



Positive Parenting

PP13746/06/2013 (032586)

Childhood Vaccinations

Benefits & common misconceptions explained

Community-Acquired Pneumonia:
Is your child infected?

Exercising your Child's Brain

Let's Have a Baby

Appropriate Use of Processed Foods

Inappropriate Teen Role Models





Positive Parenting

Malaysia's Pioneer Expert-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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Are You Placing Your Child at Risk?

Should you immunise your child? The short answer is yes. The message may not come across strongly enough sometimes, but despite the fact that many diseases are becoming rare, this is only happening because of vaccinations. If there is an outbreak, anyone who has not been vaccinated would be at much greater risk. Vaccinations are a way to protect the future of your child and one of the best ways to minimise the effects of diseases.

It is with this in mind that we have included an article on the benefits of vaccinations and some of the common misconceptions or myths about it. It has been, and continues to be, fairly well documented that vaccinations save lives. We hope that you will always keep your child's health and wellbeing uppermost in your mind at all times by keeping his immunisations up to date and as comprehensive as possible.

We have also included some words of wisdom from trusted professionals that highlight some of the common problems faced by parents such as what affects the chances of conception and how they can improve it, how sending your child for too many extra-curricular classes may have detrimental effects, how to cope with breastfeeding when you are unwell, and navigating the minefield of processed foods in search of good nutrition.

It is every child's right to grow and prosper in a safe and healthy environment. Thus, it is our fervent hope that this issue will help empower you in your efforts to raise your child to be healthy, happy, and well-rounded. We hope you will enjoy reading this issue.



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“Parental awareness and education is vital in raising healthy children.”



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Childhood Vaccinations:

Fundamentals for Young Parents

At the early stages of life, your child may be susceptible to various bacterial & viral infections which could affect their vital organs and bodily functions. Some of these pathogens cause mild complications while others may be terminal if left untreated. Our bodies however, are perfectly capable of creating antibodies to counter the insurgence of foreign organisms. Despite that, a child's fragile and relatively underdeveloped immune system may not be able to produce enough of these antibodies on time to aill the infection – some infections work more rapidly than others. As a result, they may have to endure prolonged suffering of symptoms which, quite sadly could end in permanent disability or death. Enter vaccines – a product containing a weaker version of the infective agent or antigens, which helps your child to develop immunity without the initial sickness.

What are Vaccines and how do they work?

Simply put, vaccines provide pre-emptive immunity while vaccination is the process of administering the vaccines into the body which can be done via injection, consumed orally, or through aerosol inhalation. Vaccines contain weakened, dead pathogens (or live attenuated pathogens) which when introduced into the body triggers an immune response. This pathogen, rendered impotent, only works to stimulate that response while itself is unable to cause any detrimental health effects. The antibodies produced will remain in the body and will protect it from future infections through memory cells.

Safe, Proven and Effective

Often dubbed as one of the greatest tools in the public health arsenal, vaccines offer promise of protection for your child against a variety of infectious diseases. Many comprehensive studies have been and continue to be done to test for the safety and efficacy of vaccines. Its research and development is often performed under strict and current rules and regulations set forth and monitored by reputable health authorities (i.e. Center for Disease Control and Prevention [CDC] and US Food and Drug Administration [FDA]). It takes years, thousands of volunteers and decades of surveillance to ensure that each vaccine, whether it be compulsory or optional, is safe and effective for your child.

The phases of clinical development of any vaccine are:

- Phase I – small groups of people given the trial vaccine.
- Phase II - expanded group to include people with characteristics similar to those for whom the vaccine is intended.
- Phase III - given to thousands of people and tested for efficacy and safety.
- Phase IV - ongoing studies and monitoring after the vaccine is approved and licensed.

*check out CDC's '**The Journey of Your Child's Vaccine**' for more details.*

Granted that there are a few cases of adverse vaccine side-effects, but they are mild, isolated, short-lived and most of the time, coincidental. Compare that to the overwhelming health benefits of immunisation which may include (but not limited to):

- Prevention of possibly fatal infectious diseases.
- Prevention of disease symptoms which may cause unnecessary pain and discomfort.
- Prevention against outbreaks and epidemics.
- Reduced health cost as opposed to when having to deal with the actual disease.
- Extended life expectancy.
- Preventing over-dependency on antibiotics and development of antibiotic resistance.

Does It Really Work?

Statistics do not lie, in the US, as in many other countries including Malaysia, cases of small pox, polio and diphtheria have all but been eradicated. In some countries, Hepatitis B chronic infections in children and infants dropped as low as 1% from previously recorded 10-15% after worldwide immunization programmes. Polio cases have decreased by over 99% since 1988, from an estimated 350 000 cases then, to 406 reported cases in 2013. *Haemophilus influenzae* type b (Hib) vaccines on the other hand, have been recorded to be more than 95% efficacious in diverse countries worldwide. Furthermore, in 2011, 123 countries immunized over 90% of infants against measles. And between 2000 and 2011, there was a 71% drop in measles deaths worldwide. Similarly, Japanese Encephalitis (JE) cases in Sarawak dropped significantly after introduction of the Biken vaccine made compulsory for children aged 1-2 years old in July 2001. The reduction is the result of the global immunization effort to eradicate these potentially life-threatening diseases. Nevertheless, no amount of proof of vaccine efficiency can save your child's life if you don't actually take them for vaccination.

Primary vaccine failure rate is only around 10% and some children may not respond favourably towards initial vaccinations, which is why second or even third and booster doses are needed.

Our National Immunization Programme (NIP)

Each country has its own immunization programme and the list of vaccines in each plan may differ according to whether a country is able to subsidize the cost. And yes, this means taking your child for vaccinations prescribed under the NIP is free in all public hospitals. The WHO has a list of recommended routine vaccinations for children that countries can use as a guideline. As of May 2014, our NIP list of vaccinations remains up-to-date and exceeds those which were recommended by the WHO.

‘Compulsory’ Vaccinations

The vaccines provided for under the NIP are “mandatory” vaccines that the Malaysian Health Ministry has introduced into its immunisation schedule to prevent most of the major childhood diseases (like tuberculosis, hepatitis B, diphtheria, pertussis, tetanus, measles, *Haemophilus influenzae* infections and congenital rubella syndrome).

COMPULSORY													
Vaccine	Age (months)											School years	
	birth	1	2	3	5	6	9	10	12	18	7 yrs	13 yrs	15 yrs
BCG	1											if no scar	
Hepatitis B	1	2				3							
DTaP			1	2	3						B*		
IPV			1	2	3						B*		
Hib			1	2	3						B*		
Measles						Sabah							
MMR								1			2		
JE (Sarawak)							1	2			B*		
HPV												3 doses	

OPTIONAL		
Vaccine	Number of Shots	Recommended Time of Administration
PCV	Age dependent, 1 - 4 shots	> 2 months - 9 year-old
Rotavirus	2 - 3 doses	≥ 6 weeks
Meningococcal	Every 3 - 5 years	> 2 years old (especially for Haji & Umrah pilgrimage)
Influenza	Every year or once depending on type	> 6 months

Other Recommended Vaccinations

Vaccinations which fall under this category are discretionary. However, many paediatric experts agree that they are equally important as those in the NIP. These vaccinations, proven safe and effective, can help your child to avoid and prevent unnecessary pain and suffering.

Consider pneumonia, a prevailing disease affecting between 28 – 39% of children under the age of 5 and is the fourth highest cause of child death in Malaysia. Despite high risk of possible infection, many parents do not bother to vaccinate against it. Similarly regrettable is the fact that the pneumococcal conjugate vaccine (PCV) has yet to be adopted into the NIP. Nevertheless, if you are interested, you can get your child vaccinated with these other recommended optional vaccines at any private healthcare facility which readily provides them. Consult your paediatrician for recommendations or advice.

Introduction of Mandatory Vaccines in Malaysia

Vaccine	Type	Protects against the following disease(s)	Year Introduced
DTP	Trivalent (combines 3 vaccines)	Diphtheria, Tetanus, Pertussis	1960
BCG	Monovalent (single vaccine)	Tuberculosis (TB)	1961
OPV	Monovalent	Poliomyelitis	1972
Measles	Monovalent	Measles	1982
Rubella	Monovalent	Rubella	1986
Hep B	Monovalent	Hepatitis B	1989
Hib	Monovalent	<i>Haemophilus Influenzae type b</i>	2002
MMR	Trivalent	Measles, Mumps and Rubella	2002



'Combination' Vaccine

Essentially, combination vaccines are those (compulsory or optional) vaccines which are integrated simultaneously into a single injection. Multiple studies have proven that the human immune system, even during infancy, can withstand the amount of antigens being introduced in combination vaccines and more without any adverse side-effects. Combination vaccines are also as safe and effective and as extensively studied as other single, monovalent vaccines. There are also many other benefits in using combination vaccines:

Benefits of Combination Vaccines

Children	<ul style="list-style-type: none"> • Fewer shots • Less pain and discomfort • Less risk associated with spreading out the administration of separate vaccines
Parents	<ul style="list-style-type: none"> • Fewer visits to doctor • Less hassle and cost with less visits • Improved compliance • Less time off from work or family activity
Healthcare practitioners	<ul style="list-style-type: none"> • Lower administration cost • Less storage cost and requirements
Nation	<ul style="list-style-type: none"> • Better overall vaccine coverage • Facilitate possible additions of new vaccines into the immunisation programme



New Vaccines: Dengue

Malaysia has long been drowning in cases carried by mosquitoes and dengue has been quite problematic whilst children have been the most predominant group affected. Although there is no licensed dengue vaccine available in the market, there are those currently being developed. The WHO in July published a statement saying that the vaccine candidate currently at the most advanced clinical development stage is a live attenuated tetravalent dengue vaccine developed by Sanofi Pasteur (CYD-TDV), which is under evaluation in phase III clinical studies. If all goes well, we can expect a commercially available batch within a few more years. **PP**



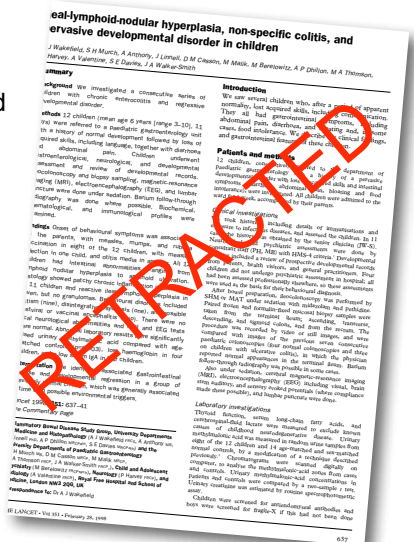
Vaccination: Of Myths and Misconceptions

There may not be enough expert information about vaccination circulating around and it may not always be so easily accessible. But the internet is, and it is full of useful and often, ambiguous, unaccredited facts as well.

Most myths and misconceptions about vaccination revolve around research that has either been disproved or based on loosely held findings. However, the bulk of it is speculatively-driven and theoretical at best. Parents therefore should consider all aspects of immunization which includes benefits, side-effects, etc. as well as arguments made against it before they determine on whether to allow or deny their child one of modern medicine's greatest innovations. Here are some popular myths and misconceptions most echoed throughout the community:

The most prevailing myth of all is that of 'vaccines cause autism'. The history of this claim dates back to an article published in the Lancet by one, Dr Andrew Jeremy Wakefield and his colleagues in 1998. In his paper – which has been retracted – Dr Wakefield claimed that the Measles, Mumps and Rubella (MMR) vaccine perpetrated autism in children who were vaccinated in his study. That, along with media hype, exaggeration, and misinformation helped to create the myth we now know today. Dr Wakefield's research has been extensively rebuked, rebutted and censured by the scientific community which, through facts and comprehensive studies, are now and always have been largely pro-vaccination. If Dr Wakefield's claim is adopted as the sole scientific research by which anti-

Vaccine, a Precursor to Autism



vaccine activist base their arguments, surely, they should have enough sense and logic to consider similar, more scrupulous and current studies that disproves Wakefield's findings.

Mercury, Heavy Metals, Formaldehyde in Vaccines

To be more specific, thimerosal – an organic compound containing mercury is used in vaccines as preservatives. Even though there is no direct evidence to support claims of its link to autism, thimerosal has been removed from or reduced to trace amounts in all vaccines routinely recommended for children 6 years of age and younger. Furthermore, the mercury found in thimerosal is ethylmercury which clears out quite quickly from the blood and has not been known to cause or be associated with any adverse effects.

Aluminium salts on the other hand, is added into some vaccines to function as an adjuvant which helps enhance immune response. Aluminium compound in vaccines (i.e. hepatitis B and Hib vaccine) has demonstrated a safety profile of over six decades of use. In addition, only trace amounts (0.17 – 0.85 mg) of aluminium are introduced per injection, according to the WHO, children consume almost the same trace amounts (0.7 mg) per day!

Products such as infant formula, processed dairy products and flour may have even higher amounts if they contain aluminium-based food additives.

Quantities of Aluminium in Vaccines	
Pneumococcal vaccine	0.125 mg/dose
Diphtheria-tetanus-acellular pertussis (DTaP) vaccine	< 0.17 to < 0.625 mg/dose
<i>Haemophilus influenzae</i> type b (Hib) vaccine	0.225 mg/dose
Hib/ Hep B vaccine	0.225 mg/dose
Hepatitis A vaccine (Hep A)	0.225 to 0.25 mg/dose (paediatrics) 0.45 to 0.5 mg/dose (adults)
Hepatitis B vaccine (Hep B)	0.225 to 0.5 mg/dose
Hep A/ Hep B vaccine	0.45 mg/dose
DTaP/inactivated polio/ Hep B vaccine	< 0.85 mg/dose
DTaP/inactivated polio/ Hib vaccine	0.33 mg/dose
Japanese Encephalitis (JE) vaccine	0.25 mg/dose

Quantities of Aluminium in other things	
Breast milk	0.04 milligrams per liter (mg/L)
Infant formula	0.225 mg/L
Soy-based formula	0.46 to 0.93 mg/L

Formaldehyde has a long history of safe use in the manufacture of certain viral and bacterial vaccines. It is used to inactivate viruses in vaccines and our bodies produce them naturally to help in normal bodily functions. Studies have shown that for a newborn of an average weight of 6 - 8 pounds, the amount of formaldehyde in their body is 50-70 times higher than the upper limit that they would receive from a single dose of a vaccine or from vaccines administered over time. Because the body does not differentiate the origin of formaldehyde during its break down, trace amounts of it injected into the body would not cause nor was it ever linked to adverse cancerous effects.

Vaccines are basically a dead or weakened version of a bacteria or virus. But they do not cause the disease or put the immunized person at risk of its potential complications, even it does, cases are very rare and remote. In contrast, the price paid for getting immunity through natural infection might be mental retardation from *Haemophilus influenzae* type b (Hib), birth defects from rubella, liver cancer from hepatitis B virus, or death from measles.

Natural Immunity, Let it Be.

Vaccine Overload

If we follow the National Immunisation Program (NIP), before your child reaches 2 years of age, he or she would have already been vaccinated about 16 times. This means their body has already been introduced to more than 10 different types of germs. Seems a bit much? Not

really, children fight off 2 to 3 thousand pathogens every day just by playing, eating, and breathing alone! If you are worried about the number of shots your child takes, consider asking your paediatrician about the possibility of combination vaccines – it lessens the amount of shots but still provides protection against the same number of diseases.

No reported cases, does not mean that a particular germ no longer exists or has died off. Refusal or failure to be immunized may give rise to outbreaks, such as it happened in 2011 where 83.1% of the children in Sabah who contracted measles were not vaccinated and in Selangor 24% never took their scheduled MMR injection. More recently, in war-torn Iraq, polio has been resurgent and 2 cases have been reported since it was last seen in 2000 while neighbouring Syria recorded an outbreak just last year (2013). This is proof that infectious diseases especially those more susceptible towards children, even those thought to no longer exist, can still occur due to risk of cross-border transmission and lack of widespread immunization initiatives and awareness.

False Sense of Security

Furthermore, surveillance of adverse effects of vaccines is conducted continuously and is spear-headed by publically-trusted, expert-driven watchdogs such as the Vaccine Adverse Reporting System (VAERS) and the World Health Organization's (WHO) newly established Adverse Events Following Immunization (AEFI) initiative which debuted in 2011 with already more than 106 participating member states.

Similarly, on top of an international database, some countries have their own vaccine monitoring system often managed by their local health authorities, in Malaysia the Ministry of Health (MoH) is the prevailing authority for such along with the help of other prominent health organisations.

There are many other misconceptions being published online in blogs, uploaded on websites and disseminated via social media, much of it cannot be validated and is quite provocative. Therefore parents should make informed decisions, it must be cultivated not only using your most powerful sense of enthusiasm as loving and caring parents, but also scepticism, critical faculties and credibility. You should always consult and visit your paediatrician if you have any questions or concerns about your child's vaccination/ immunisation. **PP**

Keeping Eczema in Check

By **Dr Sabeera Begum Kader Ibrahim**, Paediatric Dermatologist and Head of Dermatology, Hospital Kuala Lumpur

With proper care and management, people living with eczema can lead normal and fulfilling lives.

WHILE eczema (dermatitis) can be a difficult disease, it is also a manageable one. With proper treatment and care, people with eczema can lead fulfilling lives and participate fully in school, work and family activities.

Eczema is an inflammation of the skin that flares up from time to time. Atopic dermatitis is the most common type of eczema, and usually strikes in early childhood before the age of five.

In eczema patients, moisture is easily lost from the skin, causing it to dry out and flake. Symptoms include: red to brownish-gray patches, itching, tiny raised bumps and vesicles that may leak fluid and crust over and thickened or scaly skin.

Proper skin care and management of inflammation can usually ease the symptoms and keep the skin condition under control.

Moisturize, moisturize

Good skin care is essential in controlling eczema. For people with mild eczema, keeping their skin soft and moisturized by frequent and generous use of emollients may be all that is needed to improve and manage symptoms.

Emollients are non-cosmetic moisturisers that come in the form of creams, ointments and lotions. They keep skin moist and help prevent cracks, making it more comfortable and less itchy for eczema patients.

The type of emollient you should use would depend on the condition of your eczema, part of body skin that is involved and how you react to a specific ingredient or ingredients in an emollient.

Creams contain a mixture of water in fat, and have a light and cool effect on the skin. Due to this, many people with eczema prefer creams for daytime usage. However, creams may contain preservatives and might cause sensitivity, although such occurrences are rare.

Ointments do not contain preservatives, but they can be very greasy and may be cosmetically unappealing to some. However, they are very effective at retaining moisture in the skin, and are useful for very dry and thickened skin.

Lotions contain more water and less fat than creams but evaporate quickly and are not the most effective means to





keep skin moisturised. However, they are easy to apply specially over hairy regions of the body.

Regular use of emollients may be all that you need in keeping mild eczema symptoms in check. However, people with more severe eczema may require medications to help control their flare-ups.

Medications for eczema control

Corticosteroid creams or ointments. Prescription corticosteroid creams or ointments can ease inflammation and relieve itching. Some low-potency corticosteroid creams are available over-the-counter, but you should always consult your doctor before using any topical corticosteroid. They are very effective and safe if used correctly.

Despite this, many people are concerned about potential side effects from topical steroids. The trick is to use the correct strength of steroid for the severity of the eczema and be prepared to change treatment as the severity of the eczema changes.

Topical steroids are usually discontinued when the symptoms disappear and are resumed when new patches arise. Topical steroids are safe if used correctly. Side effects of long-term topical corticosteroid

use include skin irritation or discoloration, thinning of the skin, infections and stretch marks.

Antibiotics. You may require antibiotics if you have super added bacterial skin infection and the signs of bacterial infection include weeping, crusting, pustules or painful swelling. Your doctor may recommend taking a short course of antibiotics to treat an infection or sometimes hospital admission is necessary for intravenous treatment.

Oral antihistamines. Oral antihistamines may help with severe itching. However, antihistamines like Diphenhydramine (Benadryl, others) can make you sleepy. If your skin cracks open, your doctor may prescribe mildly astringent wet dressings to prevent infection.

Corticosteroids. For more severe eczema cases, your doctor may prescribe oral corticosteroids, such as prednisone, to reduce inflammation and to manage symptoms. These medications are effective, but often used in the short term only. They cannot be continued for more than a few weeks at a time without significant side effects.

Managing lifestyle factors

Flare-ups may be associated with lifestyle factors such as stress, physical activity, contact allergy and temperature changes.

Stress management is vital in controlling eczema. Often, it involves making time for rest and relaxation, and changing the reaction if the situation is unavoidable. Getting adequate sleep is also an important factor.

Also try to avoid known allergens such as dust mites, pollen, animal dander, and clothing materials like wool and synthetics. Food allergy affect a third of children with eczema and can cause flare-ups especially in children less than 2 years old. The common food which could flare eczema includes milk, eggs, and wheat, soy and peanut products.

People do develop flare-ups when they experience a sudden change in temperature. So where possible, try to anticipate changes in weather, especially when you travel into another country and arm yourself with effective treatments.

Lastly, try to avoid hot baths and don't scratch if you develop itchy rashes. Few ways to control your itchy eczema are by rubbing, applying emollient, or apply a bag of ice to the affected areas and gently pinching the skin around the eczema to divert the itch sensation. It may also be helpful to keep your fingernails short to prevent injuries from scratching. Seek advice from your doctor if you have any doubts. **PP**

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Gut Friendly Foods

Learn about foods that aid in digestion.

By **Dato' Dr Muhammad Radzi bin Abu Hassan**,
Consultant Physician and Gastroenterologist,
Chairman of Digestive Health Advisory Board (DHAB)

What is a probiotic?

It refers to beneficial strains of bacteria that are present in food, which when ingested, can provide you with health benefits.

Sources of probiotics include yogurt, *tempeh*, miso soup etc.

What is a prebiotic?

They are non-digestible carbohydrates which will remain in the digestive tract where they stimulate the growth of beneficial bacteria. In short, prebiotics are "food" for beneficial bacteria. Sources of prebiotics include fruits, legumes, and whole grains.

Your body is home to billions of microorganisms which reside on your skin, in your mouth, and in your gastrointestinal (GI) tract. These microorganisms often live in harmony with their host (in this case, you) and your GI environment (which includes the gut microflora or collection of microorganisms) plays a significant role in your health.

Your GI has a lot to do as it works to absorb nutrients while ensuring toxins and other potentially harmful bacteria or viruses are destroyed. This is where your gut microflora comes into the picture; it breaks down the food you eat and helps your body to digest fibres and carbohydrates by breaking them down. Your gut microflora typically includes a mix of both beneficial and harmful bacteria. One way to ensure a balance of both (80% good bacteria: 20% bad bacteria) is by supplementing your diet with pre- and probiotics.

Not a new science

Both prebiotics and probiotics are components that are present in certain foods, or they may have been added or incorporated into foods, and both provide you with health benefits due to their interactions in your GI. While the benefits of prebiotics have come to light in more recent years, recognition of probiotic effects dates back to the 19th century when the French scientist Louis Pasteur (1822 –1895) postulated the importance of microorganisms in human life; this was further reinforced by work done by 1908 Nobel Prize-winner Elie Metchnikoff.

The benefits of probiotics:

1. Prevents the occurrence of rotavirus-induced or antibiotic-associated diarrhoea, and in the event it does happen, the duration is reduced.
2. Alleviates problems with lactose intolerance.
3. Reduces the quantity of enzymes that may promote cancer, and putrefactive (bacterial) metabolites in the gut.
4. Helps prevent and alleviate possible GI tract problems in healthy people.
5. Beneficial effects with inflammatory diseases of the GI tract, *Helicobacter pylori* infection or bacterial overgrowth.
6. Helps with the formation of 'normal' stools in people who suffer from constipation or an irritable colon.
7. Improves your body's immune system by preventing infections.

Important factors to keep in mind

While prebiotics and probiotics play an important role in helping you maintain good digestive health, you should also adhere to the following:

1. **Maintain a healthy lifestyle and balanced diet.** These are two of the main stays of good digestive health.
2. **Consume in moderation!** If there are any side effects or uncertainties, consult your doctor at once. A possible side effect may be due to lactose intolerance (lactose can be found in cultured milk).
3. Excessive fibre intake may occasionally cause bloating or constipation.
4. Prebiotics and probiotics are also available as supplements. However, do get the advice of your doctor before you start taking them.
5. Healthy digestive health leads to a healthy and productive life, and a peaceful mind. If you constantly have digestive problems (e.g. upset tummy, etc.) you tend to be less productive and may be constantly worrying about it.



An educational contribution by



Digestive Health Advisory Board

Billions of Good Bacteria for a Healthy Digestive System

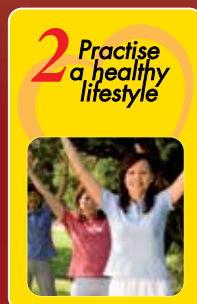
Why is your digestive health so important?

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!



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. **

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
- Helps improve bowel movement
- Helps improve tolerance to milk
- Helps boost immune system
- Helps replenish good bacteria after taking antibiotics
- Helps with digestion



In support of World Digestive Health Day

- Promotes good digestive health through fun and educational activities
- Supports expert initiatives such as:



* Data from the Ministry of Health, Health Facts 2012.
** Data from the World Gastroenterology Organisation.



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Asthma, Really?

By **Dato' Dr Azizi Hj Omar**, Consultant Paediatric & Chest Physician

Asthma, is that really the case? Wheezing and coughing may seem like a prelude to asthma, almost stereotypical in fact, but these and other similar asthma-like symptoms may not be as definitive as you may think.

Have you ever found yourself asking questions like, "My baby wheezes at night, is she asthmatic?", or "why does my child seem to have difficulty in breathing during playtime, it's some kind of exercise-induced asthma right?" or any other number of questions related to your child's respiratory conditions and your thoughts on it being affiliated to asthma. According to the World Health Organisation (WHO), asthma is the most common chronic non-communicable disease among children.

Symptoms often associated with asthma may include shortness in breathing, chest tightness, coughing and wheezing. More often than not, parents who observe these symptoms assume their child is asthmatic and are concerned about the long term implication of the illness.

What You See Isn't (Always) What You Get

Diagnosing asthma especially in young children and infants (those below the age of 6) may be quite difficult. This is mainly due to the fact that asthmatic symptoms are mimicked by those of various other health conditions. For example, viral bronchiolitis which demonstrates symptoms of coughing, wheezing and difficulty in breathing or vocal cord dysfunction (VCD) which has most if not all the symptoms of asthma are prevalent in children and young adults. In fact, even a common cold or respiratory infection can cause wheezing in children with particularly small airways.

Babies and infants are usually vulnerable to these and other similar viral infections mainly because their immune system has not yet fully developed. They get their protection mostly from their mother's antibody-rich breast milk and of course through scheduled introduction of vaccines and immunisation regimes. Surprisingly enough, two thirds of children with wheezing or other asthmatic-like symptoms, outgrow them as time passes. So the good news is most wheezing illnesses are transient and are expected to disappear as the children grow older.



Time Will Tell The Tale

As your child gets older (around the age of 5-7 years old) defining asthma becomes much easier and the signs and symptoms are better defined for a conclusion to be drawn. Diagnosis in older children may involve lung function testing (spirometry), a look at the medical history of the parents and tests for evidence of allergy.

Diagnosing asthma in younger children and infants is more difficult as virus associated wheezing is highly prevalent in this age group. The following criteria may indicate a higher likelihood for asthma in wheezing children:

- Whether one of or both the parents have a history of asthma or eczema.
- The presence of an allergic response to triggers or irritants.
- Whether wheezing persists in the absence of an infection or cold.

Parents should be cognisant of the fact that doctors, specialists and paediatricians need to ascertain that the child has the specified criteria before actually diagnosing asthma and the process of diagnosis may take time. Incorrect diagnosis may cause distress within the family and affect their daily lives. Furthermore, a precise diagnosis (if indeed your child is asthmatic) helps the doctor to both plan and deliver the best possible options for a long-term management of the condition.

Routinely associated asthma triggers include:

- Hair or dander
- Dust, mold, and pollen
- Aspirin and other medicines
- Cold air
- Chemicals in the air or in food
- Tobacco smoke

Ease The Wheeze

A lot of children who have asthma develop their first symptoms before 6 years of age and are not positively diagnosed until later on. However, you won't need to wait for 6 years to actually get your child's first prescription and start treating the symptoms. Doctors are aware that prolonged inflammation may cause permanent damage to the lungs, and thus, may prescribe anti-inflammatory medications in frequently wheezing children. Under-diagnosis of asthma was a major concern of experts in the past but, with new knowledge on childhood wheezing illnesses, over-diagnosis and over-treatment are now to be avoided.

Therefore, until a concrete assessment is made, doctors may prescribe inhaled asthma medications that are generally safe for infants and children, in order to see if their symptoms subside. These medications are more commonly used intermittently or on a short term basis. The decision to use longer term treatment regimes will have to depend on longer term observation of symptom patterns and identification of criteria that are more consistent with asthma.

Don't be too quick to jump to conclusions. Doctors aren't miracle workers and they can't pull rabbits out of their proverbial hats willy-nilly. Patience and continued emotional and psychological support for your child is what is more important. That being said, you should also consider consulting a paediatric respiratory specialist regarding your child's condition and get an expert's feedback on managing these asthmatic symptoms.



Although asthma cannot be cured, its symptoms can effectively be prevented and outbreaks and/or attacks properly controlled following a good management plan. The plan should be reviewed by you as parents and anyone else taking care of the child. Caregivers should understand the plan and be able to act accordingly if in the event that an attack does occur. **PP**

An educational contribution by



Malaysian Paediatric Association



**My kids can grow up
to be who they want to be...**



...When their

Asthma
is well-
controlled¹

- ✓ Daytime asthma symptoms < 2 times/week¹
- ✓ No night time/nocturnal awakening¹
- ✓ Reliever needed for symptoms < 2 times/week¹
- ✓ No activity limitations due to asthma¹

Speak to your doctor about how to better manage your children's asthma.

For further information, please contact your doctor or pharmacist.

This disease awareness message is brought to you by GlaxoSmithKline Pharmaceutical Sdn Bhd (3277-U).

Reference: 1. Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma, Updated 2014.

MS/PC000114
08/16



Baby Massage

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

When it comes to showing your baby your love, a loving touch can be very effective. Giving your little one a massage is a simple thing that you can do for him, and it is one of the easiest ways to bond with your little bundle of joy. On top of this, it also provides him with a host of benefits that have been fairly well documented.

Through various studies conducted globally in various locales such as Korea, Philippines, China, the Touch Research Institute of the University of Miami, and even our very own Hospital Universiti Kebangsaan Malaysia (HUKM), it has been shown that infant massage can benefit your baby. These benefits include better nutrient absorption, helps relieve stress (by reduction of the stress hormone cortisol), improves the bond between parent and child, helps premature newborns gain weight faster (hence reducing the cost of hospital stay), reduces the intensity and duration of colic in babies, and eases the transition to sleep for babies with sleep problems.

Other purported benefits that have yet to be documented include claims of better psychosocial development of the child and how baby massage minimises the occurrence of night waking.

Getting started

Massaging your little one is a simple yet rewarding experience. Just allocate 10-15 minutes of your time for this, but be sure to choose a time when you won't be rushing and your baby is quiet but alert. An excellent time to massage him is after his bath, but you can do it at any time as long as it is not after a feed.

A quick checklist before starting:

- Ambience:** check the room to ensure that it is comfortably warm. You can play soothing music if you like, but keep the volume low.
- Comfort:** have a blanket handy to keep baby warm. Do not massage immediately after a feeding, but wait for at least two hours before starting.
- Safety:** remove any jewellery (e.g. rings, bracelets, etc.) that may interfere during the massage.
- Cleanliness:** Wash your hands before starting and make sure your fingernails are short.

Massaging your little one

With your baby in his diapers, lay him face-up on a flat surface that is covered with something soft, like a towel or blanket. Cover the areas that are not being massaged with a light blanket. During the massage, engage your baby by talking or singing to him. Try to maintain eye contact as much as possible.

Once you are ready to start, moisten your hands

with a mild lotion/oil and warm them up by rubbing them together. This will prevent friction as baby's skin is very sensitive. However, you can also massage him without any oil or lotion. Keep your massage strokes firm with gentle pressure. Avoid the ticklish type of touch at all costs, after all, you want to massage your little one, not tickle him!

You can turn your massage session into a routine by doing it at the same time every day, such as right after his bath.

Step 1 – Face Massage



Massage his face with circular motions using the tips of your thumbs. Use just enough pressure to dimple the skin slightly, but be careful not to press too hard. Massage his temples, forehead, eyebrows, cheeks, bridge of his nose, around the mouth, jaw, and ears.

Step 2 – Chest Massage



Chest massage involves two movements:

- 1) Moving both hands in circular motions over both left and right (like butterfly wings).
- 2) Criss-crossing from lower right to upper left and vice-versa.

Step 3 – Arm Massage



This should be done one arm at a time. Hold his wrist firmly in one hand while you gently 'milk' his arms from the shoulders down toward his wrist. Finish up by reversing the motion.

Step 4 – Leg Massage



This should also be done one leg at a time. Use gentle 'milking' motions to massage from his hips down toward his ankle. Finish up by reversing the motion.

Step 5 – Tummy Massage



The tummy muscles need to be relaxed by flexing his knees to his chest for a few seconds. The paddle-wheel and clockwise massage on his abdomen helps to relieve gas.

Step 6 – Back Massage



Use smooth, stroking motions to massage him from the neck toward his buttocks. Make sure you do not put any pressure on the spine.

Be sensitive to baby

Throughout the massage, you must remain alert to your baby's moods. If he shows any discomfort, fusses, or cries, it may be his way of telling you to stop. Take your cues from baby and go from there. After all, it's all about deepening the bond between you and your baby. It is also a very useful method for fathers to connect more intimately with baby. If you are still unsure of how to proceed, speak to your paediatrician or go online to <http://www.johnsonsbaby.com/baby-skin/massage-techniques> for more information. **PP**

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Malaysian Paediatric Association

Caring protection for your baby all day long

Johnson's
baby



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Day Regimen

Formulated to promote healthy development of baby skin



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Messy Times Wipes

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*Clinically Proven to help baby fall asleep 40% faster



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Bedtime Lotion



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* Clinical study performed using 30 Bedtime Bath and 30 Bedtime Lotion
** The highest percentage to get a room and child at sleep. Both wipes can be used for day and night
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What is Hepatitis A?

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

Nowadays, eating out is a very common activity and may even be considered as a favourite Malaysian past time. However, not all eateries, hawker stalls, or restaurants meet the necessary sanitary conditions to ensure that food safety and hygiene is kept and maintained. Learn more about one of the dangers that lurk, namely Hepatitis A, and what you can do to prevent it.

Hepatitis A Facts

- A contagious, rarely fatal liver disease brought about by the Hepatitis A virus.
- Estimated cases: 1.4 million every year worldwide
- Caused by lack of safe water, poor sanitation and poor personal hygiene.
- Recovery: weeks to months.
- Complications: acute liver failure.

Signs & Symptoms

- Fever, malaise and loss of appetite, diarrhoea, nausea, abdominal discomfort, dark-coloured urine and jaundice.
- **Children under 6 years: usually have no noticeable symptoms and only 10% will develop jaundice.**
- Older children & adults: more severe symptoms and 70% will develop jaundice.

How do you get infected?

- Eating faecal-contaminated food e.g. lightly cooked cockles/shellfish
- Close person-to-person contact e.g. sharing same facilities, sexual contact with infected person

Common foods associated with Hep A outbreaks



Shellfish
(most common!)



Raw vegetables/ salads



Contaminated drinks



Fruit Juices



Fruits



Dairy products



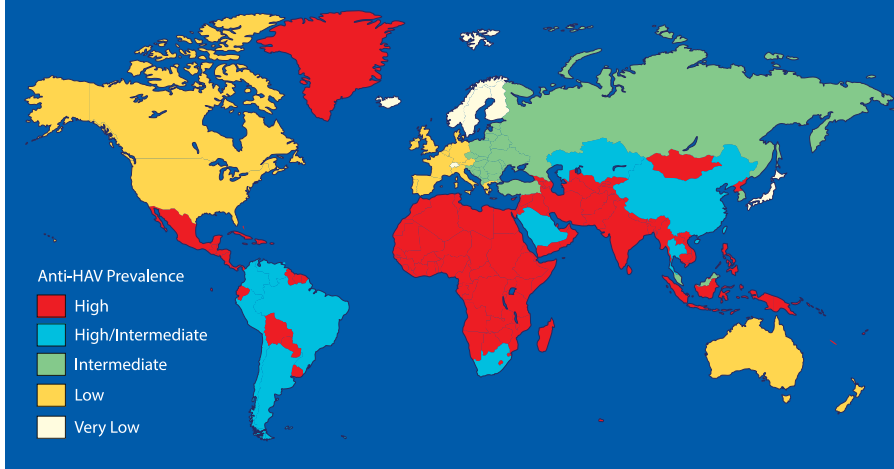
Sandwiches
with luncheon
meat

Why so dangerous? The Hep A virus can remain in the environment and it is capable of resisting food production processes used to inactivate bacterial pathogens.

Who is at risk? Generally, anyone who has not been vaccinated or previously infected will be vulnerable. Other factors that contribute to higher risk include poor sanitation, lack of safe water, taking drugs intravenously, living or engaging in sexual activities with an infected person, and travelling to areas where Hep A is widespread without being immunised increases the risk of infection. Hep A infection is common in developing countries where standards of sanitation are poor and infection occurs in early life, during which they are mild.

Treatment: There is no specific treatment but care can be given to help maintain the patient's comfort while ensuring he receives adequate nutrition and fluid replacement due to vomiting and diarrhoea. The recovery time varies and may take several weeks or months. Even though the infection does not lead to chronic infection, 10-15% of patients might experience a relapse of symptoms within six months after the recovery.

Geographic Distribution of Hepatitis A Virus Infection



Prevention is the BEST!

1. **Eat at clean premises** where proper sanitation is provided.
2. **Always wash your hands:** Symptoms of Hep A infection are usually unrecognisable in children under 2 years making them a silent source of the disease. Parents and caregivers must wash their hands adequately after changing the child's diapers before preparing or handling food.
3. Avoid eating raw or improperly cooked shellfish.
4. Avoid eating cold salads that have been served for a long period of time in a buffet line.
5. **Vaccinate** if you plan to travel to an area with High endemicity (Hep A is widespread there) as there is a higher risk of becoming infected. According to the Centers for Disease Control (CDC), Malaysia is classified as an INTERMEDIATE ENDEMIC area; therefore it is still advisable to get vaccinated. CDC recommends that high risk people and all children at age one year to be vaccinated.

Don't delay

A single dose of the vaccine could provide high protective levels of antibodies to the virus within one month after vaccination. Besides that, a single dose of the vaccine if taken within two weeks of contact with the virus could provide the protective effect. Even though the efficacy of the Hep A virus vaccine is very promising, it is better that two doses are administered for long term protection of about five to eight years. **PP**

An educational contribution by



Malaysian Paediatric 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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Meningitis and Its After Effects

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

Meningitis is the inflammation of the protective membranes covering the brain and spinal cord. It is a disease that can progress very quickly, leaving little time for diagnosis or treatment. It can cause severe brain damage and if untreated can be fatal. Its early symptoms are usually flu-like and by the time you notice the classic symptoms of meningitis, it may have progressed into its advanced state.

From the start of the initial symptoms, it can lead to death in as little as 24 hours. Another common complication that occurs in tandem with meningitis is bacteraemia or blood poisoning, which happens when the bacteria enters the bloodstream. Meningitis is a serious global threat that accounts for an estimated 170,000 deaths worldwide each year.



Key facts on meningitis:

- Most people will recover from meningitis and bacteraemia.
- Up to 10% of cases result in death, typically within 24 to 48 hours after the onset of symptoms.
- 15% of those who survive meningitis will be left with severe after-effects including:
 - Memory loss, difficulty retaining information, and/or lack of concentration
 - Clumsiness and/or co-ordination problems
 - Residual headaches
 - Hearing related problems, including deafness, dizziness, loss of balance
 - Learning difficulties (ranges from temporary deficiencies to long-term impairments)
 - Epilepsy and/or seizures (fits)
 - Weakness, paralysis or spasms of certain parts of the body
 - Speech problems
 - Loss of sight and/or changes in sight

While meningitis can be caused by viral or bacterial infections, it is the bacterium *Neisseria meningitides* that is one of the more common causes of meningitis. While there are several strains of the bacterium, six have been identified as the cause of epidemics, namely the A, B, C, W135, X and Y strains. Viral infections can cause meningitis too, but the disease progression is a lot slower.

Easily transmitted

The meningitis-causing bacterium is transmitted from person-to-person by a carrier who passes it around through:

- Respiratory or throat secretions, e.g. coughing, sneezing, etc.
- Close proximity and prolonged contact, e.g. kissing, living in close quarters (such as a dormitory), sharing eating or drinking utensils, etc.

The average incubation period is four days, but can range between two and 10 days.

Preventing meningococcal meningitis

Meningococcal meningitis is associated with death and major long term complications. The “old” meningococcal vaccine is polysaccharide based and is only effective in children above 2 years old, had poor immune memory and does not contribute to herd immunity. The newer meningococcal conjugate vaccines (MCV) protect children from 6 weeks onwards, induce immune memory, and confer protection to the community. It should be seriously considered by all parents to protect their children from this very debilitating disease.

After all, the consequences of meningitis are far-reaching and can affect the lives of children and their families including causing severe deafness and intellectual disability. This illustrates the significance and necessity for immunisation in order to prevent this disease. **PP**

An educational contribution by



Malaysian Paediatric Association



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



years

0-6

hours

Hour of onset

Early symptoms are non-specific¹

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



years

13-15

hours

Hour of onset

Classic symptoms are delayed¹

- Hemorrhagic rash
- Neck pain and stiffness
- Photophobia



years

16-24

hours

Hour of onset

Late symptoms can lead to death¹

- Confusion or delirium
- Seizure
- Unconsciousness

Invasive Meningococcal Disease

can kill in just 24 hours¹.

Ask your Doctor about Meningococcal Vaccination



www.vaccinationisprotection.com/Infants_Children

A community message brought to you by



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

MY03384-14.01.06



Community-Acquired Pneumonia: Is your child infected?

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

Community-acquired pneumonia (CAP) is pneumonia occurring in and acquired from the general public. It can be potentially life threatening especially in older adults and people with co-morbid diseases (i.e. high blood pressure, elevated cholesterol, heart disease, diabetes, osteoporosis, depression, cancer etc). It is defined as an infection of the lungs which is not acquired from hospitals, long-term care facilities, or contact with other healthcare system infrastructures. It is a significant cause of death and mortality worldwide.

Root of the problem

Community Acquired Pneumonia (CAP) can be a serious infection in children and it can be caused by a number of different pathogenic microbes.

- The predominant pathogen in CAP, *Streptococcus pneumoniae* accounts for about two-thirds of all cases of bacteraemic pneumonia and is the most common cause of CAP in infants between 3 weeks to 3 months of age. It usually follows symptoms similar to the common cold or influenza.
- Bacteria-like organisms, such as *Mycoplasma pneumoniae* cause “Walking pneumonia” termed for its relatively mild effects which does not require bed rest. It is more common in children older than 5 years-old and adolescents. In countries like the US, it occurs most often in summer or autumn.
- Viruses, specifically respiratory syncytial virus (RSV), is the most common cause of pneumonia in children older than 4 months and younger than 2 years-old but its effects are usually mild unless the child has a heart disease or underlying illness.
- Fungi - can be found in soil and in bird droppings or even in children’s bedroom. This type of pneumonia is most common in adults and children with underlying health problems (i.e. asthma, diabetes, obesity, heart disease) or weakened immune system (i.e. HIV/AIDS) and in people who have inhaled a large dose of the organisms (i.e. poorly ventilated rooms, crowded households).

Pneumonia in neonates younger than three weeks of age most often is caused by an infection obtained from the mother at birth.

Don't be alarmed, be informed

The most definitive clinical features of pneumonia in children either community- or hospital-acquired are fever, and one or more of the following – **rapid breathing rate, cough, nasal flare, rib muscle retraction, decreased breath sounds, or general breathlessness.**

Other common symptoms may include:

- wheezing sounds when breathing
- vomiting, headache
- chest pain, abdominal pain
- decreased activity, fatigue, general physical weakness
- loss of appetite (in older kids) or poor feeding (in infants), which may lead to dehydration

Your child may be more susceptible to CAP if they:

- Are regularly exposed to prolonged secondary smoke from cigarette smokers, open burning, air pollution or irritants. Note that cigarette smoking is the strongest independent risk factor for invasive pneumococcal disease in immune-competent, non-elderly adults.
- Have chronic underlying diseases such as asthma, congenital heart disease (CHD), recurrent respiratory infections, acute otitis media (middle ear infection), etc.

- Suffer from a weakened immune system due to HIV/AIDS, chemotherapy and its related medication, prolonged steroid use, as well as organ transplant.

Breathe a sigh of relief

Infants between 3 weeks and 3 months of age should always be taken to the hospital if there are signs of respiratory distress like rapid breathing rate or breathlessness. They will be given antibiotics and need to be closely monitored. Pre-schoolers on the other hand, who are usually infected by virus-induced CAP, doctors do prescribe antibiotics for them but guidelines allow for withholding treatment if a virus agent is suspected and close follow-up can be ensured.

Normal milder forms of CAP can be treated at home with the help of antibiotics. You can also help your child to ease the pain by:

- Making sure he takes plenty of rest.
- Using a humidifier and breathe in the warm mist.
- Helping him through taking deep relaxing breaths at intervals of every 1-2 hours.
- Drink water, juice, or any liquids in liberal amounts.
- Drink at least 6 to 10 cups a day.
- Ensure clean surroundings – no cigarette smoke, indoor or outdoor pollution, dust, thick carpets, etc.

The ‘super bug’ complex

In most children with CAP, identification of the causative organism is not critical. Therefore the treatment for CAP is usually empirical but knowing the age-specific causes of bacteraemic pneumonia will help guide antibiotic therapy. However, in light of new drug-resistant strains also termed ‘Super Bugs’, a policy for being more restrictive in antibiotic use has been implemented.

The emergence of newly recognised pathogens, such as the novel severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) coronavirus has increased the challenge for appropriate management of these infections. Studies have indicated that drug resistant *S. pneumoniae* is increasing in prevalence worldwide particularly towards penicillin and macrolides (erythromycin, azithromycin and clarithromycin). It is also a concern with patients who have had previous antibiotic therapy, specifically within the past three months before initially contracting pneumonia. It is crucial that these patients receive a drug of a different class (usually oral beta-lactam antibiotics) than before to decrease the risk of pneumococcal resistance. Parents should always be aware of the signs and symptoms of CAP in their children and take measures to address the issue promptly. **PP**

An educational contribution by

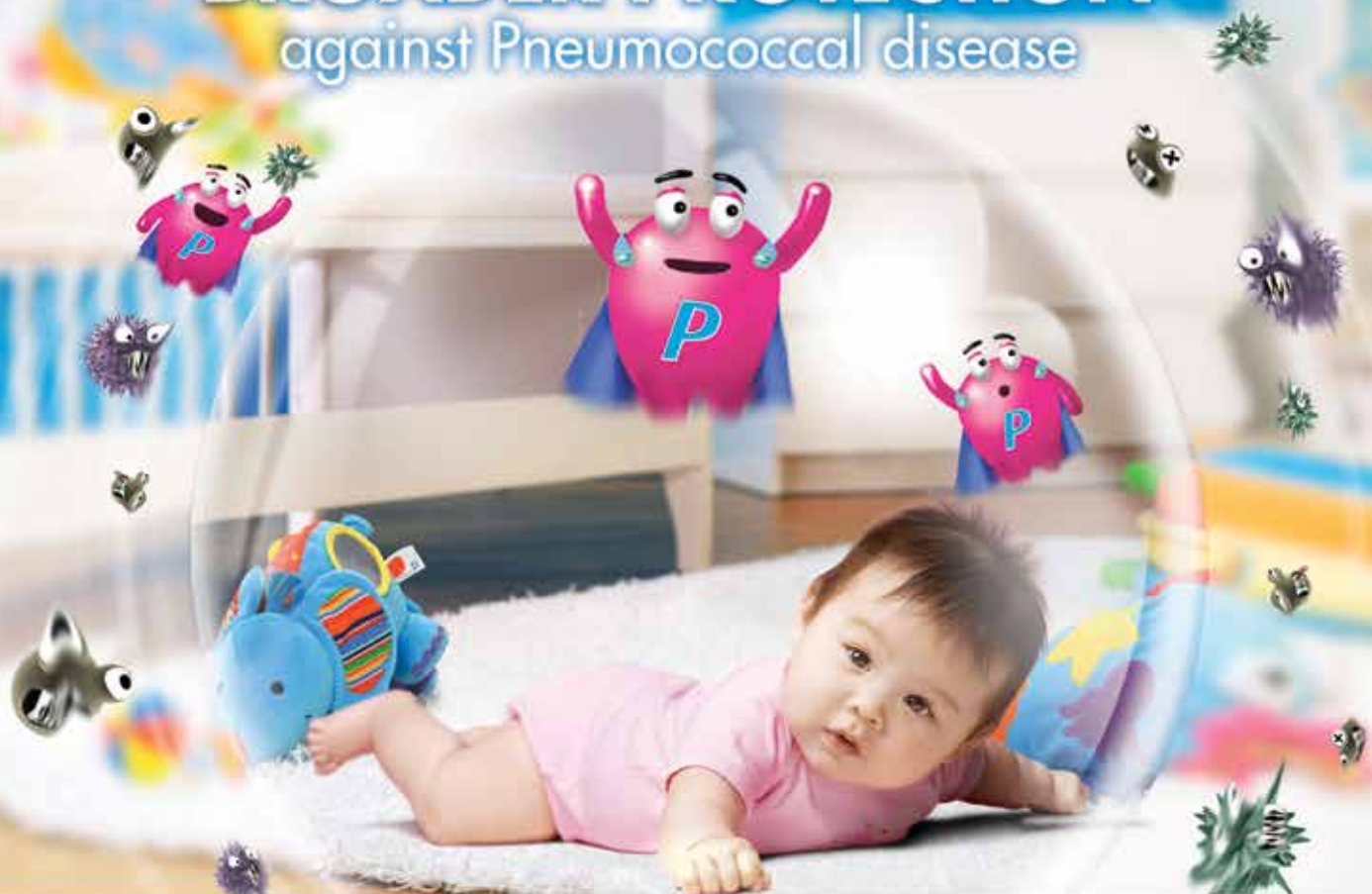


Malaysian Paediatric Association



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.¹

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

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



Ask your doctor today about the available vaccines.

References: [1] Acute Respiratory Infections (Update September 2009): Streptococcus pneumoniae, World Health Organization, http://www.who.int/vaccine_research/diseases/ai/en/index3.html. [2] Pneumococcal Vaccine: What you need to know. WebMD Children's Vaccines Health Centre. <http://children.webmd.com/vaccines/pneumococcal-conjugate-vaccine-what-you-need-know>. [3] GAVI's PneumoADIP, Surveillance and Research Report (November 2007).

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SAA Can Trigger Medical Emergencies



Asthma is one of the most common reasons why people are seen in hospital emergency rooms in Malaysia, and half of them end up in hospitals, according to Dr Bob Lanier, an

Allergist and Clinical Professor of Paediatrics, University of North Texas Health Science.

Asthma related-deaths in Malaysia are low. Last year, Malaysia recorded 998 asthma-related deaths. This is because Malaysians are generally aware of asthma and know what to do to manage the symptoms. However, what is lesser known is a more serious form of asthma called Severe Allergic Asthma. When it attacks often result in distressing medical emergencies.

Severe Allergic Asthma (SAA) is a type of asthma triggered by an allergic reaction by the body's immune system to an allergen. An allergen is a substance, which could be touched, consumed (nuts or seafood) or inhaled (pollen or house dust mites).

These air borne allergens trigger the body's immune system, which then produces antibodies to defend itself against the allergen. This in turn causes a reaction in the lungs' airways, or what doctors term as an asthma attack.

In an asthma attack, two things happen. First, the muscles which encircle the lung tubes tighten the airway tube, narrowing it and obstructing air flow. Secondly, the tube lining itself get inflamed or swollen which also severely affects air flow.

The onset of SAA starts in young children during times when they suffer from respiratory infections. As the lung tubes in children are smaller, it does not take a high degree of muscle tightening or swelling in the tube lining to cause a MAJOR asthma attack. In children, a SAA attack is a distressing medical emergency. Worst case scenario, it could be fatal.

SAA Tend To Afflict The Young

Between the ages of 5 and 7, children also start having an "allergy disease process" where they go through one infection after another. When a child suffers from respiratory illness, a sequence is set off in the body system, alternating between allergy and respiratory infections.

The SAA symptoms in children are much more severe compared to adults who have the ability to sense an attack coming and prepare for it.

The main symptoms of SAA are wheezing, coughing, chest tightness, shortness of breath and air hunger (desperation for air). Taking air in is still possible, but it is the inability to expel air, which causes the wheezing, a major symptom in children. They may also face sinking of the muscles between the ribs during an attack, which prevents them from crying as they are so short of air.

SAA is a complicated occurrence. The carbon dioxide retained in the airway leads to changes in the body chemistry, and asthma related-deaths occur when the blood is no longer able to carry enough oxygen to drive the needs of the body causing the body to shut down.

50s or 60s, they may be oxygen deficient and debilitated.

Diagnosis Options & Treatments

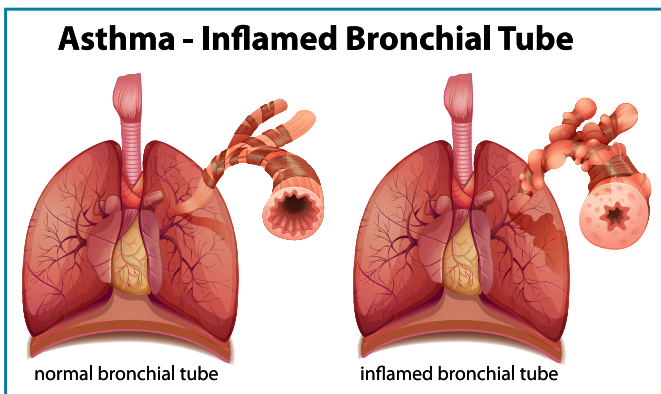
There are two main tests for SAA - skin prick tests or a radioallergosorbent test (RAST) – which is a blood test used to determine the substances a subject is allergic to. Skin prick testing is usually done on the forearm. A small prick is made on the skin so that a tiny amount of allergen can enter. If you are allergic, a small red lump will appear on the skin surface between 15 and 20 minutes. Blood (RAST) test is performed if skin testing is not possible, for example in eczema sufferers.

Besides adrenalin and steroid based medication to manage the symptoms of asthma, new biological treatments have now been developed to target the actual biological cause of the SAA, which is the allergic antibody that reacts to the allergens in the lungs airways.

"Medication currently available includes anti-IgE agent which treats SAA at root cause and not just symptoms. Prior to this asthma and SAA patients were commonly treated with steroid based medications," said Lanier.

"However, long term use of steroids is not recommended as it can lead to side effects like cataract, diabetes, and stunted growth of lungs."

He added that the new drug which is injected is not mass produced which makes it more expensive but in the long run, it will work out to be more cost effective as it will reduce attacks and therefore cut down visits to hospitals.



Causes Poor Lung Growth

Children suffering from SAA are usually prescribed a combination of adrenalin medication for the bronchospasm and steroids like cortisol to reduce the swelling. Unfortunately children are treated aggressively with these two combinations in an emergency and while they do feel much better in a day or two, their attacks will come again. Having that much constriction and swelling, even if it is intermittent, has long term impact on a child's lung growth.

As SAA is a chronic disease, it can result in poor growth of lungs. If the child's asthma is poorly managed, they will grow into adults with child size or deformed lungs. They may think they function adequately but will have very poor lung test function and by the time they reach their

Managing SAA

Once SAA has been diagnosed, there is a new set of mental attitude and adjustments parents make for their child as well as themselves, to manage their child's condition and to reduce or prevent hospital visits or emergency situations altogether.

Most of the time parents become very concern when there is asthma attack but become complacent between attacks. They should come to terms that SAA is a lifelong disease. The child will not grow out of it, there will be times of remission but caution and care must always remain in managing it.

**Disclaimer: The article is based on an interview with the Dr Bob Lanier and the opinions expressed are his own. Please consult healthcare professions for further information and treatment options for SAA.*

Allergies That Wreck

A caregiver mom and a respiratory specialist share their story on how they helped a 10-year old sufferer lead a normal and active life.

Looking at Nurul Aiqah Rahimi, 10, you would not imagine that only a year ago she could hardly do simple everyday tasks like waking up in the morning and carrying her own bag to school. In fact, for seven of her 10 years, she was a sick child who could only watch her neighbours and friends play from the window. And her sickness was due to none-other than asthma.

Imagine what it was like for her mother, Che Asiah Che Daud a homemaker with six other children to care for! According to Che Asiah whenever Nurul, was breathless, she had to take her to the clinic and the attacks started when she was three.

A visit to the clinic usually also meant that she had a bad case of urticaria, or more commonly known as hives, a condition where an itchy rash develops caused by an allergic reaction. Nurul usually ends up staying half a day at the clinic for treatment, until the hives subside.

Che Asiah said the doctor at the clinic diagnosed Nurul as having asthma like her, and was treated for the disease with ICS (Inhaled corticosteroid) and LABA (a long-acting bronchodilator) inhaler that opens up the lungs. Although her attacks subsided, her asthma symptoms remained the same.

As a mom, she was naturally disturbed that her daughter was experiencing flare ups so regularly. She then requested for Nurul to be referred to Hospital Kota Bahru. Initially, Nurul was attended to by other doctors, who subsequently, in 2011 referred her case to Dr Mariana Daud, Consultant Paediatrician and Paediatrics Respiratory and Sleep Medicine.

After a series of tests, Dr Mariana diagnosed Nurul as having Severe Allergic Asthma (SAA). An allergy test indicated that Nurul was allergic mainly to cockroaches, dust mites and seafood (crabs and prawns).

Dr Mariana said it is not that hard to diagnose SAA. To confirm whether a patient has SAA, a skin prick test or a blood test needs to be done to determine the level of IgE (antibody). If the test results show high IgE levels (reference above normal for age) it would indicate there is an allergic reaction in the body. Thereafter a specific allergy test is conducted to determine what the patient is allergic to.

"Specific triggers like an allergy to food, dust mites, chest infections are the usual elements

that cause flare ups. These triggers need to be identified so that we know what brought about the symptoms and therefore, know how to manage the condition."

"The prevalence of asthma is common in Malaysia. The National Health Mortality & Morbidity Survey 2006 reported an asthma prevalence of 7.14% in children up to the age of 18 years in Malaysia. Majority of asthma are atopic asthma (about 90%) but the incidence of SAA is much lower, between 1-5%. Whilst there are not much statistics on asthma in children in Malaysia, mortality from the disease is said to be low," she added.

Dr Mariana says that SAA affects play, sport activities, sleep, school and the psychology of a child. "Often the quality of life goes down and the lives of the patient's family become disrupted. However, even though the disease cannot be cured, it can be controlled so that patients and their families can lead a normal life."



The case of Nurul and Che Asiah is a good example

Before Nurul was confirmed as an SAA patient, Che Asiah had to spend a lot of money taking Nurul to the clinic and hospital. She was frequently stressed and hardly had enough sleep caring for her daughter. When she was at the hospital with Nurul her husband had to stay home to look after the other children. This meant the family suffered a loss of income and the older kids missed school to help him at home. It was a trying time for the family of nine, who also have a disabled child.

The situation turned around for Nurul and Che Asiah in December 2012, when Dr Mariana learnt that a drug, an anti-IgE agent which treats SAA at its root cause and not just its symptoms was available in Malaysia.

This drug has literally given the 10-year old a new lease of life. It is injected once a month, in addition to her inhalers' therapy. Che Asiah said she noticed a significant difference in her daughter's condition after the first dose. Nurul can now go about

like any other child; she can run, play and even participate in taekwondo classes.

"I never dreamt that Nurul can be so normal. She has just recently taken part in a cross country race. No more flare ups, no breathlessness and I have even given her some seafood to try without ill effects! I now have more time as Nurul has her own routine and can be left on her own. Since early this year I have even started part-time work at a restaurant nearby where we live," she added. She now lends support to her friends who are in a similar predicament.

Dr Mariana said it is also important that SAA patients and their caregivers follow and be involved in a written action plan set by the doctor. The role of the caregiver is especially important in ensuring that the child gets the right medication and adequate treatment. "The disease needs continuity in treatment and parents must accept the fact that once it's diagnosed, they need to get on with it. It is equally important for parents to help afflicted children avoid triggers.

She said that SAA awareness among health care providers and the public is still way too low and there is a lot that can be done to raise awareness. Healthcare providers should refer patients to specialists because the longer they keep patients with uncontrolled asthma, the later they will get the proper help needed.'

Dr Mariana says front liners need to know how to diagnose asthma, especially SAA. The symptoms of asthma are as follows:
i. Recurring cough; ii. Shortness of breath,
iii. Wheezing and chest tightness.

Dr Mariana said that symptoms for children and adults are similar. To suspect allergic asthma, the patients usually have atopic tendencies. They may have eczema, allergic rhinitis or allergic to certain food or drugs.

"Patients feel their worst usually in the night or in the mornings when it is cold or when they are exposed to allergens like haze, which can exacerbate the disease. This is when the airways become sensitive and twitchy. Due to the chronic inflammation, the airways become narrower, more mucous form which will cause the patient to cough and wheeze," she added.

** Disclaimer: The article is based on an interview with the Dr Mariana Daud and Che Asiah Che Daud. The opinions expressed are their own. Please consult healthcare professions for further information and treatment options for SAA.*



Positive Parenting

Pledge to

Disconnect Digitally

and Reconnect Emotionally



Guilty of spending too much time connecting with your gadgets instead of with the people around you? It's not too late to make a difference! Join Positive Parenting as we pledge to spend at least an hour a day to reconnect with our children by indulging in simple pleasures in life.


What can you do to reconnect with your children without the gadgets?

Simple!

- ✔ Play a game of "I Spy" or "Memory Game" in the car with your children
- ✔ Read to them before bedtime
- ✔ Get them involved in the kitchen
- ✔ Have one family meal together daily
- ✔ Help them with their homework



The Positive Parenting "Family Quality Time" Pledge was recently initiated by Yang Amat Berbahagia Tun Dr Siti Hasmah Hj Mohd Ali at the Launch of Positive Parenting Phase III on April 12, 2014. The initiative was brought about as we realized the need to relive traditional family togetherness for the emotional betterment of our children.

Join us at  Positive Parenting to take the pledge to "disconnect digitally and reconnect emotionally with our children"! Share with us your idea and photos of what spending "Family Quality Time" meant to you and your loved ones in our #100qualitymoments photo contest to be in the running to **win household appliances or shopping vouchers** from June till October 2014.

Pledge, Snap & WIN! 5 Lucky Monthly Winners!



* pictures are for illustrative purposes only.

1st prize:

Household appliance worth RM400

2nd prize:

Household appliance worth RM200

3rd prize:

Household appliance worth RM160

Consolations (x2):

Shopping vouchers worth RM120



- Five (5) lucky pledgers with the most interesting photo and captions will be chosen every month from June till October 2014
- Prizes will be given in November 2014, at the end of the contest period

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MAJ/09/14/131

Nutrition & Healthy Living

- Breastfeeding
- Complementary Feeding
- Nutri Tips and Insights
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Six Handy Tools for Healthier Cooking

Learn more about healthier cooking methods and six kitchen tools you can use.

By **Prof Norimah A Karim**, Nutritionist & Honorary Secretary of Nutrition Society of Malaysia

Healthy cooking doesn't necessarily mean eating bland or boring foods. You can always put a healthy spin on any of your favourite recipes to turn it into a healthier alternative. In order to do so, you will of course need the right equipment or tools for the job. Here we list six handy kitchen tools that make healthier cooking simpler.

Six handy tools



1) Cast iron skillet/griddle

While cast iron isn't the best heat conducting material (it takes a while to heat up and it may have 'hot spots' before it is fully heated), it retains heat well compared to other metal pans, thus making it a great choice for grilling. Using this handy kitchen tool, you can grill a beautifully seared steak, braise, fry, and even whip up small portions of soup if you so desire.

For best results when grilling, make sure you prepare the poultry, meat, or seafood by marinating it beforehand. This will help to improve the taste when you grill it. You can make a simple marinade with vinegar, lemon juice, and add in some seasoning (e.g. herbs such as lemon grass, garlic, ginger, turmeric, cloves, coriander, etc.) to add flavour. Let the poultry, meat, or seafood sit in the marinade for at least 20 minutes.

2) Slow cooker

Using this handy kitchen tool gives you the option of preparing everything beforehand and letting it cook while you go about doing something else. Some modern versions will even let you program a meal far in advance; you can pop everything into it, turn it on and leave for work, then come home to a wonderful meal that's waiting for you.

This handy kitchen tool is great for healthy cooking as you do not need to use a lot of poultry or meat to make delicious stews or soups. When it comes to vegetables, especially leafy greens, you should prepare them separately (you can steam, blanch, or microwave them) for best results as prolonged exposure to heat may destroy some nutrients, and add them into the mix just before serving.



3) Steamer basket (or wok filled with water and a pot stand)

As a cooking method, steaming is one of the best ways to maximise both taste and colour while retaining the maximum amount of nutrients. It is simple to do; just fill a pot (or wok) with around an inch or two of water, and bring it to a boil before placing your vegetables/fish/poultry inside. Be sure to keep it covered at all times as you need the moist heat of the vapour to thoroughly cook your food.



4) Spray bottle

If you enjoy stir-fried foods, using this handy tool is an excellent method to reduce the amount of oil used. Rather than pouring oil into your pan/wok as you have been doing all this time, use a spray bottle to lightly coat your pan/wok. You will find that this is a very efficient way to oil the pan/wok as you will greatly minimise the amount of oil used.

5) Blender

You can use either a regular blender or get an immersion blender in the kitchen. They are great tools for making smoothies, soups, and stews. While a regular blender can do the same thing and probably blend better, an immersion blender takes up less space and can be used to blend right in the cook-pot itself (yes, you can blend your soup or stew in the pot). Best of all, you can easily make creamy soups/stews at home which can easily give any classy restaurant's soup a run for its money.

Regardless of the type of blender you get, having one means you can 'sneak' in all types of vegetables into your soup/stew, making it less likely that your kids will complain about eating their greens! Just ensure that the vegetables are cut into smaller cubes/pieces before it goes into the pot in order to facilitate the blending process.

You can also use it to make your own homemade fruit smoothies by freezing some fruits, then blending them with some yogurt/milk for a delicious and healthy snack.



6) Air Fryer

This handy device uses hot air to cook food and is a great way to cut down on oil use. If you enjoy deep-fried foods, you can use this to prepare a similar meal but with a lot less oil. Some recipes may call for the ingredients (particularly foods like fries) to be coated with oil prior to air-frying; here's where you can whip out your hand spray bottle to achieve the same results with even less oil!

Some recipes you can make include, fish and chips, French fries, crispy onion rings, roasted/toasted shrimps/prawns, popiah/spring rolls, karipap, and many others. You can dish out a quick meal in minutes with minimal preparation time. This simple appliance uses hot air to do the job, which lets you quickly prepare tasty 'fried' foods using very little oil. It will also minimise the heavy smell of boiling oil in the kitchen, which means less odours to worry about, whether it is the air, your hair, or your clothes.

Striking a balance

Having these six handy tools will go a long way toward helping you achieve your goal of preparing healthier cooking. However, you should also remember to keep the following in mind when cooking:

- ✔ Limit fats, sugars and salt usage.
- ✔ Select lean meats, and use low-fat dairy alternatives in your cooking.
- ✔ Each meal should be balanced and include vegetables, fruits, and wholegrain cereals.
- ✔ Minimise the usage of processed foods that come with added fats, sugars, or salt. **PP**

An educational collaboration with



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Breakfast on the Go

Waking your kids up in the morning and arriving in school on time can be challenging, but feeding them healthy breakfasts can actually be easy!

Below are several helpful tips to prepare simple yet nutritious breakfast for your kids:

- 1) Prepare ingredients in advance. For example, cut and prepare the ingredients the night before and keep in the fridge, then cook it in the morning.
- 2) Make portable food so that your child can eat at the bus stop or in the car. Sandwiches with a packet of milk is a great match.

- 3) Prepare small portions of food as it cooks faster and easier for your child to finish entirely or you could cook in bulk and split into smaller portions for storing in the freezer. Make sure you label them properly to avoid spoilage.

To keep your kid's brain powered up, the first meal of the day should be rich in protein (e.g. eggs, cheese), fibres (e.g. whole grain cereals, fruits) and good carbohydrates (e.g. whole grain bread, oats). Start your kid's day off right with these healthy breakfast recipes which will help your kids to stay alert and engage throughout the school day.

Egg Fritata with Spinach (Breakfast)

(Serves 5)

Ingredients

- 3 eggs
- 250 g (1 cup) cooked chicken meat, chopped
- 125 ml (½ cup) milk
- 60 g (½ cup) Mozzarella cheese, shredded
- 30 g (½) red capsicum, sliced thinly
- 30 g (½ cup) onion, chopped
- 30 ml (2 tbsp) vegetable oil
- 30 g (½ cup) spinach, chopped
- Salt and pepper to taste

Method

1. In a pan, sauté the red pepper and onion in oil until soft.
2. In a bowl, beat eggs and milk. Stir in chicken, spinach, Mozzarella cheese, salt and pepper.
3. Pour mixture to pan. Cover and cook over medium heat for 7-10 minutes or until completely set. Cut into wedges and serve with toasted bread.



Nutrient Content Per Serving:

Calorie 180 kcal	Carbohydrate 1.4 g
Protein 16.2 g	Fat 12.2 g

Whole meal Pancake with Stewed Apple

(Serves 2-3)

Ingredients

25 g (¼ cup) whole wheat flour
125 g (½ cup) self-rising flour
125 ml (½ cup) milk
1 egg
5 g (1 tbsp) butter, softened

Stewed Apple

100 g (1) red/green apple
125 ml (½ cup) water
7 g (1 tsp) sugar
14 g (1 tbsp) butter
Pinch of cinnamon powder
30 g (2 tbsp) low-fat yogurt

Method

1. Peel, core and slice the apple into bite size.
2. Melt 1 tablespoon of butter in a pan. Bring water and sugar to boil in the pan. Add apple and simmer with lid until apple is tender. Add in a pinch of cinnamon powder and put aside.
3. Sift both whole wheat flour and self-rising flour into a large bowl. Make a well in the centre of the flour mixture.
4. Combine milk, butter, egg and gradually stir into the flour to make a smooth batter.
5. Drop some batter into a pre-heated and slightly buttered non-stick pan and cook until bubbles appear. Turn over the pancakes to cook the other side.
6. Serve pancakes with apple and plain yogurt.



Nutritional Tip

- Choose wholemeal flour because the product contains high whole grains, fiber, B vitamins and minerals. It provides comprehensive benefits of whole grains. It is recommended that half of your grain products be from whole grains daily.

Nutrient Content Per Serving:

Calorie 231 kcal	Carbohydrate 31.5 g
Protein 7.8 g	Fat 8.2 g

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 100 recipes, please email: president@nutriweb.org.my

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Breastfeeding When Unwell: Common Illnesses

By **Dr Gan Yoke Cheng**, Consultant Paediatrician & Breastfeeding Advisor

Many new mothers feel hesitant to continue breastfeeding when they get sick - find out if these common illnesses affect your ability to do so.

Experts agree that breast milk should be given exclusively for the first 6 months and later coupled with solids and other complementary foods until the child reaches 2 years and beyond. During these breastfeeding years, and similarly throughout life, mothers are not spared from susceptibility towards illnesses. When this happens many feel dissuaded from continuing to provide their baby with the rich nutrients and antibodies that breast milk is most synonymous for.

Their concerns are understandable, in the event a mother is infected with flu, fever or other illnesses, their body may become weak and the mood to breastfeed may dissipate gradually as their illness starts to worsen. Mothers also fear that their illness may be transferred to the baby causing the baby to fall sick.

Rest assured, despite the many misconceptions, most paediatricians and breastfeeding experts agree that mothers should continue to breastfeed even when unwell. The main reason for this is that mothers would have had already transferred the illness even before showing any symptoms of being unwell. Since the mother's body is also simultaneously building an immune response towards the sickness, the baby will benefit via the disease-fighting antibodies passed from the mother directly into the breast milk.

Keep up with your milk supply by expressing your milk whether you are ill or on medication.

However:

- If your sickness persists longer than 3 days, you should visit a doctor for treatment and consult whether it would still be safe for you to breastfeed.
- If you need to take medication, ask your doctor to give medicines that are also safe for the baby. This usually involves antibiotics that can enter the breast milk.
- If you don't feel up to it, you can always express your milk and have your spouse or caregiver feed it to the baby. This way you can avoid other breastfeeding complications such as engorgement while still being able to provide the baby with your milk.
- You should always remember to wash your hands every time before breastfeeding to prevent infection. Avoid kissing your baby during this time also, don't worry there will be plenty of time for this later as soon as you get better.
- Babies under 3 weeks and premature babies are an exception since they are particularly vulnerable to infections. Mothers are usually separated from the baby if she is ill during delivery. A gown and a mask may be required if the mother insists on holding the baby.

Some common illnesses and recommendations on breastfeeding practice:

Hepatitis C – Breastfeeding is acceptable as there is no evidence to prove the virus exists in breast milk of infected mother.

Hepatitis B – Many fear to breastfeed as uninformed parties including some health care professionals advise against it. Breastfeeding may continue provided the baby is given Hepatitis B immune globulin (HBIG) and Hepatitis – B vaccine as soon as possible.

Herpes Simplex – virus is not present in breast milk unless part of the body is injured or there is a herpes lesion near the nipple that may come into contact with baby when feeding. Treat lesion before continuation, meanwhile use unaffected breast to feed baby.

Chicken Pox – Expressed breast milk is ok as mother's antibodies against the virus will help protect baby. Avoid direct contact with the baby. If baby is also infected, both she and her child must be isolated, and breastfeeding may proceed as usual regardless.

Swine Flu (H1N1) – Mothers can continue to breastfeed or give expressed breast milk. Wear a mask to avoid spreading the virus to your baby. The H1N1 virus can only be spread through the air or on contaminated surfaces. Wash your hands with soap and water or use a hand sanitizer before touching your child.



Breastfeeding is **NOT RECOMMENDED** in the following

- Mothers with Human Immunodeficiency Virus (HIV), T-cell Lymphotropic Virus, untreated, active tuberculosis
- Mothers on antiretroviral (HIV) medications
- Mothers on illicit drugs
- Mothers on prescribed cancer chemotherapy agents
- Mothers undergoing radiation therapies

While mothers are unwell, they should get plenty of rest and drink a lot of fluids. It will help to speed up the recovery process as well as replenish their milk supply. When uncertain, mothers should seek professional healthcare advice prior to breastfeeding in order to avoid the baby from contracting a disease that may prove detrimental or even fatal at such an early and vulnerable stage of his/her life. **PP**

An educational contribution by



Appropriate Use of Processed Foods

By **Dr Tee E Siong**, President, Nutrition Society of Malaysia

Processed foods have had a bad reputation and are being perceived as being unhealthy. This is because they have undergone some form of processing and other ingredients such as additives may be added to prolong their shelf-life or for other technological purposes. However, in this modern, fast-paced lifestyle, processed foods have become part of our daily life. Processed foods can indeed be part of our daily diet, provided we make appropriate use and choice of these foods.

Generally speaking, it is not the method of processing per se that determines whether any given processed food is

unhealthy. Instead, it is the ingredients that are added by the manufacturer and/or the frequency of your consumption that establishes just how unhealthy the processed food is. Therefore, we have to be mindful that not all processed foods are bad. After all, many of the familiar processed foods that can be found in our kitchen would include flour, bread, breakfast cereals, pasta, biscuits, milk, canned tuna or sardines, pasta sauces, frozen peas, and frozen meats.

Read on to understand what processed foods exactly mean and how you can use them appropriately in your family's daily diet.

WHAT?

Processed foods are generally raw foods that have undergone a certain degree of processing. This ranges from:

- Minimally processed* (e.g. bagged spinach, cut vegetables)
- Foods processed at their peak* (e.g. canned beans, frozen vegetables)
- Foods with ingredients added for flavour and texture* (e.g. Instant pasta sauces, flavoured yoghurt)
- Ready-to-eat foods* (e.g. biscuits, ham)
- Heavily processed* (e.g. flour, white bread, fish fingers sausages, nuggets)

PROCESSED FOODS

WHY?

Foods are processed for a few purposes:

- ✔ To lock in nutritional quality and freshness
- ✔ To reduce the risk of spoilage as food begins to deteriorate once they have been harvested/ butchered
- ✔ To increase their availability to consumers at all times
- ✔ To change or stabilise food texturally
- ✔ To improve taste and convenience

HOW?

Various methods are being used today, for example:

- Freezing (e.g. frozen peas, carrots, corn)
- Drying (e.g. raisins, dried dates)
- Fermenting (e.g. cheese, shrimp paste)
- Smoking (e.g. smoked fish, sausages)
- Pickling or salting (e.g. Chinese pickles, kimchi)
- Canning (e.g. canned beans, canned sardines)
- Preserving with sugar or honey (e.g. canned fruits)
- Refining away parts of the food that spoil easily (e.g. white rice, white flour)
- Adding chemical preservatives (e.g. some processed meat and fish products)
- Heat treatment (pasteurising, ultra-heat treatment, UHT) (e.g. milk, fruit juices)

Understanding food additives

Food additives may be used in the processing of foods. They are chemical substances added to food to produce specific desirable technological effects. These effects include to 1) maintain nutritive quality 2) enhance the shelf life 3) make it attractive and 4) help in the foods' processing, packaging or storage. These substances have been tested for safety and are controlled by food laws. Common food additives include preservatives, antioxidants, colouring and flavouring agents.

Consumers have been particularly concerned with the use of preservatives in processed foods. Food preservatives are added to food to inhibit or slow down food spoilage. The Ministry of Health publishes a list of preservatives (and other food additives) that may be used. The amount and the types of foods that may contain added preservatives are also controlled.

Role of Processed Foods in Daily Diet

It is not necessary to strike all processed foods from your grocery list. It does not mean that processed foods must be totally avoided because they have undergone some form of processing or added with food preservatives or other additives. It is the ingredients used and the nutrient content of the food that will determine if a processed food can be included in the daily diet. Use more of foods that are high in protein, vitamins and minerals and dietary fibre. Reduce intake of processed foods that are high in sugar, salt and fat. While you can include processed foods in the daily diet, it is important to regulate the frequency and amount of these foods consumed.

Make Wise Choices!

It is quite impossible to prepare a meal without any form of processed foods in this age unless you own a farm, a vegetable garden, an orchard, a paddy field or the sea in your backyard. You can't run away from processed foods but you have the power to make wiser choices when purchasing them.

Use the nutrition information (nutrition information panel and nutrition claims) and the ingredients list on the food packaging to guide you in making choices of processed foods.

- 1. Be sure to check out the Nutrition Information Panel (NIP)** for the energy and nutrient (carbohydrate, protein and fat) content of the food. Sugar content is also declared for ready-to-drink beverages. Some manufacturers also state the amount of vitamins and minerals in the food. Use such information on the NIP to guide you in choosing the various brands of a particular processed food you are contemplating to purchase.
- 2. Manufacturers are permitted to make specific nutrient content claims** on the label. You can opt for labels that declare "lower sodium/salt", "low sugar"; or products with "source of calcium" or "rich in vitamin A".
- 3. Another type of nutrition information permitted is nutrient function claims.** For example if a product meets the required criteria stipulated by the law, it may claim: Calcium is important for strong bones and teeth. It is important however not to purchase a product merely based on the nutrition claims, but to also consider the nutrient content declared on the NIP.
- 4. Go through the ingredients' list** as the law requires that ingredients in a food product to be listed on the label. And they must be listed according to the amount used from the highest to the lowest. You can use this list to know the main ingredients of that particular product. If sugar is listed as the first few items, it indicates that the food product is high in sugar. Be wise and look out for sugars listed as different names such as sucrose, maltose, corn syrup, high-fructose corn syrup and fruit juice concentrate.



While it is not necessary to totally remove all forms of processed foods, it is important to choose wisely. Be extra vigilant when you are out grocery shopping! We have to be careful with the ingredients used, how the foods are being processed and most importantly the nutrient content of the foods. Nevertheless, it is better to have **more fresh food** in your meals such as fresh vegetables, fruits, fresh meat and seafood and limit the frequency of consuming processed foods. Remember the basic principle of **"Balance – Moderation – Variety"** in your daily dietary practices. Overconsumption of any type of food will bring dire consequences to you and your family's health. **PP**

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Nutrition Society of Malaysia

Smart in More Than Understanding Multiple Intelligence

Intelligence tests have become *de rigueur* these days. They are one of the most widely used inventions from the field of psychology and feature in diverse arenas- from scholarship applications and university entrance exams to army recruitment exercises.

Because IQ scores are a measure of intelligence, they are often viewed as a predictor of success in life. A high IQ is helpful as it has been shown to correlate with school success for children. However, it fails to predict how they will fare later in the real world. By itself, a high IQ does not guarantee that your child will stand out and rise above everyone else. So, is traditional IQ all it takes to succeed in life?

Bill Gates' is rumoured to be 180, Nicole Kidman's 132 and John Kennedy's 119. With such IQ scores, Bill Gates is considered a genius, Nicole Kidman categorised as gifted, and John Kennedy regarded as having superior intelligence.

This intelligence is reflected by the expertise of the athlete, dancer or actor (controlling body movement) as well as the sculptor, surgeon or dentist (handle objects skillfully). In children, a wide spectrum of physical abilities is displayed through this smart from athletics, dance, and gymnastics to martial arts. Body Smart children are greatly aware thorough touch and movement.

People Smart children possess an innate ability to understand and work with other people. They are able to interact and relate, enabling them to get along with others. They make good leaders and usually have lots of friends. In school, they will often be found leading a club or the student body. As children move into the adult world, this ability is particularly useful in the field of business. It has been quoted that managers spend more than half their time engaged in

interpersonal communication with bosses, subordinates and clients. Their "people skills" are important in ensuring the success of a business as it helps them mobilise others to work towards a common goal and understand the needs of customers.

What is Multiple Intelligence? ^{1,2}

The theory of multiple intelligences was developed by psychologist Howard Gardner and it proposes that there are many different ways of being smart. It challenges the current focus on verbal skills and logical thinking which is traditionally measured in IQ tests and graded in school examinations. Instead, the theory of multiple intelligences considers the whole range of human abilities so that it unlocks a child's learning potential and any child can be a winner in life.¹

One of the ways of being smart is termed as Brain Smart. Brain Smart includes either verbal intelligence or logical thinking. Verbal-linguistic children love words and exude speaking and/or writing strengths. They use words to persuade, argue or entertain. On the other hand, logical thinking covers a spectrum with mathematics on one end and science on the other. These children have a well-developed ability to reason and are at ease interpreting data and analysing patterns. ^{1,2}

In ancient time, the body and mind were viewed as one. Our very own Eastern culture demonstrates the cultivation of the mind through bodily activities such as yoga, tai chi and aikido. This intelligence is also known as Body Smart. It is demonstrated by talent in controlling one's body movements and in handling objects skillfully.



One Way nce in Children

Although most children will identify strongly with one or two of the intelligences, they actually possess all. Psychologist and educator Thomas Armstrong believes that a combination of encouragement, enrichment and good instruction can enhance our children's strongest intelligence, as well as develop their moderate and underdeveloped intelligences. ^{1,2}

Eating right

Early childhood is the most rapid period of development in a child's life. ³ The years from birth to 8 years of age are important in the cognitive, emotional and physical growth of children. ³ Good health and nutrition during childhood is especially important to support the multiple areas of development. Unfortunately, 1/3 of Malaysian children aged 1-10 years old are not consuming

the recommended daily nutritional needs. One of the ways to help ensure children receive sufficient nutrition is by consuming milk. Milk, according to the Malaysian Dietary Guidelines, is one of the most complete of all foods, containing nearly all the constituents of nutritional importance to humans. ⁴ Children need adequate nutrition for physical growth and energy. Milk contains both protein and carbohydrates to aid in this aspect. ⁴ As a rich source of calcium, intake of milk is also helpful during this phase when bone mass is being built. ⁴ An active, well-built child can happily participate in sports and outdoor physical activities. In addition, well-nourished children will have stronger immune systems to fend off illnesses or recover faster. Being well allows children to be in school and interact with friends to develop social skills. Furthermore, the first few years of life are a period of "brain growth spurt". A child's brain and nervous system needs to receive optimal nutrition to develop and function well. In recent years, there has been great interest in understanding the role of nutrients such as docosahexaenoic acid (DHA) and arachidonic acid (AA) in cognitive development. ⁵

The World Health Organisation (WHO) has recognized that good health and nutrition are important for children to achieve their full educational potential because nutrition affects intellectual development and learning ability. ⁶ Encouraging children to drink milk, one of the most complete of all

foods, will aid in providing good nutrition. This serves as the platform for children to maximise their potential in multiple areas of development.

Multiple intelligence, multiple possibilities

Every child is unique and will exhibit the different kinds of smart to different degrees. Nurturing the multiple intelligences in your child helps unlock your child's learning potential. To build a foundation for learning and development, good health and nutrition is needed. Encourage your child to drink milk so that she receives the nutrition important for multiple areas of development.

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Child Development

- Skills
- Socio-emotional
- Problems
- Physical Activity

Exercising your Child's

Brain

By Associate Professor Dr Alvin Ng Lai Oon, Clinical Psychologist

One of the most important aspects of your child's development that will concern you is his cognitive or mental development. After all, any parent would want their children to improve not just in scholastic ability, but in general abilities to adapt adequately as they develop into adulthood. This is made more evident by the numerous educational and nutritional products which target mental development for children such as memory and intelligence.

The sum makes up the whole

There is no doubting the importance of nutrition. However, on its own, nutrition does not necessarily improve cognition per se. It is necessary to facilitate mental stimulation to develop cognitive capabilities. Most of the focus for brain development is on mental stimulation, but this does not mean that you should rule out the importance of physical stimulation.

However, it is important to note that in order for your child to grow up to become a successful adult, it is more than just memory, knowledge and attention for him to develop into a successful adult. He needs to develop every part of his cognitive abilities to survive school and beyond.

Cognitive abilities include not just memory and intelligence, but also many components that are closely linked such as attention, concentration and focus, perception, information processing, creativity, lateral thinking, decision-making abilities, problem-solving, and more complex adaptive skills such as language processing, social understanding and sensory coordination.

Exercise helps cognitive abilities to develop

Given the wide range of cognitive abilities, many exercises are needed to strengthen the brain's processing with the aim to produce individuals with adequate adaptive behaviour skills to continue surviving life. These include communication skills, daily living skills, socialisation, and motor movement skills.

Benefits of brain exercises go beyond better memory. Holistic brain exercises should see adaptive outcomes such as improved perceptive skills, efficient information processing skills, fluid adaptation ability in learning due to creativity and problem-solving superiority, as well as successful socialization skills given adequate emotional understanding and regulation with effective functional communication.

Incorporating exercises into your family life

Incorporating exercises into family life would basically include the entire family being involved in doing the exercises, especially with the parents modelling them to their children. It is important for the exercises to be carried out in casual and fun manner so as to associate doing them with pleasant feelings and energetic displays that promote motivation, curiosity and continued interest. Provide intermittent challenges throughout the day and also vicarious learning instances according to existing family routines. These instances are impromptu opportunities to teach – with daily life examples supported by what can be learnt at school or books or TV, that also increase the likelihood of success in your child to show his or her ability to perform on the tasks. Successes breed opportunities to celebrate, thus strengthening the association of cognitive tasks with pleasant outcomes, leading to even more motivation to explore more exercises.

The magnificent brain

The brain is malleable and is used for more than just memory for knowledge. The brain is best used for increasing capacity for problem-solving, creativity and decision-making with regard to adaptation throughout the child's development and into adulthood.

It is much more important to develop the brain/ cognitive abilities in a holistic

way with the focus beyond schooling and academic excellence.

Cognitive abilities should be developed with respect to applied adaptive behaviours, skills in language and communication, personal care, household familiarity, community awareness, socialisation, play, emotional regulation and coping, as well as fine and gross motor movements.

Don't just look at only nutritional factors or educational factors in brain development. Physical activity and movements help build neurological pathways that facilitate cognitive development, as such; wide-ranging physical activities that stimulate various parts of the brain will enhance cognitive development. So don't just get your children to be reading books, completing homework, doing fancy exercises on the tablet PC and other academic-based activities – ensure they socialise, converse, play, explore new activities in-and-outdoors, and engage

in physical activities such as sports, physical games, explore new places – urban, suburban, rural and green lungs. **PP**





Digital World

The Pros and Cons on Child Development

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

Technology has advanced tremendously and has taken control of our daily lives. Every household has at least one television set, a laptop or desktop. It is not an uncommon sight to see kids playing with smartphones or tablets nowadays. We cannot deny how much technology has helped us since its discovery but are we exposing ourselves and our children to too much of it?

The pros and cons

There are many researches and debates among educators, policy makers, paediatricians and parents on the benefits and disadvantages of technology over the years. Here are a few of them:

The Pros :

- a) Makes long-distance communication possible: kids are able to talk to friends and families who are far away.
- b) Teaches cause and effect: entices your child's curiosity and encourages him to explore from the safety of your home.
- c) Pushing keys and using the mouse help in fine-tuning your child's fine-motor skills which enhances their eye-hand coordination.
- d) Studies done by independent researchers found that the use of technologies could support home learning in:

- i) **Operational learning:** parents can teach their kids how to control and use technology, and it is an opportunity for parents to encourage personalised responses by contributing their own input.
- ii) **Extending knowledge and understanding of the world:** kids can find out about people, places, and the natural world.
- iii) **Dispositions to learn:** encourages concentration and persistence, helps them to build self-confidence and self-esteem and also increases their competence in using technology.
- iv) **The role of technology in everyday life:** through observing their parents, your child will learn how technology can help with everyday things such as travel research, ordering goods, sending texts, communicating with people far away, etc.

The Cons :

- a) In 2010, the American Academy of Pediatrics (AAP) warned that technology may affect pre-schoolers' developing cognitive and social skills.
- b) Learning toys may dampen educational potential as most interactive toys are made based on mundane educational tasks. These toys may provide some motivation for learning at first but young kids may get bored and stop learning if they have not mastered the operational aspects of clicking, scrolling or pressing actions.
- c) Operational problems could be solved by tablet computers but the extensive use of tablet computers does not encourage innovative learning as some apps are simply a copy of their predecessor, i.e. electronic books.
- d) No stimulation of adult-child conversations: technological interactivity can never replace human interaction as current technology cannot replace the human element of interaction between parent and child.
- e) Increases aggressive responses from playing violent video games.
- f) Potentially disrupts sleep: children needs at least 12 hours of sleep per day for them to grow healthily.
- g) Encourages sedentary lifestyle: as mentally stimulating as they are, technological devices do not promote physical stimulation as much as physical activity. Kids need to move about as it helps them to build strong muscles and learn what their bodies can do. When sedentary lifestyle becomes a habit since young, kids will be faced with the increased risk of obesity.
- h) Leads to technology addiction.

The American Academy of Pediatrics (AAP) recommends that **children below 2 years old to be not exposed to any form of screen time activity. Children above 2 should limit their use of screen activity to 2 hours per day.** Within these 2 hours, the content should be enriching and filtered by the parents and caregivers accordingly.

Striking a balance

As we can see, technology has its pros and cons on a child's development. As it is impossible to completely restrict the use of technology, it is the responsibility of the parents to strike a balance. Here are a few tips:

1. Switch off the TV and put away your phones during meal times and encourage conversation among one another.
2. Remove any gadgets, especially TV and laptops from bedrooms.
3. Get outdoors and move your body in sports like badminton, jogging, or even gardening (young kids enjoy playing with dirt and mud).
4. Keep all gadgets 30mins before bedtime, read or sing a lullaby to them.
5. Schedule about 1 hour of technology-free time every day.
6. Introduce traditional games back into your child's playtime such as hide and seek, Scrabble, chess, congkak etc.
7. Get back to nature. Bring the family for fishing or hiking.
8. Try out new hobbies such as reading, painting, cooking, clay modelling etc.
9. Be actively involved with your child when they are using interactive technologies to learn.
10. Join a volunteer group – this encourages social interactions and they're helping others.



Quoting from Dr Marjorie Hogan, one of the paediatricians who helped draft the AAP screen time guidelines for kids, "media consumption can be seen in the same way as food consumption". It is all about moderation and choosing the right content. Don't be afraid to use technology as it is undeniable that there are many new gadgets and applications which are useful for your kids. Just be mindful and know when it is the right time for a time-out. **PP**

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Let's Have a **Baby**

Learn about fertility, the factors that affect it, and how to improve your chances to conceive.

By **Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist, and Past President of Obstetrical and Gynaecologist Society of Malaysia (OGSM)

You've tied the knot, settled down, and now you want to have kids. While some couples may find that getting pregnant happens easily, others may find that it takes a lot more effort, careful coordination, and possibly lots of frustration. Learn as much as you can about pregnancy, ovulation, and how you can find your fertile period. Work closely together with your spouse to ensure that your efforts to conceive will succeed.

Factors that affect fertility

Don't be hesitant to go for fertility testing. The sooner you find out what the problem is, the sooner it can be treated to improve your chances of conception. While a big part of fertility rests on the woman, fertility testing should be done as a couple, especially since males account for around 30% of fertility problems.



If you are both normal healthy adults with no fertility problems, there are several factors that will affect your efforts to get pregnant which includes:

Age	For women, the possibility of conception will start to drop by the time you hit 30. This decrease in fertility will continue as you age, with a sharper decline when you are in your 40s, and of course, zero chances once menopause hits.
Irregular menstrual cycles	A regular menstrual cycle simplifies finding out your ovulation cycle, which is necessary in order to find the ideal time to have sex.
Frequency of sex	A higher frequency of sex will increase your chances of becoming pregnant.
How long you have been trying to get pregnant	If you have tried unsuccessfully for a year or more, then you should seriously consider getting professional assistance. Your doctor can conduct some simple tests to learn whether it is male/female infertility, and to determine the next course of action.
Others	Some illnesses or medical conditions can affect your chances of conception. This includes people who are undergoing chemotherapy or those who rely on certain medications to control a health condition such as asthma, or epilepsy. Always consult your doctor on how any medications or chronic illnesses you may have will affect your chances of conception, and what can be done about it.

Did you know?

The possibility of complications increases with age, and many studies have shown that there is a higher risk of a child being born with a birth defect (e.g. Down Syndrome, or other chromosomal abnormalities) that are directly linked to a mother's age. This same pattern holds true for the incidence of miscarriages.

	Early 20s	Early 30s	Early 40s
Down Syndrome	1 in 1,667	1 in 952	1 in 106
Chromosomal abnormality	1 in 526	1 in 385	1 in 66
Miscarriage	12-15%	14.7%	25%

Do's and Don'ts to Boost Fertility:

Do

Get enough nutrients: Folic acid is an essential component that is required in order for your baby to develop properly, and starting a daily course of prenatal vitamins or folic acid supplements before conception will help to significantly reduce the risk of spina bifida and other neural tube defects.

Have regular sex: By consistently having sex at least two to three times a week, you will increase your chances of conceiving during your fertile period. Sometimes, just increasing the frequency of sex is enough.

Make healthy lifestyle choices.

Optimise your chances of conceiving by maintaining a healthy weight, moderate physical activity level, eat a healthy diet, limit caffeine, and manage your stress.

Be sure to maintain these habits as it will stand both you and your baby in good stead throughout your pregnancy.

Don't

Take medication without your doctor's approval:

Some medications can defeat your attempts to conceive while others may not be safe for pregnant women. Always make it a point to consult your doctor before you take any type of medication.

Smoking: Smoking has numerous negative effects on your body. It ages ovaries and causes premature egg depletion in women. For men, it also causes problems with semen production and the semen itself may be damaged, thus lowering your chances of conception.

Tax your body with strenuous exercise:

When it comes to physical activity, avoid going to extremes as it could backfire and impair your fertility instead.

Increase your chances of conception

The key to a successful conception is dependent on a series of events occurring in successful succession. The culmination of these events happens when a single sperm fertilises the egg in the womb. A woman is most fertile during her ovulation period, but many factors such as stress and excessive exercise can affect it.

In order to determine the best time to try for a baby, there are four simple methods that you can use, namely:

1. The calendar: Find out your pattern.

Day	Menstrual Cycle																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	Menstruation							Pregnancy Window							Luteal Phase <i>(the lining of the uterus starts to thicken)</i>													
	Menstruation							Ovulation							Luteal Phase <i>(the lining of the uterus starts to thicken)</i>													

2. Cervical mucus: Some women will experience a change in their vaginal discharge after or during ovulation – it will either become cloudy and thick or not be present at all. Stay alert for an increase in clear, slippery vaginal secretions that are similar in appearance to raw egg whites – this usually happens just before ovulation.

3. Basal body temperature: A slight increase in your basal body temperature may occur during ovulation. There will usually be a slight increase of around half a degree (0.5°C) which marks the next two to three days as your most fertile period.

4. Ovulation predictor kits: Over-the-counter ovulation test kits can help you to identify when your ovulation is occurring. Be sure to follow any instructions that come with your test kit.

When to get professional help

Most healthy couples can usually expect to conceive within a year of trying but if you have been trying without success, it may be time for you to get a professional opinion. Just remember that while infertility can affect both men and women, treatments are available, so don't be afraid to make an appointment with your doctor. **PP**

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Obstetrical and Gynaecological Society of Malaysia

When Enrichment Becomes a Burden

By **Dr Rajini Sarvananthan**, Child Developmental Paediatrician

RINGGGG! It's Saturday morning, 9am, time to hit the snooze button. "No, oh no, little Charlie has taekwondo at 10am, arts class at 1pm, swimming lesson at 5pm. How about my darling Jane? She has ballet at 11am, arts class at 1pm and music lesson at 3pm. I have to get up and get them ready for their classes." There goes your plan to sleep in. Are your kids constantly transiting between classes? Taekwondo, music classes, math classes, football practices and the list goes on. It is undeniable that structured out of school activities are beneficial for your kids.

It is always a dilemma for parents to keep a balanced schedule for their kids while not wanting their kids to miss out in their academic or general development.

But in your rush to give them the best of both, are you overscheduling your kids? If you're not sure, learn more about the pros and cons, and find out how you can strike a balance.



What are the positive effects?

1. Provides your child with **new learning opportunities**.
2. **Enhances his core learning**.
3. Helps him to **develop important life skills and abilities** such as being responsible, taking initiative, working in a team, time management and perseverance.
4. Gives him **less time engaging in problematic behaviours** such as playing truant, smoking or gambling.
5. Helps him to **discover his passion, and hone his skills while building self-confidence and self-concept**.
6. Provides him with an opportunity to **interact with other people** and to **enjoy the diversity of multiple perspectives and expertise**.
7. Gives him a chance to interact with other **supportive adults** other than his teachers at school.

What are the negative effects?

1. The stress of rushing from class to class **affects their learning ability** as your child needs time to digest, reflect and practice new lessons before he can absorb new ones.
2. **Reduces unstructured play time**.
3. Causes him **stress and anxiety** which may lead to other mental health issues such as depression.
4. Instils the idea of competitiveness which may lead to **constant worry that his performance is not good enough**.
5. Specialising in just one activity decreases the chance of your child exploring other avenues.
6. He may become **less emotionally competent and well buffered**.
7. The long hours of constant concentration needed coupled with almost no free time to relax and unwind, or even spending his free time to practice his lessons may push back his bedtime to accommodate his busy lifestyle. All these will **negatively impact his overall health**.
8. **Lack of parent-child quality time** since you will be spending too much time in arranging their schedule and transporting them between activities.
9. A bulk of your **financial resources** are invested in your child's activities which can add up to a significant amount spent.
10. **Less personal satisfaction in parenting** as you may feel pressured to push your child into more and more activities in order for him to excel in his adult life.
11. **Less personal downtime** for yourself.

Recognising the signs

You're probably overscheduling your child if:

- He is eating one to many drive-thru meals or surviving on bread alone.
- He is doing his homework in the car in between classes.
- He lacks proper rest. A child below 10 requires at least 10 hours of sleep.
- He falls sick often.
- He is tired, unmotivated and burnt out.
- He is missing out on normal childhood activities such as birthdays, visiting his grandparents, or lacks time for unstructured play.



Striking a balance

While working out a balance between structured activities and unstructured activities isn't rocket science, it will require communication between you and your children. Arrange for the whole family to sit down for a family discussion on how you can achieve a balance. Here are some items that you should consider:



- **Find out what activities your child likes.** If there are free trial classes, let him try it out, especially during long school breaks. This gives him more time to explore his passions without too much pressure.
- **Be aware of your child's strengths and difficulties.** When he comes home happy after an activity, it is a sign that he enjoys it. Discuss his development with the programme providers and decide if you should continue the class.
- **Learning doesn't stop in the classroom.** Make time for your child so that he can apply what he has learnt at school, e.g. get him to help out with measuring things while you are doing some DIY work at home, weighing out ingredients while cooking, teaching him about plants while gardening or grocery shopping, etc.
- **Get involved in his homework** by providing him with guidance if he encounters any problems. This does not mean that you should do his homework for him! Be patient as it may take some time.
- **Carve out family time** doing things that he likes.
- Ensure that he has **at least an hour a day to just play.** Children learn best through play and unstructured play will help him to explore his own creativity and problem-solving skills.

- Ensure there's a **balance between outdoor exercises and indoor activities.**
- **Sleep is important** for a growing child. Make sure that he is in bed by 9pm every night!

Don't give in to parental peer pressure. While it is important to equip your child with all the necessary skills and knowledge to survive in his adult life, it is also important for him to be a child. Don't let his memories of childhood be one of multiple structured activities from dawn to dusk! This should not be the only thing he recalls when he reminisces about his good old days. **PP**

An educational contribution by



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Hassle Free Travel with your Kids

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

School holidays, festive seasons or even a short weekend break away from home with your family is a good opportunity to bond and spend quality time together. However, travelling with children can be challenging as things can get out of hand at times. Read on to learn how you and your family can have an enjoyable and hassle-free holiday.

1. Plan, plan, plan!

- **Destination:** Local or overseas? Pick a destination with something for everyone to enjoy. A tour may seem like an easy way to see everything, but take it easy and don't pack your tour schedule with too many activities especially if you have babies and toddlers with you. The key is to remain flexible.
- **Child-friendly accommodations:** If a hotel is your preferred choice for accommodation, check out whether it is child friendly and if they have family deals for cheaper options.

Get them involved!

If your child is old enough, ask them where they would like to go and what activities they would like to do. Get them to research and prepare a mini travel info guide about the destination of choice to get them excited.

• **Childcare facilities:**

If you want some private time with your spouse, check whether supervised childcare facilities are available. On arrival, take a visit to the childcare centre and if you are not happy with their services, be prepared to change your plans.

• **Going to the doctor's:** Check with your doctor at least 2 months before you travel.

- If your child has any pre-existing medical conditions and requires specific medications, make sure you get them from your doctors and label them properly. Ask your doctor for recommendations on specialists near your destination who can attend to your child's medical conditions in case of emergency.
- Prepare an identification bracelet for your child with his blood group, allergies or any pre-existing medical conditions in addition to the important contact details.
- Make sure that your family's routine vaccinations are up to date. Travel related vaccinations such as yellow fever, hepatitis A/B or typhoid are needed if you're travelling to high

risk countries. Note: No travel related vaccinations are to be given to children under 18 months.

- **Legal documents/Visas:** Check your passport (or any additional documentations e.g visa) that needs to be done or updated if you are travelling overseas.

2. A checklist of what to pack

- Appropriate clothing:** Find out what the weather will be like during your travel period. For warmer climates, pack lightweight clothing. For cold climates, pack warmer clothing. Other things to consider including sunglasses, sunscreen, hats and proper shoes.
- Baby cot:** Bring a hand-held carry cot or travel-cot for your baby's convenience. It can be used as a bed in case there is nothing suitable for him at your hotel. A good cot usually comes with a cover to protect him from direct light and mosquito netting.
- Baby sling:** Suitable for babies over a week old and more than 3.5kg. Choose something with wide straps for even weight distribution, and it should also offer adequate neck and back support.
- Prams and/or strollers:** These are perfect if you have a young child as he can rest his tired little legs if you spend the day walking around, take a nap, and even double up as your bag carrier.
- First aid kit:** thermometer, non-steroidal anti-inflammatory drugs, bandages, insect repellent or creams for bug bites, anti-diarrhoeal, antacid, antiseptic cream.
- Pack** your child's favourite pillow/blanket, books, toys or CDs, food and drinks!

3. Surviving the journey

- If you are driving, ensure that your vehicle is in good condition and take note of rest areas or places of interests that you can stop at for breaks. Use child seats all the time and make sure they are installed properly.
- Be prepared to keep your child entertained during the journey. You can do this with books, toys, music, and games.

4. A checklist of things to do when you're there.

- Find the locations:** Learn where the nearest police stations, hospitals and supermarkets or convenient stores are.
- Where to breastfeed:** For breastfeeding mums, find out where the appropriate places to breastfeed are to minimise any potential problems.
- Keep hydrated:** Always bring your own bottled water along wherever you go during your travels.
- Stick to your child's routine:** Do this as much as possible. Try not to change his diet and make sure he eats healthily. Remember to have balanced meals.

Change of plans!

If your child suddenly falls sick before the trip, make sure that he gets proper medical attention and enough rest. Assess his condition a couple of days before the trip; if he still doesn't feel good, it's better to postpone the trip. Though there'll be some monetary loss, your family's health and comfort should come first!

Instead, you could spend quality time with your family in the comfort of your own home. Picnics, board games, DIY opportunities, catching up with sleep etc. Remember, every moment spent with your family is precious!

- Stick to hygienic eateries:** Be sure to eat at clean premises to minimise the possibility of diarrhoea.
- Maintain good hygiene:** Wash your child's hands with clean water and soap, or use hand sanitizers and/or hand wipes. These will come in handy as you may not have access to clean water and soap.
- Get enough rest:** Young kids need their proper 10 hours of rest daily.
- Take stock:** Remember to put on the protective gears (sunglasses, hats etc.) and bring extra clothing and diapers.
- Safety first:** Make sure you keep an eye on your child at all times to avoid any untoward incidents, especially in crowded areas. You could offer them a reward as an incentive to make them stay close to you. If you have older children (and they tend to prefer some self-exploration), designate a meeting point just in case your child gets separated from the group.

Travelling with kids could be a breeze if you have done your research and planning beforehand. When things don't go as planned, keep your calm and be flexible. After all, it is your holiday too! **PP**

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My Positive Teen

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Inappropriate Teen Role Models

By **Dr Nazeli Hamzah**, President, Malaysian Association for Adolescent Health

Most of the time teen role models are revered pop singers, celebrated football players or award-winning movie actors – in general, they're usually popular and most trending among friends.

Role models are basically individuals that serve as an example by asserting influence over others. Parents and immediate family members as well as caregivers are usually the first and most important role models earlier in life. As they start to approach their teens, their social circle starts to grow larger - teachers, tutors, coaches, friends, colleagues and peers become more closely relatable idol figures. And once TV, radio, computer and the internet start to be a major part of their lives, attention quickly shifts towards emulating celebrities, athletes, characters, TV heroes, and even politicians. With all these external influences, how can you as parents help your teens to identify an acceptable role model?

Talking and discussing the issue with your child can possibly help him/her to make better choices and help you understand them:

- 1 Ask what values they appreciate in their role models.
- 2 Reference some people that you think are more appropriate idols to be followed based on their accomplishments or contributions.
- 3 Share some good examples of role models that you yourself grew up to idolize and why.

Negative influences can originate from various role models and contrary to popular belief, it does not necessarily have to come from celebrities or public figures. In fact, teenagers are more influenced by role models that they can communicate and form relationships with.

Social Learning Theory

The theory by Albert Bandura of Stanford University (1971) describes how learning through modelling or imitative learning in humans can best be achieved if a person has

- 1) the motivation to act
- 2) an example of the desired behaviour
- 3) performed the desired behaviour
- 4) been given positive reinforcement

Some teenagers may look at their role model's negative behaviour or misconduct as something typical, safe and acceptable; this, coupled with peer pressure, becomes quite a formidable issue to deal with. However, when this happens, parents should step in and intervene by explaining to the child why things like smoking, drugs and alcohol abuse, sexuality, race and gender stereotypes among other things, are not acceptable.

Before your teen starts taking up bad habits, why not pre-emptively:

- 1 Remind your child that people, even role models make mistakes and that everyone has both good and bad qualities but that we should always be able to distinguish between the two.
- 2 Instil positive behaviour and good moral values early in their lives and follow through these practices by setting an example and maybe do some activities such as volunteer work together as a family.
- 3 Get your child to be more involved in the community or community-based programmes or encourage them to be more engaged in religious, athletic or cultural activities.
- 4 Help them become role models themselves through imitative learning. Even the simplest of things like – a friendly gesture to a neighbour, parking in the right space, being on time and courteous on the road as well as other likewise habits that help make society a better place – can be positive behaviours worthy of emulation. It teaches your child that good deeds, basic social etiquettes and exemplary behaviour don't need to be rewarded in anticipation nor advertised for it to be done; it should be sincere.



It would be impossible and impractical to keep your teen in check all the time or monitor their every move and control their every thought. Instead, a far smarter and less exasperating move would be to educate and act as an exemplary role model yourself. Finally, like anything else in a working and healthy family unit, love, respect, understanding and tolerance are important keys in raising a child, coincidentally - they're also good role model characteristics. **PP**

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