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Positive Parenting

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The First Year of Life

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Volume 1 • 2015
Family Wellness

Volume 2 • 2015
Nutrition & Healthy Living

Volume 3 • 2015
Child Health

Volume 4 • 2015
Child Development



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



Positive Parenting

expert
collaborators &
management
committee



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
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.”

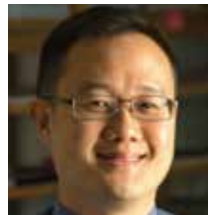


Dr Anjali Doshi-Gandhi
Deputy Director-General (Policy), LPPKN



Malaysian Society of Clinical Psychology

“If a child cannot learn in the way we teach, we must teach in a way the child can learn.”



Associate Professor Dr. Alvin Ng Lai Oon
Clinical Psychologist



Persatuan Pengasuh Bondaftar 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.”

Tips for Raising Healthy Kids

As parents, you would want to keep your baby safe in terms of disease prevention, nutrition, and ensuring his physical safety. However, there may be some aspects which you may or may not be aware of, which could lead to you needlessly endangering baby. You don't have to abuse him to cause him harm; it could be something as simple as not using a car seat when travelling with baby on the road. Let's not forget that we are only human, and may be prone to miss out on some of the aspects of safety that we take for granted.

It is with this in mind that we have included an article on how you can raise your baby safely and ensuring that his health is your primary concern. We hope that you will find the tips and ideas contained within useful, and if you already know them that they will serve as reminders in your journey to ensure that your baby has every opportunity to safely grow into a healthy child.

We have also included some words of wisdom from trusted professionals that highlight some of the common problems faced by parents, such as providing you with more information about sore throat, shedding light on the issue of miscarriages, revealing the 'secrets' to better digestive health, and some interesting tidbits on how to address the threat of dengue.

Lastly, we hope that you will persevere in your efforts to safeguard your child as he grows, to ensure that he will thrive in a safe and healthy environment. It is our greatest wish and hope that this issue will continue to help empower you in your efforts to raise a healthy, happy, and well-rounded child. We hope you will enjoy reading this issue. All our previous articles and issues can be accessed from our website www.mypositiveparenting.org.



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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.

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Positive Parenting Programme is supported by an educational grant from:

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The First Year of Life

Your newborn baby is your miracle. But did you know that much can happen to your baby in the first year of his or her life? Difficulties during delivery, sickness, poor nutrition and accidents can steal your precious little one from you. Here are some of the statistics.

According to the Ministry of Health, Malaysia's Infant Mortality Rate (IMR) in 2010 was at 6.8 deaths per 1,000 live births. This figure has reduced drastically since 1990, when it was 13.1 per 1,000 live births. Similarly, the Under Five Mortality Rate (U5MR) showed a reduction between 1990 and 2010, from 16.8 to 8.5 per 1,000 live births. Sadly, an estimated 7% of deaths in the U5MR statistics were caused by injuries. Malnutrition (which includes over- and under-nutrition) is another preventable and treatable condition that has been identified as a contributing factor to the mortality rate.

There is no joy to be had when a baby does not survive in her early days. Infant mortality rates (IMR) are a good way to gauge the health of a country's population and state of its health services. A lower mortality rate means the country is better off.

It is apparent that more needs to be done to achieve the nation's target for the Millennium Development Goal (MDG) 4 of reducing the U5MR by half between 1990 and 2015. As parents, you can play your part by taking a more active role in ensuring that your baby stays safe and healthy. While these statistics may be worrying, you can rest assured that so long as you have made the effort, your little one will be safe.

Keeping Baby Safe



It doesn't matter whether you are a first-time parent or not, having a baby means sleepless nights and constant worries. While experience can make it easier when it comes to your little one's health and safety, there's nothing wrong with erring on the side of caution. Take the time to run through these tips; you may even learn something new.

Treat baby with care

A newborn baby is fragile and if you are not used to handling one, you may feel worried or uncomfortable. However, as long as you exercise some simple precautions, there is nothing to fear. The top things to keep in mind are:

- 1** Newborns have a very immature immune system, which means they are more susceptible to infection. Before you touch or handle your newborn, wash your hands with soap and water or use a hand sanitizer. Make sure that anyone else who handles your newborn takes similar precautions.
- 2** Newborns are also susceptible to brain damage if shaken too vigorously. This means you need to be cautious and avoid shaking them, regardless of whether it was done in fun or out of frustration. Over vigorous shaking can cause bleeding in the brain or may even lead to death. Reconsider rough play with baby.
- 3** Newborns have neck muscles that are not well-developed enough to support their head, so whenever you pick a newborn up, always support his head and neck. You may do so by cradling his head when you are carrying him or supporting his head when holding him upright or when you lay him down.
- 4** Keep baby away from relatives or friends who are sick. Your baby's immune system is not adapted to handle serious infections.
- 5** Always take notice of your baby's surroundings to ensure there is nothing that can endanger your baby. These include falling hazards (e.g. when changing his diaper on a high table, stairs should have safety gates, etc.), choking hazards (e.g. plastic bags or other small objects should be kept out of a child's reach, etc.), electrical hazards (e.g. cover all exposed electrical points, cables should be in good condition, etc.), and physical hazards (e.g. furniture with sharp edges/corners should be covered, balconies and low windows should be closed and locked, etc.).



Day-to-day safety

To minimise the possibility of injury to your baby, make sure you take extra precautions. Don't take it for granted that he will be alright if left to his own devices – remember that he is still a baby and cannot take care of himself! His safety is entirely dependent on you, so make it a point to take special care in finding out what you can do for his safety. Some of the pertinent things you will need to bear in mind are:

- When you bathe your newborn, always ensure that the surrounding area is at a comfortably warm temperature to prevent him from feeling cold. The bath water should be warm and not cold or tepid, and you should never ever leave him unattended in a bath tub for any reason! Accidental drowning can happen so make sure that you are there with him at all times. If there is any reason that you need to leave the bathroom, wrap your baby in a towel and take him with you.
- If you decide to circumcise your newborn, ensure that you check the circumcised area frequently. See your baby's paediatrician immediately if it does not heal properly.
- It is also important that you take good care of his umbilical stump, by keeping it clean and dry as much as possible. That means you should avoid submerging it in water until the stump comes off on its own, and one way to keep it clean is by using rubbing alcohol to swab the area. Your baby's umbilical stump will change colour over time – from yellow to brown or black. Don't worry as this is normal, but do consult your baby's paediatrician if that area becomes reddened or if there is a foul odour or discharge.
- If you have heard of sudden infant death syndrome (SIDS), then you will know that it is important to let baby sleep on his back. Care should also be taken to ensure that there are no loose materials (e.g. fluffy bedding, quilts, sheepskins, stuffed animals, pillows, etc.) left in his crib as they may suffocate your baby. Be sure to alternate the position of his head every night to prevent a flat spot from developing on one side of his head.



Seeing the outside world

It would simply be impossible for you to keep your baby 'quarantined' at home! Go ahead and bring him out to see the world – it can be good for both of you. However, make it a point to ensure that he is placed securely in his pram/ carrier/stroller at all times. Remember that getting him from one point to another is not a race and limit any rough or bouncy journeys, as much as possible (e.g. pushing a stroller across a rough pavement may 'shake things up' too much, especially for a newborn).

Another important safety aspect that should not be neglected is the use of a suitable car seat for your baby. Never let your baby travel without using a car seat. Always use one that is appropriate for his age and ensure that it is used correctly.

Lastly, before you take your little one out, take note of the following:

- **Is it too hot or cold?** Make sure he is dressed appropriately. Bring a portable fan if you're going somewhere hot and don't leave him out under the sun too long. If you head out to somewhere cold, make sure to dress him warmly.
- **Be prepared!** Make sure you bring along a bag containing all the necessary baby equipment, e.g. diapers, extra clothing, wet wipes, milk bottle if not breastfeeding, etc.
- **Is he up for it?** Don't take him out if he is not feeling well as you may cause his condition to worsen.



Baby's skin

A newborn usually has skin that is wrinkly and covered by a protective covering that will peel off on its own during the first week of his life. You don't have to rush the process by rubbing it or treating it with lotions, creams, or medication.

Avoid using baby products in his early months as his immune system is still developing. Take care to ensure that his clothes are washed before you let him wear them. Be certain to use laundry detergents that are baby-friendly – they must be fragrance- and dye-free. Always make it a point to wash all of his clothes, bedding, and blankets separately. These precautions are especially important if your family has a history of skin problems, allergies, or asthma – protecting his immune system at this early stage also protects him from allergens.

Remember, your newborn baby's skin is soft and sensitive, so keep it hydrated by bathing him in warm water for no more than five minutes. If you want, you can apply some baby lotion or moisturiser immediately after his bath and while his skin is still damp.

Possible skin problems

One of the most common skin problems your baby will likely encounter is diaper rash. It is usually visible as a reddish area of skin around your baby's diaper area, most often the result of skin irritation due to diapers. It may be caused by diapers that:

- ✘ are too small or fit too tightly,
- ✘ have been worn for too long

You may alleviate the problem by allowing his diaper area to 'breathe' (let it stay in open air instead of being confined in diapers as much as possible). You should also make it a point to change his diaper as soon as possible – avoid letting him wear a wet diaper for too long.

Other common skin problems that your baby may face include atopic dermatitis or eczema, cradle cap, milia (white bumps on the skin), yeast infections (on the tongue and mouth, or on his diaper area), jaundice, and sunburn.

Protection from deadly diseases

Always ensure that your baby receives all his compulsory vaccines that are provided under the National Immunisation Programme (NIP). The Ministry of Health Malaysia has introduced the NIP as part of its effort to prevent most major childhood diseases (like tuberculosis, diphtheria, pertussis, tetanus, measles and congenital rubella syndrome). These vaccinations are provided by the government for children at different ages, at no cost.

However, there are other recommended vaccines in Malaysia which are not mandatory and not part of the NIP. These recommended vaccines have been proven to be highly effective in preventing potentially deadly complications from infections caused by the *pneumococcus bacteria*, *Neisseria meningitidis*, and rotavirus.

Vaccines are safe

Vaccines undergo rigorous and extensive safety testing by the US Food and Drug Administration (FDA) before they are released, and this process takes years. This ensures that licensed vaccines are safe for use. In fact, once a vaccine is in use, the US Centers for Disease Control (CDC) and FDA continuously monitor it for any unfavourable outcomes via the Vaccine Adverse Event Reporting System (VAERS). If anything is detected, further investigations are initiated. Depending on the gravity of the situation, reactions may include additional warnings printed on the vaccine's labels/packaging or even revoking the vaccine's licence.

However, it should be noted that just like any medication, vaccines may cause some side effects. Most of the time, these effects are very minor (like soreness where the shot was given, irritability, or a low-grade fever) and typically last for only a few days. It is exceedingly rare to encounter serious reactions to vaccines.

If you have heard that vaccines cause autism, then rest assured that this is a myth that has no factual basis. The link between autism and vaccination resulted from a fallacious British study done and published in 1998. This publication by Dr Andrew Wakefield has been retracted by the journal publishing it and, 10 of the 12 authors withdrew from having anything to do with the study. This caused mumps, measles and rubella (MMR) vaccination rates in the UK to drop drastically, resulting in an increase in measles with many deaths in the ensuing years. Monitoring in numerous countries has not found any link between MMR vaccination and increased childhood autism.

The benefits of getting vaccinated cannot be emphasised enough. It is not only a proven method of controlling (and even eradicating) disease, but it is also the most successful and cost-effective way to control disease. Prevention is better than cure! Furthermore, it helps minimise or even eliminate the mental/physical trauma of the suffering caused by an infectious disease. It is undoubtedly the single, most effective method to protect everyone, from babies, children, pregnant women, cancer patients and even the immunocompromised, by the herd effect.















Did you know?

Herd effect is a form of immunity that occurs when vaccination of a significant portion of a population provides a measure of protection for individuals who have not been vaccinated or developed immunity.

Red Flags

Now that you know about the basics of keeping your baby safe, you should also be aware of certain signs that should not be ignored. These signs can alert you to the possibility that your little one has caught a serious illness. The following danger signs need professional assessment and treatment by your baby's paediatrician:

-  **A fever above 38°C**
-  **Unexplained rashes, especially if he has a fever too**
-  **Diarrhoea for more than 12 hours**
-  **Repeated vomiting or vomiting for more than 12 hours**
-  **Blood in his stool or vomit**
-  **Foreign objects stuck in his nose, ear, mouth, or any other body orifice**
-  **Cries persistently, or if he is whimpering or moaning**
-  **Refuses to feed or sudden drop in appetite**
-  **Sunken fontanelle (the soft spots on his head), especially if he also has dry lips, hardly wets his diapers, cries without any tears, or his urine is dark yellow – this may indicate that he is dehydrated**
-  **Sudden mood change, i.e. he is unusually irritable and moody**
-  **His eyes are pink, watery, or 'sticky', which may indicate an eye infection**
-  **Unexplained discharge from his ears, eyes, navel, or genitals**

Keeping Baby Healthy

The significance of proper nutrition during your baby's first year of life is something that will have a lasting impact for the rest of his life. It is of the utmost importance and cannot be stressed enough. It is during this critical period, when a tremendous amount of growth and development occurs, in particular, brain development and physical growth.

Breast milk is best

How can you ensure that you are providing him with the right nutrition? Firstly, the best thing to do is to ensure that your baby is exclusively breastfed for the first six months and to continue breastfeeding him until he is at least two years old.

This is reflected in recommendations from both the World Health Organization (WHO) and the Malaysian Dietary Guidelines for Children and Adolescents. Both recommend exclusive breastfeeding is practised from birth until six months of age and, for mothers to continue doing so until baby is two years old.

Since lactating mothers have similar nutritional needs as a pregnant woman, the breastfeeding woman will still need to maintain a healthy diet, similar to that of a pregnant woman's. After all, baby relies on the mother to provide the necessary nutrients to help him grow.

Bear in mind that breast milk production can be affected by your diet, so continue eating a nutritious and balanced diet (just like those recommended for pregnant women) as the nutrients gained from the mother's diet are critical in ensuring that baby receives sufficient, high quality breast milk and that the mother's health is not jeopardised. Avoid taking beverages with caffeine or alcohol before breastfeeding as these substances can make it into breast milk.



Nutrition Society of Malaysia



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



Take note that for the first six months of your baby's life, he does not need any other food or water. Breast milk is nutritionally complete and has all the essential nutrients and antibodies he needs. It is naturally rich in essential fatty acids, which in turn help produce the crucial components for his physical and mental development. It also contains antibodies to help him fight infections and diarrhoea. Breastfeeding is also a wonderful way to strengthen the bond between mum and baby.

Start complementary feeding on time!

To prevent the risk of nutrient deficiencies (e.g. iron, calories and protein), you will need to increase your baby's intake of some nutrients by the time he is six months old. This is because breast milk on its own does not contain enough nutrients for his growing nutritional needs. You will have to start providing him with timely complementary feeding.

Complementary feeding should be started both on time (at six months and not earlier/later) and given in adequate amounts, frequency and consistency to prevent over- or under-nutrition. Complementary foods should cater for:

- **one third of baby's daily energy needs when he is six to eight months**
- **half when he is nine to twelve months**
- **over 60% once he is older. Breastfeeding must be continued even during this time.**

Do ensure that you provide him with nutritious foods that provide sufficient energy and nutrients such as protein (meat, fish, eggs, or legumes), iron (red meat, liver, prune juice, or dark green leafy vegetables), zinc (cooked oysters, chicken, beef, or legumes), calcium (milk and other dairy products, or beans, salmon, soybeans, *tempeh*, and tofu), vitamin A (dairy products, liver, eggs, carrots, pumpkins, or papaya), vitamin C (orange, papaya, tomato, or guava), and folate (dark green leafy vegetables, peas, or orange).

When you start complementary feeding, ensure that the types of food, its texture and consistency are appropriate to his stage of development. Do feed him enough food to meet his energy needs, and make sure you change the food texture and preparation methods to suit him as he grows. For instance, the texture and consistency of complementary foods should allow him to eat it easily without choking. The frequency with which you feed him should also be gradually increased as he grows. It is important that you follow the basic rules of Balance, Moderation, and Variety (BMV) – this helps ensure that you meet your child's nutritional needs.



Did you know?

BMV refers to a balanced diet which encompasses foods from all five food groups in the Malaysian Food Pyramid. It comprises moderate portions that are served in accordance with the recommended number of servings per food group, and consists of a wide variety of foods to meet all your baby's nutritional needs.

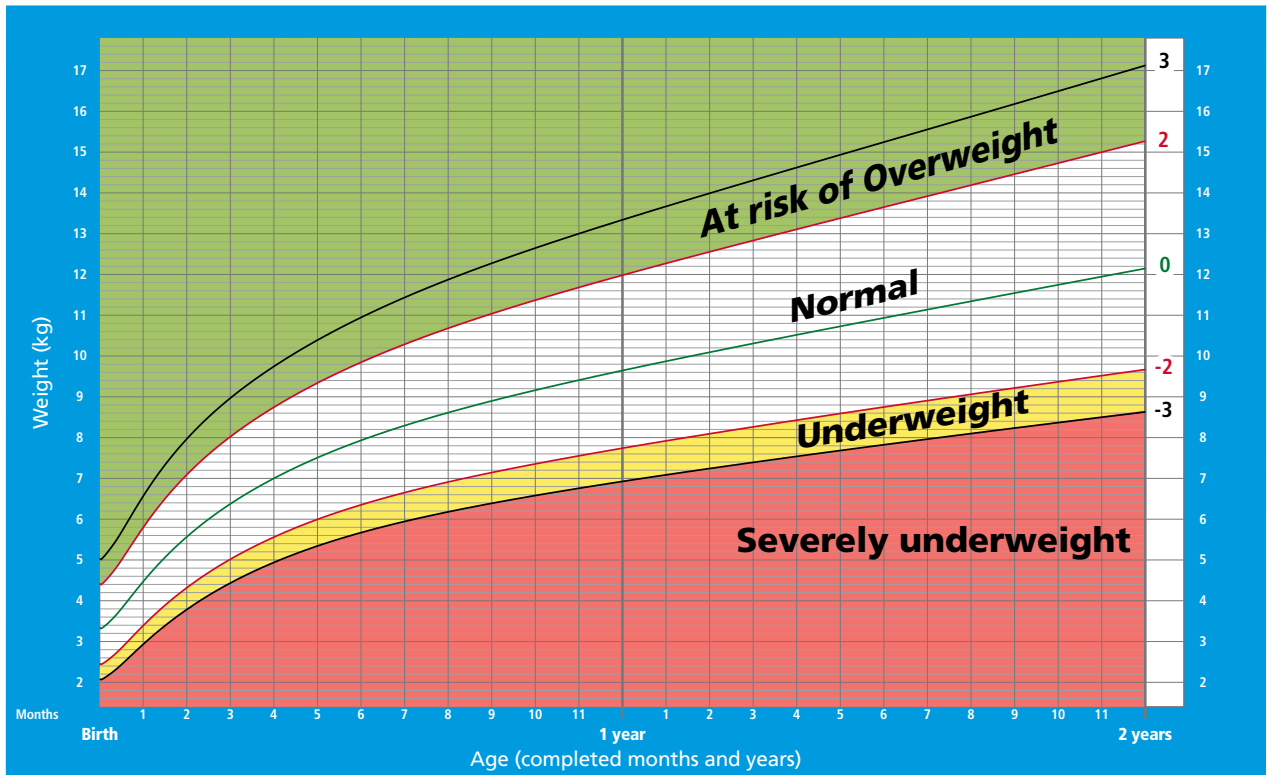
Keep track of baby's growth

The simplest and most effective method to determine if your baby is getting enough nutrition and growing properly is to regularly measure his height and weight. Frequent monitoring is crucial especially from birth to 12 months, as this is the time when babies experience the most growth. Consult your baby's paediatrician to ensure he is growing right and observe his growth carefully.

The growth charts below are divided according to weight-for-age and length-for-age. Do note that you will need to refer to the appropriate chart for boys and girls.

Weight-for-age (BOYS)

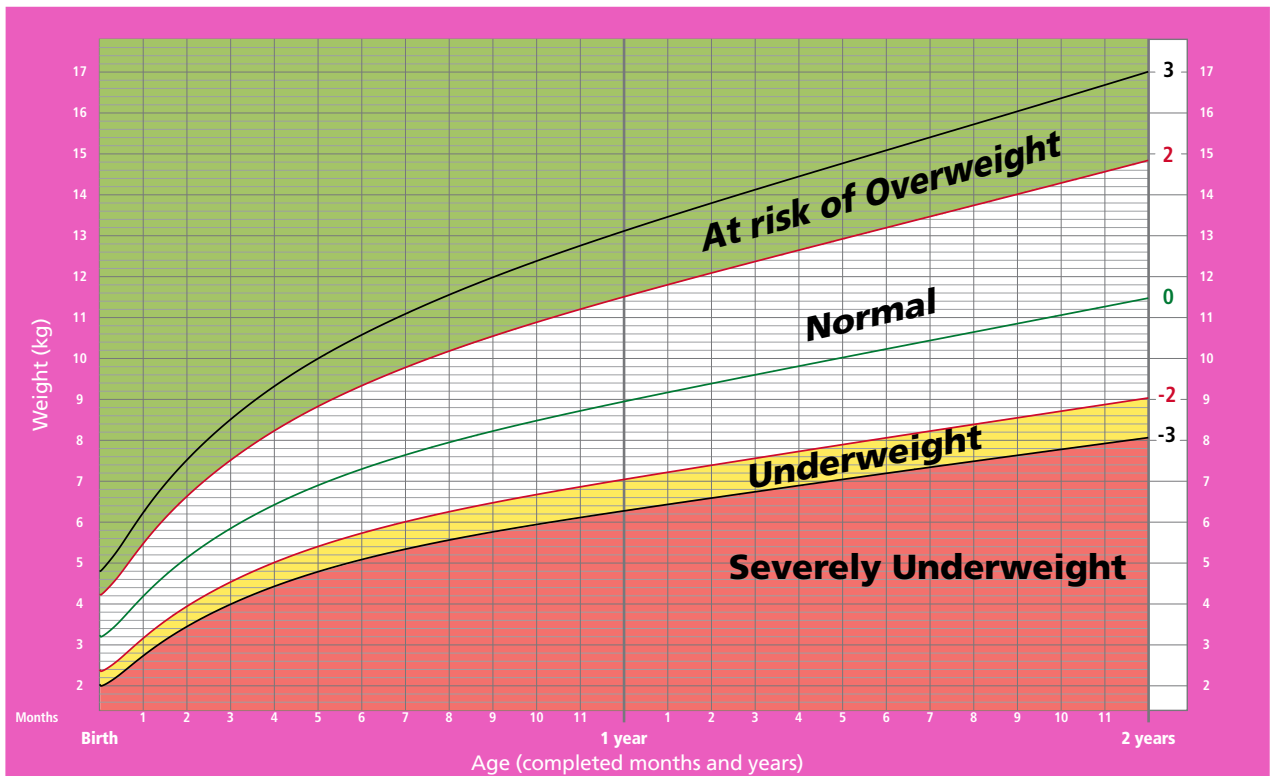
Birth to 2 years (z-scores)



WHO Child Growth Standards

Weight-for-age (GIRLS)

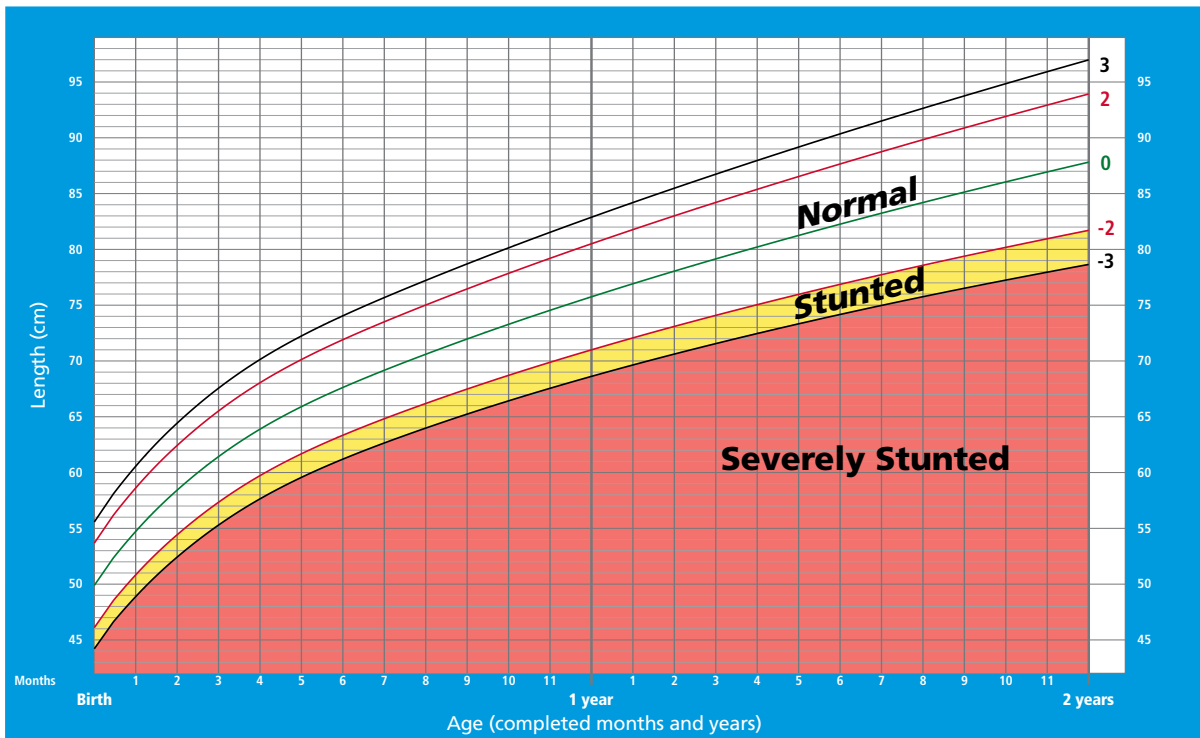
Birth to 2 years (z-scores)



WHO Child Growth Standards

Length-for-age (BOYS)

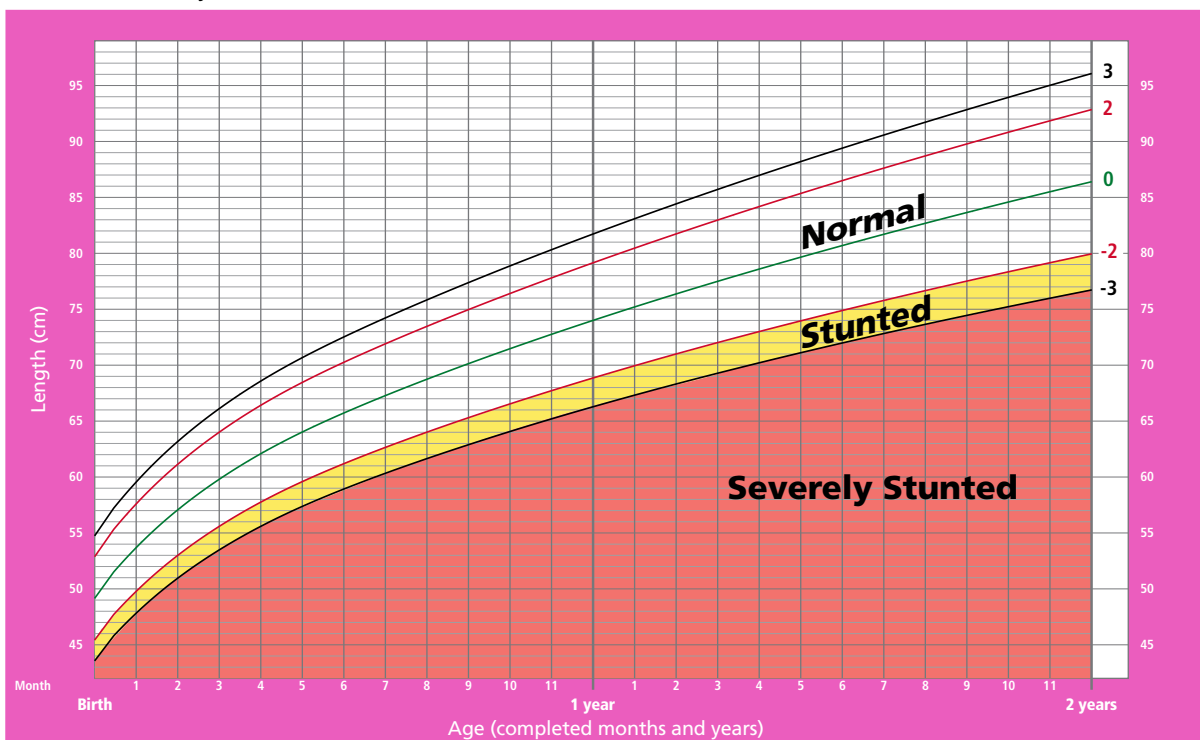
Birth to 2 years (z-scores)



WHO Child Growth Standards

Length-for-age (GIRLS)

Birth to 2 years (z-scores)



WHO Child Growth Standards

As parents, you will be faced with many challenges in safely bringing up a healthy child. Don't be overly worried if there is an overwhelming amount of information to process, it's all part of being a parent. Remember that if you are ever in doubt, you can always talk to your baby's paediatrician for advice. **PP**

Child Health

- Allergy
- Immunisation
- Paediatric Issues
- Digestive Health

Innovations In Mosquito Repellents & Traps



Globally, dengue affects 96 million people per year among a population-at-risk of nearly four billion in 128 countries.

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

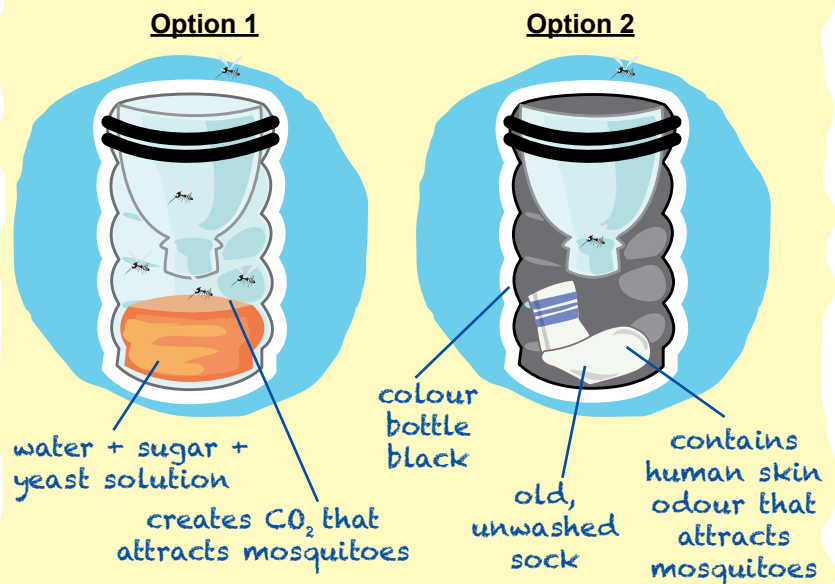
From early January to June 2015, approximately 50,152 dengue cases were reported in Malaysia, with over 138 deaths recorded within the same period averaging over 300 new cases each day! Besides dengue, mosquitoes also serve as carriers for other viruses such as Yellow fever, Chikungunya and West Nile. It is disturbing considering more than 60% of Aedes mosquito breeding sites are documented in urban residential areas.

In an attempt to keep these disease-transmitting, blood-suckers at bay people have invented all sorts of commercial and homemade devices and chemicals. Most interesting of these are the ones we can make at home using cheap, household stuff.

Note that most methods discussed here have never been scientifically proven to be effective, but some in the community think they are. They have been used in other countries, notably Thailand, as complementary vector control methods.

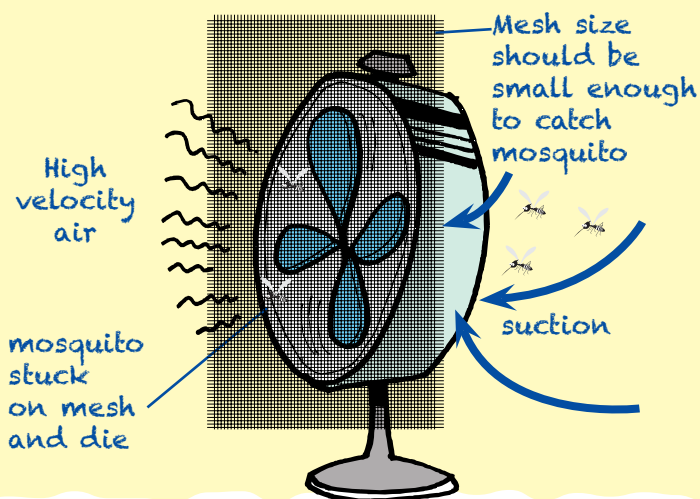
Innovative Vector Control Methods for Personal Use

1. Mosquito bottle trap



* Place in dark corners of a room

2. High velocity fan method



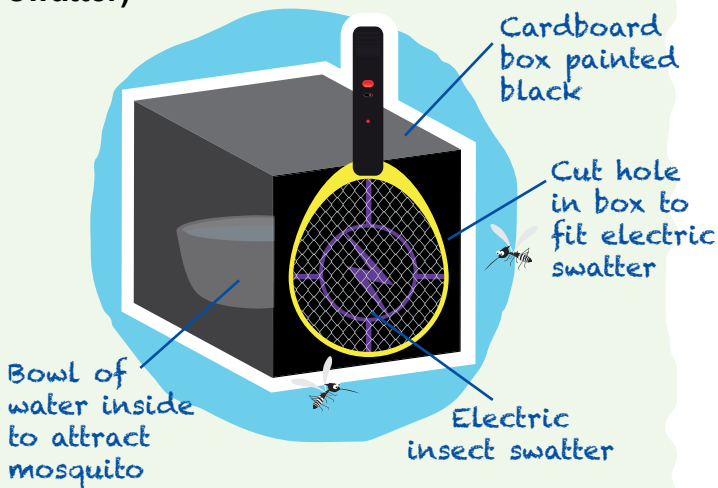
3. Mosquito light trap

- Place basin directly below the lamp



* Place inside the house near windows

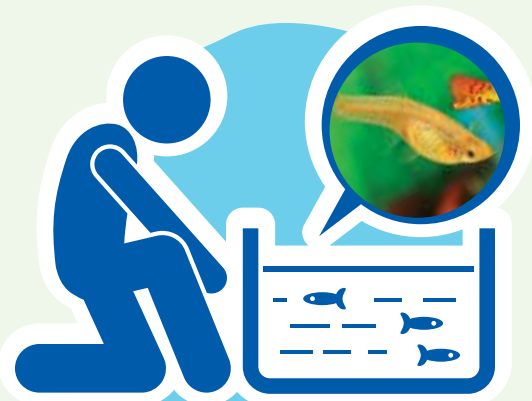
4. Black box trap (with electric insect swatter)



* Mosquitoes look for dark areas

5. Rearing mosquitofish (guppies)

- Guppies (*Poecilia reticulata*) have been known to be a good biological control for mosquitoes because they feed on mosquito larvae. Some people rear them to prevent mosquitoes from using their ponds as breeding grounds.



6. There are also other scientifically-backed alternatives:

- Lime extract rubbed onto skin with a little vanillin (vanilla extract)
- *Pelargonium radula* or geranium plant placed inside the house
- Undiluted clove oil rubbed onto skin

Note that most research on plant-based repellents report their efficacy based on the use of the plant's extract not the whole actual plant.

Whichever contraption, device or invention you use in your home, just make sure you also practise these preventive measures:

- Use mosquito coils, repellent or spray whenever necessary
- Avoid outdoor activities when mosquitoes are most active (i.e. 5.30-8.30 am and 5.30-8.00 pm)
- Wear bright-coloured, long sleeved shirts and pants when going outside
- Install mosquito mesh/screen on windows
- Destroy mosquito breeding places. (e.g. open pots, basins or containers which retain water) **PP**

share your mosquito repellent/trap innovation with us at www.mypositiveparenting.org

An educational contribution by



Malaysian Paediatric Association

Demystifying JE

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

Japanese encephalitis (JE) is the most important cause of viral encephalitis in Asia, which mostly affects children. Every year there are about 50,000 cases of JE in the world. Most of the cases involve children under 15 years old. Roughly 20-30% of patients will die, while 30-50% of survivors may suffer permanent mental disability.

These are some of the most frequently asked questions of concerned parents:

1 Where does JE occur?

JE occurs in South East Asia (SEA) and the Asia Pacific region. It usually occurs in rural areas, most commonly during the rainy season. Since there is rainfall throughout the year in SEA, JE is transmitted all year round.

In Malaysia, JE accounted for 18-62% of all reported cases of viral encephalitis. Sarawak reported the most number of cases. Outbreaks have also occurred in Langkawi and Penang.

2 Can mosquitoes transmit the virus from an infected person to my child?

No. Humans are considered incidental or dead-end hosts because the JE virus does not multiply at a high enough concentration in the bloodstream to infect feeding mosquitoes. The JE virus cannot be spread via person-to-person contact. Touching or even kissing a person who has the disease will not get your child infected.

3 Can an infected pregnant mother transfer the virus to her unborn child?

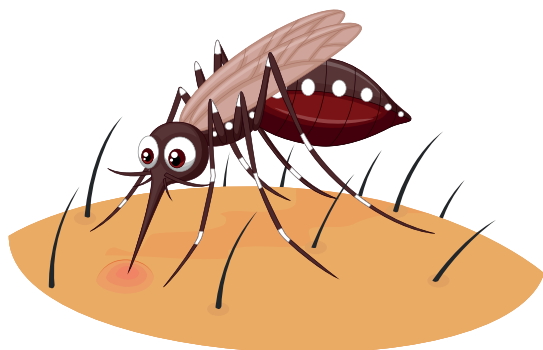
It is believed that infection during pregnancy can harm the wellbeing of the baby, but exactly how it affects the baby remains unclear. Additionally, there is no evidence to suggest the virus can be passed from mother to child.



4

Can my child contract JE through eating pork?

No. Once the pig is slaughtered the JE virus will not survive in pork flesh. Furthermore, cooking pork at temperatures of more than 60 °C will kill the virus.



5

How soon do people get sick after being bitten by an infected mosquito?

Most cases of JE are without symptoms or are mild in nature. Illness usually begins with abrupt onset of fever, headache, tiredness, vomiting, confusion and agitation. They appear 5-15 days after the mosquito bite.

The disease can progress to inflammation of the brain (encephalitis) and is often accompanied by seizures. Coma and paralysis occur in some cases.

6

How is Japanese encephalitis diagnosed?

Diagnosis is based on a combination of clinical signs and symptoms and specialized laboratory tests of blood or spinal fluid. These tests typically detect antibodies that the immune system makes against the viral infection.

7

What is the treatment for JE?

There is no specific treatment. Severe illnesses are treated by supportive therapy which may include hospitalization, respiratory support, and intravenous fluids. The risk of JE infection can be reduced with vaccination.

8

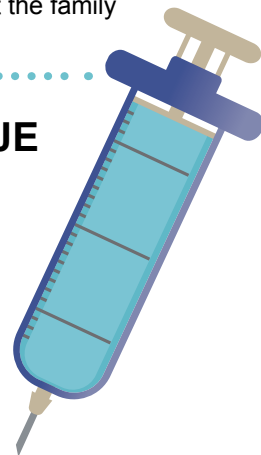
Should I get my child vaccinated?

Currently, the JE vaccine is only mandatory and covered under the National Immunisation Programme (NIP) in Sarawak. Nevertheless, if you live in other high risk areas (i.e. close to pig farms) or will be travelling to destinations where cases have been recorded (Langkawi and Penang), you are advised to get the family vaccinated.

9

Where can I get the JE vaccination?

Most public and private hospitals should have the vaccine readily available. Ask your doctor if the latest JE vaccine is available in your area.



10

How many doses of the vaccine does my child have to take?

With the latest JE vaccine (IMOJEV), persons from nine months to 17 years of age require a single dose (0.5 mL) for primary immunisation. If long-term protection is required, a booster dose should be given preferably one year after the first vaccination.

Persons aged 18 years and over require a single dose (0.5 mL). There is no need for a booster dose up to five years after the first vaccination.

11

Does it work immediately?

In adults, protection against Japanese encephalitis generally begins 2 weeks after the injection. In children, protection begins 4 weeks after the injection. **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.

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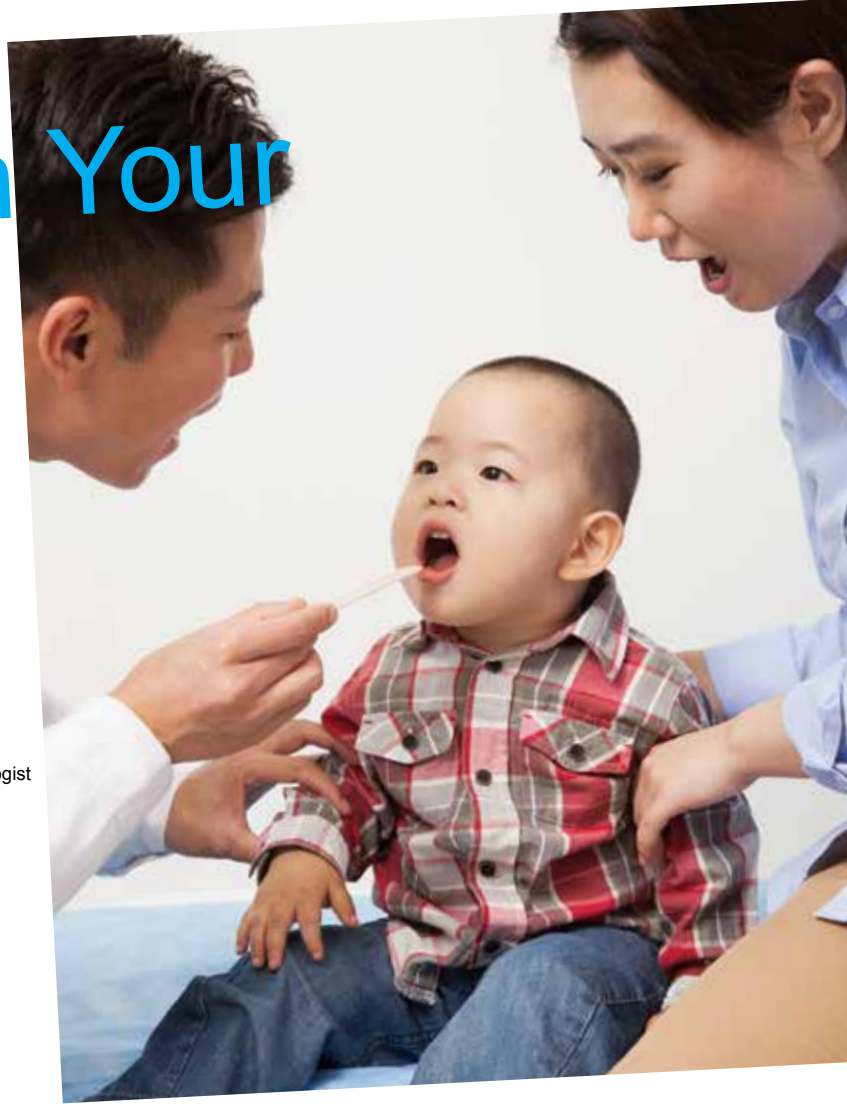
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Dealing with Your Child's Sore Throat

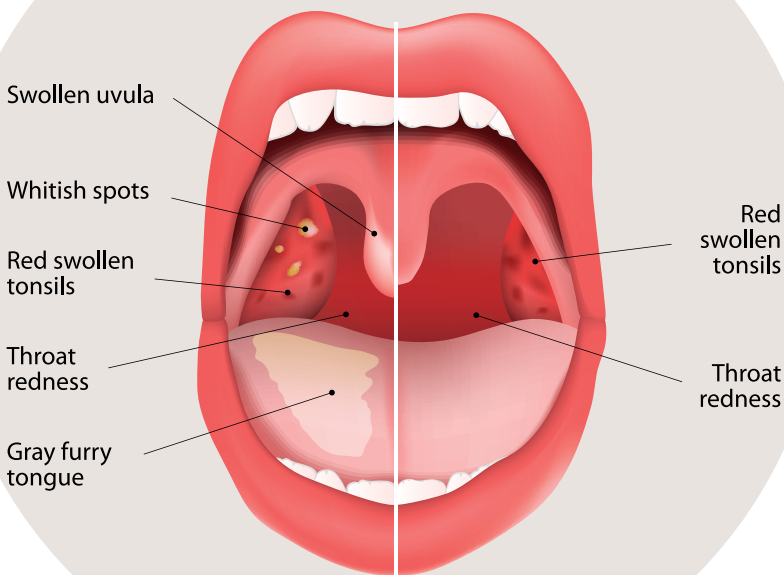
By **Dato' Dr Musa Mohd Nordin**, Consultant Paediatrician and Neonatologist

Children and sore throats are a common problem that parents have to face. It does not discriminate based on age, so you need to learn how to deal with this condition.



Bacterial infection

Viral infection



The first thing to remember is that sore throats are usually the first signs of another illness, such as the common cold or other acute respiratory infections (ARI). Most sore throats are caused by viruses, e.g. the rhinovirus in the common cold. It may also be caused by a bacteria, e.g. Group A streptococcal throat infection (strep throat). Other causes include allergies, irritation from smoking, pollution and dry air. Regardless of the cause, you will need to stay alert for the signs and symptoms in your child, which include:

- Babies who refuse to eat or cry during feedings
- An unexplained fever
- Sneezing, runny nose and coughing
- Swollen glands on his neck
- Redness (due to inflammation) in his throat or at the back of his mouth
- Bad breath
- A child that complains of
 - painful throat
 - scratchiness in the throat
 - difficulty talking, eating, or swallowing

What should you do

The first thing to do is to determine the severity of your child's condition. If it is mild, you may try the following to help alleviate his suffering:

- ▶ If he is older than six months, you can **give him a cool drink or a frozen popsicle to suck on**. Do avoid giving him any citrus juices as these can aggravate his throat.
- ▶ **Keep him well hydrated** – while it may hurt to swallow, he needs plenty of fluids, especially if he has a fever. If your baby has trouble swallowing, try adjusting his feeds into smaller amounts given more frequently.
- ▶ **Use a mist vaporiser or humidifier** to moisten the air in your child's room. This will prevent his throat from drying out when he sleeps. However, you will need to ensure that any filters in these equipment are kept clean to prevent germs from breeding.
- ▶ If your child is older, **let him gargle with salt water** as it will help to alleviate the pain in his throat. Alternatively, he can suck on lozenges to help soothe his throat and temporarily numb the pain.



However, if the condition is bad or is not improving, then take him to see his GP or paediatrician immediately. Other signs and symptoms that indicate a visit to the doctor is warranted include:

- He has problems swallowing or breathing
- Lasts longer than 1 week
- Excessive drooling
- The back of his throat has pus covering it
- Blood in saliva or phlegm
- He is dehydrated, e.g. dry mouth, more sleepy or tired, fewer wet diapers, lethargy

Antibiotics are only needed if the doctor diagnoses a sore throat due to a bacteria, e.g. strep throat. A sore throat caused by a virus or irritation from the air will not benefit from antibiotics. Most sore throats will improve on their own within 1-2 weeks.

Take preventive action

These are some important personal hygiene habits that you should teach your child:

- ▶ **Regular hand washing** – helps prevent many contagious infections. Make sure you do the same!
- ▶ **No sharing of food, utensils, and cups/glasses** with other children/adults, especially if that person is already sick or has a sore throat.
- ▶ **Avoid or minimise his contact with people who have colds or other ARI.**
- ▶ **Avoid exposure to smoke.** PP

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Acute Diarrhoea In Children

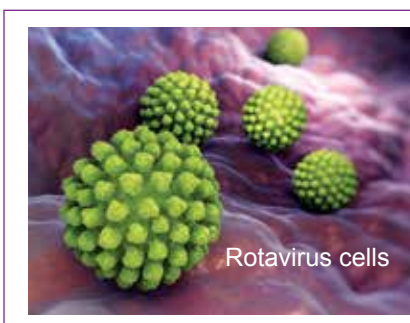
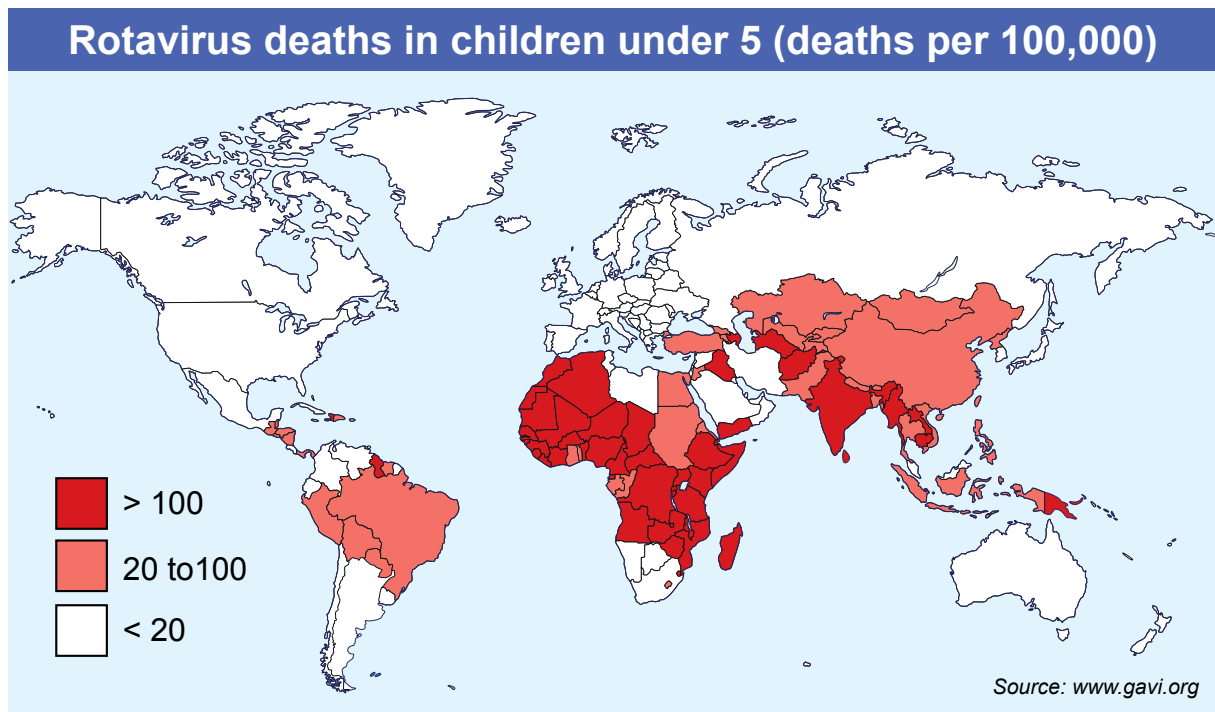
More Than an Inconvenience

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

Diarrhoea refers to the passage of loose or watery stools or an increased frequency of stool. It can be of sudden onset and lasting for less than two weeks (acute) or persistent (chronic). Acute diarrhoea is a common cause of child death and illness in many developing countries.

According to the World Health Organization and UNICEF:

- Every year, two billion diarrhoeal disease cases are recorded globally.
- Diarrhoeal disease is the one of the leading causes of death in children under five despite being both preventable and treatable.
- Approximately 760 thousand children younger than five years of age die from diarrhoeal diseases each year.
- Approximately 78% of these deaths occur in the Africa and South-East Asia.
- Each child under five years of age experiences an average of three annual episodes of acute diarrhoea.



Non-infectious causes of acute diarrhoea rarely occur in children. It is the infection of the gut (termed gastroenteritis) which is the most common cause.

- In most cases of infective diarrhoea, rotavirus or adenovirus is the underlying culprit.
- Food poisoning can cause diarrhoea too. Germs like *Salmonella* and *E. coli* and even parasites can cause food poisoning.
- In countries with poor sanitation, water sources contaminated by bacteria is another common cause of infective diarrhoea.



What can happen?

Obvious symptoms that accompany diarrhoea include abdominal pain and stomach discomfort sometimes fever or vomiting may follow. Children who suffer acute diarrhoea whether from viral or bacterial infection may sometimes also become dehydrated.

Time to See the Doctor

Most children with acute diarrhoea have mild symptoms which get better after a few days. However, you should seek medical advice:

- If your child is ≤ 6 months old.
- If your child has an underlying medical condition (e.g. heart or kidney problems, history of premature birth).
- It is common to have a fever during a diarrhoeal episode. However, persistent high fever in young children should warrant a proper assessment by a doctor.
- If your child appears lethargic or confused (sign of severe dehydration).
- If your child has been vomiting.
- If there is blood in their stool or vomit.
- If your child has severe stomach/abdominal pain.

Treating Your Child

The main component of the treatment of acute diarrhoea is the prevention of dehydration by fluid and electrolyte replacement (e.g. oral rehydration solutions [ORS]). For a vomiting child, ORS has to be given in small bouts each time. In infants, breastfeeding or formula feeding should be continued as long as the child can tolerate it.

There is also no concrete evidence to support routine switch to lactose free formula or soy formula during diarrhoeal episodes. If the child is unable to maintain adequate fluid intake, he or she may need intravenous fluid replacement. Regardless, the doctor will decide on the best treatment option for your child.

Protecting Others from Infection

If your child has been diagnosed as having infectious acute diarrhoea, you can help protect other family members from getting infected by:

- making sure your child washes his/her hands after using the toilet
- keeping your child in quarantine away from other family members
- using separate eating utensils for your child
- washing your hands after touching your child, or any of his/her stuff
- separately washing your child's laundry with hot water
- using separate wash cloth to clean your baby after diaper changes
- washing your hands thoroughly after each diaper change
- cleaning the toilet as frequently as you can

Prevention strategies may include:



- (1) Rotavirus has been recognized as the leading cause of severe acute watery diarrhoea. **Rotavirus vaccine** is highly efficacious in preventing rotavirus gastroenteritis and should be considered as a part of prevention of rotavirus diarrhoea in Malaysian children.



- (2) **Exclusively breastfeed** your child for the first six month of his/her life and continued until they're two years old with supplementary feeding.



- (3) Teach him/her **proper personal hygiene**, use **safe drinking water** and improve your child's **environmental cleanliness**.

In general, acute diarrhoea is a self-limiting condition and all that is needed is to ensure affected children are getting adequate fluid to prevent dehydration. **PP**



Control fluid, control diarrhea

Diarrhea remains the second leading cause of death due to infections among children under 5 years old worldwide.¹

The main issue with acute diarrhea is fluid loss through stools which can result in dehydration and loss of electrolytes if left untreated.²

Diarrhea is defined as the passage of loose or watery stools of 3 times or more in 24-hour period.³

Consult your doctor if you or your child is suffering from diarrhea.



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1. Larrata C.F. et al. PLoS One 8(9):e72798
2. King CK, et al. MMWR 2003; 52 (RR16):1-16
3. Guidelines on the Management of Acute Diarrhea in Children 2011, College of Paediatrics, Academy of Medicine of Malaysia, Malaysian Paediatric Association.

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Healthy Gut, Healthy Child

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

Your child's digestive system is similar to a processing plant – its main function is to convert food into energy and the nutrients his body needs. The entire process of digestion starts right in his mouth (his saliva starts the digestive process off), and this process will continue as the food/drink passes through his digestive organs (e.g. his stomach, small intestines, and large intestines). By the time this process is completed, his body will eliminate the remainder in the form of urine or stools.

Your child's digestive system is primarily focused on the task of processing any food or drink that he eats or drinks. Depending on what was consumed, this process can take several hours. His body will extract the nutrients and energy that he needs from the food/drink.

More than meets the eye

However, it should be noted that his digestive system also performs other important tasks, the most notable of which is its role as part of his immune system. After all, the first point of entry for any kind of pathogen (bacteria or virus that causes illness) is usually through the digestive system. By ensuring that his gut is healthy, his digestive system will neutralise these pathogens, thus preventing any illnesses that they may cause.

That's not all! New evidence is emerging that sheds light on how your gut microbiota (micro-organism including bacterial composition) does more than just help your digestion. They will determine how your body stores fat or balances your blood-glucose levels, and also how it responds to the appetite-regulating hormones.

In fact, the digestive system has more tricks up its sleeve. New research shows that the digestive system contains a lot of neurotransmitters, leading to it being called the 'second brain' by researchers. In addition, these neurotransmitters in your child's gut also work in conjunction with hormones to help regulate his appetite. These are the hormones ghrelin (increases your appetite) and leptin (decreases your appetite).

It doesn't stop there. Preliminary findings from new research have also found new links between the gut microbiota (the internal balance of bacteria within the gut) and obesity, Type 2 Diabetes, inflammatory bowel disease, Crohn's disease, and even the modulation of brain development and behaviour.

It's all about Balance

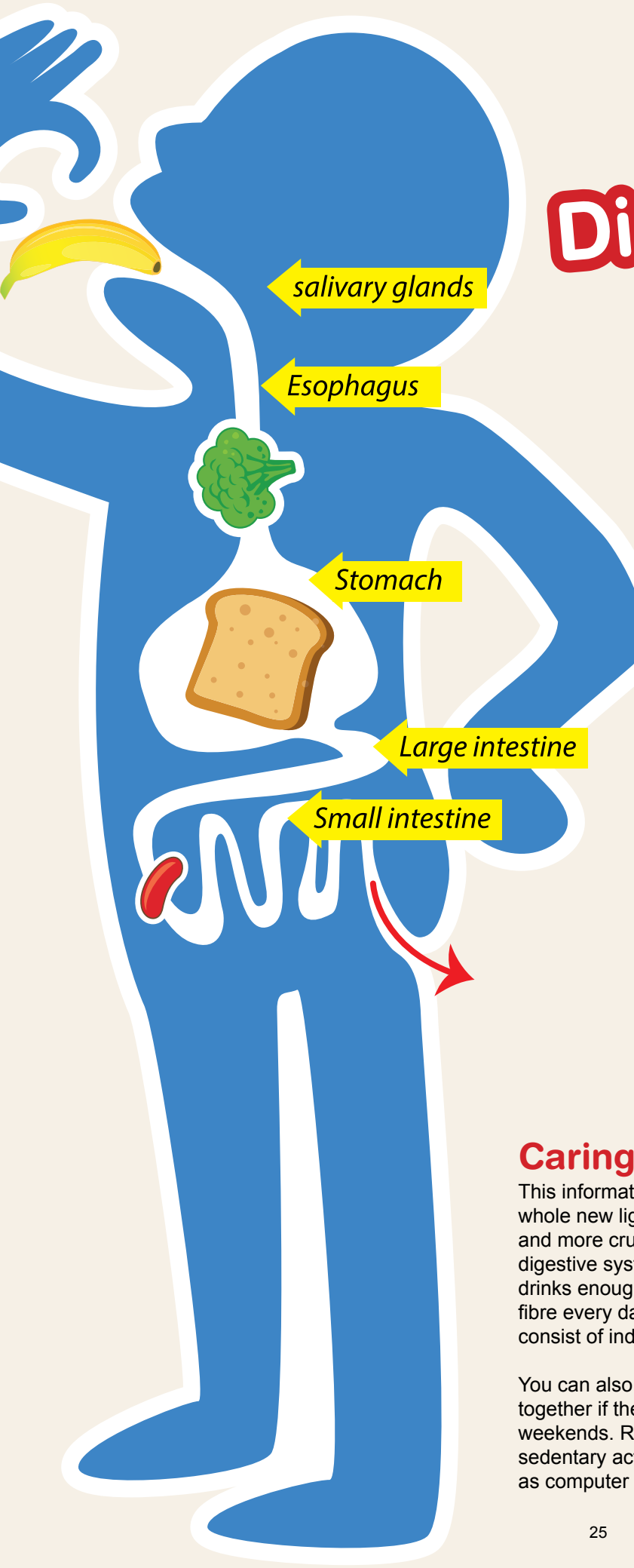
Research has shown that obesity and allergies can be linked to an abnormal gut microbiota balance. When such an imbalance happens, it can result in the body storing excessive fat (leading to obesity), or pave the way for allergic diseases to occur. After all, a healthy digestive system requires a well-balanced gut microbiome to prevent infectious, inflammatory, and allergic diseases from affecting us.

Unseen helpers

An invisible and often neglected aspect of digestive health is the composition of good bacteria that make up your child's gut microbiota. A healthy gut microbiota composition affects the well-being of the child as it is well-established that disturbances of the gut microbiota is associated with development of various disorders including metabolic, immune system and even psychological and behavioural problems.

In addition to eating a diet that is rich in fruits and vegetables, taking food that is rich in prebiotics and probiotics can also help to favour a healthier gut microbiota composition.

Did you Know?



Prebiotics are the food for good bacteria

It can be found in high-fibre foods such as banana, garlic, onions, shallots, leeks, asparagus, and whole grains. These foods contain indigestible plant fibres which aid the growth of 'good' bacteria.

Probiotics are the 'good' bacteria itself

These microorganisms can be found in foods such as fermented milk products, fermented soy products, and supplements.

Nowadays, some manufacturers also add probiotics and prebiotics to their products.

Note: *If your child has a serious or chronic illness, kindly seek your paediatrician's advice before you give him any probiotics.*

Caring for His Digestive System

This information certainly puts the entire digestive system in a whole new light and taking better care of it is becoming more and more crucial. As parents, you should ensure that your child's digestive system continues to work properly by making sure that he drinks enough water, eats a healthy diet that includes foods rich in fibre every day, and gets at least an hour of daily exercise. This can consist of indoor/outdoor activities such as football or badminton.

You can also turn it into a fun way to spend quality family time together if the entire family indulges in physical activities during weekends. Remember to limit the time your child spends on sedentary activities (e.g. time spent on non-physical activities such as computer games, or television). **PP**

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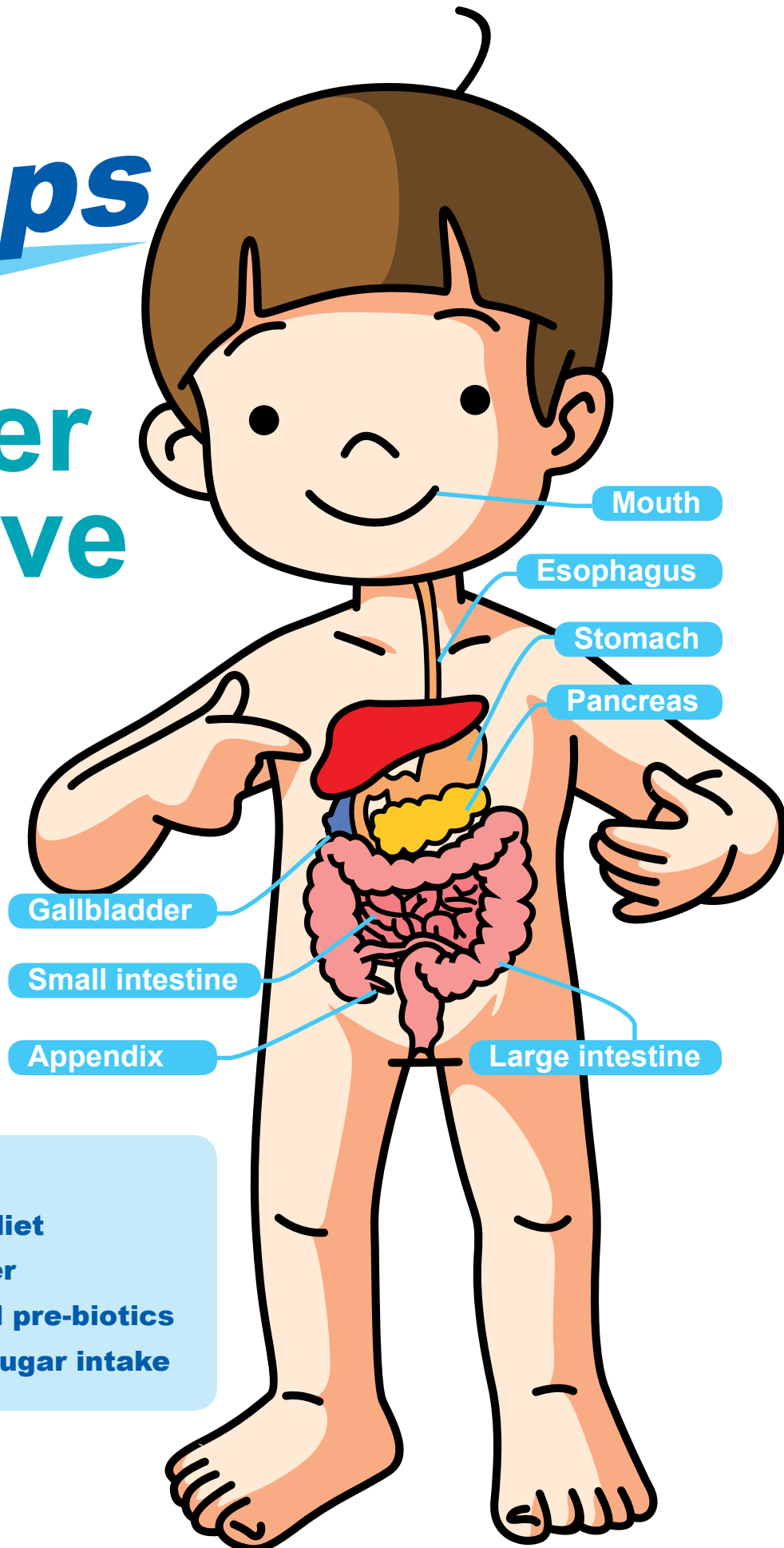
5 Steps to Better Digestive Health

By **Dato' Dr Muhammad Radzi b. Abu Hassan**,
Consultant Physician and Gastroenterologist

There's more to your child's digestive system than meets the eye – it starts from his mouth and continues until everything he has eaten or drunk has been eliminated by his body. His digestive system is responsible for breaking down all that he ingests and for extracting all the nutrients needed by his body.

Take the following steps to ensure better digestive health for your child:

- 1) **Get more exercise**
- 2) **Maintain a healthy diet**
- 3) **Drink plenty of water**
- 4) **Get enough pro- and pre-biotics**
- 5) **Limit fat, salt, and sugar intake**



1) Get more exercise

Limit your child's sedentary activities like playing computer games or watching TV. Instead, encourage him to be more physically active. Make sure he squeezes in a total of at least 60 minutes a day for any sort of exercise such as brisk walking, running, jogging, aerobics, yoga, futsal, or badminton. He doesn't have to do it all at once; he can do 15 minutes of brisk walking in the morning, then another 45 minutes of playing badminton in the evening. Physical activity and exercise helps maintain a healthy weight. Any exercise that increases breathing and heart rate is great for his digestion, and it stimulates his intestinal muscles, thus helping move food more efficiently through his intestines.

However, take care not to do heavy exercises after a large meal. As the process of digestion requires copious blood flow through your child's stomach and intestines, exercising immediately after eating will cause his blood to be redirected to the heart and muscles instead. This will make his intestinal muscles work sluggishly, smaller quantities of digestive enzymes will be released, and the entire digestive process slows down, leading to heartburn, bloating and constipation.

2) Maintain a healthy diet

Observe the principles of balance, moderation, and variety – this means your child should have a balanced diet which includes foods from all five food groups in the Malaysian Food Pyramid, eat in moderate portions (served according to the recommended number of servings per food group), and have a diet that consists of a variety of foods that will meet all his nutritional needs.

Be sure to include plenty of fibre-rich foods in your child's diet as they help soften stool, thus preventing constipation and reducing symptoms of digestive disorders such as haemorrhoids and irritable bowel syndrome. Some of the best sources of dietary fibre are whole grains, legumes, vegetables, and fruits.

Let him take his time to eat – the process of digestion begins in his mouth, so be sure he chews his food properly. Enzymes in his saliva help break down the food, and the chewing process preps his body to receive food. His stomach and pancreas also begins to secrete enzymes that aid the digestive process. Another reason to avoid rushing through meals is to avoid swallowing air – this can cause belching or bloating.

Make sure he eats meals at regular intervals and avoid overeating. Since the body produces a certain volume of digestive juices, large meals are poorly digested and stresses the system. With a regular schedule, your child's digestive organs have time to rest between meals.

3) Drink plenty of water

Water has zero calories so your child should drink water instead of other things such as sodas or store-bought fruit juices! On average, children aged:

- 3-6 years should drink 4-5 glasses (1L-1.3L) a day,
- 7-12 years should drink 6-9 glasses (1.6L-2.2L) a day,
- 13-18 years should drink 9-11 glasses (2.2L-2.8L) a day.

More may be required if it is a hot day or if your child engages in strenuous activity (e.g. sports day, participating in a run or walkathon, etc.) to replace the fluids he loses through perspiration. Sufficient water ensures his digestive health as his stool will be lubricated and travels through his intestines more easily. However, do not overdo it! Drinking too much water too quickly can lead to hyponatraemia (water intoxication), which is a condition where the electrolyte levels in the blood become dangerously diluted.

4) Get enough pro- and pre-biotics

The inside of your child's intestines is filled with bacteria, and it is vital the balance of beneficial and harmful bacteria is maintained. One way to ensure this is by eating probiotic-rich foods (beneficial bacteria) and prebiotics ('food' for beneficial bacteria).

Probiotics can be found in foods such as yogurt, cultured milk drink, cheese, and *tempeh*. Prebiotics can be found in foods such as whole grains, oatmeal, bananas, legumes, onions, garlic, and honey.

5) Limit fat, salt, and sugar intake

Limit your child's intake of foods that are high in fat, salt, or sugar such as chips, savoury crackers, cakes, pastries, fries, sodas, and store-bought fruit juices. His body doesn't need them, and worst of all, they contain a lot of other ingredients such as preservatives or food colouring.

When you cook at home, practise healthier cooking methods using less oil such as steaming, boiling, baking, or stir-frying. Rather than using salt or sugar to bring out the flavours in his food, use spices instead. You should also provide him with meats that have less fat such as chicken or lean cuts from meats.

Neglecting your child's digestive health may result in various problems in the short term (indigestion, diarrhoea, etc.) and the long term (malnutrition, chronic diseases such as diabetes, hypertension, etc.). Remember, a better digestive health means a healthier and happier child! **PP**

Billions of Good Bacteria for a Healthy Digestive System

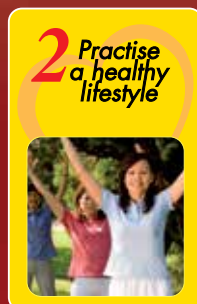
Why is your digestive health so important?

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!



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



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

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Understanding Miscarriages

By **Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist and President of Malaysian Medical Association (MMA)

Whether you've experienced one, are concerned about your own chances of having one, or know someone who has miscarried, understanding what it's all about can help you be better prepared.

A miscarriage is the spontaneous loss of a foetus before the 20th week of pregnancy, any later, its termed stillbirth. About 10-20% of pregnancies result in miscarriage.

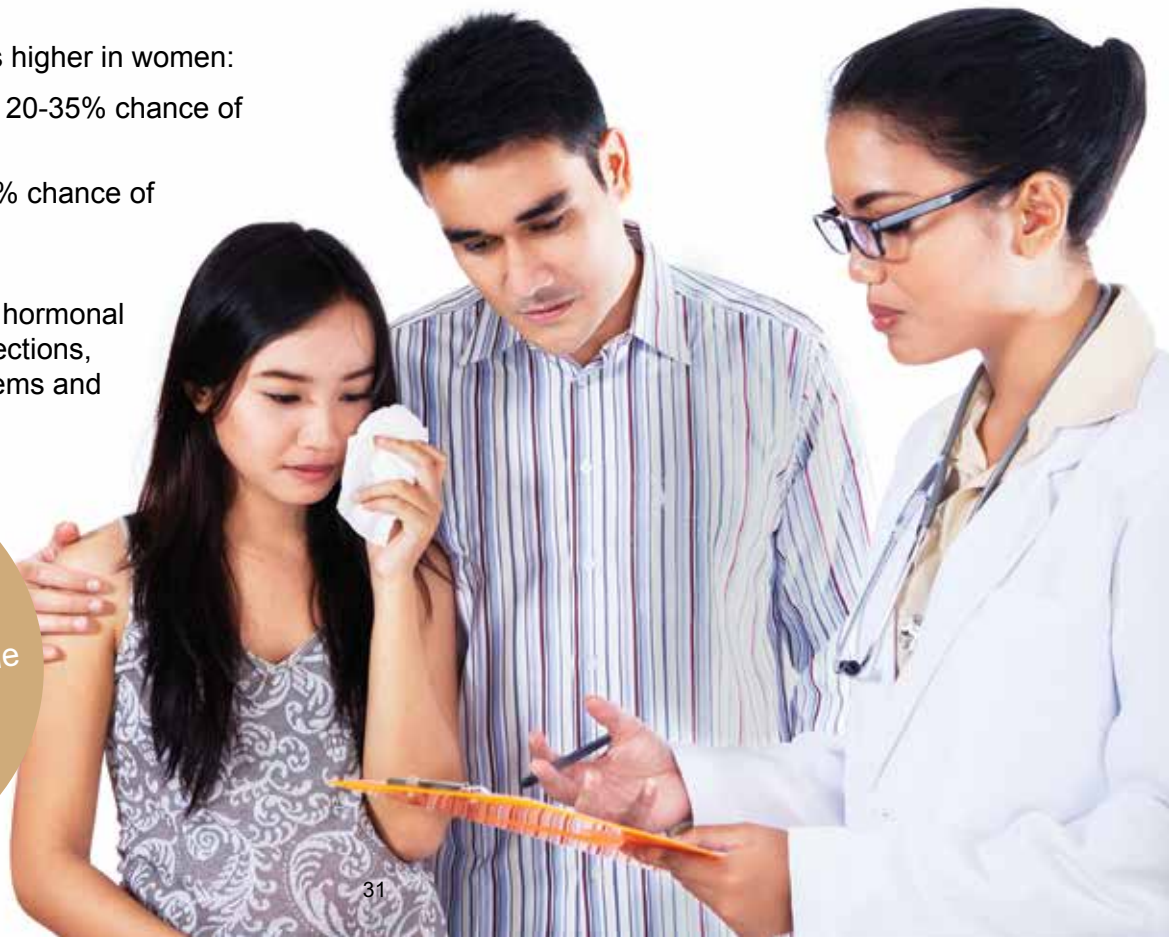
Though modern science has yet to pinpoint the exact cause, most miscarriages are thought to be caused by chromosomal problems (>50%) that make it impossible for the baby to grow normally. Often, this problem is not related to parental genes.

The risk of miscarriage is higher in women:

- who are 35-45 yrs old: 20-35% chance of miscarriage
- over the age of 45: 50% chance of miscarriage
- with health problems: uncontrolled diabetes, hormonal abnormalities, viral infections, cervix or uterine problems and thyroid disease

Miscarriage Myths

Moderate exercises, sex, stress and mundane house or office work cause miscarriages.



Signs And Symptoms

There are a few common symptoms of miscarriage, many of which are also commonly experienced in most normal pregnancies. Therefore, it's important that you check with your gynaecologist first before making any assumptions. Hallmark symptoms include:

- Heavy vaginal spotting or bleeding
- Unusual pain or cramping in your abdomen or lower back
- Fluid or tissue passing from your vagina

If your doctor has reason to believe you are at risk of a miscarriage, you may be recommended to stay in bed, restrict activity, and abstain from sexual intercourse until the symptoms are gone.

Diagnosing The Problem

An **ultrasound scan** is usually used to determine whether your pregnancy is still ongoing or whether you've miscarried. Similarly, a **pelvic exam** may also be done where the doctor checks for dilation of the cervix or membrane rupture which may indicate miscarriage.



FAQ

How long does it take before I can try to conceive again?

Most women will have their menstrual period within 4-6 weeks after a miscarriage. Some doctors advise waiting a bit longer to provide enough time for physical as well as emotional recovery.

Can I prevent miscarriage?

It depends largely on the cause of your miscarriage. However, random chromosomal abnormalities - which cause most miscarriages - happen outside anyone's control. Your best bet is to live a healthy lifestyle, continue regular prenatal care, and avoid known risk factors.

What are my odds of miscarrying again?

You could have a slightly higher chance of miscarriage as compared to women who have never miscarried. The numbers shouldn't dissuade you from trying though; your chances of success remain higher still!

Treatment

If your body does not complete the miscarriage on its own and remove the foetal tissue, you may need treatment to stop the bleeding and prevent infection. It can be done in a number of ways:

- Wait 7-14 days after a miscarriage for the tissue to pass out naturally.
- Dilation and curettage or vacuum aspiration clears the uterus of tissue. These surgeries offer the quickest treatments for a miscarriage.

Treatment depends largely on the severity of your miscarriage and its symptoms. Discuss with your doctor which options are most suitable for you.

Miscarriage can be a very upsetting experience for parents considering the time, effort, love, and hope that went into conceiving a child in the first place. Healing does not mean forgetting, so give yourself some time to grieve the loss of your pregnancy, and seek help and support from loved ones.

Be sure you're physically and emotionally ready before trying again. Rest assured, women who have a miscarriage, even recurrent miscarriages, can still go on to have perfectly healthy babies. **PP**

An educational collaboration with



Obstetrical and Gynaecological
Society of Malaysia

Dealing with Failure

By **Assoc Prof Dr M Swamenathan**, Consultant Psychiatrist



Friedrich Nietzsche once said, "That which does not kill us, makes us stronger." The German philosopher knew early on that failure could actually be an opportunity for improvement – excellence even!

Naturally, as parents, we want to be proud of our children. We consider their success as an extension of ours, a testament to our childbearing achievement. This is also why their failure can sometimes become a subject of great disappointment for parents. However, setbacks can actually help children develop key characteristics and life skills they'll need to live a happy and meaningful life.

So, whether it is failure in academics, sports, competitions or relationships, parents need to be equipped with the correct tools to handle the situation. What's important to remember as parents is, it's your job to guide, facilitate, support and motivate your child. It's not about you, so try to limit judgement and encourage rectification instead.

Strategies to help your child learn from failure:

Look back at the problem and have constructive discussions about it – This helps them develop their creative thinking and problem solving skills. Ask questions like how they feel about their failure and discuss what could have been done better.



Show compassion and be supportive

– Console your child, hold them, hug them, and be affectionate. Your presence and the thought of knowing that you'll be there to catch them if they fall encourage them to be more explorative. Trying new things is an important part of development and fear of failure shouldn't be an excuse for a child to hide under a shell.

Dial back the praises

– You don't need to constantly feed your child with praises to make him/her feel motivated or confident. Your child's ability to overcome adversity is what actually builds self-esteem. Too much compliments can sometimes do more harm than good. Kids who are overpraised could become dependent on others for validation.

Tell your story, relate – as parents, there's a good chance you've had a few hiccups and hit a few walls in life yourself. You can re-tell the story of how you coped through failure. Your child can appreciate your advice better knowing you've gone through something similar.

Be a good role model

– The way you cope with certain disappointments (i.e. failed to get promoted) in life is often mimicked by your child. Be graceful, patient, unfazed, and thoughtful during this time. Instead of "I can't believe I didn't get the job!" try "No worries, I'll try harder next time".

Don't be overprotective parents

– Failure is an important part of the learning process, so help your child see them positively. While it is tempting to shield your child from every form of failure big or small, the fact is, you shouldn't. Acknowledge their failure, your job is to emphasise effort, making an effort is something your child can control. It teaches them that hard work is a prerequisite to success.



Do not deny your child of the independence they'll need to deal with the everyday ups and downs of life. Learn to accept your child's failure, but also hold them responsible for their missteps and challenge them to be the best they can be in the face of their mistakes or failures. **PP**

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Malaysian Psychiatric Association

Complementary Foods Made Easier

By Prof Poh Bee Koon, Nutritionist

By the time your little one is six months old, it is time to get him started on complementary foods. When you introduce complementary foods to him, be sure to start with soft, liquid or pureed foods. At this point in time, his main source of nutrition should still come from breast milk – complementary foods are meant to complement his dietary intake, which in the beginning is still mainly breast milk.

Before you start giving your baby complementary foods, check for the following signs that will let you know that he is ready to handle solid foods:

- He doesn't have extrusion reflex anymore (i.e. he does not instinctively use his tongue to push things out of his mouth).
- He demonstrates good head and neck control.
- He is able to sit upright with some support.

- His weight has doubled (compared to his birth weight).
- He shows an active interest in your food (e.g. he tries to grab your food).
- Despite regular feeds of breast milk, he still shows signs of hunger or wants to nurse often.

Getting started on complementary foods

If your baby shows signs that he is ready, then it's time to get started! You can use this exciting opportunity to introduce a variety of foods so that baby learns to eat a wide variety of different foods. You may use the following table as a guide on how much to provide him daily, but do observe your baby's needs and adjust the frequency or amount to suit him.

Food group	Age (in months)		
	6-8	9-11	12-23
Cereals, cereal-based products and tubers	1 ½ cup porridge	2 ½ cup porridge	2 cups rice
Vegetables	2 tablespoons cooked vegetables	4 tablespoons cooked vegetables	4 tablespoons cooked vegetables
Fruits	¼ slice papaya OR small size banana (1 pisang mas: 33g)	1 slice papaya OR 2 small size bananas (1 pisang mas: 33g)	1 slice papaya OR 2 small size bananas (1 pisang mas: 33g)
Meat, poultry, fish, and legumes	2 teaspoons of any type of meat or ¼ fish	2 teaspoons of any type of meat or ¼ fish or egg	½ medium size <i>kembung</i> or 1 egg
Milk	Breastfeeding on demand	Breastfeeding on demand	3 glasses of milk
Fats, oils	1 teaspoon added oil	1 ½ teaspoons added oil	1 teaspoon added oil
Additional tips for parents	<ul style="list-style-type: none"> ➢ Texture: pureed/ mashed with a liquid consistency. ➢ Feeding frequency of 2-3 times daily or more if he is hungry. 	<ul style="list-style-type: none"> ➢ Texture: finely chopped/ mashed foods, also foods he can pick up with his fingers. ➢ Feeding frequency of 3-4 times daily or more if he is hungry. 	<ul style="list-style-type: none"> ➢ Texture: start serving him family foods but if he has trouble, continue serving chopped/mashed foods and slowly introduce different types of family foods. ➢ Feeding frequency of 3-4 times daily or more if he is hungry.

Source: NCCFN 2013: Malaysia Dietary Guidelines for Children and Adolescents. MOH, Putrajaya

1 cup = 200ml, 1 glass = 250ml,
1 teaspoon = 5ml, 1 tablespoon = 10ml

Any hard foods (e.g. carrots, potatoes, etc.) should be steamed or cooked. Generally, babies between 6-8 months should be fed with pureed, mashed, and semi-solid foods and by the time they are 8 months old, they can eat finger foods. Once they are between 9-11 months, they would have developed their chewing skills and can eat coarsely chopped foods. By the time they are 12 months, they would have 'graduated' to eating family foods.



Don't worry if the food tastes bland to you; since your baby is new to the different types of food, they actually taste flavourful to them! You can also add nutrients and flavour to baby's food by using any homemade soup as a base (without adding salt or other additives!).

Lastly, remember that fresh is best. You can't go wrong by making your own selection of healthy foods for baby as you will know what has gone into it – you can be assured of the quality of the ingredients that are used, and best of all, it will be additive-free!

Be sure to keep track of the foods you give him by introducing new foods to him once every two to three days. This allows you to identify any signs of an allergic reaction towards a particular food. If you are uncertain, consult your baby's doctor. You may start off with rice cereals, then move on to a single type of fruit (e.g. apple, banana or papaya) followed by a single type of vegetable (e.g. spinach or carrots). Only once you have observed that your baby is able to eat each food type without any problems, should you go on to serve two or more food types together.

Watch out for choking hazards

Certain foods require extra care as they can cause choking. These include foods such as grapes, raisins, rambutan, hard textured sweets, popcorn, peanuts, nuts, mini cup jelly, raw hard vegetables, and untoasted bread (especially white bread that sticks together).

Strapped for time?

While the best option is to make your baby's complementary foods yourself, many parents nowadays find they have less time to spend in the kitchen than they would like. There are also times when you may be travelling, thus bringing home-prepared food may not be convenient.

One way to handle this is to compromise a little – there are commercial baby foods available that can be used either wholly or as a base for your own complementary foods. While there are many choices available in the market today, be sure to read labels carefully and choose wisely.

First, look at the age category, texture and the types of complementary foods. Some are single-food based (e.g. cereal-based), while others offer a combination of food groups or are a complete meal on its own and there are some that are suitable as a snack.

Choose appropriately for your baby and most importantly, don't forget to read the ingredients list as well as the nutrition information panel. It is vital that you check to ensure your choice is as free of additives as possible (e.g. preservatives, thickening agents, salt, and sugar). **PP**

Observe BMV

The principle of balance, moderation, and variety (BMV) is just as applicable to babies as it is to adults. BMV is all about observing:

- a **balanced** diet which includes foods from all five food groups in the Malaysian Food Pyramid,
- giving your baby **moderate** portions (served according to the recommended number of servings per food group), and
- made up of a **variety** of foods that will meet all his nutritional needs.

Caution!
Never add flavourings (e.g. salt, soya sauce or sugar) to your baby's foods. Too much salt can damage baby's immature kidneys while too much sugar may cause tooth decay and it may interfere with their appetite.

An educational collaboration with



Nutrition Society of Malaysia

Child Posture, The Right Way

By **Prof Dr Amara Naicker Naysaduray**, Consultant Rehabilitation Physician

“Don’t slouch,” we harp at them. “Stand straight! Throw those shoulders back and raise your chin up. Do you want to be hunched for the rest of your life?” words of many a frustrated parent. Though we mean well, as parents, we ourselves must have some understanding of the following:

- 1. What is (good) posture?**
- 2. Causes and result of bad posture**
- 3. What can be done to improve on things?**

1. So, what is good posture?

‘Posture’ is the position in which you hold your body and limbs when standing, sitting or lying down. When your child’s bones and limbs are properly aligned, it prevents from excessive strain towards any particular part of the body.

2. What causes bad posture in children?

Studies have identified a few causes, amongst which are:

a) Babies & infants

- Hurried development – rushing your baby to grow/develop faster not at his/her natural pace such as earlier use of baby walkers (note that there is lack of evidence to prove baby walker help children learn to walk, paediatricians do not recommend its use).
- Bad diet and a lack of nutrients.

b) School goers & teens

- Some youngsters carry school backpacks that weigh as much as 30% of their body weight which is far above general recommendations.
- Obesity
- Sedentary lifestyle
- Lack of strength and flexibility exercises
- Studies also show that posture is partly a learned behaviour and it is learned between ages three and five. So if you’re modelling poor posture, your kids are likely to pick it up.



3. So what can we do? (obviously we know nagging doesn't work.)

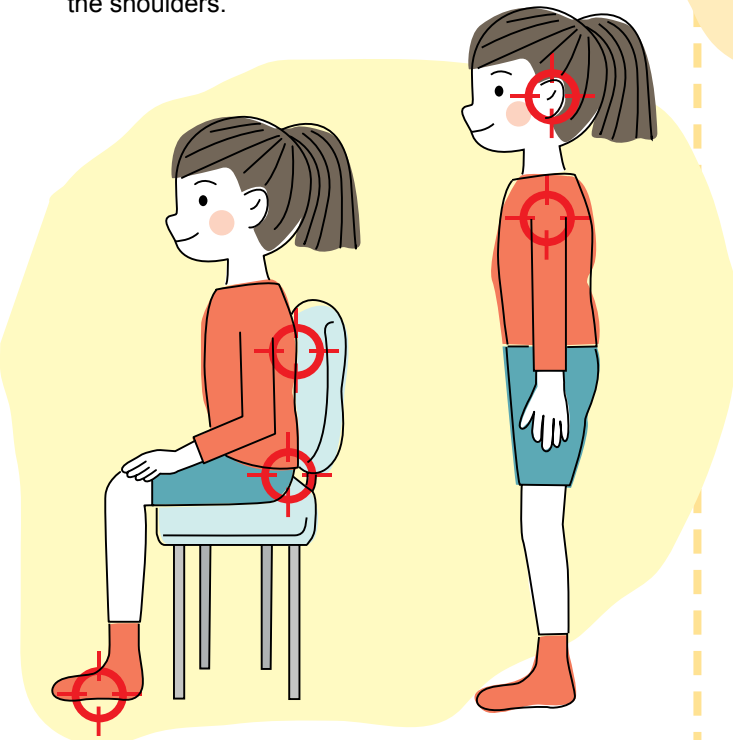
a) Give babies a chance to develop neck control and lower back strength at their own speed, through lifting their head, rolling over, sitting, and being on all fours to walking. Each stage prepares the muscle co-ordination for the next. If you rush them past a stage, some muscle groups will not be ready.

b) Buy the right kind of chair (at home and at school).

- Sloping writing surfaces, firm beds, backpacks which distribute the weight of school books evenly can all help.

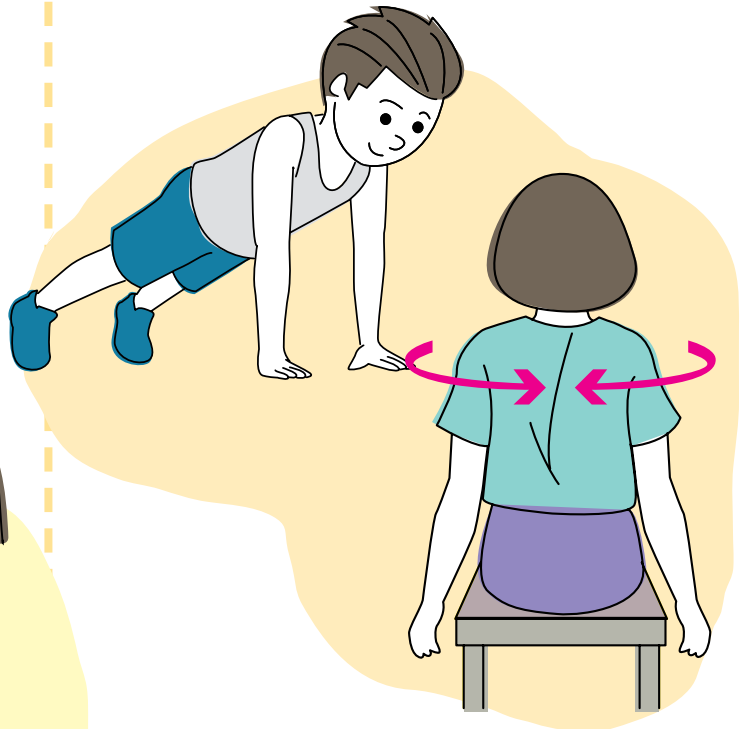
c) Identify, promote & model good posture

- **When sitting**, the buttocks and back need to lean on the chair with the shoulders pulled back and feet firmly touching the floor.
- **When standing**, the pelvis should be tucked in slightly with the shoulders pulled back. The head should be looking straight as well with the ears parallel to the shoulders.



d) Limit television, video game or computer time to 1-2 hours a day at 20 minutes per sitting. Make sure they stand and stretch frequently to reduce strain on the back and neck.

e) Encourage exercise beneficial for posture such as push-ups, shoulder squeezes and a seated rotational stretch, which helps to release tension in the middle and lower back.



f) Core muscle strengthening, balance and flexibility training and strengthening exercises (e.g. school sports, yoga and/or tai chi).

g) Teach your child the impact of poor posture (e.g. slouched or hunched body, stress, fatigue, joint pain).

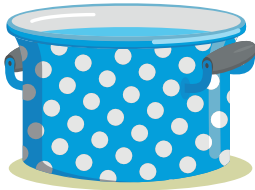
h) Eat well and do plenty of exercise. You cannot go back and ensure the bones grow properly later in life. No amount of exercise can overcome a deficient diet.

Slouching is a common characteristic among teenagers, but poor posture can actually be very problematic. Addressing problems as early as possible and teaching good habits from an early age will help to reduce the risk of injuries and pain in the future.

Although fairly uncommon there are some medical causes for 'slouched posture' and thus it is important is to seek out medical attention if in doubt. **PP**

Vegetarian Recipes

A vegetarian dish using legumes is a good way to reduce the intake of saturated fat, especially from meat and chicken. Here are two easy vegetarian recipes you can try prepare for your family.



Vegetable Lentil Curry

(Serves 6-7)

Ingredients

- 100 g (1 cup) yellow lentils, soaked overnight and boiled until soft
- 60 g (1/2 cup) carrot, chopped into small cubes
- 86 g (1 cup) brinjal, diced
- 50 g (1/5 whole) cucumber, diced
- 25 g (1 whole) tomato, diced
- 800 ml (3 cups) homemade vegetable stock
- 10 g (1 whole) red onion, chopped finely
- 10 g (2 cloves) garlic, chopped finely
- 10 g (1 teaspoon) curry powder
- 20 g (2 teaspoon) chili powder
- 1 stalk curry leaves
- 5 g (1 teaspoon) cumin seeds
- 20 g (2 teaspoons) mustard seeds
- 7 g (1 teaspoon) turmeric powder
- 15 ml (1 tablespoon) vegetable oil
- 2 tablespoons coriander leaves, chopped

Method

1. Heat some oil in a saucepan over medium heat. Then sauté red onion and garlic until fragrant. Then add curry powder, turmeric powder, mustard seeds, chili powder, curry leaves and cumin seeds. Sauté a while and stir constantly to not burn the mixture. Pour in vegetable stock.
2. Add lentils into the saucepan and simmer until mixture slightly thickens.
3. Add in carrot and brinjal and continue to simmer until cooked. Finally add the cucumber and lastly the tomato.
4. Cover and simmer over low fire for 15 minutes until lentils soften and gravy becomes thick. Garnish with coriander leaves.



Serving tips

- Suitable to serve with tosai, naan, chapatti, or rice.

Nutrition tips

- Lentil is a legume which is a good source of protein and fiber.

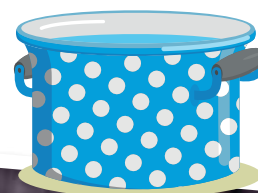
Nutrient Content Per Serving

Calorie 73 kcal	Carbohydrate 10.4 g
Protein 3.0 g	Fat 2.2 g



Veggie Rolls

(Serves 5 - 6)



Ingredients

- 3 pieces pastry sheet (square shaped)
- 180 g (2 cups) carrot, grated
- 130 g (1 ½ cups) cabbage, chopped finely
- 430 g (2 ½ cups) soy beans, soaked overnight and boiled until soft
- 10 g (1 whole) red onion, finely chopped
- 30 ml (2 tablespoons) tomato paste
- 15 ml (1 tablespoon) soya milk
- 10 ml (1 tablespoon) oil
- 10 ml (2 teaspoons) sesame seeds
- Salt and pepper to taste
- A pinch of cinnamon powder

Method

1. Heat oil in a pan and sauté red onion until fragrant and crispy.
2. Add carrot and cabbage. Cook for further 1 - 2 minutes.
3. Blend soy beans in blender and pour into the pan. Stir in the tomato paste, salt, pepper and cinnamon. Turn off the heat and set aside to cool.
4. Cut pastry sheet into two and divide the fillings into 6 portions. Spoon a portion of filling along the edge of pastry horizontally. Brush the opposite sides of pastry with soya milk. Roll up the pastry to cover the filling. Repeat this step until filling finishes.
5. Cut each roll evenly into 6 pieces and place on lightly greased baking tray. Brush the top of each roll with soya milk and prick with a fork. Sprinkle top with some sesame seeds.
6. Bake in a moderately hot oven (210°C) for 20-25 minutes, or until crisp and golden brown.



Nutrition tips

- Soya bean is a type of legume that is a good alternative to meat as it is low in fat and high in protein, fiber, and complex carbohydrate. When you purchase canned legume, look for brand which do not add any additional salt.

Nutrient Content Per Serving	
Calorie 229 kcal	Carbohydrate 19.9 g
Protein 15.1 g	Fat 9.9 g

Recipes courtesy of 'Buku Masakan Pilihan Pakar Pemakanan, Jilid 2: Resipi untuk Seisi Keluarga' by Nutrition Society of Malaysia. To purchase this recipe book which includes 100 recipes, please email: president@nutriweb.org.my

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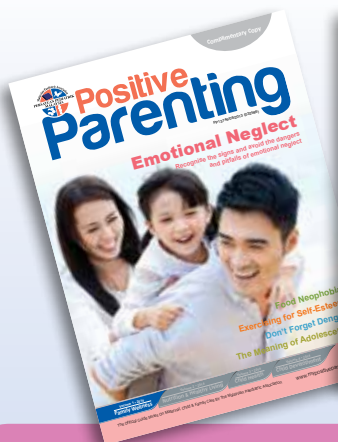
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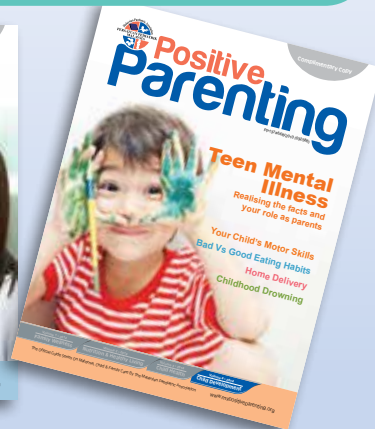
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Child Development

- Skills
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Teaching Your Child About Sharing

By **Assoc Prof Dr Alvin Ng Lai Oon**, Clinical Psychologist and Founding President of the Malaysian Society of Clinical Psychology (MSCP)

Why should one share in the first place? Why teach children to share? One main reason is that sharing builds relationships where there's mutual acknowledgement which helps develop compassion, respect and understanding towards one another.

When you share something with someone, there is an automatic acknowledgement of that person's existence and needs. This is usually interpreted as respect. When a person feels respected they are also more likely to reciprocate that respect, even in children. With respect, you also develop trust and gain a sense of security – two very important feelings that we need to preserve our well-being.

As such, sharing is one of the main aspects of a harmonious relationship, which is very adaptive, not just within the human race, but also within the animal kingdom. Here we observe that sharing is a very important skill and needed for survival. So how do we teach children to share? Ways to teach your child to share:

- 1. Through repeated exposure of modelling**
- 2. Through consequences of actions**
- 3. By association**

Model sharing behaviours in front of your children

Modelling employs a 'monkey see, monkey do' mechanism. Because you are an adult and children tend to imitate adults, your act of sharing is likely to be emulated by your child. Demonstrate sharing behaviours not just when playing or dining but in as many aspects of daily life as possible.

Reward acts of sharing

Apart from that, what you can do is ensure that any sharing behaviour from you or someone else is **rewarded with a pleasant outcome** that is socially appropriate of the society we live in. For example, when someone shares something with you, try expressing joy and gratitude towards that person. Do the same when your child shares something with you or praise them when they share anything with others.

Sharing joy

Similarly, this shows that sharing brings pleasant consequences to the person who is being generous. This teaches your child that generosity is something that is highly approved of which not only benefits the receiver, but the giver as well. You can **reinforce the good feeling of compassion** by teaching your children that bringing happiness to others is a great reward in itself because you can actually rejoice and share in their happiness.

The ripple effect

Your child learns to extract the happy moments in their lives at an early age through sharing and latching on to others' happiness. You can also teach them that **when others are happy with your generosity, they'll be kind and nice to you**, thus are more likely to protect you from harm because they treasure you.

Once sharing becomes frequent and good consequences are increasingly experienced, your child will associate these pleasant feelings whenever sharing is involved. This, in turn, motivates your child to share more often the toys, or other belongings they have.



A friend in need is a friend indeed

Another reason why "sharing is caring" is important is because **we can't always cure, but we can always care**. Therefore, teaching your child to care more makes him/her a very valuable person.

As mentioned, sharing is a quality that creates bonds and fosters a sense of security as well as the notion of care. Therefore, it definitely falls within the idea of friendship. When your child shares well, you would not have to worry that he/she has no friends.

What you give, you get back

Some people argue that you may lose valuable things if you share too much. That's not true: not when you **share wisely and respectfully, as well as choose your friends carefully**. If your child is taken advantage of by others, you can teach your child to learn from that mistake and then help them move on by reminding them to choose their friends more wisely.

Being a generous and sharing person is a positive attitude full of benefits and advantages. It brings security to the community and reduces jealousy, unhealthy competition or the need to steal.

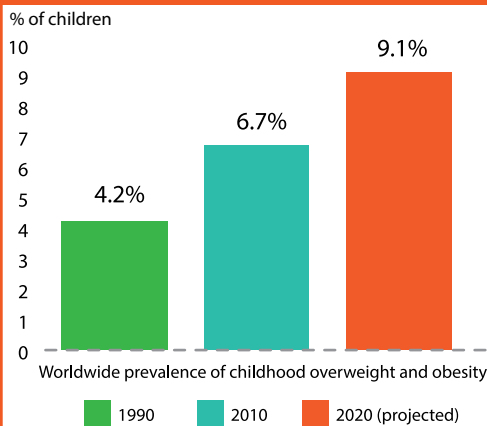
Sharing brings harmony and it is an important basis for the development of the concept of fairness, care, and cooperation in human interaction. So teach your child to share for a better, harmonious future. **PP**

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Chubbier is Not Better: **Stop Childhood Obesity**

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

The prevalence of childhood obesity is increasing worldwide

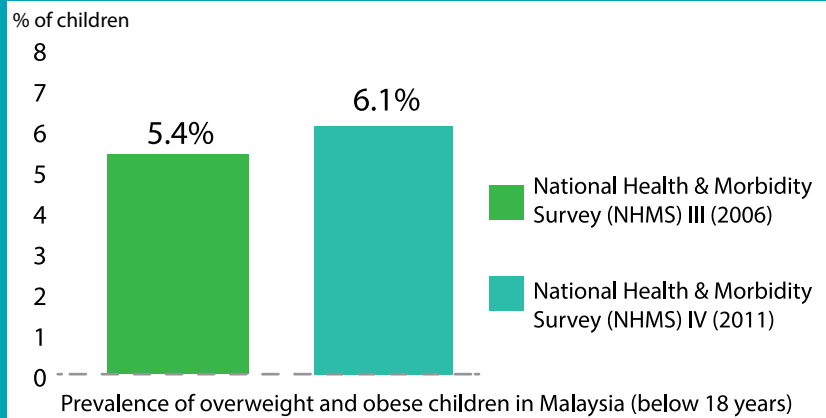


By 2020, an estimated

60 million children worldwide will be overweight or obese



In Malaysia, the prevalence of childhood obesity is also on the rise



- Nutrition Survey of Malaysian Children (SEANUTS Malaysia) showed that the prevalence of overweight and obesity for children 6 months to 12 years old were 9.8 % and 1.8 %, respectively.

Other studies conducted by the Nutrition Society of Malaysia (NSM) show a higher prevalence of childhood obesity in Malaysia:

- NSM study (2010) in Kuala Lumpur, Putrajaya, and Selangor showed that **14.5% (1 in 7) children aged 1-3 years were overweight** and **16.6% (1 in 6) children aged 4-6 years were overweight.**
- NSM NutriStudy project (2010) in **Peninsular Malaysia of children aged 4-6 years** showed that **16% (1 in 6) were overweight or obese.**

- NSM Healthy Kids Programme (2010) and SEANUTS study (2011) showed that **30% (1 in 3) primary school children were overweight and obese.**
- NSM MyBreakfast study (2013, unpublished) showed that **28% (1 in 4) primary school children were overweight and obese.**

What does this mean?

- Although these findings may not be strictly comparable because of different references used in determining overweight and obesity, it cannot be denied that overweight and obesity have

become significant problems among children in Malaysia.

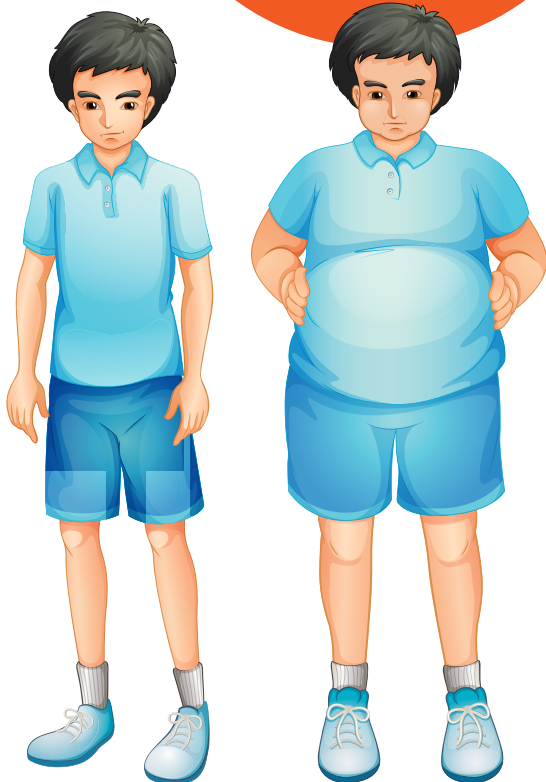
- Furthermore, the findings show that the affected proportions of primary school children are alarming.

What are the dangers of obesity?

- associated with significant health problems (both in childhood and during adolescence)
- early risk factor for adult morbidity and mortality
- more medical problems happen in obese children/adolescents which affect their:
 - ▶ **cardiovascular health** (e.g. high cholesterol, hypertension),
 - ▶ **endocrine system** (e.g. high insulin levels, insulin resistance, menstrual irregularity)
 - ▶ **social stigma** (e.g. becoming a bully, or is bullied or ostracised by his peers)
 - ▶ **mental health** (e.g. depression, low self-esteem).

As many as 8 out of 10 obese children could have at least one of the above medical conditions.

Did you know?
Overweight children have a higher risk of growing up to become overweight or obese adults, thus facing a greater risk of developing diabetes, heart disease, and other chronic diseases.



How to prevent it

Teach your child healthy lifestyle habits from young – this is important as making changes is more difficult once he grows up. The key points to focus on are to cultivate healthy eating habits and a love for physical activity – these are the basics he should have in order to prevent obesity during his childhood and adolescence. As parents, you are his role models – lead by example and he will emulate you. You can achieve this by:

- Encouraging him to **engage in regular physical activities both at home and at school**. This can be in the form of both outdoor and indoor sports/ games.
- Spend some time as a family on **physical activities during weekends**.
- **Limit the time spent on physically inactive activities** such as watching television or playing computer games.

When it comes to good nutrition, you should provide your family with a diet or meals that are healthy. Make it a point to offer healthier food choices and when you prepare meals for the whole family, use healthier cooking methods such as steaming, grilling, baking, or stir-frying. A healthy diet should incorporate the principles of balance, moderation, and variety – this means your child (and the rest of your family!) should

- **eat a balanced diet** that includes foods from all five food groups in the Malaysian Food Pyramid,
- **eat in moderate portions** (served according to the recommended number of servings per food group),
- **eat a variety of foods** to meet his nutritional needs.

Caution! Never use food as a reward (e.g. “If you do well in your exams we’ll go for a big ‘makan’ together.” or “Finish your vegetables and I’ll let you have ice cream.”) as its impact will be far-reaching as not only will your child associate food treats with expected behaviour, he may even hold you hostage to this by demanding treats for every little thing that you expect him to do.

When your child is at school, you can do your part by:

- preparing a healthy meal and/or snack for him to eat during his meal breaks
- always providing him with plain drinking water
- always making sure he takes all his meals and this includes a healthy breakfast every day

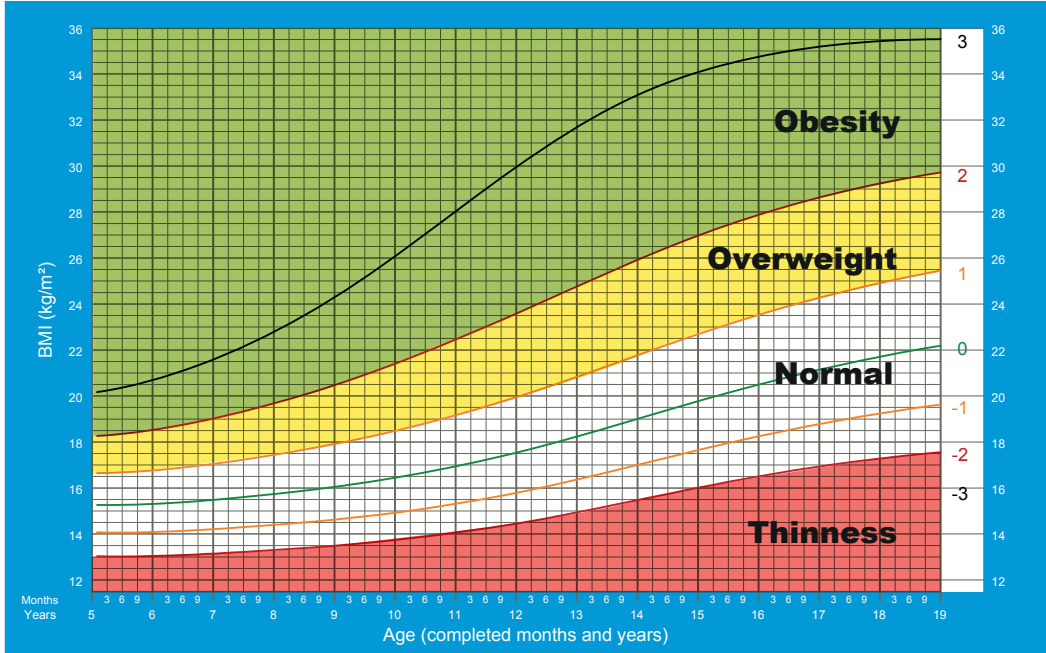
Make it a habit to monitor your child's growth periodically every six months by checking his body mass index (BMI) to ensure that it is on track. BMI is measured by the following method:

BMI = weight (in kg) / height x height (both in metres)

You can keep track of his growth by comparing it against the following:

BMI-for-age BOYS

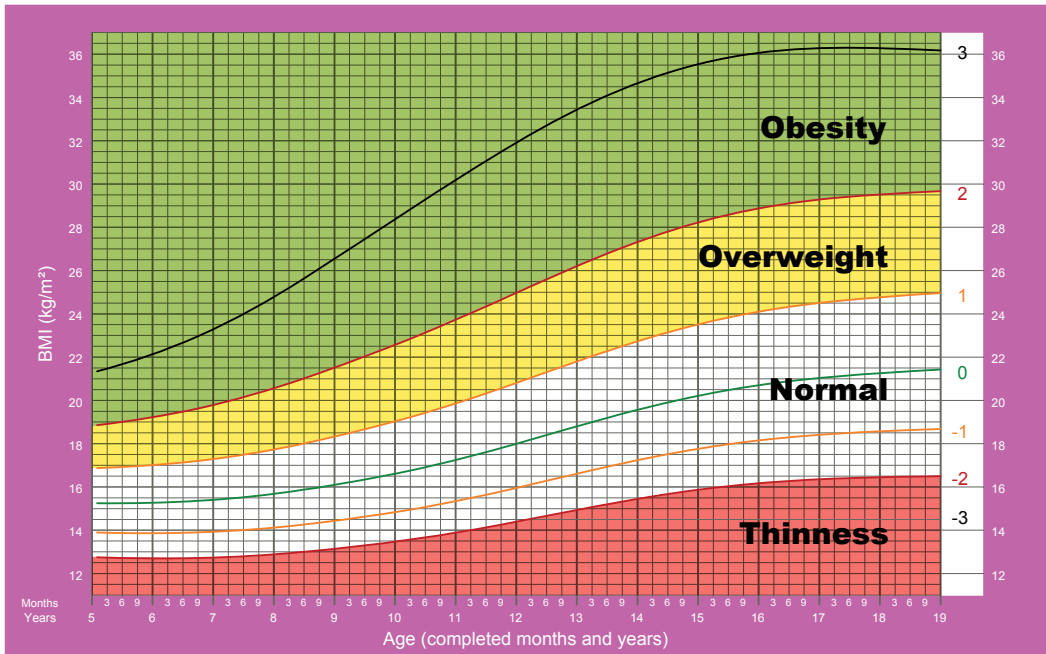
5 to 19 years (z-scores)



2007 WHO Reference

BMI-for-age GIRLS

5 to 19 years (z-scores)



2007 WHO Reference

Regular growth monitoring allows you to ascertain whether or not he is growing normally or if he is overweight, underweight, or obese. Remaining alert to his growth status allows you to respond appropriately, i.e. seeing a nutritionist or paediatrician if the situation warrants it. **PP**

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Dairy for life

My Positive Teen

- Socio-emotional
- Conditions and Diseases

Social Swagger

Teen Social Skill Development

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

Social skills are learned abilities necessary to get along with others and to create and maintain satisfying relationships. For teens (and adults), their social circle may include parents, relatives, peers, teachers, carers, and society in general. There are many **advantages** to having good social skills as teens, these include:

- having better, more trustworthy relationships with peers, parents, co-workers, etc
- better performance at school
- open more career, business or life opportunities and possibilities via network of acquaintances
- increased self-esteem, good problem-solving, effective stress management and better overall well-being
- as they mature, adolescents' social skills are called upon to form and maintain relationships



Let's look into the 4 major categories of behaviours your teen should develop in order to fare better socially:

BEHAVIOUR	Self-related	Accepting consequences, express feelings, positive attitude towards self, self-care/hygiene, empathetic, ethical & responsible behaviour.
	Task-related	Classroom participation, asking/ answering questions, completing tasks, following directions, group activities, individual work, work quality, taking initiative.
	Environmental	Caring for the environment, dealing with emergencies, and interaction with environment.
	Interpersonal	Accepting authority, assertive, good conflict resolution, gaining attention, greeting & helping others, making conversation, organized play, positive attitude towards others, and respectful and mindful of others.

As parents, it's your responsibility to prepare and equip your child with the necessary tools he/she needs to positively act and react in social situations. For parents looking to harness their child's social skill potential, these simple but effective at-home DIYs may help:

Communication & expression of feelings

- Ask about their day everyday! Show some interest and provide input to extend conversation – let them drive the talk.
- Discuss the need for social skills; your teen needs to understand that social skills are important.
- Most parents start off their conversation with their children beginning with a question. Try starting a conversation by talking about something that interests you instead and see where that leads.
- Ask them for feedback more often and if you have questions for them, keep them open-ended.

Being part of the group/ participation

- Include your teen in family discussions (i.e. where to go for holidays), decision-making (i.e. what school extra-curricular activity to choose) or appoint them daily house chores the family can't do without (i.e. taking out the trash, dish or cloth washing).

Showing initiative

- Encourage new found interests, allow mistakes, and make them think critically for answers instead of spoon-feeding it to them.
- Encourage them to do simple things on their own.

Caring for self & others

- Morals, ethics and etiquette lead to the ability to empathize, appreciate and respect others. Being a role model is the best way to teach your teen about self-awareness (i.e. hygiene or body image) and social courtesy.
- Role-play with them by acting out social interactions that would typically be encountered in an unstructured everyday situation.



Assertiveness

- Practice controlling their intonation and teach them confident body stances.
- Know when it is appropriate to speak out or stand up for him/her -self and to handle confrontation properly without being violent or derogatory.

Open-mindedness & broader experience

- Expose your child to new things, new places, new people, and new activities capable of growing their interests with their age. They'll have more to talk about too! **PP**

An educational contribution by



Malaysian Association for
Adolescent Health



Positive Parenting

Invite Us for A **FREE** Seminar

Being a public service initiative, we conduct **POSITIVE PARENTING SEMINARS** in collaboration with caring organisations. Please contact us if you would like to jointly organise such an event for your staff, club/society members, residents or community.

About Our Seminars

- **No fees or charges:** We'd rather leave your organisation to make all the necessary promotional and venue arrangements, leaving us to focus on the programme and content delivery.
- **Scope:** Maternal & Family Wellness, Child Health & Paediatrics, Child Nutrition, Child Development or all the above (subject to available time & audience size).
- **Speakers:** Experts in pregnancy care, child health & paediatrics, child nutrition, parenting skills and psychology.
- **Languages:** English, Bahasa Malaysia or Mandarin.
- **Identity:** The event is to be identified and promoted as **MPA's Positive Parenting Seminar** in collaboration with your organisation.
- **Purpose:** Strictly educational and must not be linked to any commercial or product marketing purpose, whether directly or indirectly. Members of the public may only be charged a very nominal entrance fee, if at all.
- **Courtesy:** We encourage you to present the speaker(s) with a small honorarium payment or token as a gesture of appreciation for their time and effort.



Your Role

- Invite us in **writing**, stating: your topic/area of interest, date options (best Saturday afternoons or Sundays), suggested duration, venue address, minimum **guaranteed** audience size & preferred language(s).
- Provide suitable venue, adequate audio-visual equipment, and refreshments for your audience (if desired).
- Promote the event to maximize turn-out.
- The seminar (like all other Positive Parenting activities) are made possible by educational grants from our corporate sponsors. It would be appreciated if you could allocate them booth space (10 ft x 10 ft) at the event, if space permits.



POSITIVE PARENTING SECRETARIAT



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Email: parentcare@mypositiveparenting.org

NOTE: All seminar invitations are subject to consideration & approval of the Positive Parenting Management Committee.



PERSATUAN PEDIATRIK MALAYSIA

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.

• 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!



• 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.

~ Our Collaborating Expert Partners ~



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

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