby's gut

Baby's digestive system can impact his overall health. Here are some ways you can help safeguard or maintain your baby's digestive system:

**Practice breastfeeding:** Breastfeeding your baby during the first weeks and months of his life can boost up his immune protection while ensuring a healthy balance of good bacteria in your baby's gut. Breast milk contains antibodies that will line your baby's gastrointestinal tract and protect him from potentially harmful antigens in his immediate environment. In addition to improving your baby's immunity, breast milk provides your baby with a balanced nutrition that is specially tailored to your baby's needs.

**Avoid excessive use of antibiotics:** Avoid giving your baby any antibiotics unless medically necessary. Antibiotics can disrupt the balance of your baby's gut micro-flora. If medications are necessary, always maintain close communication with your doctor.



It may not be the best thing to discuss over dinner, but poop is a useful indicator of what is happening with your baby's digestive system. Remember that a healthy baby is a happy baby, and his journey toward the path of optimal growth and development begins with you. **PP**

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# Billions of Good Bacteria for a Healthy Digestive System

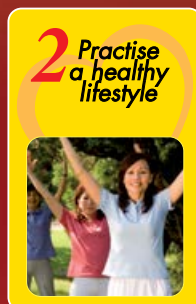
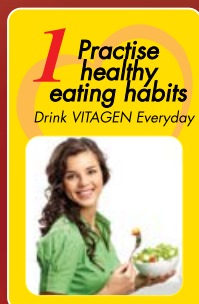
## Why is your digestive health so important?

In Malaysia, diseases of the digestive system are the 5th principal cause of death and 7th principal cause of admission in government hospitals in 2011.\*

A healthy digestive system is central to your overall health and wellbeing. Not only does it process food and transport important nutrients, vitamins, and minerals throughout your body, it is your body's first line of defence against diseases because 70% of your immune system lies in your digestive tract.

## What can you do to improve your digestive health?

It's simple. What you need to do is to practise these simple steps TODAY!



Lactobacillus cultures (good bacteria)



## Are all bacteria bad?

No, not all bacteria are bad for your health, there are good bacteria too. Your digestive tract is home to trillions of bacteria. A healthy digestive system should have a healthy balance of 85% good bacteria and 15% bad bacteria.

## What happens inside?



- Good bacteria fights bad bacteria for nutrients



- Good bacteria blocks the growth of bad bacteria



- Good bacteria kills bad bacteria

## What should you do when bad bacteria overpowers the good bacteria?

Unhealthy lifestyle, stress, unbalanced diet, aging, lack of exercise, consumption of antibiotics, and bacterial infection in the gut can cause microflora imbalance. You can replenish the good bacteria in your digestive system by consuming probiotics.

## What are probiotics?

According to the World Gastroenterology Organisation, probiotics are live microbes that have been shown in controlled human studies to induce measurable benefits on intestinal health and immunity. \*\*

\* Data from the Ministry of Health, Health Facts 2012.

\*\* Data from the World Gastroenterology Organisation.

## Goodness of Probiotics

Probiotics can benefit your digestion if consumed regularly.

- Helps reduce risk of intestinal disturbances such as constipation, diarrhoea, ulcers, bloating, belching, bad breath, allergy, heartburn, and nausea
- Helps maintain a healthy bacteria balance by keeping the good bacteria in high levels
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- Helps replenish good bacteria after taking antibiotics
- Helps with digestion

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Paediatrician*

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# Vaccines

## – The First Line of Defence!

By **Dato' Dr. Musa Mohd Nordin**,  
Consultant Paediatrician & Neonatologist

It is a fact of life that we cannot escape those tiny miniscule creatures called viruses and bacteria. There are billions of them mutating and multiplying out there that our bodies cannot possibly develop natural immunity to all the diseases they cause. Doctors and scientists are continuously studying and experimenting to develop new medicines and vaccines to fight them.

For infants and young children whose immune systems are still developing and the elderly and sick whose immune systems are compromised, viral and bacterial infections can cause serious health complications and even be fatal!

In tropical countries like Malaysia, viral and bacterial diseases are endemic all year round.

### Influenza and Pneumococcal Disease

Influenza and pneumococcal disease are two prevalent vaccine preventable diseases in Malaysia, indeed the world over.

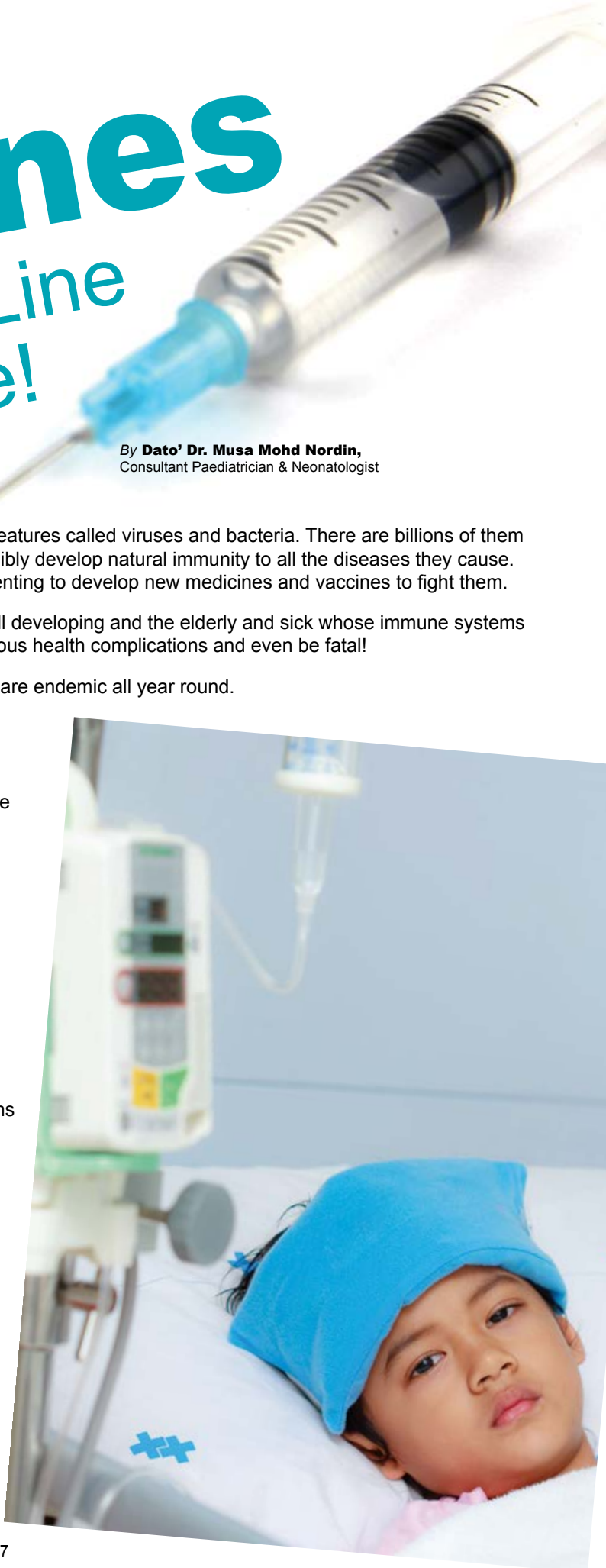
Influenza is caused by different types of influenza viruses. Currently, the virus types A, B and C are circulating among humans. Type C is rare so currently, vaccines only contain viruses of influenza type A and B.

Pneumococcal disease is an infection caused by a type of bacteria called *Streptococcus pneumoniae*. There are more than 90 serotypes of these bacteria but about 15 of these are responsible for most of the disease.

Pneumococcal disease is the leading cause of vaccine-preventable deaths in children causing around 11% of all deaths in children aged 1-59 months. The World Health Organisation (WHO) estimates that up to 1 million children under 5 years of age die each year due to pneumococcal diseases.

Pneumococcal disease is classified into non-invasive and invasive infections. The non-invasive infection causes otitis media (ear infection) and sinusitis (infection of the sinus) while the invasive infection leads to pneumonia (lung infection), bacteraemia (blood infection) and meningitis (infection of the meninges - the protective layer covering the brain and spinal cord).

While heart disease and stroke account for the first and second leading cause of deaths in Malaysia, influenza and pneumonia take third place. In 2011, influenza and pneumonia caused 9417 deaths or 9.2% of total deaths in the country. These diseases are not to be taken lightly!





## Signs and Symptoms

It is easy to mistake the signs and symptoms of an influenza (flu) attack as a common cold. With the common cold, the usual symptoms are sneezing and a stuffy nose. With influenza, the symptoms are more severe and come on suddenly with high fever, chills, headache, muscle aches, sore throat, cough, runny nose, dizziness, loss of appetite, tiredness, nausea or vomiting, weakness, ear pain, and diarrhoea.

Most of these symptoms will disappear after a week or two but it is important to seek treatment early for the symptoms especially in infants and young children, the elderly and people with other illnesses to prevent complications arising.

In pneumococcal diseases, the signs and symptoms are as follows:

- Otitis Media – ear ache, fever, irritability, and possible hearing loss if the ear drum is punctured.
- Pneumonia – rapid or difficult breathing and chest pain, chills, cough and fever.
- Bacteraemia – high fever and irritability, respiratory tract infection may or may not be present.
- Meningitis – fever, severe headache, nausea, vomiting, diarrhoea, stiff neck, sensitivity to light, seizures and in severe cases, coma.

## Causes and Consequences

Influenza is spread when an infected person coughs or sneezes into the air and is breathed in by another person. It is also spread by contact with hands infected by the virus. Transmission can be lessened when infected persons cough or sneeze into a tissue and wash their hands regularly.

Influenza epidemics occur yearly and can result in hospitalisation and deaths. According to the World Health Organisation (WHO), worldwide these annual influenza epidemics cause three to five million severe cases of illness and 250,000 to 500,000 deaths, especially among those over 65 years of age.

Like influenza, pneumococcal disease is highly contagious and spread by droplets from coughing, sneezing or close contact.

It has been reported that influenza infections can make people more susceptible to pneumococcal diseases. Most people infected with the *S. pneumoniae* bacteria begin by having respiratory complaints which is later diagnosed as community acquired pneumonia.

Pneumococcal infections develop as quickly as one to three days and delayed treatment may lead to more severe complications and adverse effects such as hearing loss, paralysis, brain damage, coma, and even death.

Otitis media is a very common infection and 50% of these are caused by pneumococcal disease. One third of all acute respiratory infection (ARI) cases and two thirds of all ARI fatalities may be attributed to pneumococcal disease.

The risk of pneumococcal diseases is higher in adults over 50 years of age who are suffering from heart conditions, lung conditions such as asthma, liver diseases, cancer, diabetes, or other risk factors such as smoking, alcoholism, and institutionalised living conditions such as old folks or retirement home

## Treatment and Prevention

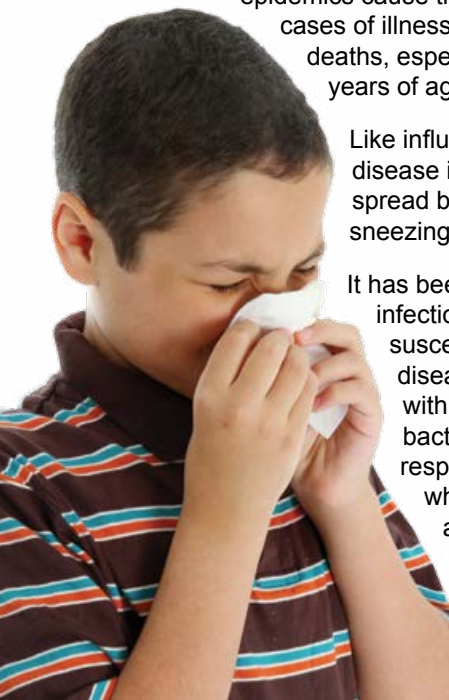
Blood or sputum cultures and nasal swabs will be tested to determine which virus or bacterium is present before treatment is prescribed. Severe cases of influenza are treated with anti-viral medications while antibiotics usually penicillin is used to treat pneumococcal diseases. However, there are concerns that resistance to anti-virals and antibiotics is limiting the effectiveness of the treatment. A 2011 study in Malaysia reported penicillin resistance to be as high as 31.78%. Resistance to a whole range of antibiotics such as tetracycline, erythromycin, cephalosporins, ciprofloxacin and vancomycin is also increasing.

The best course of action against both influenza and pneumococcal disease is vaccination. There are safe and effective vaccines available to prevent or minimise the effects of viral and bacterial infections. Vaccination is especially important for infants and young children from ages 6 months to 2 years, and adults above 50 years and in the high risk groups.

According to the WHO, among healthy adults, influenza vaccination can prevent 70% to 90% of influenza-specific illness and among the elderly, the vaccine reduces severe illnesses and complications by up to 60%, and deaths by 80%.

The pneumococcal vaccine first introduced in the USA in 2000, has since been shown to be highly efficacious in a wide variety of populations studied in the USA, Europe, Gambia and South Africa. The pneumococcal conjugate vaccine (PCV) is the first vaccine in 20 years to show a significant reduction in child deaths, where in a study in Gambia, 7 deaths were prevented for every 1000 children.

Evidently, vaccination should be the first line of defence! **PP**



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Now, there's a **BROADER PROTECTION**  
for your child *against* Pneumococcal disease

# *Vaccinate now for* **BROADER PROTECTION** against Pneumococcal disease



Pneumococcal disease is the leading cause of vaccine-preventable death amongst children below five years globally.<sup>1</sup>

Pneumococcal disease is caused by *streptococcus pneumoniae* that can cause infections and may lead to brain damage, lung infections and deafness.<sup>2</sup>

**13** types of ***streptococcus pneumoniae*** cause **80% - 90%** of invasive diseases in young children worldwide.<sup>3</sup>



**Ask your doctor today about the available vaccines.**

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# Let's Start From Scratch

*Eczema can cause your child's delicate skin to become itchy and inflamed. Read on to find out the basics of this condition.*

By **Dr Leong Kin Fon,**  
Consultant Paediatric Dermatologist

Most children get rashes at one time or another. They can be itchy and irritating, but they usually go away on their own. Unfortunately, in some cases, a rash does not go away or the skin may become so inflamed that medical attention is required.

Eczema is a common problem that causes the skin to become inflamed. The itching can get intense, which can be a nuisance, especially for infants and young children. Scratching will make the problem even worse. In fact, damage to the skin during eczema often occurs due to scratching. Severely affected skin may develop deep, painful cracks, also called fissures. Defects in the skin barrier could allow moisture out and germs in, causing skin to become inflamed. Occasionally, small and fluid-filled blisters may also form.

## What causes atopic eczema?

Atopic eczema is caused by dynamic interaction between genetic and environmental factors. It is not a condition with single causative agent or factor, but it is thought to be linked to skin barrier defect (porous outer skin layer) and an overactive response by the body's immune system to an irritant or allergen in the environment (such as dust, moulds, pollens and animal dander). It is this response that causes the symptoms of eczema, also known as atopic eczema. Atopic eczema is the most common type of eczema. Research shows that atopic eczema can affect two in every 10 people in Malaysia and about 10% – 14% of children below the age of 14. This is especially true among the urbanised communities.

### Did you know?

The incidence of eczema is on the rise, with as many as one in four children affected by it. In Malaysia, prevalence of atopic eczema among primary school children was around 12-13% in 2001 - please refer to ISSAC study. One potential explanation for the rise is the increased frequency of bathing and use of soap and detergents. Air pollution from rapid urbanisation can also cause your child's skin to become itchy and inflamed, or aggravate his eczema.

Another way that symptoms of eczema can flare up is by coming into contact with rough or coarse materials that may cause skin to become irritated. Exposure to heat (sweating) or cold (dry air), or upper respiratory infections may also cause an outbreak. Stress could aggravate the condition.

Some experts think that children are genetically predisposed to atopic eczema, which means they inherit characteristics that make them more vulnerable to the condition. Children who have a family history of eczema, asthma or hay fever are more prone to developing atopic eczema. About half of the kids who get eczema will also develop hay fever or asthma. However, it is not contagious and cannot be transmitted from person-to-person.

### Watch out for the signs

Signs and symptoms of atopic eczema typically appear within the first few months of life, and almost always before a child turns five. These include:

- Red to brownish-gray skin patches
- Scaly or cracked skin
- Small bumps may appear on the cheeks, forehead, or scalp (may also spread to the arms and legs, in the front of the bend of the elbow, behind the knees, and on the ankles, wrists, face, neck and upper chest)
- Itchiness that can be severe (almost always).

Scratching the skin can cause it to become thick and red or bleed and crust, thus creating wounds that may become infected. However, most patients find the itch to be intolerable, which results in a vicious cycle of itch-and-scratch, and ends up with bleeding and pain.



prescribe steroids to manage and calm the skin back into remission (when the red patches and sores subside), which is not advisable for long-term usage due to its accompanying side-effects.

It is important to act proactively to ensure that the skin remains moisturised, even when the patient's eczema is under control.

The application of emollients or moisturisers will provide a barrier to protect the child's skin from water loss and further damage, whilst keeping the skin supple.

It is crucial that parents choose a moisturiser with the right formulation, and most importantly, is effective to help treat the child's condition, and prevent the skin from entering the infamous scratch-itch cycle.

Apart from treatment, there are a few other self-help remedies that children with eczema can practice to keep the itchiness away. They should avoid wearing scratchy materials that could irritate the skin such as pure wool, polyester or acrylic. Instead, go for soft, smooth materials like cotton.

Try to avoid your child from taking long, hot baths as this can dry up his or her skin. Frequent short baths with the use of only lukewarm water is fine to rinse the body after exercise as sweat acts as a skin irritant. After bath, immediately apply some lotion on your child's skin while it's still moist, to help keep the moisture in the skin.

If your child has eczema, it is a good idea to keep his or her fingernails short as longer nails are more likely to injure your child's skin when he or she scratches.

Managing these lifestyle factors may help control the symptoms of eczema and reduce the frequency of flare-ups.



## Factors that worsen eczema

Most people with eczema will find that their symptoms are made worse by common aspects of daily living such as frequent showering, soap, detergent, hot weather or overheating in bed at night. Perfumes, fragranced skin lotions, and strongly scented products can also irritate the skin and cause your child's skin to become itchy and inflamed, or aggravate his eczema.

## Coping with eczema

As eczema has no cure, the main goals of treatment are to relieve discomfort by reducing the itch and increasing the number of flare-free days for the patient.

Indeed, an Eczema Patient Impact Survey suggests that 62% of caregivers are constantly worried about their child's next flare-up.

Traditionally, treatment has focused solely on treating flare-ups when they occur, with clinicians prescribing short-term doses of topical steroids and advising the use of moisturisers to keep the skin moist.

When there is an eczema flare-up, doctors have to

## Will eczema ever go away?

The good news is, most children will outgrow the symptoms of eczema before school-going age. More than half of the kids who experience eczema symptoms in childhood will grow out of it by the time they are teenagers.

However, some kids will have eczema into adulthood. Remissions can happen and can persist for years. Dry and irritable skin from the condition also tends to linger. **PP**



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# Don't Forget Dengue

By **Datuk Dr Zulkifli Ismail**,  
Consultant Paediatrician and  
Paediatric Cardiologist

*Early assessment and appropriate treatment are critical in preventing serious complications and death.*

Dengue fever is in the news on and off. Almost everyone has either been infected (and survived) or knows of others who had the infection.

Dengue is endemic here and the mosquito, *Aedes aegypti* that transmits the virus is living among us. So how can we prevent ourselves from getting infected?

Recent statistics of dengue cases and fatalities in Malaysia are ringing alarm bells across the country. From 1 January to 22 January 2014, 6155 dengue cases have been reported compared to 1792 cases within the same period in 2013 (an alarming six-fold increase). The number of deaths has doubled from 5 deaths in 2013 to 10 deaths in 2014 all within the same period. There is no running away from the problem as dengue cases have increased in 12 states in the country!



## Signs and Symptoms

Dengue fever is a viral infection. Its carrier - the female *Aedes aegypti* mosquito spreads the virus by biting a person already infected with dengue fever. An infected mosquito can continue to transmit the virus for the rest of its life. One bite is enough to infect a person. The virus usually takes five to eight days to incubate before symptoms begin to appear.

There is no antibiotic, anti-viral medication or vaccine to cure dengue fever. Treatment is mainly to alleviate the symptoms and anticipate complications leading to shock. The usual symptoms of dengue are sudden and acute onset of high fever (40°C / 104°F) for up to a week, followed by any of the following symptoms – chills, severe headache, pain behind the eyes, muscle and joint pain, nausea and vomiting, fatigue. Rashes may appear a few days later. These symptoms will last 2 – 7 days. Most people will recover completely within two weeks but may continue to feel tired and depressed for a little longer until they feel normal again.

In some people, complications can escalate to dengue haemorrhagic fever (DHF) or dengue shock syndrome (DSS). In DHF, the symptoms are high or very high fever, spontaneous bleeding, especially from the gums, bleeding under the skin (petechial spots), bleeding in the gut, and liver damage. DHF is often fatal if left untreated. Most deaths reported have been in young adults but children can easily succumb if not properly managed.

The symptoms of DSS include very high fever, severe bleeding, weak pulse, drop in blood pressure, restlessness, and cold clammy skin plus signs of shock. At this stage, fatality rate can be as high as 50%. Two thirds of all DSS fatalities are children.



## Dengue Fever in Children

Children, especially toddlers and infants, are particularly vulnerable to diseases because their immune systems have not matured. Parents must take precautions to ensure that the early onset of dengue fever symptoms in young children are monitored carefully and treated properly.

Dengue in infants and toddlers presents symptoms similar to the flu – fever, running nose, cough and mild skin rash. Older children may have high fever, pain behind the eyes and joints, headache and backache. This may be followed by a reddish skin rash with white patches, loss of appetite, nausea, vomiting, and itchiness on the palms and/or soles of the feet. Your child will feel weak and listless.

## Hospitalisation

If your child's condition worsens i.e. if any of the following symptoms are present – bleeding without injury, gum bleeding, drowsiness, difficulty breathing, lethargy, excessive vomiting, and poor intake of fluids, abdominal pain, passage of black tarry stools, and giddiness, then waste no time in getting your child admitted to a hospital. These are signs that your child may be at risk of DHF or DSS.

At the hospital, your child will be put on intravenous fluid drip and vital signs will be monitored. Blood tests will be done at regular intervals to check on the platelet count and blood concentration. If there is spontaneous bleeding and the platelet level decreases to below 20,000 and continues dropping, platelet or blood transfusion will be given.

Your child will only be discharged if the platelet count goes up and shows an upward trend. After discharge, your child will still be weak and tired and will need to rest well and avoid active play. A repeat blood test may be done after 1-2 weeks to confirm that the platelet count has returned to normal.

## Precautions for children

While taking the precautions advised by the Ministry of Health in eradicating the breeding grounds of the Aedes mosquito in your homes and surroundings, parents can also reduce the risk of mosquito bites by:

- installing mosquito screens in windows and doors;
  - applying insect repellent on their children when they go out to play;
  - keeping children indoors during the early mornings and late evenings when the Aedes mosquito is most likely to strike;
  - dressing children in long sleeved tops and long pants when playing outdoors;
  - keeping children away from neighbourhoods where persons have been infected with dengue fever as there is a high likelihood that Aedes mosquitoes are still present;
  - taking precautions when holidaying in other dengue fever endemic countries in Southeast Asia, Latin America and the Caribbean.
- Dengue does not only happen in Malaysia!



Though your child will gain immunity to the particular strain of dengue virus that caused the infection, there are three other strains (with a fifth strain, dengue 5, recently described in Sarawak) of dengue viruses that can cause re-infection. Therefore, any person can face the possibility of getting dengue fever four or five times in their lifetime. With these odds, it is best to take as many precautions as possible from getting bitten by the Aedes mosquito!

Intense research has been conducted on a vaccine for dengue infection and it may be available sooner than we think. **PP**

## Treatment for children

If the mentioned symptoms with fever are noted, it is best to see a doctor immediately. A blood test will confirm if your child has been infected with the dengue virus. If dengue fever is confirmed, your doctor will prescribe medication for the fever and pain (most likely paracetamol) and other supportive medication if needed. Medications containing aspirin must be avoided as they will exacerbate bleeding and cause other unrelated problems.

Once diagnosed, blood tests will be done every day to check on the levels of platelet and haematocrit. Give your child plenty of fluids, at least 1 litre a day if your child is a year old and below 10 kg. The prescribed fluid intake for children above 40 kg and adults is 2 litres a day. Fluids help to rehydrate the body as the fever increases water loss and poor appetite depletes fluids. Dengue also causes blood vessels to leak and increase water loss from blood circulation. Lack of appetite, vomiting and diarrhoea also cause further dehydration. Therefore, keep your child hydrated with fluids such as water, soups, juices and fruits.

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# My Positive Teen

- Socio-emotional
- Conditions and Diseases

## The Meaning Of Adolescence

### From An Expert's Perspective: The Teen's Psyche

By **Datuk Dr Zulklifi Ismail**,  
Consultant Paediatrician and Paediatric Cardiologist

Adolescence – that phase in life when your bundle of joy is no longer a child, and yet have not quite reached adulthood. It is a time when he or she is grappling with many developmental changes – physical, emotional, physiological and intellectual, all happening at the same time. According to the experts there are three phases of adolescence – early adolescence from the ages of 11 to 14; middle adolescence from ages 15 to 17 and late adolescence spanning ages 18 to 21. Every individual goes through these phases at their own time and pace, so there are no stereotypical patterns.

Your child will experience the high of graduating from being classified as a child to officially becoming a teenager. But while they are still figuring out what is happening to their mind and body and adjusting to the changes happening inside them, the world goes on regardless. A teen's wish?; that the world would stop for even the minutest moment and let them catch up. As parents, the best you can do is to breathe in and try to take it in, one step at a time.

There are times during adolescence when your teen will feel good about themselves as they gain a new confidence in their ability to think and act rationally and have people around them treat them differently. But there are other times when they feel like they are doing everything wrong, and feelings of inadequacy and sensitivity that they never knew existed begin to surface.



### From A Teen's Perspective:

By **Zaim Zhafri**

### Identity Crisis

Overnight, it seems as if your relationship with your parents has changed. They now have expectations of you to behave like an adult and to aim for a secure future. You are expected to have ambitions for a well-paying future career and to begin working towards those grades to land you a place in a prestigious university. The nature of extended university education in modern times means that young adults are dependent on their parents up to their early twenties. Financial dependency can further exacerbate clashes of opinion about lifestyle and future ambitions. All these pressures while you are still figuring out what you want to be when you grow up!

If only parents and teachers understood that you are too confused to know what you want out of life. That you are still figuring out who you are and what is your place in this world. You wish you could tell them to give you time to think for yourself and not rush you or make decisions for you. Would it not be better if they could let you explore different options and let you tell them when you are ready to decide?



## Trust and Freedom

On the one hand, parents want you to be responsible like an adult and take on adult responsibilities. You are expected to take on household chores or take care of younger siblings – they call it pulling your weight around the house. On the other hand, you are not old enough to be trusted with freedom. Sure, you don't mind the curfews and conditions they set as long as they are reasonable. And of course in a spurt of independence there may be times when inadvertently test the boundaries of that freedom. Of course you are aware that it takes only one reckless action to lose their trust. Parents need to have implicit trust in you and have confidence that you will not forget the values they have instilled in you. So, gaining and keeping trust is definitely a key milestone in the parent-adolescent relationship and the pendulum can swing back and forth until you find the right balance. Hopefully you come to a happy compromise without too many arguments, temper tantrums and rebellion!

## Friends

Friends increasingly become a constant and non-negotiable presence in the worldview of adolescents. Being part of a peer group helps adolescents to form their identity, explore their growing personality, build character, combat loneliness and experiment with crazy adventures. Friends provide all that important sense of belonging. Parents should not resent the excessive amount of time spent in the company of peers and the preference and importance given to friends. It should not be seen as making a choice over the company of parents or family time. In fact, at this stage of their life, adolescents will not want to be seen in the company of their parents and will reject invitations to events their parents are attending as boring. This should not be misunderstood to mean that adolescents are shunning their parents or shutting them out. This is just another manifestation of independence and wanting time away from parental control, supervision and adult company. There will still be family times together so there is really no need to be resentful of time spent with friends. Teenagers will have plenty to share with friends that they would never tell their parents and this is something parents should accept however grudgingly!



## Privacy

Parents and adolescents have different privacy settings. Parents want to get into your mind and your life and know everything that is going on with you. They want to know who you are speaking to; what you are talking about on the phone for hours; they want to limit your internet time; they want you to tell them everything you are feeling! This was fine before but now that you are older, you begin to treasure some quiet alone time with yourself or your friends and want to be left to your own devices. You want your parents to accept that you are an individual with your own needs, likes and dislikes and not merely an extension of them. They need to respect your privacy just as much as they keep you outside the boundaries of their adult world. They should be confident that if there is anything you want to share with them you will do so. Or if there is anything important happening in your life or you are in serious trouble, you will tell them and seek their advice. Parents can always sense when something is not right as surely there will be warning signs like anxiety, depression, over reaction or behaviour that is out of character. They can use these signals to initiate a timeout to listen to your problems and help to iron them out.

## A Place Called Home

Adolescents will not stray far from home as long as they know and feel that it is their safe haven. Parents need to ensure that there will be love and security for their adolescents to come home to. There will be no judgement and there will be no finger pointing when things go wrong as they are bound to when adolescents are experimenting and exploring their new found freedom. After all, even parents were adolescents once and would have had the same experiences whether it is trying out cigarette smoking and choking, drinking alcohol for the first time and getting drunk, going on a romantic date, crashing the car, getting a ticket for speeding, skipping classes, staying out till the wee hours of the morning, blasting rock music till all the neighbours complain, and all the other mischief that young people get up to as their rite of passage to adulthood! **PP**




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# Farewell to Acne



Acne is the bane of many teenagers; learn more about what can be done to prevent or manage it.

By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician

Puberty and pimples go hand in hand and 9 out of 10 teenagers (regardless of ethnicity) will probably experience acne during their teen years. Acne is defined as a skin condition that exhibits different types of bumps, which could be blackheads, whiteheads, pimples, or cysts.

## Acne Triggers

The leading cause of teen acne is hormones. During puberty your teen's body starts producing hormones known as androgens that contribute to acne, which usually shows up on the face, neck, shoulders, upper back, and chest.

When there is an excess of these hormones, the sebaceous glands (oil glands) of her skin become overactive. It then combines with dead skin cells and clumps together into a sticky substance that plugs the pores of her skin, resulting in acne. This traps oil and bacteria which may lead to inflammation. When this happens, white blood cells are deposited at the affected areas of her skin, causing a whitehead.

In addition to fluctuating hormones, other triggers of teenage acne include improper skin care, food allergies, nutritional imbalances, and also heredity. The good news is, for most people, acne goes away almost completely by the time they are out of their teens.

## Acne Myths

There are a few myths out there about things that cause acne — like the one about eating chocolate causing acne. Some people do find that their break-outs get more severe when they eat too much of a certain food, though. If you're one of them, it's worth trying to cut back on that food to see what happens.

Other myths talk about what helps make acne better. Acne isn't really helped by the sun. Although a tan can temporarily make acne look less severe, it won't help it go away permanently — and some people find that the oils their skin produces after being in the sun make their pimples worse.





## Prevention & Acne Care

Your teen can take control and improve the appearance of her skin. These tips will help to get rid of existing acne as it prevents future breakouts:

- **Don't Pick!** If your child looks in the mirror and sees a pimple, she should not touch it, squeeze it, or pick at it. This might be hard to do — it can be pretty tempting to try to get rid of a pimple. But when she plays around with her acne, it may cause even more inflammation. It may even result in tiny, permanent scars on her face.
- **Ensure proper skin care regiment.** This helps to prevent breakouts and maintain healthy skin. Do not use harsh acne products that can badly dehydrate and irritate her skin, as this can trigger the glands to produce even more oil and result in more pimples.
- **Don't go to sleep with makeup.** Make sure she develops a habit of removing any makeup she may have on before bedtime. This prevents clogged pores and future breakouts.
- **Use the right makeup.** Ideally, teens should avoid the use of makeup but if she uses a concealer to cover blemishes, make sure that it has ingredients such as Salicylic Acid which will help to disinfect while concealing.
- **Washing her pillowcases often.** This helps to prevent acne by ensuring that no bacteria and germs accumulate on it.
- **Be gentle.** After she washes her face, gently pat dry with a clean towel and do not rub dry. Rubbing the skin will only irritate her skin, leading to further breakouts.
- **Shower!** After any sports activity, perspiration and oil can settle on the surface of her skin leading to trapped dirt and bacteria in her pores.
- **Keep hair clean and away from the face.** Long hair or bangs around the face and wearing hats or bandanas too frequently can also allow teen acne to spread.

## Defeating Acne Attacks

There may be times when even proper hygiene fails to stop acne. Even washing properly or using oil-free lotions and makeup is no guarantee against it. Teenage girls may find an outbreak of acne a few days before their period. This is called premenstrual acne which is caused by hormonal changes in the body and affects about 7 out of 10 women.

If your teen faces this problem, reassure her and let her know that she's not the only one of her age who is dealing with it. Encourage her to talk to you or her other friends about it. Sometimes, just talking about it helps to alleviate some of the stress.

Alternatively, you may want to get her to consult your paediatrician or family doctor as they may be able to treat the acne with prescription medicines. Depending on the person's acne, this might mean using prescription creams to prevent pimples, antibiotics that kill the pimple-causing bacteria, or even having minor surgery.

It is important to reassure your teen that acne is not the end of the world. It is a fairly common problem, and while severity and type varies greatly, there are more and better treatment solutions for acne than there ever have been. Rather than letting your teen suffer in silence, encourage her to seek these support options and treatment possibilities so that she can alleviate any suffering and put it behind her. **PP**

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