



Complimentary Copy

Positive Parenting

PP13746/06/2013 (032586)



Teen Mental Illness

Realising the facts and your role as parents

Your Child's Motor Skills

Bad Vs Good Eating Habits

Home Delivery

Childhood Drowning

Volume 1 • 2014

Family Wellness

Volume 2 • 2014

Nutrition & Healthy Living

Volume 3 • 2014

Child Health

Volume 4 • 2014

Child Development



Positive Parenting

expert collaborators & management committee

Datuk Dr Zulkifli Ismail
Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist



Malaysian Paediatric Association

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



Dato' Dr Musa Mohd Nordin
Honorary Treasurer, MPA and Consultant Paediatrician & Neonatologist



Dr Mary Joseph Marret
Consultant Paediatrician



Dr Rajini Sarvananthan
Child Developmental Paediatrician



Nutrition Society of Malaysia

“Healthy eating habits and good food choices must be cultivated from young.”



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



Professor Dr Poh Bee Koon
Nutritionist



Obstetrical and Gynaecological Society of Malaysia

“A healthy pregnancy gives your baby a good start in life.”



Dr H Krishna Kumar
Consultant Obstetrician & Gynaecologist and Past President, OGS



Malaysian Psychiatric Association

“Mental health is a key component in every child's total health and well-being.”



Dr Yen Teck Hoe
Consultant Psychiatrist



Associate Professor Dr M Swamenathan
Consultant Psychiatrist



National Population and Family Development Board Malaysia

“Strong families are central to raising children with values and principles.”



Dr Anjali Doshi-Gandhi
Deputy Director-General (Policy), LPPKN



Persatuan Pengasuh Berdaftar Malaysia
Association of Registered Childcare Providers Malaysia

“Early childhood care and development helps children grow and discover their potential.”



P.H. Wong
President, PPBM



MMHA

Malaysian Mental Health Association

“Mental health and resilience starts with the family.”



Malaysian Association of Kindergartens

“A quality preschool education prepares children for formal schooling and lifelong learning.”

Ushering In A New and Positive Generation

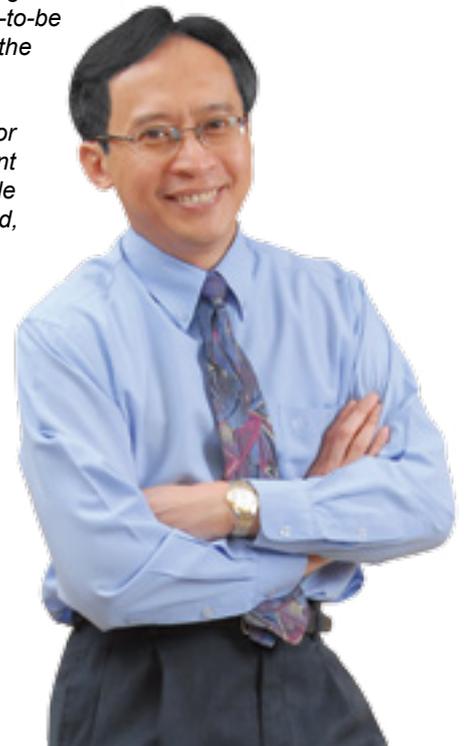
Adolescence for all of us was a time of self-discovery and new experiences; a time when life's lessons were learnt and mistakes were made. Today, as parents, we recognize how important it is to mould our teens into becoming well-rounded adults capable of benefitting not only themselves, but also the society at large.

Therefore, in this issue, we celebrate teens by helping parents to empathize rather than criticize. And one of the issues often overlooked in teens is mental health. Much of it is shrouded in misconception due to lack of understanding in a society unaccustomed to discussing the issue. Hence, the feature article authored by four of our experts invites parents or parents-to-be to explore teen mental health. It also looks to empower parents who are faced with the challenges of overcoming or managing teen mental illness.

As per usual, we've compiled a line-up of some other very interesting topics. For instance, we'll be detailing the importance of postpartum perineal care for pregnant mothers and offer you an intriguing must-see piece on things to consider if you decide to deliver your child at home. Additionally, expect a lot more easy-to-understand, expert driven infographics illustrating things like bad eating habits and Japanese Encephalitis explained.

Also, in lieu with this school break, read on some helpful tips on how to manage your child's eczema during vacations. Finally, we'll also be sharing a few complementary feeding recipes which will pair well with another article we have on how to make your own baby food at home.

Therefore, we sincerely hope that you will enjoy reading through our last issue of the year and benefit from all our expert-driven articles. We hope you enjoy the holidays and we wish you all a prosperous year ahead. Remember, don't just be parents, be positive parents.



DATUK DR ZULKIFLI ISMAIL

Chairman, Positive Parenting Management Committee
President, Asia Pacific Pediatric Association (APPA)

Malaysian Paediatric Association – Executive Committee 2013/2015

President
Dr Kok Chin Leong

Immediate Past President
Noor Khatijah Nurani

Vice-President
Dr Thiyagar Nadarajaw

Secretary
Assoc Prof Dr Tang Swee Fong

Assistant Secretary
Dr Hung Liang Choo

Treasurer
Dato' Dr Musa Mohd Nordin

Committee Members
Datuk Dr Zulkifli Hj Ismail
Dr Koh Chong Tuan
Datuk Dr Soo Thian Lian
Dr Selva Kumar Sivapunniam
Dr Ariffin Nasir
Dr Muhammad Yazid Jalaludin

Co-opted Committee Members
Prof Datuk Dr Mohd Sham Kasim (MPF Chairman)
Dr Hussain Imam Hj Mohd Ismail
Professor Dr Zabidi Azhar Hussin

The articles contained in this magazine are not in any way intended as substitutes for medical attention. When in doubt, consult your doctor. Malaysian Paediatric Association, the experts and their respective organisations do not endorse any brands and are not responsible or liable for any advertisement or advertorial by sponsors.

Positive Parenting guide is published by VersaComm Sdn Bhd, Secretariat of the Positive Parenting programme initiated by the Malaysian Paediatric Association. No part of this publication may be reproduced without the written consent of the Positive Parenting Secretariat.

contents

17



21



35



Feature

- 5 Teen Mental Illness: Realizing The Facts

Child Development

- 11 Your Child's Motor Skills
13 Giving Baby Walkers The Boot
15 Disciplining Your Child;
Doing Away with The Cane
17 Shedding The Light On Your Child's Fears

Nutrition & Healthy Living

- 21 BAD vs GOOD
Eating Habits Among Children
24 Breakfast for Your Child!
26 Making Your Own Baby Food
28 Simple & Nutritious
32 Sun Safety while Playing Outside

Family Wellness

- 35 Home Delivery
37 Looking Good & Feelin' Great!

Child Health

- 39 Atopic Eczema and Vacations
43 Ear and Throat Infections
46 What Is Japanese Encephalitis?
48 Childhood Drowning:
Danger & Prevention
51 Childhood Ca-'GAS' -Trophe

My Positive Teen

- 54 Categorising Foods
Does it Help?

39



Positive Parenting Programme is supported by an educational grant from:

Main sponsor

Wyeth | Nutrition

Co-sponsors



SANOFI PASTEUR



For enquiries, please contact:

Positive Parenting Secretariat

VERSACOMM (03) 5632 3301

12-A Jalan PJS 8/4, Mentari Plaza,
Bandar Sunway, 46150 Petaling Jaya,
Selangor, Malaysia

Tel: (03) 5632 3301 • Fax: (03) 5638 9909

Email: parentcare@mypositiveparenting.org



Dr Yen Teck Hoe
Consultant Psychiatrist
Malaysian Psychiatric
Association

Teen Mental Illness: Realizing The Facts

What Is Mental Health?

To understand mental illness we must know what mental health is. The World Health Organization defines mental health as being able to realize one's own potential, being able to cope with normal stresses of life, can work productively and contribute beneficially to the community.

Teenagers are happier in their families, more socially sound, are able to learn better, do better at school, and enjoy new experiences if they're mentally healthy and capable. It is during these fragile early few years of adolescence that mental health is fostered and patterns are set as they later transition into adulthood.

Is It Prevalent?

Mental illnesses are emerging as serious health threats in both developed and developing nations. The National Health and Morbidity Survey (2011) showed that approximately 1 million (20%) children between the ages of 5 and below 16 suffer from mental health problems such as developmental disability, emotional and behavioural disorders.

Being Mentally Ill

Mental disorders are a group of illnesses that can affect your child psychologically. It can impede their ability to focus, get along with other people, do basic tasks – or just enjoy life in general.

Types of mental disorders/ illnesses:

- **Anxiety Disorder** – Post-Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD)
- **Mood Disorder** – Clinical depression and bipolar disorder
- **Psychotic Disorder** – Schizophrenia
- **Eating Disorder** – Bulimia and anorexia nervosa
- **Developmental disorder** – Attention Deficit/Hyperactivity Disorder (ADHD)
- **Behavioural disorder** – Oppositional Defiant Disorder (ODD)
- **Intellectual disability** – Autism Spectrum Disorders (ASD)



Signs Of Mental Illness

Most teenagers experiencing mental illness observe sudden changes in their habits or behaviour. Changes can be abrupt or progress as time passes, symptoms may include:

- ✔ Recent social withdrawal and loss of interest in others.
- ✔ An unusual drop in functioning, especially at school or work, such as quitting sports, failing in school, or difficulty performing familiar tasks.
- ✔ Problems with concentration, memory, or logical thought and speech that is hard to explain.
- ✔ Loss of initiative or desire to participate in any activity; apathy.
- ✔ A vague feeling of being disconnected from oneself or one’s surroundings.
- ✔ Loss of self esteem.
- ✔ Fear or suspiciousness of others or a strong nervous feeling.
- ✔ Uncharacteristic, peculiar behaviour.
- ✔ Dramatic sleep and appetite changes or deterioration in personal hygiene.
- ✔ Rapid or dramatic shifts in feelings or “mood swings.”
- ✔ Weight loss and loss of appetite.

These symptoms do not conclusively suggest presence of mental disorder. But they are strong indicators for you to pursue expert diagnosis from a paediatrician, psychologist or psychiatrist.

Causes Of Mental Illness In Teens

Although the exact cause of most mental illnesses is unknown and may vary from one child to another, research elucidates that many of these conditions may be caused by interaction of biological, psychological, and/or environmental factors. **PP**

Biological	Psychological	Environmental
Genetic (heredity)	Severe psychological trauma or stress	Dysfunctional family (i.e. sibling, parents)
Brain defects or injury	Sexual, physical or emotional abuse	Death or divorce
Infections by certain bacteria or viruses (i.e. streptococcus)	Neglect, lack of support from friends and family	Social or cultural expectations
Poor nutrition (lack of certain nutrients growing up such as omega-3)	Family or school violence	Change of environment
	Poor social relations	Substance abuse by family members (often parents)
Exposure to toxins	Early loss of a close/ immediate family member or dear friend	School work
Pre-natal damage		Romantic failure

Table 1: List of possible risk/causes of mental illnesses

Fostering Mental Health In Adolescence

Lessons In Child Development

To understand mental health in teens, parents should first understand the key aspects of child development and how it correlates with- or influences mental health. Find out what you can do to promote optimal mental health in your child in each area of development.

Physical Development

Puberty, which involves rapid skeletal growth, usually begins at about ages 10 to 12 in girls and 12 to 14 in boys. It is important for adults to be especially alert for signs of early and late physically maturing adolescents. Keep in mind that this is a period in which physical outward appearance (i.e. height, thinness, muscles, hair style, etc.) means the world to your child – they want to “fit in” or be “part of the group”.

Usual Sequence of Physiological Changes in Adolescence

Female Characteristics	Age of First Appearance
Growth of breasts	7 – 13 years
Growth of pubic hair	7 – 14 years
Body growth	9.5 – 14.5 years
Menarche (first menses)	10 – 16.5 years
Underarm hair	About 1 or 2 years after appearance of pubic hair
Male Characteristics	Age of First Appearance
Growth of testes, scrotal sac	10 – 13.5 years
Growth of pubic hair	10 – 15 years
Body growth	10.5 – 16 years
Growth of penis, prostate gland, seminal vesicles	11 – 14.5 years
Change in voice	About the same time as growth of penis
First ejaculation of semen	About 1 year after beginning of growth of penis



Parent's role:

- Help them build a healthy body image which is holistic and doesn't focus too much on outward appearance alone.
- Spend the time to listen, be empathetic.
- Provide reassurance rather than criticism or judgement.
- Give them proper and balanced nourishment and encourage regular physical activity.

Cognitive Development

Teenagers, at this point, are able to:

- analyze situations logically in terms of cause and effect.
- entertain hypothetical situations.
- use symbols, such as in metaphors or idioms.
- develop sense of values, morality and ethical behaviour.

This higher-level thinking allows them to think about the future, evaluate options, and set personal goals. Some normal behaviour you'll see accompanying teens' newly-enhanced cognitive functions:

- Tendency to argue points or ideas.
- Easy to jump to conclusions or make pre-emptive assumptions.

- Self-centred, “I’m (always) right you’re (always) wrong”, mentality.
- Finding fault and challenging adult’s authority.
- Being over-dramatic, exaggeration of opinion or behaviour.

Parent's role:

- Give teens the opportunity to learn in ways that emphasize different types of abilities (i.e. logical, verbal, visual, interpersonal, etc.) to increase their chances of success.
- Use reasoning and persuasion, explain rules, discuss issues, and listen respectfully when dealing with them.
- Foster a sense of purpose and meaning, encourage social participation – volunteerism is a good way to attain positive long-term outcomes.
- Passing positive comments or constructive criticism or just a simple gesture of affection or appreciation can have significant emotional and psychological effects too.

Ideal problem solving skill to teach teens



Emotional Development

Emotional development during adolescence involves establishing a realistic and coherent sense of identity in the context of relating to others and learning to cope with stress and manage emotions. Emotional intelligence on the other hand, involves self-awareness, but above all, relationship skills – the ability to get along well with other people and to make friends.

Teens with emotional development issues typically have low self-esteem and show signs of:

- Depression.
- Lack of energy.
- Disliking own appearance and rejecting compliments.
- Insecurity or inadequacy.
- Having unrealistic self-expectations.
- Overly anxious about the future.

- Being excessively shy and rarely expressing their own opinion.
- Socially caving-in and passively submissive in most situations.

Parent's role:

- Again, discuss issues to help develop their new abstract reasoning skills and moral reasoning abilities.
- Respect what they have to say; it will provide you with perspective. Don't be patronizing.
- Reiterate your unconditional love regardless of what the issue may be. Often in times of emotional distress, teens feel alone and without support.
- Help them understand empathy towards others, recognize and manage their emotions accordingly, resolve conflicts constructively and develop a cooperative spirit. Use your own experiences as examples, if possible.

Social Development

Social development in teens mainly revolves around their peers but may include (in lesser terms) family, school, work, and the community. Everyday interactions whether it be face-to-face or electronically between your child and another person helps add to their social experiences. They learn how to act and react to a specific person or group of people by incorporating these experiences accordingly.

Peers are powerful reinforcers during adolescence as sources of popularity, status, prestige, and acceptance. And being accepted has important implications for adjustment both during adolescence and into adulthood.

Parent's role:

- Provide firm guidelines and limits, have appropriate developmental expectations, and encourage the adolescent to develop his or her own beliefs.
- Keep an eye on who they befriend or which social groups they subscribe to. Online interactions need particular attention, don't hover though. Instead, teach them how to handle these issues (i.e. online sexual harassment, online bullying, etc.) should they occur.
- Encourage development of social skills sets through involvement with the community, after-hour school programmes, involvement in faith-based activities, etc.
- Don't be alarmed. Minor conflict or bickering is normal and a necessary part of gaining independence from parents while learning new ways of staying connected to them.

Behavioural Development

Risk taking is an integral part of behavioural development. In adolescence it is an important and normal exploratory behaviour which helps them:

- shape their identities.
- try out their new decision-making skills.
- develop practical assessments of themselves and other people.

Teens need space to experiment and to experience the outcome of their own decisions in different types of situations. Some typical risk taking behaviour in adolescence:

- Smoking cigarette
- Illegal substance use
- Truancy
- Dangerous driving
- Sexual experimentation
- Alcohol consumption

However, risk taking does not have to be overly dramatic. Simply stepping outside one's normal comfort zone can already constitute taking a risk and can satisfy many adolescents' needs (i.e. join a school play, take up an

unfamiliar sport, go mountain climbing, etc.) for risk taking if they are encouraged to do so.

Parent's role:

- Provide guidance in decision making and encourage the adolescent to channel the positive developmental aspects of this energy into less dangerous and more constructive "risky" pursuits.
- Don't be too overprotective, give them the freedom and opportunity they need to explore and discover new things.
- Parents should be able to discuss certain sensitive issues with their teens in matters such as sex, drugs and alcohol, and other safety concerns.

Note that all elements of child development share a concurrent relationship and influences one another. Therefore, a lapse or an imbalance in nurturing any of the elements (or focusing on just one) could result in decreased mental "resiliency", thus, rendering teens more prone to be negatively influenced by mental stressors. **PP**

Bringing Up Mentally Challenged Children

Be happy and be proud, your child is like any other; special and worth all the love and affection in the world

Children who are mentally challenged are often referred to as being intellectually disabled. It is characterized by below-average intelligence or mental ability (i.e. learning, reasoning, problem solving, etc.) and a lack of adaptive behaviour required for day-to-day living (i.e. interpersonal skills, self-esteem, ability to follow rules/obey laws).

Numerous factors can facilitate its onset, but more noticeably; genetic predisposition (i.e. Down Syndrome), complications during pregnancy or childbirth (substance abuse), injury (i.e. near drowning), trauma (i.e. severe parental neglect) or an infection (i.e. meningitis).



MALAYSIAN PAEDIATRIC ASSOCIATION
PERSATUAN PEDIATRIK MALAYSIA
Malaysian Paediatric Association

Datuk Dr Zulkiffi Ismail
Chairman, Positive Parenting Management Committee
President, Asia Pacific Paediatric Association (APPA)

LPPKN
National Population and Family Development Board Malaysia

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

Notice The Signs

Knowing when your child should achieve certain developmental milestones (refer "Fostering Mental Health in Children" article) can give you an indication of whether they are growing at a normal pace or whether development is being delayed or obstructed.

Early recognition will ensure better interventions for the child. So, immediately seek professional (i.e. paediatrician, doctor) help if you detect any signs of developmental delay.

Signs may appear during infancy, or they may not be noticeable until a child reaches school age. Other typical symptoms may include:

- ✓ Lack of or slow development of motor skills, language skills, and self-help skills, especially when compared to peers.
- ✓ Failure to grow intellectually or continued infant-like behaviour.
- ✓ Lack of curiosity.
- ✓ Failure to adapt (adjust to new situations).
- ✓ Difficulty understanding and following social rules.

Diagnosing The Problem

The evaluation and classification of intellectual disability is a complex issue and should be done by a professional. In essence, it involves:

- significant limitations in intellectual functioning
- significant limitations in adaptive behaviour
- onset before the age of 18

The IQ test is a tool used by professionals in measuring intellectual functioning. Other tests are used to determine limitation in adaptive behaviour (i.e. conceptual, social, and practical skills).

Never Lose Hope

Understandably, parents in care of a mentally disabled child may undergo certain challenges not typically experienced by most parents. This may include (among other things) societal acceptance of their child as a result of stigma, self blame which can lead to depression, and an overwhelming sense of worry for the future wellbeing of their child if and when they're gone.

Nevertheless, this cannot be used as an excuse to incur neglect – the child's future, wellbeing and happiness is top priority. Consider these helpful tips:

- **Learn to accept your child's condition** and appreciate them regardless. A positive outlook and attitude to suit is crucial – your child needs help; wasting time grieving over your fate is counter-productive.
- **Find out as much as you can about your child's condition.** The more you know the better advocate you can be for your child.
- **Play an active and supportive role** while providing an enabling environment for the child to develop different abilities, skills and interests.
- **Teach your child all of the survival skills required** to function on a day-to-day basis to at least be able to take care of the basics (i.e. hygiene, money, nutrition, etc.).

- **Sign your child up for early intervention programmes** as soon as possible. These programmes are individually modified to cater for your child's specific condition, age and learning curve.
- **Follow your child's progress closely** at school with a teacher and reinforce what your child has learned there at home.
- **Plan for their future** – full independence is preferable but often not possible. Consider medical treatment, financial, and social planning for your child and make sure other willing family members (or even close friends) are involved.
- **Be open to professional counselling** to help you cope with the challenges or stresses that you might face along the way.
- You're not alone in this. **Connect with other parents of intellectually disabled children.** They can be of great help and support at times when you need it most.
- **Search for social support** offered by the government, private sector, and non-governmental organizations (NGOs) to address some of the challenges.

Generally, an IQ test score of around 70 to 75 indicates a limitation in intellectual functioning.

Most importantly, shower your child with the love and affection that he deserves and empower him with a sense of self worth. Remember, your child – however beautifully-flawed he/she may be – is an extension of yourself, a gift loaned to you so that you may be eternally grateful. **PP**



Child Development

- Skills
- Socio-emotional
- Problems
- Physical Activity

Your Child's Motor Skills

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

*'Motor skills' are actions that involve the use of your child's muscles. They can be categorised as **gross motor skills** (large movements made with his arms, legs, feet, or entire body, e.g. crawling, running, and jumping) and **fine motor skills** ('small' actions which involve manipulation such as picking up objects with his finger and thumb.*

From One to Two

As a guide, the developmental milestones for motor skills for the ages of one to two years are listed below. However, do bear in mind that your child is a unique individual and his motor skills may not match the milestones exactly.



Age	GROSS MOTOR SKILLS (large muscle usage)	FINE MOTOR SKILLS (usage of small muscles in hands/fingers)
12 months	<ul style="list-style-type: none"> <input type="checkbox"/> Pulls himself to a standing position by leading with one leg <input type="checkbox"/> Lowers himself to a sitting position after standing <input type="checkbox"/> Stand on his own for a few seconds <input type="checkbox"/> Take a few steps on his own with someone holding his hand or supporting himself on furniture/wall 	<ul style="list-style-type: none"> <input type="checkbox"/> Claps his hands <input type="checkbox"/> Can place objects into a container <input type="checkbox"/> Able to bang 2 blocks together <input type="checkbox"/> Can point with his index finger <input type="checkbox"/> Able to use a neat pincer grasp (index finger and thumb) to pick objects <input type="checkbox"/> Can bring a spoon to his mouth

Age	GROSS MOTOR SKILLS (large muscle usage)	FINE MOTOR SKILLS (usage of small muscles in hands/fingers)
15 months	<input type="checkbox"/> Able to stand on his own without too much difficulty <input type="checkbox"/> Can make it up a few steps on the stairs <input type="checkbox"/> Able to get to a standing position without any support (furniture/walls) <input type="checkbox"/> Can pick up toys from floor while standing (without losing his balance) <input type="checkbox"/> Can change directions while walking without losing his balance	<input type="checkbox"/> Able to grasp two objects in one hand <input type="checkbox"/> Can stack 2 blocks <input type="checkbox"/> Holds his arms and legs out when being dressed <input type="checkbox"/> Able to feed himself with a spoon (some spillage) <input type="checkbox"/> Can pull off his own socks
18 months	<input type="checkbox"/> Can climb onto adult chairs and turn around to sit <input type="checkbox"/> Able to carry large toys while walking without losing his balance	<input type="checkbox"/> Use one hand to hold an object while the other hand manipulates it <input type="checkbox"/> Can stack 3-4 blocks <input type="checkbox"/> Able to hold a crayon with thumb and finger <input type="checkbox"/> Can remove his own shoes (with laces untied) <input type="checkbox"/> Able to put his own toys away with assistance <input type="checkbox"/> Starts using gesture in play
21 months	<input type="checkbox"/> Can squat to play <input type="checkbox"/> Able to walk up- or down-stairs by placing both feet on a step while one hand is on the rail <input type="checkbox"/> Can kick a ball forward without falling	<input type="checkbox"/> Can do circular scribbles <input type="checkbox"/> Able to open doors by turning the knob <input type="checkbox"/> Can hold a small cup in one hand <input type="checkbox"/> Able to help with simple household tasks
24 months	<input type="checkbox"/> Can run around without falling <input type="checkbox"/> Able to walk up- or down- stairs (placing each foot on a step) <input type="checkbox"/> Can jump up with both feet in the air	<input type="checkbox"/> Can wash his own hands <input type="checkbox"/> Able to pull his own pants down with assistance <input type="checkbox"/> Able to unscrew a bottle

NOTE: If your child shows a delay in achieving any of these milestones, or if you have any other concerns, please consult your paediatrician.

Ideas to Try

Physical play is an essential component in the development of your child's motor skills as it helps him to develop and master his body. In order to help your child to develop his motor skills, you can stimulate them by using play as a way to make him practise using his muscles, e.g. playing tag, stacking blocks, doing jigsaw puzzles, etc.

Don't know how to start? Here are some tips to get you started:

- ▶ **Visit a playground:** Your child can practice different physical skills such as climbing and going up- or down-stairs. You can also play games with him such as Follow the Leader or just teach him how to play with swings.
- ▶ **Go outdoors:** Bring him for a hike or a walk in the park. You can play by pretending to be different animals (e.g. hop like a rabbit, jump like a kangaroo), playing tag, or playing with a ball.
- ▶ **The obstacle course:** Make your own obstacle course (can be either indoors or outdoors) to get him to run, jump, climb, crawl, etc. Inject some fun into it; you can play the part of a fire-breathing dragon that will

'eat' him if he stands, and he has to crawl from one part of his playroom to the next to escape. This can be fun for the whole family!

- ▶ **Ride a tricycle:** This helps him to develop better movement, coordination, and sitting balance. You can join him by cycling on your own bicycle, or jog along as you keep each other company.
- ▶ **Get him involved in daily living skills and simple chores around the house.** Allow him to feed himself and get him to join in simple food preparation. If he spills his food, show him how to wipe it up. Allow him to join you in your daily chores – this will not only improve his motor skills but through interaction, help with language skills as well.

Just remember that at the end of the day, spending time with your child will not only benefit his motor skills, it will also bring you closer as a family! **PP**

An educational contribution by



Giving Baby Walkers The Boot

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

Parents beware! Putting your child in a baby walker does nothing but increase his risk of injury.

It is widely known that babies who are born visually impaired generally have delayed motor development. Visual access to moving limbs is important when developing motor skills; baby walkers deprive babies of this simply by design.

Baby walkers are hazardous and have been known to cause head injuries from falls, poisoning, burns, bumps and bruises. In 1999, an estimated 8800 children younger than 15 months were treated in hospital emergency departments in the United States for injuries associated with infant walkers. The vast majority of injuries occurred as a result of falling down from stairs. The last available

local data on injuries caused by baby walkers however, was in 2000. The article concluded that of all recorded non-fatal injuries in infants, about 0.9% was specifically caused by the use of baby walkers. However, this may not truly represent the real number on the ground since most cases aren't reported unless injury is serious enough to prompt a visit to the hospital.

A Myth Sustained Through Misinformation & Lack of Awareness

Parents who use baby walkers for their child are often misled by thinking that this flimsy, wheeled contraption is able to facilitate or even accelerate their child's ability to walk. This is of course fictitious – there have been no conclusive scientific research which shows any correlation between the use of baby walkers and an infant's ability to prematurely develop motor skills such as walking. As a matter of fact, a large study has shown that using baby walkers can actually delay the onset of independent walking when compared to children who did not use them!

Additionally, some parents use baby walkers almost like pacifiers for the legs: many babies seem happier when they are propelling themselves across the floor. Although this buys you time for when you need to attend to things like washing the dishes or hanging the laundry, it also leaves

your child more vulnerable to unsuspecting danger. Note that the vast majority of unintentional injuries occur at home in the presence of caregivers! This goes to show that even with adult supervision injuries may still occur. Imagine, moving at more than 1 m/sec an infant on a walker can race across the room and be tilted at the edge of the stairs or tugging on a dangling piece of table cloth before an adult even has the time to react.

Therefore, there should be no reason for you to leave your baby unsupervised whilst you attend to something else. The best practice is to bring him along with you or have your spouse/another adult look after him for a while. Your child is precious, so it's ALWAYS better to be safe than sorry!

Teach Your Child to Walk, Walker-Free

How well a baby develops his/her walking skills is dependent on more than just muscle strength, it's also the combination of coordination and balance as well – all of which baby walkers do not provide. Consequently, you can encourage walking by:



- Strengthen back, neck and hip muscles by allowing him to spend more time playing on his tummy.



- Stimulate his legs by moving them in a cycling motion.



- Put him in a sitting position and roll a ball back and forth with him.

- Let him walk towards you as you cheer and give encouragement.



- Helping him balance himself and stand upright by holding both his hands as he tip toes forward (or backwards) on his first few steps.



Let your child progress his/her motor skills naturally without the help of a walker. At times, even normal healthy children have difficulty to master walking and may require a little more time and attention (some skip the crawling phase altogether and jump into walking). Be patient, your child will walk eventually. Don't compare them with other children or siblings. Instead, encourage them to walk, constantly practice together, give loving reassurance and provide motivation as well as a safe and stimulative environment for learning. Make the choice to be a more proactive parent for your child and kick baby walkers out onto the curb today. **PP**

An educational contribution by



Malaysian Paediatric Association



Disciplining Your Child; Doing Away with The Cane

By **Dr Yong Junina**, Consultant Paediatrician and Paediatric Cardiologist

Parenting practices have evolved through the years. In the Victorian era, children were dressed as miniature adults and treated as such. Disobedience was met with physical punishment. Children were expected to be seen and not heard. Over the years, children were recognised as their own entity and privileges were accorded to them. These include being allowed to play, attend school for formal education and more recently, protection against abuse, including spanking in some countries.

Perhaps you may think that spanking is not abuse but a necessity. How can children be disciplined if they are not spanked when they disobey? Imagine this scenario. You are working under a boss who insists that you toe the line. One day, you came back to the office thirty minutes late after your lunch break. Your boss, upon discovering your absence, plants himself firmly in your cubicle and, upon your return, asks you in a stern voice where you were. You nervously reply that you had been delayed by traffic jam. He then asks you for the assignment given to you and again you meekly reply that you were still working on it. Now, imagine if your boss were to then pull out a cane and hit you on your back. Or, slap you with his hands for answering back and being irresponsible.

The next action on your part would likely be one of two things, either lodge a police report citing physical abuse or submit your resignation effective immediately. And yet, this is the scenario faced by thousands of children, not only in Malaysia but in various countries all over the world. Sadly, most parents feel that this is acceptable. If no adult agrees that it is acceptable for their bosses to hit them, why do many feel that hitting a child is not only acceptable, but also right?

Lessons From The Cane

It cannot be denied that children test our patience, often when patience is at its thinnest. This may be in the form of poor exam results, destruction of decorative items, sibling squabbles, poor schoolwork and apparent addiction to games (game console, computers, etc.) yet caning and spanking will not resolve these problems. Sit down and talk to them in a calm manner to find out the root cause of the problems. It will be more beneficial in the long term.

Take for example a child who has not done his school work and, after being asked to do, meekly replies that he has left his work in school. Or a child who rushes through his school work so that he could play on the game console or computer. What would spanking the child solve? It will only teach him to lie the next time he is asked about his homework. He will also cherish the times his parents stay back at work as it will allow him to play for a longer period. Questions about school and friends will be met by a sullen "Fine". At the end of the day, the bond between that child and his parents has been sullied.

In most instances, spanking or hitting only serves as an outlet for the 'abuser', i.e. the one who does the spanking. It does not teach the child anything other than the fact that it is ok to hit another human. Studies have shown physical punishment to be demeaning, humiliating and degrading to children, turning them into submissive individuals. Corporal punishment has an adverse impact on academic achievement. Individuals who were hit as children are more likely to grow up into abusive individuals, often hitting their own spouse and children. This is clearly seen in our society where parents justify their action of hitting their children by saying "I was hit as a child yet I turned out alright".

What does a child learn when he is spanked for failing his maths exam? That he should not fail again if he wishes to be spared of the cane. How can he avoid failing? The cane did not teach him that. What caused him to fail? Again, caning does not yield the answer. How can he avoid failing again? If he knew why he failed, remedial action can be taken. However, since he only knows that failing equals to caning, he is more likely to overcome this problem by cheating or by hiding his test marks from his parents. Some even go to the extent of forging their parents' signature on the report card to avoid detection.

The alternative when your child comes home with a bad report card is to ask him why he failed. Instead of screaming about how much money has been wasted on tuition, you can do it over a cup of hot drinks in a calm manner and environment. This will help him to open up and admit why he failed in order for you to find a solution. More likely than not, his results will show a marked improvement in the next exam.

Similarly, if he were to break a vase in the living room, hitting him will not bring the vase back. Take a mature approach instead by sitting him down to explain the value of the vase (not just monetary but also emotional) and the potential injuries he could have sustained. This will go a long way in preventing other similar incidents. This would also be a good time to remind him about not running, jumping or playing with projectiles in the house. After all, if our spouses were to break a plate we are not going to hit them, are we?

A child who is repeatedly hit will become more withdrawn, aggressive and less trusting. Who is there left to trust if the most important person in your life, i.e. your parents, hurt you?



Disciplining Without The Cane

Not spanking does not equate to lack of discipline. Words can have a greater and longer lasting impact than the cane. As parents, we must first decide on the limits and what constitutes good and bad behaviour.

When your child misbehaves, explain to him why it is wrong. Instead of saying "No!" at the top of your voice, tell him why his actions are not acceptable. When your child climbs up onto your lap and presses all the keys on your computer, including the shutdown button, he is not being naughty but merely being naturally curious. "What is this thing that my parent finds more amusing and interesting than me?"

Instead of smacking his fingers or buying him his own laptop, perhaps you could give him a hug and a kiss, shut your computer and spend some time with him. Tell him nicely that the computer is mummy or daddy's work and that he is not allowed to touch it. Allowing him to access the internet on one occasion and scolding him for touching the computer on another will only confuse him further.



Some antics require more serious actions, like hitting a sibling, lying to a parent or teacher, or playing with dangerous objects such as electrical sockets and sharp equipment. Hitting and lying often don't just happen though. Just like Newton's law, they are often a reaction to an action. Perhaps the other sibling wasn't so innocent after all. Maybe he lied because he was scared of being hit. Get to the bottom of the problem by talking to him. If it happens again, a time-out (particularly when children fight) may be used. Explain to him that the time out is to allow him to cool down and think of his action, not just a punishment.

If you find that your temper is rising, give yourself a time-out from your children. Go to your room to relax for a few minutes and regain your composure before facing your children. This could make a big difference in how you handle the situation. **PP**

An educational contribution by



Shedding The Light On Your **Child's** **Fears**

By **Dr Rajini Sarvananthan**, Consultant Development Paediatrician

Children have fears, whether it be the dark, separation, strangers, animals, ridicule, or even dolls, know that these childhood 'horrors' are perfectly normal. Most fears wear away gradually as your child grows older, some of them however, require parental interference and guidance.



Fear, Anxiety And Phobia

Fear is an emotional response induced by a perceived threat. These threats may not only be physical (i.e. fear of fang-toothed creatures or heights), it can also be psychological (i.e. fear of ridicule or failure), both of which can cause a person to feel anxious, distressed or agitated.

On the other hand, **anxiety** is often described as a state-of-mind, a disorder which results in the feeling of nervousness, apprehension and worry. Mild anxiety is normal, something we all experience for instance right before an interview or on stage to perform or give a speech. However, the same situation to a person with severe anxiety can be extremely deleterious, sometimes to a point where it becomes mentally and physically paralyzing.

Sometimes fears can become so extreme, persistent and focused that they develop into phobias. A fear becomes a **phobia** when you need to adjust your lifestyle to manage it. Phobias are strong and irrational fears which often interfere with a child's daily activities.

Fear Is Age Specific

In 2010 a review by Boyer and Bergstrom suggested that there exists an elaborate but structured pattern by which certain typical fears surface at different periods in a child's development.

Age	Fears
Infants 6-12 months	stranger anxiety, sudden appearance of large objects and noises, separation from parents
1-2 years	large animals and objects, sudden changes in personal environment, dark rooms, separation from parents
3-5 years	dark rooms, large animals, bodily injuries, bad people, masks, separation from parents
6-9 years	dark, monsters and ghosts, accidents, being alone, bad people
10+ years	punishment, bad grades and failure in school, personal relationships, crimes (e.g. kidnapping, being robbed, etc), family concerns

Infants

As a baby, your child is unable to freely move about or take evasive actions when feeling threatened which is why he relies solely on your presence to keep safe. Therefore, your absence and/or presence of other adults (strangers) prompt an initial sense of fear. Stranger anxiety, as it is referred to, develops early into infancy and may persist till the child reaches his toddler years.

Parents should be more engaging with their child, be more physical and verbal with the child when bonding to associate your presence as being soothing, warm and relaxing. This creates trust which is a strong precursor in parent-child relationship. It would also help if you had a daily predictable routine and limit the number of caregivers so that they may be familiar with just a few people for the first few years.

Early Childhood (18 months – 5 years)

Now that your child is able to crawl, walk and run, he has a whole new world to explore and discover. During this time he would have encountered various threats of which he may not be able to effectively neutralize or evade and will still rely on your protection. Allow your child to explore and reassure him if certain fears develop. Do not overprotect your child.

Another common fear for children this age is separation anxiety, the feeling of being abandoned for periods of time is still present but once your child is able to understand that you leaving him is just temporary and that he is certain you will be back for him later, the fear will wear itself out. Avoid leaving your child when he is looking away or not paying attention, he will inevitably know you are gone, as hard as it may seem, announce your departure and let him know you are leaving but will return for him later.

Middle to Late Childhood (6 – 12 years)

The most typical fears during this time is monsters and intruders, more specifically predator-like animals which originate largely from folklore tales and stories or cartoons. Besides that, they may develop fears of germs, bacteria and illnesses as well where they associate all illnesses as contagious regardless. In addition, you may also see signs of social anxiety start to emerge as their social pool consisting of peers starts to grow larger.

Furthermore, experts believe that children learn negative thoughts cause bad feelings before they learn that positive

thoughts bring good feelings. Even though preschoolers are able to distinguish these thoughts, they are less likely able to redirect their attention away from their thoughts, which is also why talking your child out of their fear is unproductive.

Do not teach your child to avoid their fears, facilitate in confronting them together as a team. Your initial support serves as an example, which he/she will try to emulate and gradually wean from those more imaginary fears.

Adolescents (13 – 19 years)

The main developing fear during this age is social threats. Children seek social support from amongst their friends which is why the betrayal of a friend, the loss of one or the alliance of known friend to a known enemy is cause for intense anxiety. Central to social threats are the loss of status, peer victimization, and competition for romantic success.

At this stage, parents may start to approach the teen in a more mature manner and allow their child to openly explore their feelings, thoughts and behaviour. Talking to them and listening to their troubles as well as giving your own experience and advice may help ease the

child's concerns and possibly provide them with options for a solution. Teens may not only rely on parents for guidance, other extended family members and peers may also be a source for counsel. Nevertheless, parents should always keep a watchful eye – and if the problem is too severe, should also consider professional psychological help for their child.

In essence, parents should establish an atmosphere of trust and open communication early in the child's life. Parents should also not take their child's fears too lightly, be empathetic towards their feelings and respond affectionately but also make sure you are not overly protective. Above all, it would be in the best interest of the parent to educate the child on their fears and what they can do to overcome them. **PP**



An educational contribution by



Malaysian Paediatric Association

SPROUTS

Growing Bodies. Active Minds.

Everything A Growing Family Needs!

Psst... Finally, something awesome designed for us kids in mind. Mummy says there are **3 floors** of almost everything for us here, from **a cool bookstore to a kids' clinic & pharmacy** and everything in between.



What does Sprouts offer?

Kids' Clinic



Let's Grow Healthily!

A dedicated medical centre for kids of all ages with a team of kids' medical experts.

Meet The Experts!

- (1) Allergy Clinic (2) General Paediatrician
- (3) Alternative Therapy (4) Clinical Nutritionist
 • Osteopath
- (5) Kids' Development Club
- Clinical Psychologist • Audiologist • Speech Therapist
- Occupational Therapist • Orthoptist • Physiotherapist
- Special Education Teacher/Early Intervention Programme (EIP)
- Applied Behaviour Analysis (ABA) Practitioner

Kids' Pharmacy



Speedy Recovery? Possible!

Our retail pharmacy is filled with essential items & basic needs for busy mums & their growing families. From medicines, supplements, body-care, infant wear & accessories to gift ideas and even children's snacks on the go!

Kids' Bookstore

Reading is Exciting!

Keep your children entertained with our wide selection of delightful children's books, whilst meandering your way through our wonderful range of colourful & educational toys & games, stationeries, children's apparels, accessories and more!



**BRAIN
SMART**

Wyeth[®] Nutrition



CELEBRATING
**MULTIPLE
INTELLIGENCE**



**BODY
SMART**

**PEOPLE
SMART**



CELEBRATING MULTIPLE INTELLIGENCE. SMART IN MORE THAN ONE WAY.

Traditional intelligence was enough at one point of time, but not anymore. Now is the age of multiple intelligence, where children may possibly achieve more when they are exposed to different areas of development. We celebrate multiple intelligence because it unlocks your child's potential in learning.

S-26[®] PROGRESS GOLD[®] and S-26[®] PROMISE GOLD[®] are specially designed with **BIOFACTORS SYSTEM™** that contains important nutrients. It is formulated with **DHA, AA, Lutein, Oligofructose, Calcium and Protein** to support your child in multiple areas of development.



IMPORTANT NOTICE: The World Health Organization recommends exclusive breastfeeding during the first 6 months of life and continued breastfeeding for as long as possible. S-26[®] PROGRESS GOLD[®] and S-26[®] PROMISE GOLD[®] are not breast milk substitutes but growing up milk specially suited to healthy young children aged 1 year and above.

Find us on:
facebook.

Wyeth Nutrition Careline
1-800-88-5526

www.facebook.com/WyethNutrition

www.wyethnutrition.com.my

Wyeth Nutrition (Malaysia) Sdn. Bhd. (formerly known as Wyeth (Malaysia) Sdn. Bhd.) (2574084) 22-1, 22nd Floor, Menara Surian, No.1, Jalan PJS 7/3, Mutiara Damansara, 47810 Petaling Jaya, Selangor DE, Malaysia. Wyeth is a registered trademark of Wyeth LLC. Used under license.

MS-00114131

Nutrition & Healthy Living

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



BAD VS GOOD

Eating Habits Among Children

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

Children with bad eating habits are more likely to become over- or underweight. Today, it appears to become an increasingly common practise. Poor dietary habits often stem from excessive intake of energy and/or an inadequate intake of micronutrients. Although bad eating habits may be just part of the cause, it contributes significantly towards risk of obesity and malnutrition. This can set the stage for more adverse health problems (e.g. heart & liver disease) especially if poor dietary habit prolongs into adulthood.

BAD HABITS

1. Overconsumption of foods high in sugar, fat and salt.
2. Eating unhealthy snacks.
3. Eating when not hungry.
4. Refusal to eat vegetables or fruits.
5. Eating too fast.
6. Being picky eaters (eating a limited diet).
7. Eating while watching TV, playing video/PC games, etc.
8. Overeating & comfort eating.
9. Drinking too much sugary drinks.
10. Skipping breakfast and eating at irregular hours.



GOOD HABITS

1. Chew your food for at least 10 seconds before swallowing.
2. Pack a homemade lunch/breakfast for school, make sure it includes a nutritious snack (e.g. cut fruits, plain or oat biscuits).
3. Eat slowly, it takes a few minutes for the brain to realize the stomach is full.
4. Drink a glass of water or have a bowl of soup to avoid overeating.
5. Schedule your meal times/eat on time.
6. Get more fibre (e.g. whole grains and legumes).
7. Eat smaller meal portions.
8. Drink more H₂O.
9. Eat a variety of food types per meal.
10. Choose foods that are steamed, braised or grilled instead of deep fried.



WHAT PARENTS CAN DO

1. Be a good role model, practise good eating habits & prepare healthier foods.
2. Don't make eating out or ordering outside food into a habit.
3. Start encouraging healthy eating from young.
4. Eat together as a family as often as you can.
5. Avoid giving treats or promising food as a reward.
6. Don't pressure your child to eat something they don't like, gradually wean them into it.
7. Play more, move more, be active together!



An educational collaboration with



Nutrition Society of Malaysia

1 in 2 children are described by their parents as 'picky eater', is your kid a **PICKY EATER?**

Your child may be a picky eater if he exhibits any of the following behaviours:



Picky eaters may miss out **7 Key Nutrients** from **7 Food categories** that are vital for healthy growth and development.

Supplementing with 2-3 servings of S-26[®] PE Gold[®] a day helps Picky Eaters to meet Malaysia RNI for the 7 key nutrients needed for healthy growth and development.**



7+7

Key
Nutrients

Food
Categories

With Lutein, DHA, AA & Choline



S-26[®] PE GOLD[®] IS FORTIFIED WITH NUTRIENTS THAT SUPPORT IMPORTANT AREAS OF DEVELOPMENT AND OVERALL GROWTH AND DEVELOPMENT



References:
1. Goh CTF and Jaidi A. Prevalence of picky eating among children in Singapore and its impact on caregivers: a questionnaire survey. Asia Pac J Clin Nutr 2012; 21(3). 2. National Coordinating Committee on Food and Nutrition. Recommended Nutrient Intakes for Malaysia (2005). Ministry of Health Malaysia, Kuala Lumpur. 3. S-26[®] PE Gold Product Information. Available at <http://www.wyethnutrition.com.my/our-products/pe-gold/26-pe-gold>. Accessed on 20 September 2013. 4. Winters T, Forum JG, Chhabugan WR, Janna S and Corbin M. Effect of long-chain polyunsaturated fatty acids in infant formula on problem eating at 12 months of age. Cancer 1998; 262: 988-91. 5. Zinner J and Hammond D. Possible influences of diet and nutrition on the developing brain. Clin Lipids 2007; 2(1): 25-35. 6. Marshall K, Therapeutic applications of alpha-protein. Infant Nutr Rev 2004; 30(2): 136-148. 7. Carter JD, Fomon RJ, Cox RH and Berman JA. Dietary nucleotide effects upon immune functions in children. Pediatrics 1991; Aug; 88(2): 208-63. 8. Pickering LK, Crawford DM, Erickson JE, Mason M, Corbett CJ, Schaefer JF, Rothberg SL, Pike GJ and Hays RD. Pediatrics 1998; 102(2): 242-4.

Wyeth Nutrition Corline

Call  1-800-88-5526 for more information & your free sample of S-26[®] PE Gold[®] now!

www.wyethnutrition.com.my

Wyeth Nutrition (Malaysia) Sdn. Bhd. (50904) 22-1, 22nd Floor, Menara Surian, No. 1, Jalan P.J.U 7/3, Mutiara Damansara, 47810 Petaling Jaya, Selangor Darul Ehsan, Malaysia

Wyeth is a registered trademark of Wyeth LLC. Used under license.

IMPORTANT NOTICE: The World Health Organization recommends exclusive breastfeeding during the first 6 months of life and continued breastfeeding for as long as possible. S-26[®] PE Gold[®] is not a breast milk substitute but a growing-up milk specially suited to healthy young children aged 1 year and above.

Breakfast for Your Child!



Why eat breakfast?

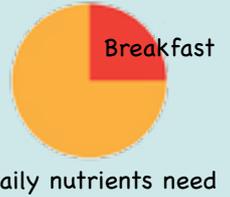
Important for
Brain development
and
Physical growth



Without breakfast, a child tends to eat more at later meals which increases risk of overweight & obesity



Breakfast provides 1/4 of our nutrients and 30% of our daily energy needs.



Examples of Balanced Breakfast Meals



Menu 1: Egg sandwich with veggies



Menu 2: Soup mee hoon & orange juice



Menu 3: Pancake with seri kaya & chocolate malt drink

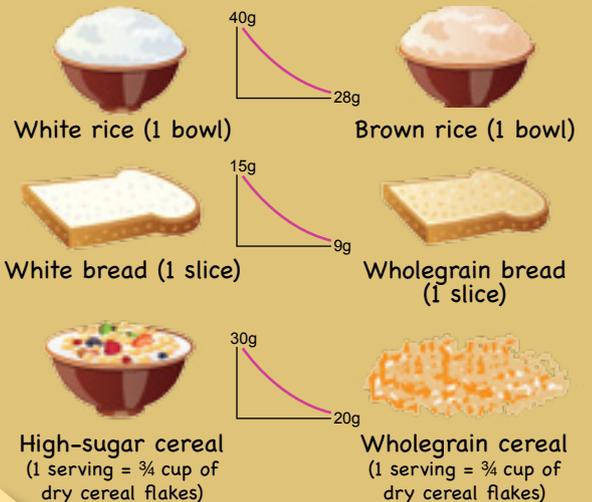


Carb content of 10 Favourite Breakfast Items

Meals	Carb content
1. Fried rice (1 plate)	5 bread icons
2. Nasi lemak (1 plate)	4 bread icons
3. Roti canai (1 slice)	3 bread icons
4. Curry noodles (1 bowl)	2 bread icons
5. Cream crackers (3 pcs) + malted drink (1 cup)	2 bread icons
6. Toast white bread (1 pcs) + butter (1 tsp) + kaya (1 tsp)	2 bread icons
7. Teh tarik (1 cup)	1 bread icon
8. Plain oat (4 tbsps)	1 bread icon
9. Full-cream milk (1 cup)	1 bread icon
10. Coffee/tea with milk (1 cup)	1 bread icon

1 bread icon = 15g carb

Tips to improve carbs in food



A Child who EATS Breakfast

Stronger memory

Sharper concentration in class

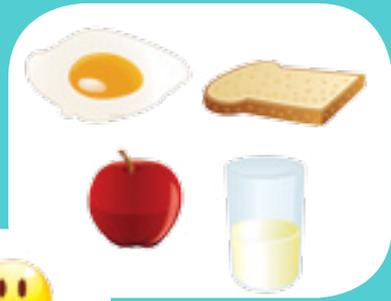
Increased problem-solving skills

Better, logical reasoning

More powerful cognitive skills

You may not know, BUT...

Breakfast is the most frequently missed meal among Malaysian children



3 out of 10 Malaysian children do not eat breakfast everyday.

Combine the Food Groups!

Energy level

A B

Child A

Combination of food groups provides sustainable energy, balance nutrients and longer lasting fullness

Child B

Sugary food alone causes rapid rise & fall in blood sugar level which cause your child to get hungry faster

Choose from 4 food groups

The BIG 4

- Grains: cereal, bread, rice, etc.
- Fruits & vegetables: watermelon, banana, carrot, etc.
- Lean protein: fish, chicken, eggs, etc.
- Dairy: milk, yogurt, cheese, etc.

Tips to Encourage Children to Eat Breakfast



Prepare quick, easy-to-pack breakfast such as sandwiches



Prepare and eat breakfast together as a family



Prepare meals in attractive ways

Tip!

Don't have a blender? Just use an old-fashioned fork to mash the veggie/fruits! If it is too dry, try adding expressed breast milk instead of water for a more flavourful meal!



Making Your Own Baby Food

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

Learn some simple techniques to make healthy and nutritious baby food for your little one.

Complementary feeding should start once your little one is six months old. This is the perfect time for you to inculcate a healthy eating habit from a young age as you will have full control of the ingredients that go into his meals. Here, we highlight some simple tips you can quickly put to use in order to dish out some healthy baby food without too much fuss.

Hygiene is Crucial

Always ensure that your kitchen utensils, the preparation and cooking area, and of course, the food itself is clean. As a general guide, adopt the following habits:

- ✔ Wash your hands before and after preparing or cooking.
- ✔ Separate raw ingredients from cooked ones. Never let raw foods come in contact with cooked foods.
- ✔ Never leave foods at room temperature for more than two hours.
- ✔ When reheating foods that have been frozen, ensure that it is piping hot throughout (it should be steaming). Cool it sufficiently before feeding your little one.



Getting Started

Once you have decided what you will make for your little one, you will need to prepare the ingredients beforehand. You can make them in bulk to last for a week; give a small sample to him first to ensure that he likes it before you whip up more. Once you make his week's supply of complementary food, you can freeze it for convenience. These can be kept in the freezer for up to a week (do not thaw and re-freeze to prevent food spoilage).

For Easy Portions...

Use an ice-cube tray (pop it into a freezer bag for hygiene) to freeze the food into tiny ready-to-serve portions for easy dispensing. This ensures that you will not need to thaw the entire batch for each meal.

As his appetite gradually increases, you may need to increase his portion size; use a cupcake tin lined with cling-wrap. This allows you to individually wrap a precise amount (you can measure as you fill it) which you can then thaw separately.

Preparing his Fruits/Veggies

Suitable fruits include pears, pumpkin, mango, bananas, papayas, and watermelon. Always wash and remove the skin, seeds, pits, and/or cores.

When you first start feeding him vegetables, start with leafy veggies first as your little one may reject them if you start off with more flavourful veggies like peas, sweet potatoes, or carrots. Vegetables should be cut into smaller pieces or cubed.

You should then steam, boil (use just enough water to cover and reserve the water to thin your puree), microwave, or bake them until they are soft. To make a puree, aim for a smooth, and yogurt-like consistency (the puree should be firm enough to form peaks).



A More Delicious Porridge

As an alternative, you can blend/mash your stock together with some porridge for a more flavoursome meal. If it is too watery, just add some cereal to thicken it.

If at first you don't succeed...

Your little one may not eat something new right away; you may need to try feeding him as many as 15 times before he will accept some foods, so don't give up too quickly!



Making Homemade Stock

This makes an excellent base for stews, porridges, cereals, and soups. Start by washing the vegetables thoroughly, then cutting them into smaller pieces. Place them in a pot and use enough water to cover them, and then boil until vegetables are tender before simmering for half an hour. You can opt to use a single type of vegetable, or combine a few types (if you already know that he is not allergic to any of them).

Evolving Needs

It is critical that you provide your little one with the opportunity to experience different foods. This would entail preparing and feeding him with foods that come in different colours, textures, flavours, and shapes that are suitable to his developmental stage, e.g. only mashed/pureed foods to be served at six months of age.

Don't Forget!

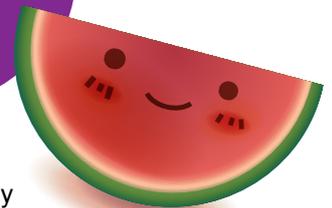
Here are some other key points to remember when starting your child on complementary feeding:

- Always start with rice (a simple porridge/gruel will do).
- When introducing vegetables to him, start with leafy greens as these tend to taste blander; if you start with naturally flavourful vegetables such as carrots, he may completely refuse to eat other greens.
- Other vegetables such as peas, sweet potatoes, and carrots need to be steamed, broiled, or blanched until it is soft enough. You may then mash/puree it to achieve the right consistency for your six-month-old. As he grows older, you can slowly adjust them to suit his developmental stage.
- For fruits, get him started with soft fruits such as bananas, papayas, mangos, or watermelon. You can mash/puree them to make it easier for him to eat them. Harder fruits such as apples will need to be lightly cooked (by steaming/boiling) to soften them beforehand.

Beware of Food Allergies!

Feed the same type of food for a week (or a minimum of three days) before introducing a new food. This allows you to easily identify any food allergies your baby may have. If you see him develop any kind of adverse reaction to a new food, stop feeding him at once.

- Making a fruit juice? Use a 1:1 ratio of freshly squeezed fruit juice and clean drinking water and DO NOT add any sugar.
- Beware of spicy ingredients! Make sure you do not feed him chillies or any other foods with heat as he may not be able to endure it.
- Don't try to save baby food by keeping it for a later feeding if you have thawed and served it to your little one earlier – you don't want to feed him spoiled food! **PP**



An educational collaboration with



Nutrition Society of Malaysia

Simple & Nutritious

Here are a few simple and nutritious recipes to start your baby's complementary food journey that you can prepare at home.

Chicken with Anchovies Stock

(Serves 3)

Ingredients

800 g chicken bones 80 g (1½ cups) dried anchovies 1 L (4 cups) water

Method



1 Remove fat, skin and blood clots from assorted chicken bones. Wash the bones thoroughly.



2 Remove the head and entrails from dried anchovies.



3 Boil chicken bones and anchovies in 1 L of water. Once boiled, turn to low heat. Simmer for about 45 minutes or until ½ litre of stock remains.



4 Strain and chill in refrigerator overnight. Remove layer of fat from chilled stock.



5 Stock can be refrigerated for a week or frozen for a month.

Tips

- 1 Foods that you are planning to freeze must be well-sealed to prevent food from drying out. This also helps to preserve the quality of the food.
- 2 Store in a freezer that can freeze food from -18°C to 0°C.

6-8 months :

Stewed Fruits

(Serves 2)

100 g (1 whole) red apple, scrubbed, peeled, pitted and cut into medium-size chunks
250 ml (1 cup) water

Method

- 1 Pour water into saucepan and bring to boil.
- 2 Place apples in saucepan. Cover with lid and simmer apples for about 10 minutes or until soft.
- 3 Mash stewed apples using fork or puree till smooth.

Nutrient Content Per Serving	
Calorie 28 kcal	Protein 0.1 g
Carbohydrate 6.5 g	Fat 0.2 g

Suggestion

- Serve with some breast milk.
- The apples can be substituted with other fruits such as honey dew or pears.

9-11 months :

Sweet Corn, Potato and Chicken Mix

(Serves 2)

60 g (¼ cup) cooked skinless chicken breast, cubed
 90 g (1 whole) potatoes, peeled and diced
 20 g (2 tbsp) carrots, diced
 30 g (2 tbsp) sweet corn
 125 ml (½ cup) chicken stock
 30 ml (2 tbsp) breast milk
 10 g (1 tbsp) onions, chopped

Method

- 1 Place onion and chicken stock in a sauce pan and bring to boil.
- 2 Add potatoes. Cover and simmer for about 15 minutes.
- 3 Add sweet corn and cook for further 2-3 minutes.
- 4 Lastly add chicken and simmer until cooked.
- 5 Blend the mixture coarsely.
- 6 Add breast milk just before serving.

Nutrient Content Per Serving	
Calorie 90 kcal	Protein 7.6 g
Carbohydrate 10.6 g	Fat 1.9 g

- ### Suggestion
- Instead of blending, you can mash with back of spoon while feeding.
 - Serve with soft rice.

An educational collaboration with



Nutrition Society of Malaysia

Recipes courtesy of "Nutritionists' Choice Cookbook, Vol 1: Healthy Recipes for Your Little Ones" by Nutrition Society of Malaysia. To purchase this recipe book which includes 100 recipes, please email: president@nutriweb.org.my

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.

References:

1. Armstrong, T. 7 Kinds of smart: Identifying and developing your multiple intelligences. Penguin Group. 1999
2. Connell, J. Brain-based strategies to reach every learner. Scholastic Inc 2005.
3. UNICEF. Early childhood development: The key to a full and productive life
4. Malaysian Dietary Guidelines (2010). National coordinating committee on food and nutrition. Ministry of Health Malaysia, Kuala Lumpur
5. Willatts P, Forsyth JS, DiModugno MK, Varma S and Colvin M. Effect of long-chain polyunsaturated fatty acids in infant formula on problem solving at 10 months of age. Lancet 1998; 352:688-91 (Progress Gold CCD 2012)
6. World Health Organisation. WHO information series on school health. Document 4. Healthy nutrition: An essential element of a health promoting school. 1998



Sun Safety

while Playing Outside

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

We all need some daily sun exposure as it is our main source of Vitamin D. However, unprotected exposure to the sun's ultraviolet (UV) rays can cause skin damage, eye damage, immune system suppression, and skin cancer.

Too much sun is particularly harmful to young children, especially infants who should be kept out of direct sunlight at all times. This is because their delicate skin contains little melanin, the pigment that gives colour to skin, hair and eyes and provides some protection from the sun. Some children are simply sensitive to sunlight and might develop a heat rash.

Did you know?

A short 15 minutes of sun exposure can lead to skin damage from UV rays. However it can take up to 12 hours for skin to show the full effect of sun exposure. So, if your child's skin looks "a little pink" today, it may be burned tomorrow morning. Even a few serious sunburns can increase your child's risk of skin cancer later in life.

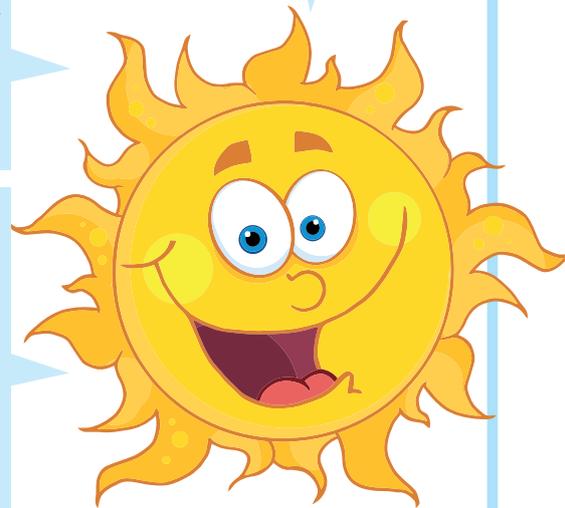
Rays of sunlight

When the sun shines on the earth, part of that sunlight consist of invisible ultraviolet (UV) rays. There are 3 types of ultraviolet rays: UVA, UVB, and UVC.

UVA rays - most intense UV reaching the earth and can penetrate furthest into our skin tissue. However, it is not as biologically damaging as UVB. UVA makes up the majority of our sun exposure and causes skin aging and wrinkling and contribute to skin cancer, such as melanoma.

UVB rays – another biologically damaging UV. Most of its rays are absorbed by the ozone layer but some rays can pass through to cause serious damage e.g. sunburns, cataracts (clouding of the eye lens), skin cancer (melanoma) and affect the immune system.

UVC rays - most dangerous form of UV, however, these rays are blocked by the ozone layer and do not reach the earth.



It is imperative that you protect your children from UVA and UVB exposure as these rays can cause burning, tanning, and other skin damage.

Protection from the Sun

Now that you know that prolonged exposure to the sun can increase your child's risk of skin cancer later in life, you should take all the necessary precautions to protect them whenever they are outdoors.

1. Slather on some sunscreen

Use sunscreen with at least SPF (sun protection factor) of 15 or higher and BROAD SPECTRUM that protects against both UVA and UVB protection every time your child goes outdoors. For kids aged 6 months and older, select an SPF of 30 or higher to prevent both sunburn and tanning. Don't forget to also protect his ears, nose, lips, and the tops of his feet.

Even "waterproof" sunscreens should be reapplied after going in the water as water, and sweating washes off sunscreen and the cooling effect of the water can make you think you're not getting burned. Beside re-applying sunscreen every couple of hours during a day in the sun, especially if they are in and out of the water, please make sure you use enough sunscreen; 10-20ml is usually enough for the child's entire body.



Select a hypoallergenic and fragrance free sunscreen especially if your child has sensitive skin and non-comedogenic among the acne prone age group i.e. adolescent.

Note: Follow the directions on sunscreen packages for babies less than 6 months old. If you or your child's skin reacts badly to one product, try another one or call a doctor. Your baby's best defense against sunburn is avoiding the sun or staying in the shade.

2. Avoid the strongest rays of the day

When the sun is at its highest in the sky and therefore strongest (usually between 11am and 4pm), keep your child indoors. If your child must be out in the sun between these hours e.g. for school activities or simply playing outside in your house compound, apply some protective sunscreen on him about 15 to 30 minutes before he goes outside so that a good layer of protection can form.

3. Find shady spots or places

UV rays are strongest and most harmful during midday, so it's best to plan indoor activities then. If this is not possible, seek shade under a tree, an umbrella, or a pop-up tent. Use these options to prevent sunburn, not to seek relief after it has happened.



4. Keep your body covered

Clothing that covers your child's skin helps protect against UV rays. Although a long-sleeved shirt and long pants are best, they aren't always practical. A T-shirt or long shorts are good cover-ups too—but it's wise to double up on protection by applying sunscreen or keeping your child in the shade when possible.

5. Wear a hat or headgear

Hats that shade the face, scalp, ears, and neck are easy to use and give great protection. Baseball caps are popular among kids, but they don't protect their ears and neck. If your child chooses a cap, be sure to protect exposed areas with sunscreen.

6. Wear sunglasses

Not only does sun exposure damage the skin, but it also damages the eyes. Prolonged UV rays can lead to cataracts later in your child's life. So get your child to wear sunglasses that can block as close to 100% of both UVA and UVB rays as possible. **PP**



An educational contribution by



Malaysian Paediatric Association

Pureen^{*} Kids Toothpaste

with Triple Calcium
& Phosphate

Plus 5% Xylitol

Helps Maintain Good Oral Health

No Fluoride

No Sodium Lauryl Sulfate

No Saccharin

"The swallowing reflex is not fully developed in children of preschool age (6 years and below) and they may inadvertently swallow toothpaste during brushing."

Safe Toothpaste is Vital for Children

"Excessive ingestion of fluoride during the early childhood years can damage the tooth-forming cells, leading to a defect in the enamel known as DENTAL FLUOROSIS."

**Types of
Dental
Fluorosis**



Very Mild



Mild



Moderate



Severe

Approved by



Malaysian Private
Dental Practitioners' Association



Available in Strawberry, Orange
and Mint flavours



Please visit www.pureen.com.my for more information.

* Reg. Trademark of Pure Laboratories, Inc., U.S.A.



Family Wellness

In partnership with  LPPKN

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

Home Delivery

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

Did you know?

The current practice is for doctors to use a 'tag' system to identify the possibility of complications arising during the delivery. Those who have been tagged with white/green tags can opt to deliver at home. However, those who have been flagged as 'high-risk' cases should not take the risk as there is a high chance of maternal and neonatal mortality occurring.

Having a home delivered baby may sound appealing to some. However, always make it a point to consult with your doctor before you make any final decisions. There are several points you should educate yourself on before you make a final decision to deliver at home. Currently, the Malaysian government does not encourage home deliveries as there are many inherent dangers that mothers-to-be may not be aware of. However, despite the dangers, there is a growing trend where delivering at home is slowly becoming the first choice.



What is a doula?

A doula is typically a woman who has herself given birth, and who will be present to give her support, help, and advice to you during and after your birthing process.

Opting for a doula

You may have done some research about home birthing and plan to deliver at home by engaging in the services of a doula instead of a doctor or midwife. However, you should take note that a doula can only assist with deliveries in a non-medical way as they do not have any medical training or expertise. They can only provide you with mental, emotional, and possibly physical support by providing verbal encouragement to the mother during her delivery and perhaps help out in other small ways to comfort the mother.

They are not able to support the mother in a medical capacity and they are definitely NOT healthcare professionals. This is where a doctor or midwife comes into the picture – unlike a doula, they are trained to recognise danger signs and thus, will know what to do in emergencies. There have been several situations where this has led to deaths due to complications during delivery.

Don't be complacent

While home delivery is a growing trend, it is not without its risks. There are highly educated groups in Malaysia who subscribe to the ideal that delivering at home is a natural process and it should be taken no matter the risk. Sadly, this has led to several deaths which have been highlighted in local news. The Malaysian Ministry of Health does not recommend home births unless under the supervision of trained and experienced personnel.

The crux of the matter is to always put safety first. If there is any reasonable doubt that the delivery will not be easy, then cancel your plans to deliver at home. The life of not just your unborn child, but also the mother, could be at stake so don't take unnecessary risks. **PP**

Prepare beforehand

If you insist on having a home delivery, there are two key things to take into consideration:

- 1) Are you a suitable candidate?** While you can make all the plans you want, your pregnancy status can change from no-risk to high-risk even at the last minute. As your pregnancy progresses, many factors may come into play so it pays to listen to a professional before making the final decision on whether to deliver at home or at the hospital.
- 2) Who will conduct the delivery?** Always find a trained healthcare personnel (this could be a doctor or even a trained midwife) to assist as they will have the necessary training and know what to do to prevent or handle complications.

You should also keep your plans for delivering at home flexible as there may be last minute developments that may shift your status from a low-risk delivery into a high-risk delivery, e.g. breech position (the foetus' buttocks are down), placenta previa (the placenta covers the cervix), or nuchal cord (umbilical cord around the foetus' neck). If such a situation occurs, it would be safer to have your delivery at a hospital instead. It is also not advisable for first-time mothers to deliver at home.

An educational collaboration with



Obstetrical and Gynaecological Society of Malaysia

Looking Good & Feelin' Great!

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

Encouraging a Healthy Body Image in Children



Girls as young as 6 years old start to be more conscious about their body image and are more likely to be dissatisfied with their bodies than boys. The desire to be thinner is also more prevalent in girls.

Writer Markus Zusak in his internationally acclaimed book *I am Messenger* puts it most elegantly, "Sometimes people are beautiful. Not in looks. Not in what they say. Just in what they are." For teens, this may be hard to digest. When our children approach puberty they become increasingly conscious of their body image. Body image refers to how we feel about our bodies both internally and externally, teens however, favour the latter. They want to look good in a particular way, whether it's weight, hair style, tummy circumference, biceps, or perkiness of the lips. It's all about how others perceive them and whether they can 'fit in' or 'be accepted'.

However, being obsessively concerned about weight or appearance may affect your child's physical and mental health especially if a child thinks that he or she isn't quite up to the social par, so to speak. Consequently, negative feelings can sap away self-esteem, cause social-impairment and in extreme cases, set the stage for eating disorders like anorexia and bulimia.

Therefore, we should help our children develop a healthy and positive body image. A positive body image means that your child should like their body as it is, appreciate it, and celebrate its unique qualities and capabilities. Parents can help to achieve this through different methods:

Be a role model

The apple doesn't normally fall far from the tree. This is true considering that one of the earliest and most influential role models for children is their parents. Therefore, you should set an example by practicing a healthy diet, exercising regularly and live healthily as you would want your child to do as well.



Be affirmative

Some parents think it's fine to publically joke or criticize their child's weight or appearance in front of the child. Others may provide negative comments (i.e. "Don't worry about it, we have a human disposal machine, my son will finish the leftovers, nothing goes to waste in our house!") as a way of encouraging their children to change. This only deepens the child's wounds (even though you might find it trivial or laughable) and may even be traumatic and affect them psychologically long term. So change your approach, be proactive and positive instead – give encouraging words, reassure them and above all make sure they know you love them no matter what.

Communicate with each other

It's important that the child have someone to talk to in order to express their feelings and concerns. Discuss about developmental changes that happen for children their age but speak at a level they can relate to and understand. Try to empathize and comprehend the situation from their point of view. Also, why not talk about your body image experiences when you were a teenager and what you did or how you felt during that time. Talking to your child also helps build his trust towards you and strengthens the parent-child relationship.



Foster a positive attitude

Whether your child is light or full-bodied, abnormally short or tall, you must always tell them that they should be happy and proud of their bodies. Build their confidence, reaffirm to them that each and every person is different and unique in their own way and ultimately it is who we are as a person that matters most. Encourage them to join volunteer work, community-aid societies or other similar groups or activities that can help them build their character, charisma and personality. It's also a chance to build new relationships, connect with different people of different backgrounds and it also helps boost their self-esteem and confidence as well as discover qualities about themselves that maybe they never knew existed (i.e. leadership, cooking skills, commanding voice, artistic creativity, etc.).

Parents must ensure that their teens understand that the perfect outward body image isn't everything but that one which is positive and healthy should be encouraged and emphasized. It may be hard at first since many unavoidable factors (peer, media or societal influence) contribute towards inception of the concept of the 'ideal body'. Inculcate the values you want them to aspire for and start developing them from young. **PP**

An educational collaboration with





Atopic Eczema and Vacations

By **Dr Noor Zalmy Azizan**, Consultant Dermatologist

Should your child have atopic eczema, special care and considerations must be taken whenever you plan a vacation.

There are a number of things that can be done to prevent a flare-up, and should one occur, you must be prepared beforehand to deal with it. Otherwise, you risk turning your vacation into a disaster!

Atopic eczema flare-up may not have a clear-cut cause. Hence it is especially important that you teach your child good skin care habits as part of his everyday routine. However, there are some additional precautions that need to be taken when you take him for a vacation. While these precautions may not stop his eczema from flaring up, it does help to reduce the severity and frequency of flare-ups.

Did you know?

Atopic eczema, or atopic dermatitis, is a chronic skin condition. If your child has atopic eczema, his skin will become itchy, reddened, cracked and dry. While atopic eczema typically affects children, it can also continue into adulthood or it may start later in life.

The word 'eczema' originates from the Greek word *ékzema* (which is derived from *ekzein*, which means "to boil out"). This was how ancient physicians described any fiery pustules on the skin.

Preventing a flare-up

So what can you do to prevent flare-ups during your vacation? The first thing to do is to familiarise yourself with your child's condition in order to avoid the things that can cause a flare-up. You will need to know his sensitivities intimately if you are to avoid aggravating his condition, thus causing a flare-up.

Other precautions that you can take to minimise any potential flare-ups include the following:

- ▶ **Choose your accommodation wisely.** Avoid hotels with old dusty carpets, beddings, curtains or poorly maintained establishments. These hotel rooms may be infested with house-dust mites which can aggravate atopic eczema.
- ▶ **Emollients.** In hotter weather, you may find a less greasy cream will be better during the day as some children find a very thick greasy emollient makes them hot and itchy. When used correctly as a daily skin care regime, emollients become effective 'active treatments'. Emollient therapy is not just about products but understanding how and when to use them.
- ▶ **Ensure that your child drinks enough water.** Always bring water with you to keep him hydrated.
- ▶ **Bring your own towels.** The towels provided by the hotel may be cleaned using harsh detergents that could potentially aggravate his sensitive skin.



- ▶ **Bring your own bedding or get an anti-allergy travel bed sheet to place over the hotel's bed.** This will reduce the possibility of harsh detergents, bed mites or any other allergens irritating his sensitive skin.
- ▶ **Limit baths to 10 minutes.** Bring and use your own soap/cleanser as the ones provided by the hotel may not suit his sensitive skin.
- ▶ **Find out what types of food are available at your destination.** This is especially important if he is allergic to certain foods (e.g. shellfish, seafood, etc.) as it could cause a flare-up.
- ▶ **Learn more about environmental factors.** It is a good idea to be aware of things like temperature and humidity. Avoid extremely dry or hot places as it could lead to a flare-up. Even exposure to air-conditioning which is too cold for comfort can make your child's skin dry and aggravate his atopic eczema.
- ▶ **Keep his skin moisturised as often as possible.** Use any fragrance-free moisturiser to prevent his skin from becoming irritated and cracked. Don't be afraid to apply it liberally and to reapply as often as needed.
- ▶ **Swimming.** Pay careful attention to your child's skin care both before and after swimming. Chlorinated water can be drying and therefore irritate your child's skin. Ensure that you apply a thick layer of emollient before your child enters the pool to create a "chlorine barrier". After your child is done with the pool, shower him pronto, to rinse off the chlorinated water off his skin and apply more emollient after swimming once you have dried.
- ▶ **Use the right type of sunscreen.** Many sun creams will irritate the skin. Reading ingredients list on the label is essential. You need to find one that is fragrance-free, protects against UVA and UVB and is labelled as hypoallergenic and paraben free.

Testing a sun block should be done gradually, in advance of the holiday. Try it on an area of the child's eczema free skin and expand the coverage areas after a few hours if there's no reaction. Generally SPF 30 or over is recommended for children. Put on the emollients and then

put on sun protection around half an hour later (but before the child goes under the sun). Reapply the sun block every two hours.

Check with your dermatologist/paediatrician on which types to use.

Managing a flare-up

A lot of skin irritation is due to undertreated eczema rather than something in the sun block or environmental factor making it worse, so make sure you treat your child's skin properly before you go away.

If your efforts to prevent a flare-up were unsuccessful, there are still some things you can do to mitigate the problem. First of all, make sure to keep your child's skin properly moisturised. This will help to minimise the itch. There are many types of moisturisers, so pick one that he is comfortable with.

Other things that you can do to help your child manage his condition include:

- ▶ **Keep eczema medication close at hand.** If necessary, fill up small travel bottles with your child's eczema medication. This way, you can easily access it in case of any flare-ups during the flight or any part of your travel to your destination.
- ▶ **Apply medication whenever necessary.** Always bring your child's eczema medication with you on vacation. If you run out, make sure you know exactly what type of medication he uses so that you can get some from a nearby pharmacy.
- ▶ **Use wet wraps to sooth itchy skin at night.** Let him soak in a lukewarm bath for around 10 minutes, then pat dry his skin before applying some moisturiser or medication. Moisten some clean gauze bandages with water and wrap the affected area. Next, cover it with a dry bandage/towel to help seal in the moisture.
- ▶ **Use a cold compress for itch relief.** To make a cold compress, just use a cold and damp piece of cloth. Alternatively, you can wrap an ice pack or a cold canned/ bottled drink in a soft towel.
- ▶ **Wear loose-fitting and comfortable clothing.** Pick cotton or cotton-blends and avoid wool or other synthetic materials which could further irritate the skin.

Stay in control of the situation

Whether your child's eczema flares up during your vacation or not is not an issue. What's important is that you are ready for it and go for your holiday prepared not just mentally, but fully equipped to deal with any contingencies as well. In this way, you will be able to more fully enjoy your vacation without any worries. **PP**

An educational collaboration with



Persatuan Dermatologi Malaysia

ATOPICLAIR™

READERS' CHOICE AWARDS 2013

Natural Health 健康

WINNER

- ★ BEST ECZEMA CREAM
- ★ BEST ANTI-ITCH LOTION
- ★ BEST BABY SENSITIVE SKIN CARE

TAKE THE WORRY OUT OF ECZEMA!

(Itchiness, Inflammation and Cracked Skin)

-  Itch relief in less than 3 minutes¹
-  Hydrate and lock in moistures up to 3 Days²
-  No steroid rescue needed in 9 out of 10 patients^{1,3}
-  Clears mild to moderate eczema in as early as 8 Days¹

A Unique, Clinically Proven, Non-Steroidal Treatment of Eczema

NO ITCH SCRATCH WORRIES SAY YES TO FUN!

- No Paraben • No Fragrance • No Steroid • No Artificial Colorant
- No Animal Derivatives • No Milk • No Harsh Chemicals

 A. Menarini Singapore Pte. Ltd. 8000-5
Primary Market in India Singapore Pte. Ltd. Malaysia Branch
Tel: + 603 7985 7000 | Fax: +603 7955 3530 | www.atopicclairasia.com

References: 1. Boguniewicz M. et al. J Pediatr 2006; 152: 854-58. 2. Zhai H. et al. Exog Dermatol 2003; 2:301-305. 3. Abramovits M. et al. J Drugs Dermatol 2006; 5(5):236-44.

Non-Steroidal
Lotion 120ml

Non-Steroidal
Cream 40ml

Non-Steroidal
Cream 100ml

Tested on
ECZEMA SKIN



Like us at:
www.facebook.com/atopicclairasia

Available in leading specialist clinics and pharmacies



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/ar/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 PneumoADP, Surveillance and Research Report (November 2007).

A community health message
brought to you by:

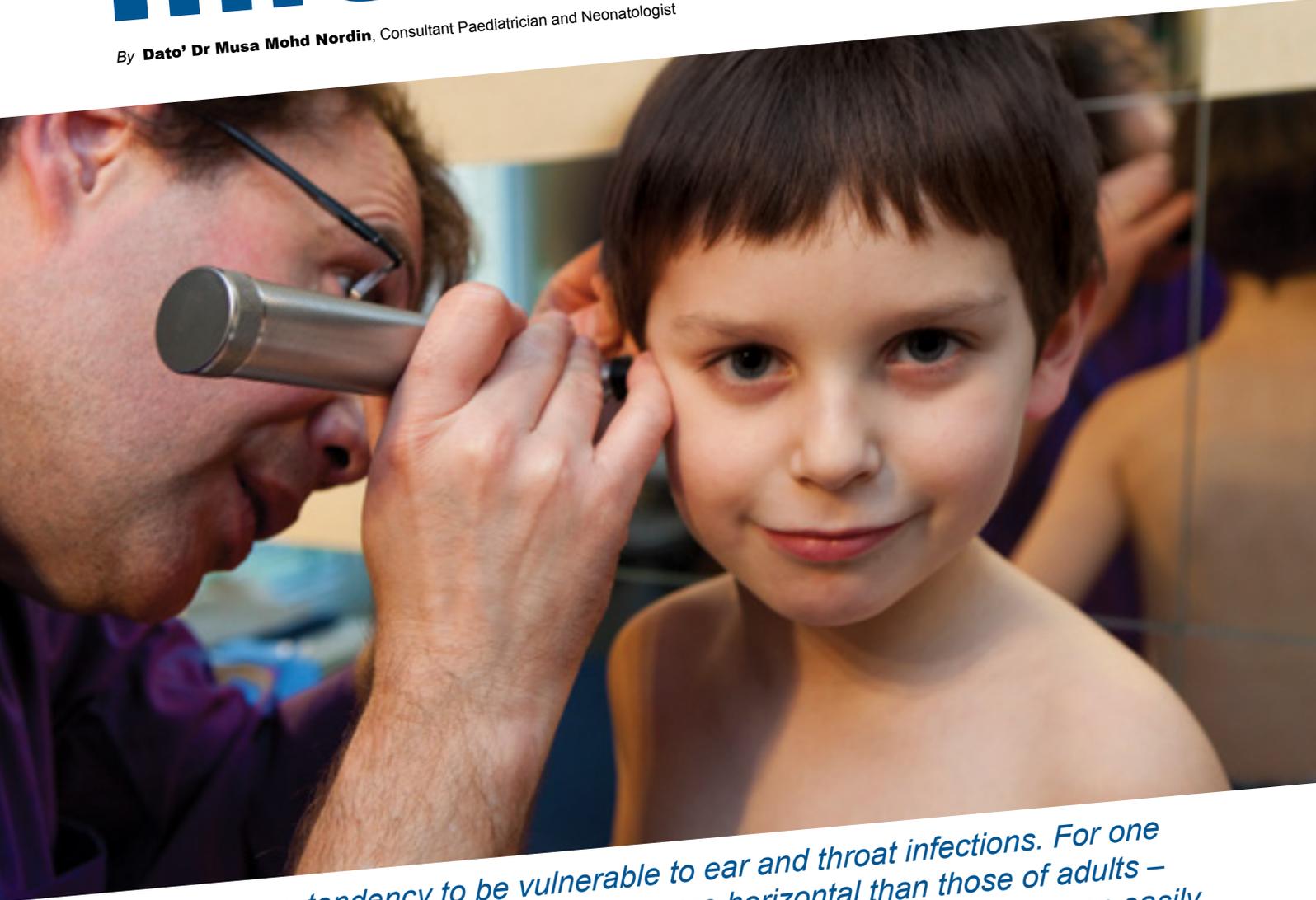


Pfizer (Malaysia) Sdn Bhd (0401317)

Level 10 & 11, Wisma Averis, Tower 2, Avenue 5, Bangsar South, No. 8, Jalan Kerinchi 59200 Kuala Lumpur.
Tel : (03) 2281 6000 Fax : (03) 2281 6388 www.pfizer.com.my

Ear and Throat Infections

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



Children have a tendency to be vulnerable to ear and throat infections. For one thing, their ear passages are shorter and more horizontal than those of adults – this makes it easier for fluids to be trapped in the middle ear and germs can easily breed there. Once infected, their weaker immune systems will have a tougher time overcoming this invasion. Since the middle ear is located in a central location with regard to the nasal passages and throat, the germs can easily spread to these and other parts of your child's body.

Identifying ear infections

Always stay vigilant, especially with babies and young children, as they are normally unable to communicate their distress. The symptoms of an ear or throat infection may not always be easy to detect. Some of the symptoms that may indicate an infection include:

- Babies that cry more than usual, especially when he is lying down
- If your child has trouble sleeping, breathing, or hearing
- There is fluid coming from his ears
- If he has a fever or complains of a headache



Most common ear infections do not require medication unless it is severe or it happens in young infants. Your child's immune system can usually handle these infections, and many paediatricians are advocating a 'wait-and-see' approach instead of prescribing antibiotics at the first sign of infection. By all means, bring your child to see a doctor if you are unsure, but be prepared to be asked to observe him for 48 to 72 hours by your paediatrician. Depending on the severity, your paediatrician may prescribe ear drops and suggest over-the-counter pain relievers during this observation period.

Throat infections

The most common cause of sore throats is a viral infection which often does not require any specific medication, and most children typically recover within a few days. Sore throats may also be caused by bacteria.

Sore throats are often accompanied by a cold and/or cough (caused by excess mucous in the throat). Coughing is the body's way of clearing phlegm or mucous in the back of the throat. In fact, there is nothing to worry about as long as he is feeding, drinking, eating, and breathing normally. However, if he has a bad cough that persists, is breathless, has a high fever, or is unable to swallow fluids or saliva, see your paediatrician immediately.

Falling sick is 'normal'

Since there are so many different types of viruses and bacteria that can cause your child to 'catch a cold', it could be considered 'normal' for him to catch a cold eight or more times in a year. As his body's immunity builds up, he will fall sick less and less often. Most colds will clear up within five to seven days, but there are a few simple things you should do to ease the cold-symptoms:

- Make sure he drinks adequate fluids. If he has a stuffy/ blocked nose, you can use saline sprays/drops to help loosen/dilute any nasal secretions. Do not use nasal decongestants for more than five days as it may worsen the stuffiness.
- If he has a slight fever or complains of pain or discomfort, medicines containing paracetamol or ibuprofen may be administered according to the manufacturer's directions (the dosage will vary for

children of different ages). However, if he suffers from a high and/or prolonged fever, see a doctor immediately.

- Hygiene is important! Get everyone in the family to wash hands with soap regularly – this helps prevent the cold from spreading.

Preventing infections

As parents, there are a few things you can do to minimise the chances of your child suffering from ear and throat infections:

- **Avoid exposure to second-hand smoke** – this has been proven to be a significant contributor to childhood illnesses, including ear and throat infections. If you are a smoker, consider quitting smoking as doing so will benefit both you and your child's health.
- **Practise proper hygiene** – bad hygiene will result in your child being exposed to more bacteria. Teach him to wash his hands frequently to prevent the spread of disease-causing germs.
- **Keep your child's vaccinations up to date** – vaccinating your child helps his immune system. Speak with your paediatrician to learn more about the different vaccines that will protect your child.
- **Breastfeed** – make sure your child is breastfed during the first 2 years of his life. Breast milk contains various anti-infective factors and helps to boost his immune system, thus allowing his body to better fight bacterial or viral infections. **PP**

An educational contribution by



Malaysian Paediatric Association



Protect your family against the dangers of Japanese encephalitis

Japanese encephalitis (JE) is a potentially fatal disease transmitted by infected mosquitoes. It is endemic to Southeast Asia and the Asia-Pacific region.^{1,2}

Out of the **50,000** reported cases each year:³

- one third of patients **do not survive**⁴
- about half of the survivors will **suffer from permanent neurological damage**⁵

There is no specific treatment for Japanese encephalitis.²



Reduce the risk of infection with vaccination²



JE vaccine is available for active immunisation of **adults and children** from age 9 months and above.

Protect yourself and your loved ones against Japanese encephalitis.

Ask your doctor about preventing Japanese encephalitis virus.

REFERENCES: 1. National Travel Health Network and Centre. Japanese Encephalitis. Available at http://www.nathnac.org/pro/factsheets/japanese_enc.htm. Last accessed 31 Dec 2013. 2. Centres for Disease Control and Prevention. Japanese Encephalitis. Available at <http://www.cdc.gov/japaneseencephalitis/index.html>. Last accessed 31 Dec 2013. 3. Campbell GL, et al. Estimated global incidence of Japanese encephalitis: a systemic review. *Bull World Health Organ* 2011;**89**:766-74E. 4. Miso UK, Kaita J. Overview: Japanese encephalitis. *Progress In Neurobiology* 2010;**4**: 108-20. 5. Ghosh D, Basu A. Japanese Encephalitis - A Pathological and Clinical Perspective. *PLoS Negl Trop Dis* 2009;**3**(7):e437:1-7. 6. National Health Service, UK. Japanese Encephalitis. Available at <http://www.nhs.uk/Conditions/japanese-encephalitis/Pages/Introduction.aspx>. Last accessed 31 Dec 2013.



www.vaccinationisprotection.com

A community message brought to you by

SANOFI PASTEUR

SANOFI PASTEUR c/o sanofi-aventis (Malaysia) Sdn Bhd (334115-P)

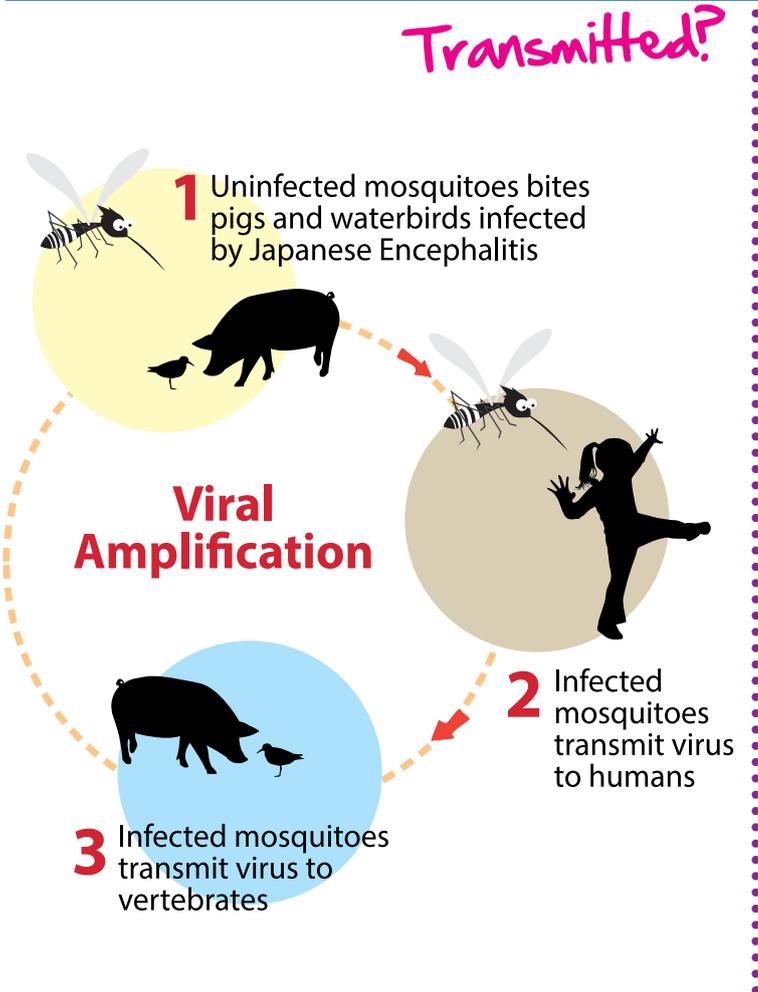
Unit 19-18-1, Level 18, Tower B, Plaza 33, No. 1 Jalan Kerjasama, Seksyen 13, 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Tel: +603-7661 0800 Fax: +603 7661 0801/0802

What Is Japanese Encephalitis?

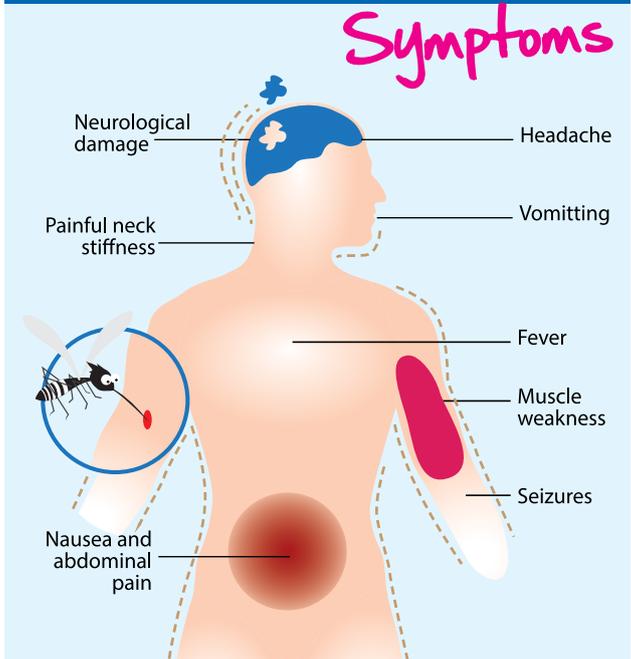
By **Dato' Dr Musa Mohd Nordin**, Consultant Paediatrician & Neonatologist

Japanese encephalitis (JE) virus is the leading cause of vaccine-preventable encephalitis in Asia and the Western Pacific. It is carried by the *Culex* mosquito.

How is Japanese Encephalitis Transmitted?



Japanese Encephalitis Symptoms



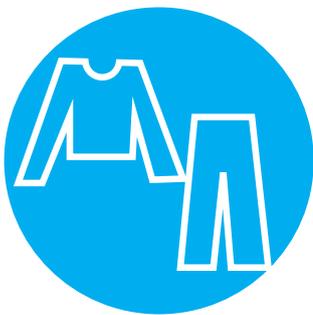
1 in 3 people will develop serious symptoms & die, many who survive are left with permanent **brain damage.**

Japanese Encephalitis

Prevention



Vaccination against JE is included in the National Immunization Programme for Sabah and Sarawak. It is also recommended for anyone living or working in close proximity to high risk areas (i.e. pig farms).



Avoid outdoor activities when JE carrying mosquitoes are most active - this is usually during dawn or dusk. Wear insect repellent or long sleeves and pants as extra precaution.



Make sure your house isn't a prime mosquito breeding ground especially if you live in high risk areas.

Worldwide

75%

of cases involve those below

14

years of age

TREATMENT

There is no specific treatment for JE once you've been infected. Patient management focuses on supportive care and management of complications.

67,900

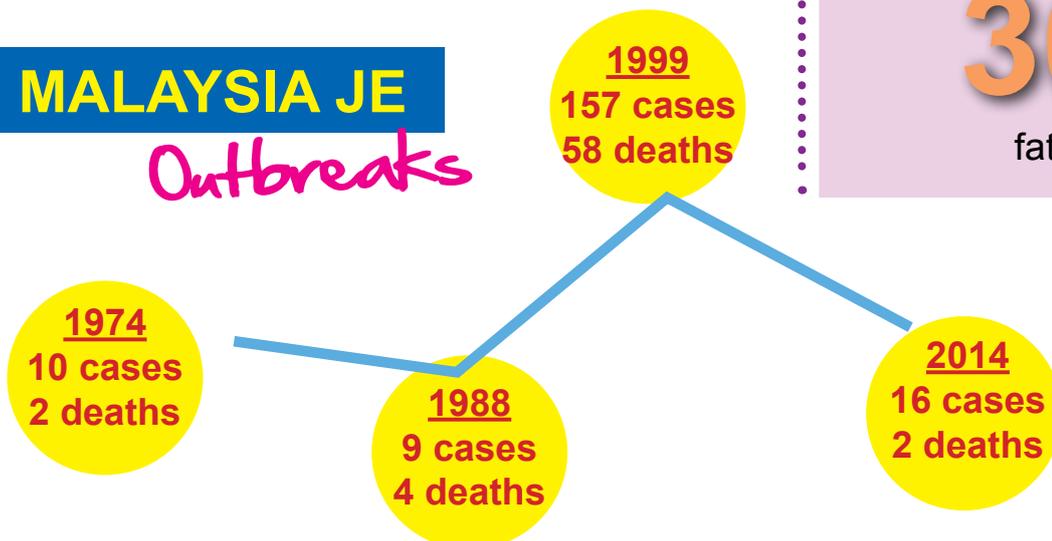
new JE cases recorded annually with a

30%

fatality rate

MALAYSIA JE

Outbreaks



An educational contribution by



Malaysian Paediatric Association

Childhood Drowning: Danger & Prevention

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

The first comprehensive national study on drowning in children published in the Malaysian Journal of Paediatrics and Child Health (MJPCH), compiled statistics from 2000-2007. The study concluded that around 600-700 people die of drowning every year in Malaysia. Of those, 250-300 (44.5%) were children under the age of 18. Similarly, the national average drowning fatality rate in children is 3.05 per 100,000, which is quite low when compared to the recorded 13.9 for low and middle income countries in the Western-Pacific region. Despite that, drowning is still a major cause of death in children between the ages of 1 to 18, second only to road accident-related fatalities. The precautions taken to keep your child safe from drowning may evolve as your child grows older, more agile and independent.

Drowning can happen very quickly and in less than 6 cm of water. Left unsupervised, filled bathtubs, swimming pools, wading pools, hot tubs, and even buckets of water and sinks can be potentially lethal.

Babies and Infants

Children between birth and 1 year of age are not normally susceptible to drowning since they rely heavily on their parents and

are dependent upon them for most of their routine. However, there have been cases where babies have drowned (especially during baths) because they were left briefly unattended by parents or caregivers while transiently distracted by a short phone call or going to get a towel.

- Never leave a baby unattended in the bath. If you must answer the telephone or door, don't rely on an older sibling to watch the baby; wrap your baby in a towel and bring him or her with you.
- Never use a bathtub seat or supporting ring without constant adult supervision. The seat can overturn or a baby may slip out into the water.
- Never leave a bathtub, pail, or other water-filled containers with any amount of water unattended.



School-aged and Teenagers

Drowning is most prevalent in those between the ages of 10-14 and boys are 3-4 times more likely to drown than girls. Reported cases occur mainly at sea, ponds or rivers.

- At public beaches, swim only in areas set aside for swimming. Don't allow children to swim in drainage ditches, water treatment plants, water processing pools or other public water-filled areas not intended for swimming – teach them about the dangers.
- Don't allow children to play near or sit on pool or hot tub drains. Body parts and hair can become entrapped by the strong suction.
- Never let your child dive into unfamiliar waters.
- Enrol your child in a lifesaver programme where they can learn and familiarize themselves with water safety through practical training.
- River and sea currents are not visible below the seemingly calm-looking surface, children, even adults, often make the mistake of underestimating nature – educate your child and yourself on water safety.
- Make sure your child does not play in water during floods or similar disasters. Always keep a watchful eye on your family and be prepared in case of emergency.

Toddlers and Preschoolers

Children within this age group have the necessary physical ability to reach further, move faster and open knobs or simple locks. With this newfound skill comes increased risk of injury.

- Inflatable flotation devices such as vests, water wings, rafts, and tubes can give a false sense of security in the pool. Never use these as a substitute for constant adult supervision.
- Install a toilet-lid locking device and keep bathroom doors closed at all times. (Or you may want to install a doorknob cover or lock).
- Remove toys from the pool when kids are finished swimming to prevent them from trying to recover them when unsupervised.
- Dump out all water from a wading pool when you're finished using it. If you have a permanent pool, make sure it's properly fenced.
- Beware of common condominium swimming pools – always watch out for unsupervised children around these pools.
- Most children can learn to swim at about age 5 – but swimming lessons won't necessarily prevent a child from drowning, adult supervision is still required.

Even the most vigilant of parents cannot ensure a child remains accident-free all of the time, there's always a possibility that it can happen when we least expect. Take the initiative to learn child cardiopulmonary resuscitation (CPR) and have medical emergency contacts (i.e. ambulance, doctor, or fire department) on speed dial and be ready to act. A little knowledge and know-how may save your child's life or that of another's. **PP**

An educational contribution by



Malaysian Paediatric Association

Share the Goodness of Healthy Digestion



Malaysia's first and No.1 cultured milk drink, VITAGEN is jam-packed with billions of good bacteria. Known as Lactobacillus acidophilus and Lactobacillus casei, these good bacteria cultures help fight bad bacteria to promote a healthier digestion. VITAGEN is also good for stimulating a stronger immune system by helping the body defend itself against toxins, harmful bacteria and allergen.

VITAGEN Regular

A trusted cultured milk drink loved by all Malaysians, VITAGEN Regular, infused with billions of good bacteria, comes in a variety of delicious flavours made with real juice from apples, grapes, oranges and LB (natural).

VITAGEN Less Sugar

This delightful cultured milk drink offers the same nutritional benefits to improve digestion and stimulate a stronger immune system – minus the sweetness!

VITAGEN Collagen Less Sugar

It's a revolutionary formula that is infused with 500mg of marine collagen peptides (of fish origin) and Vitamin C, which helps to re-synthesise collagen for a more radiant, younger looking skin. This revolutionary formula also contains prebiotic fibre, which supports the growth of good bacteria in the intestines for a stronger digestion and a healthier immune system.

Lactobacillus cultures
(good bacteria)



Read article on following page and safeguard your child's digestive health.

Vitagen® The True Cultured Milk Drink

www.vitagen.com.my



Childhood Ca-‘GAS’-Trophe

Excess gas is a common condition which can cause pain and discomfort for your child. Learn what it is & how to be better prepared.

By **Dr Nazrul Neezam**, Paediatric Gastroenterologist & Hepatologist

Everyone without exception, breathes, swallows, eats, exhales, inhales, and expulses gas, it's a crucial component of body metabolism. Therefore, to have gas is normal and it's no different for infants or toddlers either. Too much of it however, may be quite discomforting.

Symptoms of excess gas may include:

- Bloating
- Excessive farting
- Constant crying
- Stomach cramps
- Burping

Why Does My Child Have Excess Gas?

It could be a many number of reasons, but essentially it involves:

1. Swallowing too much air:

Behaviours such as chewing gum, thumb sucking, eating too fast or drinking out of a straw may increase gas. In babies, build up of gas can occur by sucking on a pacifier or feeding (bottle- or breastfeeding) in an improper position.

2. Eating gassy foods:

Foods that produce gas in one child may not cause gas in another, it depends on how well they can digest carbohydrates and the type of bacteria present in their intestines. This type of foods may include:-

- Beans
- Broccoli
- Brussels sprouts
- Cabbage
- Carbonated drinks
- Cauliflower
- Fruits, such as apples, peaches and pears
- Whole-grain foods
- Chewing gum
- Hard candy
- Lettuce
- Milk and milk products
- Onions

Did You Know?
The body's normal response towards excess gas is to remove it via belching, burping, or passing gas (flatus). Passing gas 14-23 times per day is considered normal!

3. Gastrointestinal complications:

Certain diseases such as Crohn's disease, small intestine bacteria overgrowth (SIBO), indigestion, constipation and diarrhoea may cause increased gas in the gastrointestinal tract.

Small Intestine Bacteria Overgrowth (SIBO)

It is described as the presence of an irregularly high number of bacteria (more than 100,000 bacteria per milliliter) in the upper region of the small intestine. The accumulation of these otherwise harmless gut bacteria can become hazardous. This is because they produce toxins, enzymes, and intestinal gases (i.e. hydrogen, methane, and carbon dioxide) that can disrupt digestion, cause intense physical discomfort and even damage the small intestine.

4. Intolerance towards certain foods:

Some children may not be able to digest (maldigestion/ malabsorption) certain foods at all because of lack of digestive enzymes – this is termed ‘food intolerance’. These foods, if eaten, are used by bacteria instead, which in turn produces gas in the process. There are various types of food intolerances but intolerance towards lactose (present in most dairy products) or fructose is usually the most commonly reported.

Diagnosing intolerances can be done using a few methods (i.e. blood test, exclusion diet, etc.), but the most convenient, less invasive and widely available is the hydrogen breath test.

Hydrogen Breath Test

A device will be used to measure the amount of hydrogen present in your child’s breath. After an overnight fast, the doctor will give lactose/fructose based liquid or solution for your child to drink. The device will be used over the next few hours to check the changes of hydrogen levels in your child’s breath.

Increase of hydrogen is an indication of intolerance since it is the bacteria inside your child’s intestines which produce it when it processes lactose – a condition which does not occur in the presence of normal digestive enzymes or similarly in fructose intolerance, the hydrogen comes from byproduct of fructose metabolism by the gut bacteria. The test can also be used to diagnose SIBO.

What if the pain of having excess gas persists?

More serious gastrointestinal complications such as Coeliac disease, Irritable Bowel Syndrome (IBS), SIBO, Crohn’s disease, etc. could be the culprit. In any case, watch out for these symptoms:

- Loss of weight
- Loss of energy or the inability to perform daily routine task like before
- Loose stools or diarrhoea that last for more than a week
- Distended abdomen (ballooning outward)
- Persistent stomach pain particularly one that cause night time sleep interruptions
- Blood in the stool
- Loss of appetite
- Vomiting

Symptoms often occur in combination so be aware of these red flags and take your child to see a paediatric gastroenterologist or specialist immediately if they transpire.

How can I help my child?

You can ease your child’s discomfort by applying ointment or rubbing your child’s stomach or back to sooth him/her. If the problem stems from a more serious condition (i.e. constipation, IBS, etc.), they may need a prescription or other forms of pharmacotherapy. As for excess gas caused by intolerance, you should consider dietary intervention. Avoid foods that your child cannot tolerate, provide closely supervised tummy time and lead a healthier lifestyle which should include constant physical activity.

Excess gas in children is quite normal; everyone at some point has felt the displeasure of excess gas. As parents, the best thing you can do is to provide your child with a nutritious, healthy and balanced diet while keeping a close eye on their digestive health. Immediately consult a paediatrician or paediatric gastroenterologist if you suspect your child has a problem. **PP**



Billions of Good Bacteria for a Healthy Digestive System

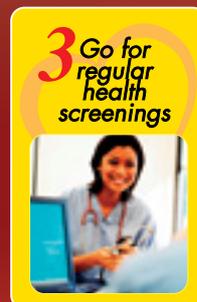
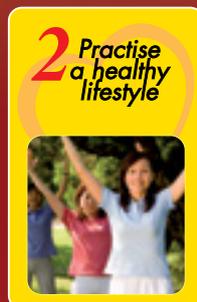
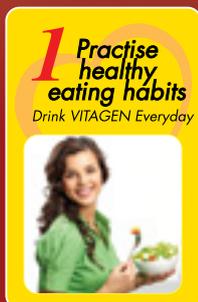
Why is your digestive health so important?

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

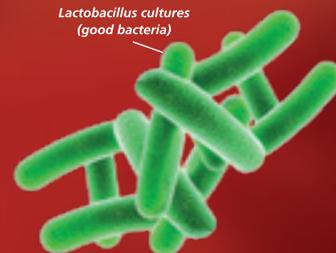
A healthy digestive system is central to your overall health and wellbeing. Not only does it process food and transport important nutrients, vitamins, and minerals throughout your body, it is your body's first line of defence against diseases because 70% of your immune system lies in your digestive tract.

What can you do to improve your digestive health?

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



Lactobacillus cultures (good bacteria)



Are all bacteria bad?

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

What happens inside?



- Good bacteria fights bad bacteria for nutrients



- Good bacteria blocks the growth of bad bacteria



- Good bacteria kills bad bacteria

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

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

What are probiotics?

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

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.



Vitagen® The True Cultured Milk Drink

For more information, call us at our toll free number
1 800 88 5587
OR visit our website at
www.mmsb.com.my or
www.vitagen.com.my

My Positive Teen

- Socio-emotional
- Conditions and Diseases

Categorising Foods Does it Help?

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

When your child is growing, his food choices are very important. After all, not all foods are equal, and you can help him make a better choice by teaching him about the 'good' and 'bad' food types. However, you have to balance this carefully as you would not wish to push your child toward an eating disorder.

Did you know?

Eating disorders among teens (including anorexia, bulimia, and binge eating) are usually associated with teens who are constantly facing a lot of stress due to emotional and physical changes happening in their life and the burden of academic and peer pressures.

Make it a point to encourage a healthy self-esteem and confidence in your child. Remember that no harm will arise by occasionally eating 'bad' foods. E.g. having a glass or two of soft drinks on his birthday will not hurt his health in the long run.

A 'Simple' Guide to Foods

Here is a list of 'bad' foods that you should limit:

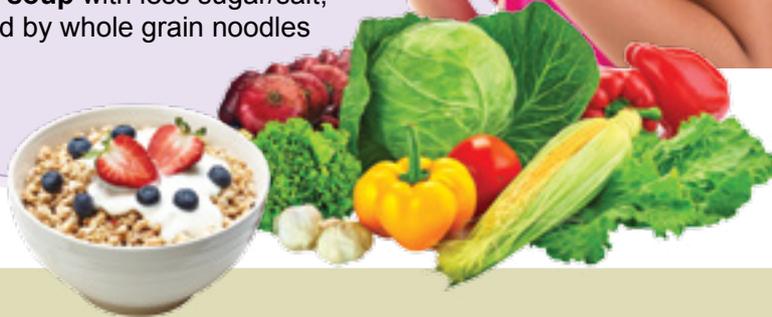
1. Soft drinks, fruit juices, and other sweetened beverages
2. Energy drinks and energy bars
3. Breakfast cereals that are high in sugar and low in fibre
4. Pastries, cakes, and doughnuts
5. Crunchy snacks such as chips or other flavoured treats
6. Biscuits, cookies, bread, or crackers made with refined flour
7. Canned soups and/or instant noodles

These foods can be taken for occasional treats, but they should not constitute your child's main diet.



Encourage him to choose most of his foods from the **'good' food list**:

1. **Plain drinking water**
2. **Freshly prepared fruit/vegetable juice** with no added sugar
3. **High-fibre foods** (e.g. whole grains, legumes, fruits, and vegetables)
4. **Whole grain cereals** with little or no added sugar
5. **Fruits/vegetables** as snacks
6. **Whole grain food products**
7. **Homemade soup** with less sugar/salt, accompanied by whole grain noodles



Weight Management

There are three key elements to achieve proper weight management, namely:

Balance

- eat a balanced mix of foods.

Moderation

- eat moderate portions; too little or too much will often result in health issues.

Variety

- eat different varieties of foods to ensure that your child's body gets all the different types and amounts of nutrients that it needs. The more colourful and varied the food is, the better.

These three key elements can be shortened to the acronym **BMV**. It highlights the importance of eating foods from different food groups (e.g. carbohydrates, vitamins and minerals, protein and fat) in moderate amounts, that are balanced, and spreading it out throughout the day. It's also important they eat regular meals, don't skip meals and don't overeat.

Practise balance in your daily food selection. Too much or too little are both bad for your diet. Use the food guide pyramid to help you understand how much you need to consume from each group. The key to good health and appropriate weight management is eating regular meals in moderate portions with as much variety and colour as possible. After all, food should be enjoyed, and eating wisely allows you to enjoy your favourite foods and still stay healthy!

Try to make time to eat at least one meal a day with the whole family together and make sure there are no distractions such as TV or any other electronic gadgets. It should be a time for the family to bond over a meal. This will also provide you with an excellent opportunity to get closer to your child and provide him with any emotional support he may need. **PP**

An educational contribution by



Malaysian Association for
Adolescent Health



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!



~ Our Collaborating Expert Partners ~



Positive Parenting Programme is supported by an educational grant from:

Main sponsor



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

Tel: 03 56323301 E-mail: parentcare@mypositiveparenting.org
www.mypositiveparenting.org