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Positive Parenting

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A Journey Through Autism

Dengue Vector

Fighting Childhood Obesity

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Reactive Attachment Disorder

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Volume 1 • 2016
Family Wellness

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Volume 3 • 2016
Child Health

Volume 4 • 2016
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
www.mpaweb.org.my

“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 Sarvanathan
Developmental Paediatrician



Nutrition Society of Malaysia
www.nutrivweb.org.my

“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
www.ogsm.org.my

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



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



Malaysian Psychiatric Association
www.psychiatry-malaysia.org

“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
www.lppkn.gov.my

“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
<http://malaysiaclinicalpsychology.com/>

“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 BERDAFTAR MALAYSIA
Association of Registered Childcare Providers Malaysia
<http://ppbm.org/>

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



P.H. Wong
President, PPBM



Malaysian Mental Health Association
<http://mmha.org.my/>

“Mental health and resilience starts with the family.”



Dato' Dr Andrew Mohanraj
Consultant Psychiatrist



Malaysian Association of Kindergartens
<http://www.ptm.org.my/contact.html>

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

Empowering Persons and Families with Autism

Autism spectrum disorders (ASDs) are a group of developmental conditions that involve delayed or impaired communication and social skills, behaviours, and cognitive skills. For each child and family – coping with autism may involve a unique set of challenges. At times, it can also be exhausting and frustrating. On top of that, it can be a roller coaster ride of emotion.

In this issue, our 2 part-feature, sets out to inform, empower and help parents with autistic children to learn more about the disorder, better understand their child's condition and where they can go to find more help and support.

Additionally, in the Family Wellness section, our experts will discuss things to be anticipated during labour, first aid and look into the psychological effects of infertility. We also have some good reads in our Nutrition & Healthy Living section, where our experts talk about complementary feeding and vegetarian diets for kids. Also, be sure to try out some of our delicious and mouth-watering fruit and vegetable-based recipes.

Furthermore, we will explore issues on pneumococcal infections, genetic disorders affecting children, recognising Malaysia's bloodsucking menace, as well as uncover some of the myths and facts on immunisation. Interestingly, we have also had parents asking us online about how they can help nurture their child's interests. So, our experts will be addressing just that in our Child Development section.

Finally, as usual, I sincerely hope that you will enjoy reading this issue and that its expert-driven content will give you a progressive insight as you journey towards becoming better, more positive parents to your children.



DATUK DR ZULKIFLI ISMAIL

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Look out for our FREE Positive Parenting Talks at KidZania Kuala Lumpur this November 2016. Check www.mypositiveparenting.org or [Facebook.com/positiveparentingmalaysia](https://www.facebook.com/positiveparentingmalaysia) for more info!

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Malaysian Paediatric Association



Dr Raja Juanita Raja Lope
Consultant Developmental and General Paediatrician

Autism, also known as autism spectrum disorder or ASD, is a lifelong developmental condition that is characterised by persistent problems in social communication and interaction, along with restricted and repetitive patterns of behaviour, interests or activities.

A Journey Through Autism

It's called a 'spectrum' because people with it may have challenges/problems that run from mild to severe, with different levels of ability and/or disability. Because of this, each patient is unique and requires different levels of support.



Challenging Behaviour of People with ASD

What are the behaviours that distinguishes a person with ASD from his or her “typical” peers? They may vary according to the severity of a person’s autism and their age, but there are core issues that affect most people with ASD.

Common ASD Behavioural Challenges	
Social & communication problems	Does not develop typically with age, may be considered socially inappropriate or strange. Commonly have difficulties in speech & understanding.
Obsession, repetitive behaviour and restricted interests	Wanting to do the same thing over and over again and not comfortable with change.
Mood instability	Meltdowns and tantrums, even over trivial issues or can occur spontaneously for no apparent reason.
Sensory problems	Oversensitive to sensory input such as common noises (e.g. vacuum cleaner) or hyposensitive – e.g. no reaction even to scary noises such as a dog barking close by.
Daily activities	A combination of lack of motor skills and/or cognitive (mental) disability may make daily tasks (e.g. dressing, feeding) difficult.
Sleeping problems	Disruption in circadian rhythms and melatonin production could lead to sleep problems and also sensitivity to light and temperature.
Psychiatric problems	Attention deficit hypersensitivity disorder (ADHD), anxiety, etc., that may occur along with autism.

Causes

Scientists are still unclear of what causes the disability. It is most likely that causation is multi-factorial, a combination of different factors (i.e. problems during pregnancy, genetics or environmental). For the most part, science has yet to determine the exact cause.

These are some misconceptions surrounding the cause of ASD, which have insufficient evidence or which are NOT true and have been proven wrong through scientific consensus:

- Measles, mumps & rubella (MMR) vaccine
- A person’s upbringing or social condition
- Diet, such as eating gluten or dairy products

Prevalence

There is no local study on ASD prevalence in Malaysia. Many studies, including in Asia, have shown the prevalence to be approximately 1 percent (1 in 100).

What is MCHAT?

It is an autism screening tool, which consists of 23 questions reported by parents for children 16 to 30 months of age. The test will determine whether or not a more thorough assessment for signs of ASD or developmental delays is required.

Even if your child has been positively screened for ASD, it doesn't mean he or she will be diagnosed with the disorder. But, if the doctor suspects ASD, a proper assessment and follow up tests will be conducted.

Symptoms & Signs

It's important to note that some children with ASD may not show any symptoms in the first year of life. But if your child shows any of these red flags or a combination of them, consult a doctor.

Red Flags Behaviours

- No babbling or cooing by 12 months.
- No gestures (finger point, wave, grasp) by 12 months.
- No single words by 16 months.
- No 2 word phrases by 24 months.
- Any loss of language skill at any age.

Source: National Institute of Child Health & Human Development-NICHHD

Treatment

Early intensive behavioural intervention involves a child's entire family and working closely with a team of professionals. This isn't always possible for many families because of the practical, emotional and financial commitments necessary.

Additionally, there are many different types of autism interventions, treatments and therapies to consider. The focus of any intervention should be the development of your child's:

- Communication, social and interaction skills
- Imaginative play, motor and mobility skills
- Cognitive and academic skills
- Everyday tasks (e.g. toilet-training, feeding)

Because parents with ASD children play such a crucial role in supporting and enhancing their child's skills, it's important that they too are educated and trained on how to communicate with their child effectively (e.g. call out their name, use simple language, accompanying words with gestures).

Connecting with other NGOs (Non-Governmental Organisations), parents, individuals or ASD support groups can help parents gain more information about ASD, get advice on treatment and other related issues. These groups may also offer parents much needed emotional support. My colleague, Datuk Dr Zulkifli, will discuss in further detail on where you can go for help, so make sure you stay tuned. **PP**



A Journey Through Autism

Helping Families with Autistic Children

As a parent, once you have gotten over the initial reactions, it's time to move forward and look at places to get help. There are many NGOs, forums, institutes and societies that parents with autistic children can go to for help.

The main focus of any of these establishments is usually to:

- guide parents so that they may provide appropriate care and nurture their child's development.
- educate children with autism to become contributing members of society.
- create public awareness on autism and the challenges faced by individuals with autism and their families.

As we go through some of them, it's important to keep in mind that hope is not lost for your child. All children are special, each unique in their own way, but all require parental love, protection, guidance and affection just the same. Those who run these organisations, programmes and institutions realise that fact and, are willing to come forward to help, guide and support you and your child through the road less travelled.

Public

The federal government, through the PERMATA Programme, established PERMATA Kurnia (www.programpermata.my/kurnia), a programme that provides children with autism and their families, with professional help and treatment. The PERMATA Kurnia Centre in Kuala Lumpur has been operating since 2015 and plans are already underway to construct similar centres nationwide. Following the success of the PERMATA programme, policies are in the works to provide equal



source: www.programpermata.my/kurnia

opportunities for education and jobs, as well as improve infrastructure for children with learning disabilities.

The Ministry of Women, Family and Community Development also collaborates with the PERMATA programme through its department branches such as the Department of Welfare (JKM – Jabatan Kebajikan Masyarakat). Families of autistic children who are registered with JKM may also receive monetary relief and other relevant assistance.

At the state level, Selangor for example in its 2016 budget announcement, will soon launch its DIDIK Smart Selangor programme which is expected to be a one-stop autism treatment centre, catering to low-income families of autistic children.

Local universities also play a strategic role in the development of autistic children through education, research and training by funding initiatives like UniMAP's Autism Hub for Educational Resources and Training (A-Heart) [email: aheart@unimap.edu.my, Facebook: A-heart Universiti Malaysia Perlis, or call: 04-986 5401/5410/5402] and UKM's Autism Learning Laboratory [email: dfpend@ukm.edu.my, website: <http://www.ukm.my/fpendidikan/> or call: 03-8921 6237]. Anyone interested in their services can contact them directly or through their respective universities.

Non-Government, Not-For-Profit

NGOs like the National Autism Society of Malaysia (NASOM - www.nasom.org.my) and other non-profit, non-governmental welfare organisations offer services to special needs children through various programmes. These services emphasise on the acquisition of skills and changes in behaviour. The objective is to help autistic children live and work more effectively at home, at school and in the community by improving learning, social and language skills.

- **IDEAS Autism Centre**
 - Website: autism.ideas.org.my
 - Email: autism@ideas.org.my
 - Call: 03-6091 7330
- **Hua Ming Autism Centre**
 - Website: www.autism.org.my
 - Email: hmas@autism.org.my
 - Call: 03-7770 2080
- **Insan Welfare Society of Brain Injured Child**
 - Website: www.braininjurychild.org
 - Call: 03-7982 4502
- **MyHELP – Foundation**
 - Website: www.myhelp.ngo
 - Email: info@myhelp.ngo
 - Call: 06-981 1762
- **Akademi Remaja Islam Autisme – Foundation**
 - Facebook: Arisma - Akademi Remaja Islam Autisma
 - Call: 03-4161 0674
- **Association of Resources and Education for Autistic Children**
 - Website: www.lionsreach.net
 - Call: 04-656 4357/ 04-659 8209

Support Groups

Most support groups have similar objectives and work to:

- (1) support and provide information to affected families,
- (2) raise awareness on intervention and treatment,
- (3) encourage parents to make informed choices on treatments and,
- (4) encourage networking with professionals and affected families.

- **Kelab Anak-anak Autisme**
 - Facebook: Kelab Anak Autisme
- **Persatuan Autisme Muslim Malaysia**
 - Website: www.autisme-malaysia.com
 - Email: autisme.malaysia@gmail.com
 - Call: 019-381 1907
- **Parent's Resource for Autism Malaysia**
 - Website: www.pr4a.org.my
 - Facebook: Parents' Resource for Autism Malaysia
 - Call: 03-7971 1121

Companies

Privately-owned care centres also provide the same services as their public counterparts and are an alternative to existing government-sponsored treatment and management programmes. This is because in some cases, the centre is too far away from home or the waiting list to enrol a child into publicly-funded centres are long and families cannot afford to wait.

This listing is by no means exhaustive and there are many more organisations out there which are committed to help guide and support autistic children and their families. From free government services to in-home behavioural therapy and school-based programs, with the right treatment plan, and a lot of love and support, your child can learn, grow, and thrive. **PP**



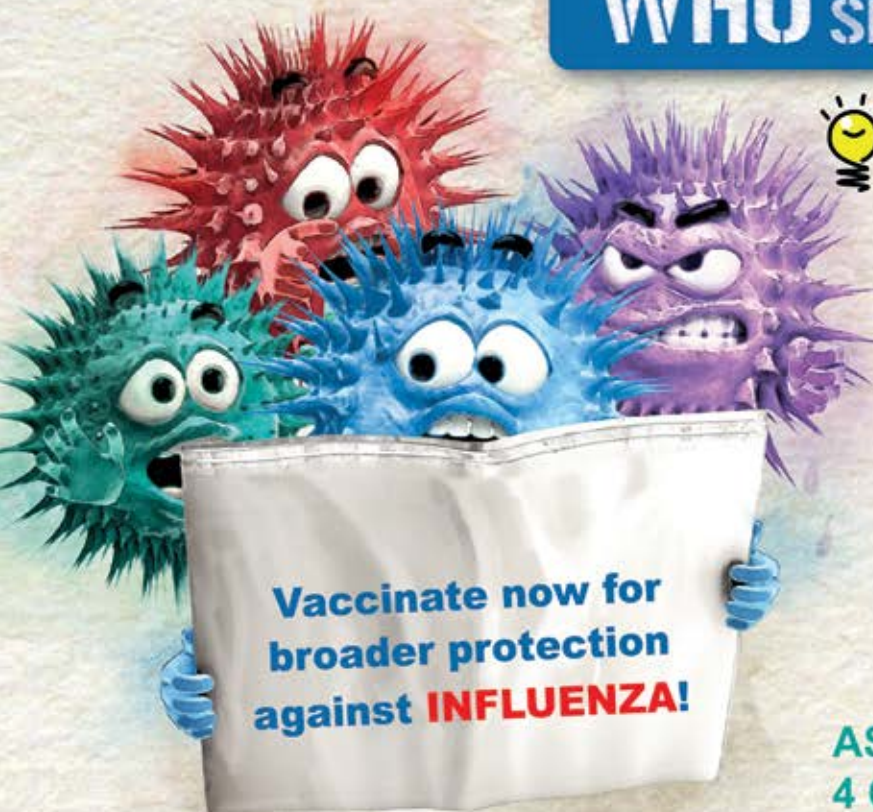


UPGRADE YOUR FLU DEFENCE

INFLUENZA: KNOW THE THREAT

- Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs.¹
- It can cause mild to severe illness, and at times can lead to death.¹
- The best way to prevent the flu is by getting a flu vaccine each year.¹

WHO SHOULD BE VACCINATED?



Everyone who is **6 months and older** should get the flu vaccine every year.¹

It is especially important for these **high risk groups** to be vaccinated:¹

- Children below 5 years
- Adults 65 years and above
- Pregnant women
- People with medical conditions such as asthma, diabetes, heart disease, chronic obstructive pulmonary disease (COPD)
- People who live with or care for people in high risk groups

**ASK YOUR DOCTOR ABOUT THE
4 COMMON INFLUENZA STRAINS**



www.vaccinationisprotection.com

A community message brought to you by

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Child Health

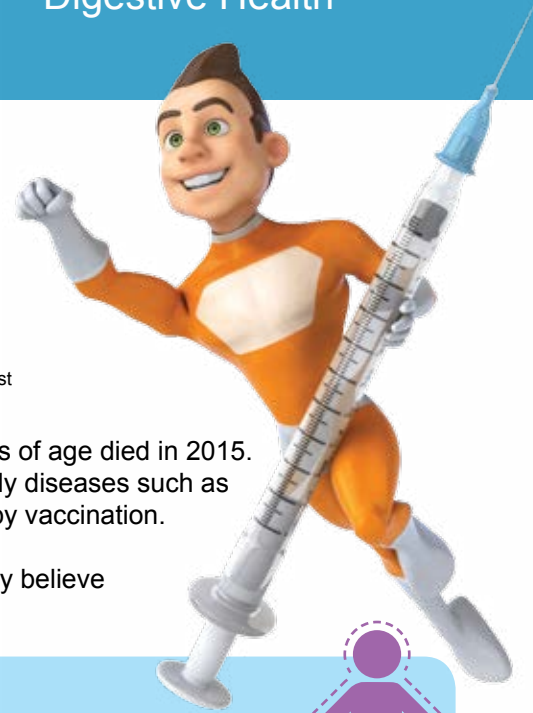
- Immunisation
- Allergy
- Paediatrics Issues
- Digestive Health

Vaccination Saves Lives

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

The World Health Organization reported that 5.9 million children below five years of age died in 2015. Sadly, more than half of these deaths were due to preventable causes, especially diseases such as pneumonia, meningitis, and diarrhoea, all of which could have been prevented by vaccination.

Even in Malaysia, there is a small group who prefer to avoid vaccinations as they believe some of the myths which are completely erroneous.



MYTH

Vaccines cause side effects, diseases, and death



MYTH

Vaccination can overburden the immune system



FACT

Minor effects may appear in some children (e.g. sore arm or mild fever) and rarely do adverse effects occur. The US Centre for Disease Control and Prevention (CDC) runs a continuous surveillance called the Vaccine Adverse Event Reporting System (VAERS), which showed little or no evidence that reported deaths were due to vaccines. The Ministry of Health (MoH) Malaysia also monitors adverse events associated with vaccination through an Adverse Event Following Immunisation (AEFI) reporting by parents through their doctors.

FACT

The human immune system is able to cope with even more antigens contained in combination vaccines. After all, children are exposed to all sorts of foreign antigens every day; combination vaccines will not overburden their immune systems. Their bodies can easily cope with the number of antigens given in different vaccines.

CHILDHOOD VACCINATION MYTHS & FACTS

MYTH

No point in vaccinating as the disease is practically extinct



FACT

Some of the diseases vaccinated against are rare in Malaysia. This is due to effective compulsory vaccination, but people who travel to regions where these diseases still exist may bring it back when they return. Vaccination helps protect the minority of our population who are allergic, are not old enough to

receive their first vaccination or do not respond to certain vaccines. Vaccination has eradicated smallpox and almost removed polio (except for 2 countries). Measles would have been eradicated too if not for increased vaccine refusals.

MYTH

MMR (measles, mumps, rubella) vaccine causes autism and bowel disease



FACT

The link between this vaccine and autism is completely baseless!

In 1998, a paper published in The Lancet by British researcher Andrew Wakefield claimed a link between the MMR vaccine and autism and bowel disease. However, this paper was based on a small case series with no controls, linked three common conditions, and relied on parental recall and beliefs.

A journalist, Brian Deer showed evidence that Wakefield falsified data about patients' medical histories to support his claim of discovering a new syndrome. The paper was discredited and withdrawn. This paper caused a measles outbreak in the UK resulting in some deaths, when parents refused the MMR vaccine for their children. Subsequent outbreaks were documented in the US. We have had isolated outbreaks in Selangor and some other states as well, all of which were related to vaccine refusals. At least 2 deaths were reported by MoH.

MYTH

Non-halal substances are used in the manufacturing of the vaccine



FACT

Different vaccines have to be dealt with differently. An enzyme of porcine origin is used in the initial production of the oral polio vaccine and the oral rotavirus vaccine. The amount used is so small that with diluents and other liquids added, it would have reduced the concentration. One chickenpox vaccine uses gelatine in the preparation. Although not pork as such, there is reservation by some parents. An analysis of the final vaccine product by PCR (polymerase chain reaction) has confirmed the absence of pig DNA. All the vaccines used by MoH have no controversy about halal-haram.

**CHILDHOOD
VACCINATION
MYTHS
& FACTS**



MYTH

Polio vaccine causes paralysis



FACT

In the past, the live-attenuated oral polio vaccine used did rarely cause vaccine-associated paralytic polio (VAPP), but the injectable inactivated polio vaccine does not cause VAPP.

MYTH

Vaccination is a conspiracy to decrease fertility of Muslims



FACT

This was the reason for refusing polio vaccination in Nigeria which delayed the eradication of the disease. Before you accept this ridiculous reasoning, think why the vaccination programmes in the US, European countries and Israel use the same antigens as the rest of the world.

The dangers posed by the disease itself are far higher than any risk of vaccination, real or imagined. Vaccination is a simple, practical, and effective method of primary prevention for your child, so don't miss any of his shots. Remember to get the booster shots if applicable, as they must be completed in order to be effective. **PP**

An educational contribution by



Malaysian Paediatric Association

Paediatric Pneumococcal Infections

By **Datuk Dr Musa Mohd Nordin**, Consultant Paediatrician & Neonatologist

Survey: 96% of Malaysian mothers are clueless about pneumococcal disease, whilst 97% are not aware that it can be prevented through vaccination.

Latest data shows that pneumococcal disease (PnD) kills close to half a million children less than 5 years old worldwide every year. Most of these deaths occur in developing countries. In Malaysia, the prevalence of pneumonia in children under 5 is between 28-39%. It is the fifth highest cause of death in Malaysian children, contributing 4% of deaths under 5 years old.

PnD refers to a host of illnesses caused by the bacterium *Streptococcus pneumoniae* (also known as *pneumococcus*).



meningitis

(inflammation of the lining membrane of the spinal cord and brain)



bacteraemia

(bacterial infection of the blood)



pneumonia

(infection of the lungs)



otitis media

(inflammation of the middle ear)



acute sinusitis

(inflammation of the sinuses)



PnD can lead to complications like hearing loss, learning disabilities, speech delays, cerebral palsy, mental retardation and sometimes even death.

Who Are Most At Risk?

Infants from birth to 24 months are at highest risk, due to their low levels of circulating pneumococcal antibodies. Children with weakened immunity (either born with a faulty immune system or the immune system is compromised following a previous illness or a side-effect of medical treatment), infants and children who attend day care and, children with chronic diseases such as asthma and congenital heart diseases are also among those at highest risk of developing PnD.

Recognise The Signs & Symptoms

Symptoms of the disease may sometimes overlap and some may be so subtle, it can be difficult to spot.

Meningitis:

Fever, severe headache, nausea, vomiting, diarrhoea, stiff neck, and photophobia (avoidance of light), irritability, lethargy, refuses to eat, and the fontanelle (soft spot a bit above the forehead) may bulge. Decreased level of consciousness and seizures may also occur.

Bacteraemia:

High fever and persistent irritability. A respiratory tract infection may or may not be present.

Pneumonia:

Rapid or difficult breathing and chest pain, chills, cough, and fever.

Otitis Media:

Earache, fever, irritability, and temporary hearing loss.

Acute Sinusitis:

A cold lasting more than 10 to 14 days, thick yellow-green nasal drainage, post-nasal drip, sometimes leading to or exhibited as sore throat, cough, bad breath, nausea and/or vomiting, irritability or fatigue.

If you detect any combination of these symptoms or if your child is not getting better from these symptoms after 3-5 days, bring your child to see a doctor or paediatrician immediately.

Preventing Infection

- Practice good hygiene at home and make sure your child's day care centre does the same at their premises.
- Exclusively breastfeed your child for at least the first 6 months, improve your baby's nutrition, and avoid air pollution (smoking, stove fires, car exhaust).
- Don't send your child to day care/ school if he is not feeling well.
- Get your child vaccinated against PnD.

The most effective method for preventing PnD is by vaccination. There are two types of pneumococcal vaccines:

What is 'Herd Immunity'?

When a large portion of a community is immunized against an infectious disease, most members of the community, even those who are not vaccinated, are protected against that disease because there is little opportunity for an outbreak.

Pneumococcal polysaccharide vaccine, an earlier vaccine cannot be used in children under 2 years because it is not able to stimulate an adequate immune response.

The newer pneumococcal conjugate vaccine

can be used in children from 6 weeks of life and induces immune memory and herd immunity. It also substantially decreases the rate of antibiotic-resistant invasive pneumococcal disease (IPD) in infants and young children.

The pneumococcal conjugate vaccine (PCV) is not a mandatory vaccine to administer to children.

Vaccination against IPD is an important life-saving strategy and reduces morbidity because:

- it may prevent children from ever being infected.
- it reduces the transmission of the bacteria in the community thus reducing IPD in other age groups (herd immunity).
- it reduces the need for antibiotics resulting in lower rates of resistant bacteria.

Even those who have been previously infected only enjoy a limited degree of immunity, which may not be sufficient to protect them from subsequent infections. This is why scheduled vaccination regimes against PnD is highly recommended. Vaccines are available at private clinics and hospitals nationwide, visit your GP or paediatrician to find out more. **PP**

An educational contribution by



JOIN THE FIGHT AGAINST PNEUMOCOCCAL DISEASE

WITH

SUPER CAPE KID

**PNEUMOCOCCAL INFECTIONS
RESULT IN THE ESTIMATED DEATH
OF 476,000 CHILDREN ANNUALLY
WORLDWIDE.¹**

POW!

**VACCINATION IS THE BEST WAY
TO PREVENT AGAINST
PNEUMOCOCCAL DISEASE.²
ASK YOUR DOCTOR TODAY.**

Pneumococcal disease is caused by bacteria known as *Streptococcus pneumoniae*.¹

It can result in:
Infection of the lung¹ (Pneumonia)
Infection in the bloodstream¹ (Bacteremia)
Infection of lining of the brain and spinal cord¹ (Meningitis)
Infection of the middle ear¹ (Otitis Media)

In your children, watch out for fever, chills, cough and breathing difficulty.²

Pfizer

References:
1. World Health Organisation (WHO). Pneumococcal vaccines WHO position paper – 2012. *Wkly Epidemiol Rec* 2012;37(14):129–144.
2. Centers for Disease Control and Prevention (CDC). Pneumococcal Disease and the Vaccine (Shot) to Prevent It. CDC website. Available at: <http://www.cdc.gov/vaccines/pneumococcal/diseases/child/pneumo.html>. Accessed on 11 May 2016.

Genetic Disorders Affecting Children

By **Prof Dr Thong Meow Keong**, Consultant Paediatrician & Clinical Geneticist

The familial bond is a strong one, so strong is this bond that parents or grandparents may even pass certain genetic disorders, or traits to their children or grandchildren.

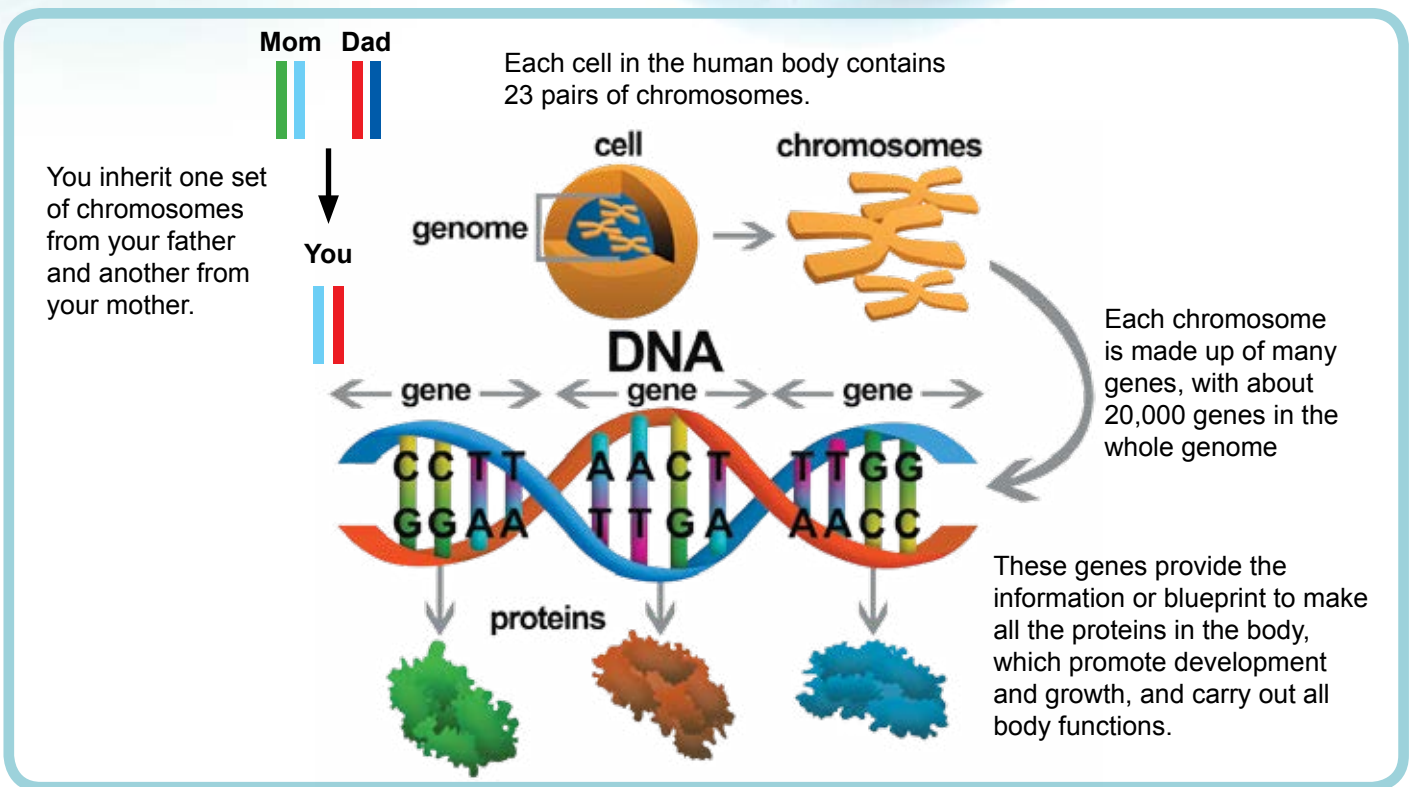


Figure 1: From genes to protein (Source: <http://thinnergene.com/wp-content/uploads/2014/06/genimageWIP007.png>).

Yearly, around 3% or 16,500 of Malaysia's 550,000 babies are afflicted with congenital abnormalities and about one-third may succumb to these illnesses before reaching their first birthday.

Congenital abnormalities include the majority of genetic disorders, chromosomal disorders and inherited metabolic diseases.

When one or more of these genes or chromosomes are missing or altered or if extra chromosomes are present, certain proteins are not made or made incorrectly. This may result in impaired development and growth. Sometimes these faulty genes or chromosomes are passed down from a parent, and from one generation to the next generation. Sometimes they occur spontaneously or in association

with some environmental factors. It is important for everyone to take note that these changes are not due to anyone's fault.

Each syndrome is individually rare but collectively they are common. Some of these can be recognised at birth, while some are diagnosed later in life:

- Brittle bone disease
- Duchenne muscular dystrophy (DMD)
- Mucopolysaccharidosis
- Fragile-X syndrome
- Haemophilia
- Down syndrome (BI=1:700)
- Beta Thalassaemia Major (BI=1:2000)
- G6PD (glucose-6-phosphate dehydrogenase) deficiency
- Mitochondrial disorders

**** BI: Birth Incidence****

Due to the lack of a National Birth Defects Registry, epidemiological data on genetic diseases are not accurately available in Malaysia. This issue is compounded by the false perception that genetic diseases are 'rare' and have no treatment; therefore, they are 'not sufficiently important' for scientific research or funding. Many developed countries have healthcare policies on rare diseases and orphan drugs.

There is also reduced awareness and knowledge amongst health professionals & public and these lead to negative social consequences such as stigmatization and discrimination of individuals and families with genetic disorders. There is a need to improve the quality of lives of these individuals, including providing rehabilitation services, insurance coverage and access to equal educational and job opportunities.

Overcoming Genetic Diseases

There are many therapeutic options for patients with genetic diseases. The management must be multi-disciplinary and use evidence-based therapy. Genetic counselling by qualified genetic counsellors and clinical geneticists are essential to allow couples and families to understand the implications of a genetic condition, make non-directive and informed choices and to cope with difficult challenges in their daily lives. Below are some therapeutic approaches in genetic disorders.

Genetic diseases – source of abnormalities	Therapeutic or management options
Mutant gene	Transplantation / gene therapy
Mutant protein	Protein replacement e.g. factor VIII (haemophilia A) and enzyme replacement therapy for lysosomal diseases
Metabolic dysfunction	Disease specific compensation (diet modification; specific pharmacological agents) for inborn errors of metabolism
Organ malformation or clinical problems	Medical or surgical intervention, health monitoring and surveillance; patient education; support groups
The family and society	Genetic counselling; newborn and carrier screening, presymptomatic testing; preventive strategies; prenatal diagnosis

Genetic screening is a tool used to detect early a genetic disease or disorder. In most countries, expanded newborn screening using heel prick to obtain dried blood spots to screen for over 30 inherited metabolic or genetic diseases is a standard healthcare service. It also provides hope to parents of children with these rare diseases, for early treatment and accurate information on how to help the child grow as normally as possible.

With proper treatment, management and care, any child with a genetic disorder or birth defect can overcome these disabilities to maximise their potential and be empowered to live a long and happy life like everyone else. **PP**

An educational contribution by



Malaysian Paediatric Association

YOU CAN'T SEE ME BUT I CAN SEE YOU-HOO!

I like to play hide-and-seek, just like your kids. I'm behind the curtain, underneath your bed, inside your cupboard; just waiting for the right moment to infect you and your family. I can be anywhere and everywhere. It would be so easy to surprise you with some pain, fever, rashes and gum or nose bleed, like I did to more than 120,000 people last year¹.

So let's share the fun! I'll go hide, but I bet I can find you before you find me!

#MEETMRDENGUE

MEET **MR DENGUE**
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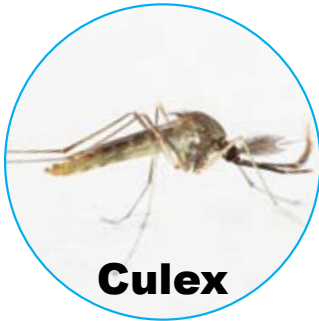
1. Dengue deaths spike 56.3% in 2015 from year before. Available at <http://www.freemalaysiatoday.com/category/nation/2016/01/06/dengue-deaths-spike-56-3-in-2015-from-year-before/>.

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Recognise Malaysia's **Bloodsucking Menace**

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

In Malaysia, there are 434 species of mosquitoes, representing 20 genera, but only 4 have been identified to be a significant nuisance to humans.



Culex

Vector for:

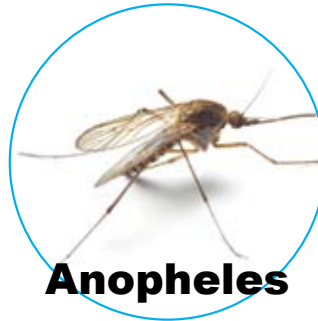
- Japanese encephalitis
- Chikungunya
- West Nile virus
- Lymphatic Filariasis
- St. Louis encephalitis
- Avian malaria



Aedes

Vector for:

- Dengue fever
- Chikungunya
- Zika virus
- Yellow fever
- West Nile fever
- Eastern equine encephalitis



Anopheles

Vector for:

- Malaria
- Canine heartworm
- Dirofilaria immitis
- Lymphatic Filariasis
- O'nyong'nyong fever.

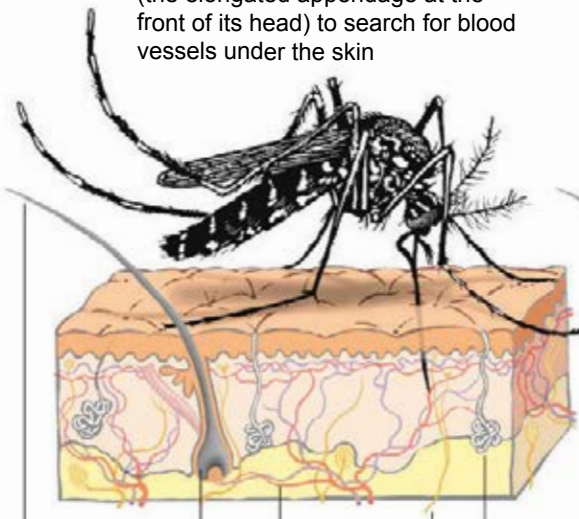


Mansonia

Vector for:

- Chikungunya
- Lymphatic Filariasis

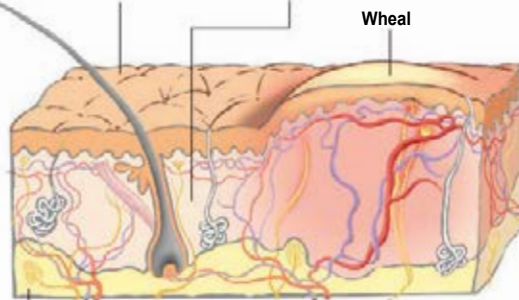
The mosquito uses its proboscis (the elongated appendage at the front of its head) to search for blood vessels under the skin



Hair follicle Hair bulb Capillaries Nerve Sweat gland

The mosquito's saliva acts as an anti-coagulant which stops blood from clotting as it feeds.

Our body releases histamines to counter the foreign substance.



Hypodermis: Act as an insulator and as a cushion

Viruses enter the body through the saliva.

Histamines cause vessels to enlarge and the bite area becomes swollen (wheal).

Histamine also irritates nerve endings which is why you feel itchy after a mosquito bite.

What Attracts Mosquitoes To Humans?



Exhaled Carbon Dioxide



Dark colours



Heat



Octenol released through breath & sweat.



People who produce excess Uric & Lactic Acid on the surface of the skin/ sweat.



People who process cholesterol more efficiently, the residue remains on the skin's surface & attracts mosquitoes.

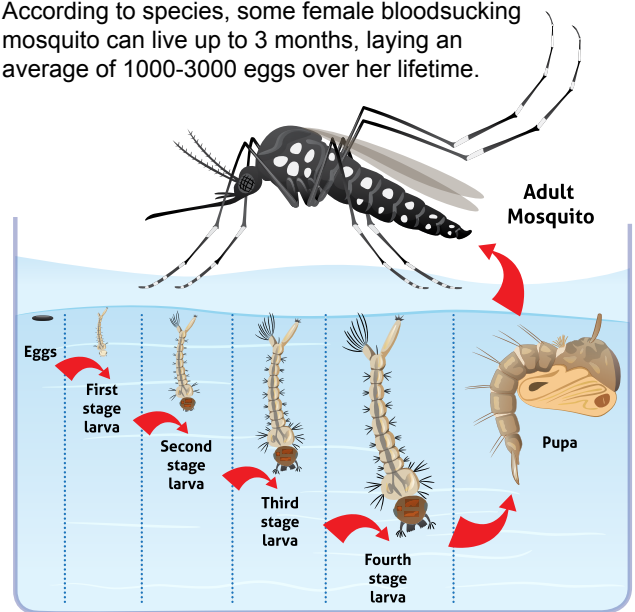
Mosquito Breeding Grounds In & Around The House



Plant pots & trays, clogged drains & gutters, neglected inflatable pool, rubbish, canvas sheets etc.

Life Cycle Of A Mosquito

According to species, some female bloodsucking mosquito can live up to 3 months, laying an average of 1000-3000 eggs over her lifetime.

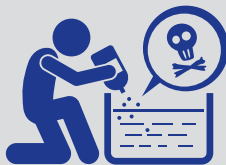


The length of the mosquito life cycle varies between species and is dependent upon environmental conditions such as temperature and moisture.

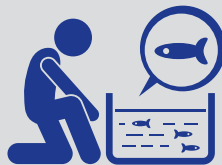
Stop The Spread Of Mosquitoes & Protect Your Family



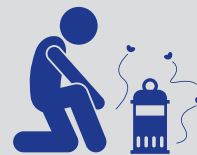
Cover or turnover containers



Use Larvicides



Breed small fishes



Set up mosquito trap



Clear clogged drain & clean the compound of your house regularly



Apply mosquito repellents



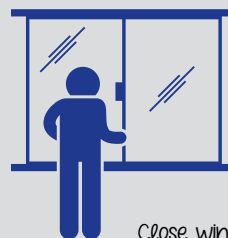
Wear long bright clothing



Throw away water container



Use netting for baby cot



Close windows or install mesh

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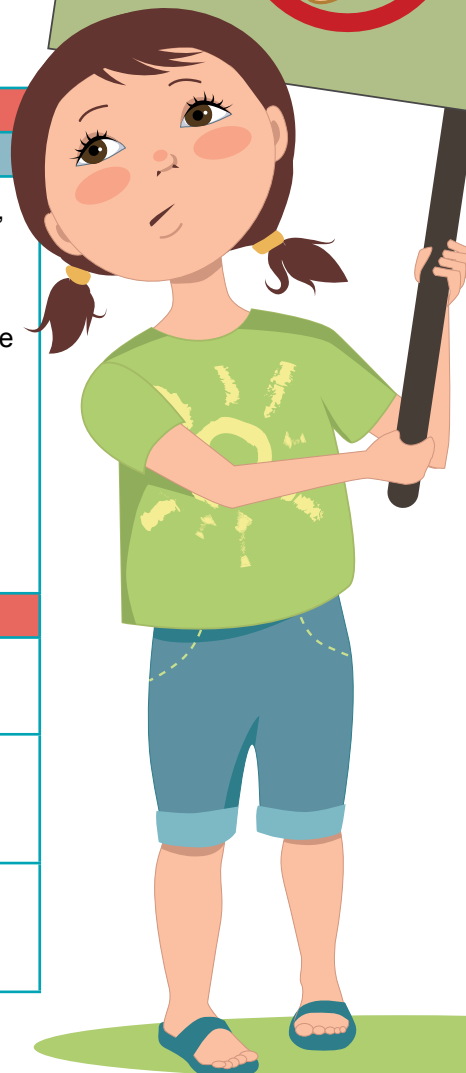
Malaysian Paediatric Association

FAQ About Your Child's Food Allergy & Intolerance

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

Both food allergy and intolerance are easily confused with one another because of certain similarities in symptoms. But what are their differences? How can I identify whether my child has an allergy or intolerance? These and other questions explained:

DIFFERENCES	
Food Intolerance	Food Allergy
Symptoms include bloating, diarrhoea, nausea and indigestion, aggravation of eczema or asthma.	Symptoms can include hives, itching, swelling, vomiting, diarrhoea and nausea.
Occurs when you are unable to properly break down a certain food because your body lacks a particular enzyme to do it.	Occurs because your immune system identifies a particular food item as an invader.
Not life-threatening	Potentially life-threatening
SIMILARITIES	
There is no specific cure but there is a chance that both may resolve itself over time, as your child grows older.	
Why the body makes little to no particular enzyme or why the immune system responds adversely towards certain foods is unknown.	
Basically, foods that can trigger intolerances can also be foods that can cause allergies: eggs, shellfish, nuts, dairy, wheat, gluten, fish, and soy.	



Q1 Since some of the symptoms of food intolerance and allergy are similar, how can I know for sure which one my child is affected with?

With both food intolerance & allergy, symptoms may present itself seconds, minutes or hours after ingesting a food. Intolerance symptoms can even occur days after. To be absolutely sure,

your child should be diagnosed properly by a doctor or medical expert (e.g. paediatric allergist).

Q2 My child was changing to formula milk but she got diarrhoea and severe skin rashes all over after drinking the first time, what's in it that's actually causing the problem?

There could be two reasons why this happened; (1) Your child is intolerant to the sugar lactose in cow milk formula, or (2) she is allergic to protein in cow milk formula that can cause an allergic reaction. Cow's milk protein is the most

common food allergy in infants and young children, and can be found in many types of food products. It is not fully understood why the immune system would consider these proteins harmful and most people who react to cow's milk will also react to sheep, goat and buffalo milk. As an alternative, you can give your child extensively hydrolysed formula or amino acid formula instead.

Q3 How can I get my child to grow out of food intolerance or allergy?

Though possible, there is no guarantee. Researchers have found that some children are prone to outgrow

certain allergies more quickly than others, if they're exposed to the allergen (the food causing the problem). Experts have used this concept to conduct an experimental treatment, known as oral or sublingual allergen immunotherapy. It involved exposing the child to the food he is allergic to in incremental amounts over a period of time (usually 3-5 years). This helps re-educate the immune system to tolerate the allergenic food. This treatment must be performed by an experienced allergist.

Q4 What if I don't give my child known allergens at all and save the trouble? Would that work?

True, you will be able to evade symptoms of intolerance and allergy. However, allergens consist of foods that contain important nutrients

that other foods may not have but is needed by your child to grow optimally. Hence, it is important to at least look for substitutes that would help fill in the nutritional void. Do not cut off food groups out of your child's diet without medical advice, and consult a dietitian to talk about food substitutes and alternatives.

Q5 My child is approaching 6 months old but I'm afraid to start complementary feeding. What if he's allergic to the foods I give him?

As your baby grows older, bigger and more active, you need to begin complementing his or her diet with additional foods to support growth and satisfy hunger. Furthermore, evidence has shown

that there is no reason to delay introduction of highly allergenic foods (e.g. cow's milk, eggs, peanuts, tree nuts, soy, wheat, fish, and shellfish) beyond 4 to 6 months of age.

You should introduce highly allergenic foods to your baby with the first taste being at home. If no reaction occurs, you can gradually increase the amount at a rate of one new food every 3 to 5 days. **PP**



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Managing IBS In Children

By **Prof Dato' Dr Christopher Boey Chiong Meng**,
Consultant Paediatric Gastroenterologist & Hepatologist

Irritable Bowel Syndrome (IBS) is a functional disorder, which means that its symptoms do not have a detectable physical or organic origin. In adults as well as children, IBS is characterized by a group of symptoms which include cramping, tummy pain, flatulence, irregular bowel habits (diarrhoea, constipation), food intolerance, and bloating. The exact cause of IBS is unknown and it may be due to multiple factors.

There are many myths surrounding IBS, so it is important to note that:

- IBS is not a risk factor for other serious GI diseases, such as inflammatory bowel disease (Crohn's disease or ulcerative colitis) or colon cancer.
- People with IBS don't die early, in fact, they can live just as long as a person without the disorder.
- IBS does not affect other organs in the body such as the heart, liver or kidneys.

Nevertheless, in IBS, health related quality of life is affected. This makes IBS a particularly troublesome disorder, because it disrupts a patient's ability to live a happy and healthy, normal life.

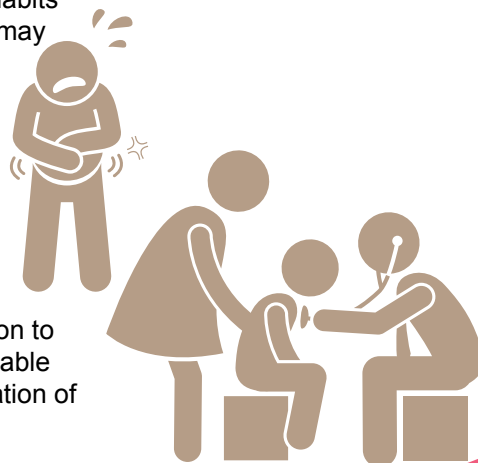
When to Seek Help

Some IBS symptoms are common in children and having it once in a while is no cause for alarm. Irregularities in your child's bowel habits – which is usually accompanied by discomfort and cramping – may be the only way for you to detect a problem.

Bowel irregularities to look out for:

- Tummy discomfort relieved after a bowel movement.
- Too many or too few bowel movements compared to before.
- Stool consistency that seems loose or hard and lumpy.

If some of these irregularities occur frequently, causing disruption to daily life, take your child to see a doctor. A specialist should be able to identify IBS based on your child's symptoms, and the elimination of other possible diseases through various medical tests.



Tips for Children with IBS

At present, there is no immediate cure for IBS but its symptoms can be managed and/or prevented. IBS affects different people differently, so there is no single treatment that will work on everyone. Therefore, apart from medication, much of the effort to treat IBS symptoms focuses on lifestyle, diet and reduction of stress.



- Eat more dietary fibre and include different types of fibre. Fibre helps pull water from the colon, making stool softer and easier to pass. In some patients, especially very young children, it may worsen the symptoms, so it's important to ask your child's doctor if this is a viable option for him/her.



- Avoid excessive sugar and sugar substitutes (artificial sweeteners) like sorbitol (found in chewing gum or carbonated drinks), which can cause increased gas, bloating, cramping and diarrhoea.



- Eat a balanced diet and drink plenty of water. Avoid or reduce caffeinated and carbonated drinks.



- Don't let them overeat, especially meals high in fat.



- Try not to rush through meals. Make time for leisurely family meals together with enjoyable family conversation.



- Encourage regular physical activity to regulate bowel movements and improve digestion. Physical activity as well as relaxation techniques or even a hobby can also help reduce a patient's stress. Behavioural therapies may work for some IBS patients.



- Changes in your child's diet or lifestyle must be done gradually to give time for his body to adjust.



- Encourage a regular rhythm in daily life, with proper meal-times and adequate sleep.



- Encourage your child to have self-confidence and to engage fully in constructive and valuable activities such as reading good books and sports. **PP**

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Billions of Good Bacteria for a Healthy Digestive System

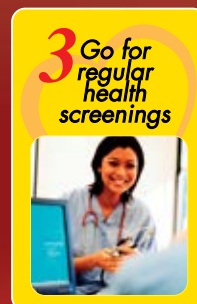
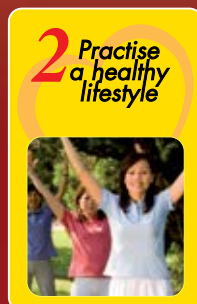
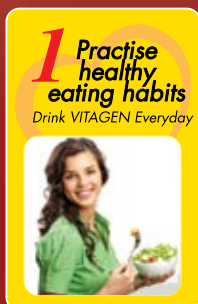
Why is your digestive health so important?

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

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

What can you do to improve your digestive health?

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



Are all bacteria bad?

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

What happens inside?



- Good bacteria fights bad bacteria for nutrients



- Good bacteria blocks the growth of bad bacteria



- Good bacteria kills bad bacteria

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

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

What are probiotics?

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

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

Goodness of Probiotics

Probiotics can benefit your digestion if consumed regularly.

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



In support of World Digestive Health Day

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- Fibroscan

- Capsule Endoscopy (ERCP)

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

What to Expect during Labour & How to Prepare for it

By **Dr Chong Chin Kooi**, Consultant Obstetrician & Gynaecologist

Giving birth is a natural process and in the vast majority of cases is entirely straightforward. If you are about to go through labour for the first time, you are bound to feel a little apprehensive. The best way to alleviate any anxiety is to take a few simple steps to prepare yourself mentally and physically for what lies ahead.

Preparing Yourself Mentally

Being mentally prepared for labour helps ease anxiety and gives you a greater ability to cope if your labour doesn't go as you had hoped.

- Reflect on the end of your pregnancy and look forward to what lies ahead.
- Let your birth partner know what you expect from them throughout the experience.
- Talk to your friends about their experiences and ask for constructive advice.
- Sharing your excitement and anticipation with other couples you met at antenatal classes, or friends who have children of their own.



What's Hypnobirthing?

Hypnobirthing is a unique, tried & proven antenatal program that teaches simple but specific self-hypnosis and relaxation techniques for an easier, more gentle birth. It involves deep breathing, positive visualization, and labour comfort measures. Mothers can train their brain to elicit a deep relaxation response on demand.

If you are finding it difficult to relax, there are plenty of proven relaxation techniques you can try to help you, such as:

- Yoga
- Gentle exercises (e.g. walking, swimming)
- Aromatherapy massage
- Hypnobirthing techniques

Preparing Yourself Physically

Going to bed early and getting plenty of sleep is one of the best ways to prepare yourself physically for labour. Ideal forms of exercise in the run up to labour also help alleviate stress, these include:

- Gentle stretching and exercises
- Swimming or aquarobics
- Pilates

The area between your vagina and anus, known as the perineum, will be stretched during labour and birth. You can help to make this area suppler by massaging it with a little olive oil about 4-6 weeks before your due date. This helps to increase its elasticity by encouraging the blood flow to the area.

Healthy, wholegrain carbohydrates release energy slowly, which can help to keep you going during labour so try to make these the mainstay of your diet in the final weeks.

The Three Stages of Birth

Once labour starts, it follows a fairly predictable pattern of three stages: in the first stage your cervix dilates, in the second stage you push your baby out, and the third stage is when your placenta is delivered.

First Stage

This first stage of labour is the longest of the three stages and is actually divided into two phases of its own: latent phase and active phase. Signs of latent phase can include pains in the back or abdomen, nausea and a 'show'.

With the onset of active phase, contractions become more regular as the cervix dilates until at 10 cm – it is fully open and wide enough for the birth of your baby's head. Contractions are felt higher in the abdomen and move down towards the pelvis and lower back as your baby is pushed downwards.

Labour can be painful, so it's important to learn about all the ways that you can relieve the pain and make it more bearable:

- Entonox: mixture of oxygen and nitrous oxide gas.
- Pethidine injections
- Epidurals
- Relaxation techniques (as discussed earlier)

'Show' What Now?

A show is when the plug of mucus from your cervix comes away. It appears as a sticky, jelly-like pink mucus.

Second Stage

During the second stage of labour, you push your baby out through your fully dilated cervix and into the world. The second stage of labour can take anything from 30 minutes to two hours.

Upright Position: Use the force of gravity to help your baby move downwards into the pelvis. Women who give birth in an upright position or on all fours position have less pain, shorter labours and pushing times and fewer perineal tears.

Lateral Position: Another good position is to lie on your left side while your midwife or partner holds your right leg upwards with every push.

Third Stage

The third stage begins when your baby is born and ends when the placenta and membranes are delivered. After your baby's birth, the cord may be left to pulsate for two to three minutes before it is cut. This allows your baby to receive more placental blood, which boost his oxygen supply and blood volume. If after birth, you have had an episiotomy (tearing of your perineum) the affected area will be cleaned and stitched.




Source: www.pregnancyatoz.org/Labor-Delivery/Pushing/Left-Lateral-Position

Once the doctor makes sure both you and your baby are fine and well, you should be given some quiet time alone to get to know each other. Finally, your baby is in your arms! If all is well, you and your baby will be able to return home together the following day. **PP**

An educational collaboration with



Obstetrical and Gynaecological Society of Malaysia



Overcoming Psychological Effects of Infertility

By **Dr Tan Chong Seong**, Consultant Obstetrician & Gynaecologist

The inability to conceive can be stressful and often, a heart-breaking situation for the couple. According to the World Health Organisation (WHO), infertility is defined as the failure to achieve pregnancy after 12 months or more of regular, unprotected sexual intercourse.

Although advances in assisted reproductive technologies such as *in vitro* fertilisation (IVF) can offer hope to the infertile couple, the psychological impact of infertility is often overlooked. The impact may begin prior to diagnosis of infertility as the difficulty conceiving affects the couple's self-esteem. Indeed, some patients consider evaluation and treatment of infertility to be the most upsetting experience of their lives.

How can infertility affect your life?

Self-esteem: Procreation is an important human need and because of this, couples unable to conceive face tremendous pressure and psychological distress (shame, regret, guilt, depression, anxiety, feelings of worthlessness). The most disturbing emotional consequences of infertility is the loss of control over one's life. Many of them will place their fertility as the focal point of daily tasks and put their lives on hold (postponing vacations and short-changing their careers). Infertility may erode their self-esteem and the problem can be significantly worse when they are highly successful in other areas of life and, have not developed the coping skills to deal with failure and loss.

Relationships: Relationships may suffer not only between the couple, but also with family and friends. The relationship can be strained because of fears that the fertile partner will leave the infertile partner. Furthermore, the stress of the evaluation and treatment may make it difficult for each individual to provide the emotional support for each other. Unfortunately, this occurs at a time when they need the emotional support and intimacy the most. Another factor that may disrupt marital satisfaction is the need to have sex at specified times. Sex becomes a chore with diminishing intimacy and spontaneity. The relationship

between friends and family may also be affected. They mean well when they ask about their plan for parenthood. However, it can be painful having to answer those questions. In extreme cases, the couple will resort to isolation and may stop attending social functions with kids around.

Health: The evaluation process can be time-consuming, ranging from simple blood tests to invasive procedures. The results may reveal medical or surgical conditions that contribute to the cause of infertility. This usually comes as a surprise to many couples as they are generally healthy. While medical interventions offer much-needed hope and remedy, they may add to the stress, anxiety, and grief that patients are already

experiencing from infertility itself. Furthermore, if a treatment cycle fails, almost all couples report acute depression.

Finance: The cost of infertility treatment is significant. Not being able to afford treatment may contribute to the feeling of helplessness and hopelessness. Even in the best of times, the financial burden can exert enormous strain on a couple's relationship.



Coping with infertility

Acknowledging infertility: The psychological burden of infertility is well documented and recognising it is the first step towards realising the dream of parenthood. Accepting it is the key to coping so that the couple can move forward and seek advice from a professional.

Don't blame yourself or your partner: Blaming is destructive and counter-productive. Don't get caught in negative thinking patterns that will only make matters worse. Instead of thinking about what 'should have' or 'could have' been, focus on what 'can be' done.

Allow time to grieve and let your significant other do the same. Everyone has their own way of getting over emotional stress and it is important to be patient and tolerant of each other. Unresolved grieving can be a major source of anxiety.

Communicate with your partner: Mutual support and working as a team is important during this testing time. Both men and women generally respond differently to the stress of infertility. Tell your partner how you want to be helped and work together to find practical ways to share the burden.

Understanding infertility: Learn more about fertility problems and ask your doctor questions about it. One of the main stressors is uncertainty about the future. Collecting more information and talking to other people who are going through infertility can help a couple make informed choices. Support groups are also a good place to learn and gather information about treatment, as well as build new friendships.

Take care of your health and pursue other interests: Studies have also shown that individuals who practice a healthy diet coupled with regular physical activity, have a higher chance of a successful pregnancy following treatment. Undergoing fertility treatment can feel like a full-time job. It's important to keep up with some hobbies that bring pleasure.

Stay realistic: Couples must realise that no matter how hard they try to become pregnant and no matter how advanced the assisted reproductive technologies are, no one can guarantee a successful outcome. Couples must learn how to balance optimism and realism.

Set your budget: There is no doubt that infertility treatment will set you back financially and, often women need to go through multiple cycles before becoming pregnant. Couples contemplating fertility treatment should first determine all the direct and indirect expenses.

Develop your spirituality: Many people find peace of mind through religious involvement. Others prefer to pray or meditate on their own. Faith can be a very powerful tool to get you back on track and rediscover purpose in life.

The psychological impact of infertility is tremendous. However, if couples can overcome the obstacles, the return can be priceless. **PP**

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First Aid

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

As parents, the safety of your child is your top priority. Since kids have yet to learn caution, they can be fearless in exploring the world, which is why it is important that you keep a first aid kit at home and know how to use it.



Contents of First Aid Kit

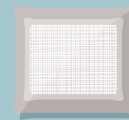
Sterile dressings and plasters:



Plasters: for small cuts and grazes.

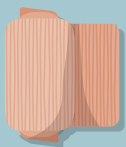


Sterile pad: for cushioning wounds; used with plasters/bandages. Any clean, non-fluffy material (e.g. cloth scarf) can be used as a substitute.



Sterile wound dressing: for larger wounds; used to apply pressure to stop bleeding.

Bandages:

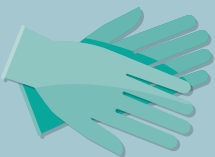


Roller bandages: comes in rolls; can be used for binding up wounds, supporting joints, holding dressings, providing pressure to stop bleeding, or to reduce swelling.



Triangular bandages: triangular shaped pieces of cloth that can be folded and used as a bandage or sling. Do not use as a dressing for large wounds and burns unless it has been sterilised.

Protective items:



Disposable gloves: help reduce infection risk between you and the person receiving first aid. Always wear gloves when dressing wounds or dealing with any body fluids or waste.

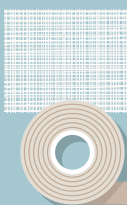


Face shields or pocket masks: prevents infection when giving rescue breaths.

Other items:



Cleansing wipes: for cleaning the area around the wound.



Gauze: used for padding or to swab wounds when cleaning them.

Adhesive tape: for taping up dressings.

Antiseptic solution: for cleaning wounds; helps prevent infection.



Pins/clips: for holding bandages in place.


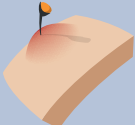

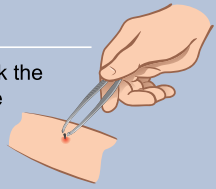
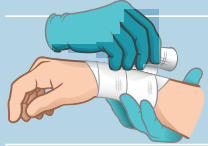




Scissors, shears and tweezers: for cutting anything to the right length or to cut open clothing to expose wounds.






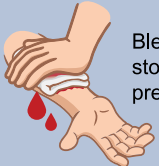

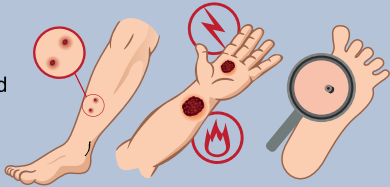





Bites/Stings/Scratches from animals or insects

Any injury that breaks the skin means a risk of infection, which includes diseases such as impetigo, rabies, bacteraemia, dengue, etc. Take immediate action to minimise any further risk. Here's what you can do:

For animal bites/scratches:	For insect stings/bites:
 <p>Ensure your child is safe from the animal that bit/scratched him while you tend to any injuries.</p>	 <ul style="list-style-type: none"> Mild reactions include red bump on skin, itchiness, or mild swelling. Severe reactions include swelling of face/ mouth, difficulty swallowing/breathing/speaking, dizziness, or fainting. Be wary of wasp stings.
<p>Wash the area with soap and water. If bleeding, apply gentle pressure with sterile gauze or clean cloth to stop the bleeding then apply antiseptic ointment/cream/salve.</p> 	<p>If there are no/mild reactions, then check the area where he was stung or bitten. If the insect left part of its body in the wound (e.g. stinger of bees or mandibles), use a credit card or tweezer to remove it.</p> 
 <p>Cover the area with a bandage or sterile gauze; do not bandage too loosely/tightly.</p>	 <p>Wash the area with soap and water. For pain/swelling relief, apply an ice wrapped in cloth or a cool wet cloth. Never apply ice directly to skin.</p>
<p>Seek medical care. Inform the doctor of what type of animal was involved, his immunisation records and any medication that he is allergic to.</p> 	<p>For severe reactions, take him to a hospital immediately. You should also seek medical help if:</p> <ul style="list-style-type: none"> the sting/bite is near or in his mouth, he has a known allergy to that insect (even if he shows no allergy symptoms), the bite/sting site becomes infected (increased redness, swelling, pain, or becomes filled with pus) <p>Inform the doctor of what type of insect was involved and any medication that he is allergic to.</p>

Cuts and scrapes

Most cuts and scrapes can be safely treated at home. If the wound does not stop bleeding, or it is large, gaping, and deep, he will need immediate medical treatment. However, first aid is still needed if it is a severe wound or if the trip to the hospital will take a while.

What you can do if your child is wounded by cuts and scrapes	Seek immediate medical attention for:
 <p>Use clean running water to rinse out the cut or wound.</p>	<p>Deep/wide cuts Inform the doctor whether your child's immunisation is up-to-date or if additional protection is required (e.g. against tetanus).</p> 
 <p>Place a sterile gauze, bandage, or clean cloth over the cut/wound and apply gentle pressure. Do not apply a tourniquet!</p>	<p>Bleeding that does not stop even with gentle pressure applied.</p> 
 <p>To slow the bleeding, keep the injured part raised.</p>	<p>Wounds caused by bites, burns, puncture, or electricity.</p> 
 <p>If the bandage is soaked in blood, just place another bandage on top and continue applying pressure.</p>	<p>Severe cuts resulting in parts of the body being cut off, e.g. fingertips.</p> 
 <p>Replace with a new, clean bandage once bleeding stops.</p>	<p>Wash the amputated part with clean water, wrap in gauze, place in a watertight bag, then place the bag on ice. Never place the amputated part directly in ice as this can cause further damage.</p> 
	<p>Cuts that bleed profusely (bandages become soaked) or spurt blood (arterial injury).</p> 

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Nutrition & Healthy Living

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

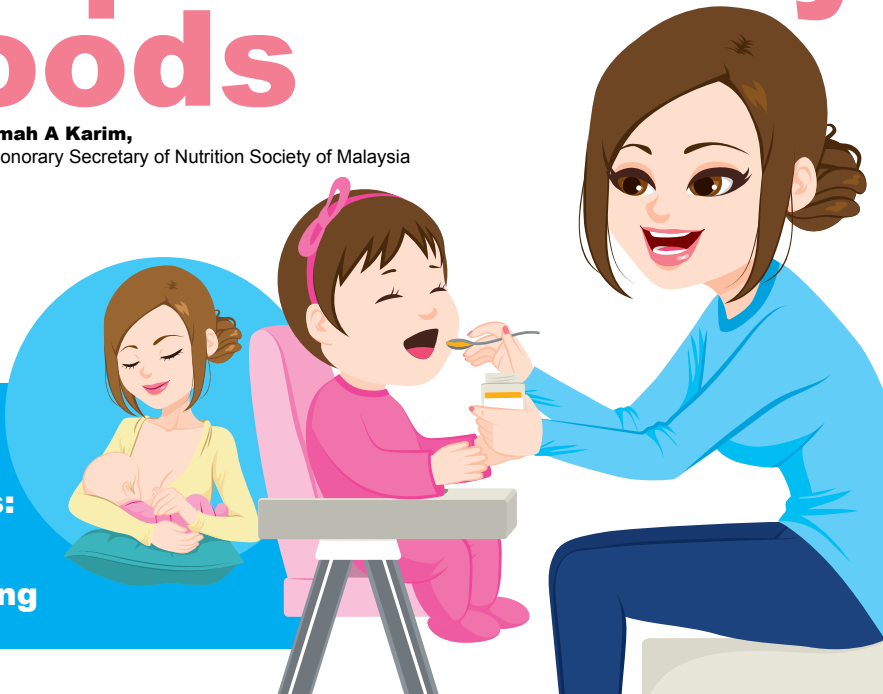
Introducing Complementary Foods

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

Did you know?

Research shows that constantly exposing children to a wide variety of flavours and textures is important. Many babies/toddlers will accept foods after being exposed to it several times. They are also more likely to eat foods that they see their peers and parents are eating. If your child refuses to eat what you have prepared, don't be discouraged! You may need to offer it as many as eight times over a period of time before he accepts it.

From birth to 6 months: Exclusive breastfeeding



From 6-8 months: Start complementary feeding but continue breastfeeding

Start with cereals such as porridge, tubers such as potato and sweet potato, followed by vegetable and then fruits.

Texture: smooth and lump-free

- 1 Introduce one type of food at a time (do not mix different foods together).
- 2 Do this over a 3-7 day period (allow him to get used to the food. It also allows you to see if there are any allergic reactions).
- 3 Repeat (1) with another type of food.



pureed



blended



mashed

Foods to try:

- Cereals (e.g. porridge, rice)
- Tubers (e.g. sweet potatoes, potatoes)
- Spinach
- Broccoli
- Dhal
- Carrots



In addition to breastfeeding him, provide him with two to three complementary meals a day during main meals which are breakfast, lunch and dinner. Do ensure that you include foods from all food groups (cereals, tuber, vegetables, fruits, chicken or red meat and fish or eggs), with the appropriate food texture and method of preparation.

From 9-11 months: continue breastfeeding but increase his complementary food intake

- 1 Mix foods that he is initially allergic to, e.g. protein foods (such as fish, eggs, chicken).
- 2 Ensure that his meals follow the principle of balance, moderation, and variety (BMV).

BMV is:

- A **Balanced** diet (includes foods from all five food groups in the Malaysian Food Pyramid),
- Served in **Moderate** portions (according to the recommended number of servings per food group),
- Consists of a **Variety** of foods that will meet all his nutritional needs.

In addition to breastfeeding him, provide him with three to four meals a day and one or two nutritious snacks between meals.

Texture: minced, diced, or finely chopped soft foods



Foods to try:

- Meat porridge with corn and spinach
- Chicken porridge with carrots
- *Kembong* fish porridge with potatoes and carrots



From 1-2 years

- 1 Feed him bite-sized pieces or small cubes/chunks of soft foods.
- 2 Continue following the principles of BMV.

Caution: While he can basically eat any food you and the rest of your family eat, care must be taken to ensure that his food is served in smaller chunks/sizes, not spicy or too flavourful like curry.

Foods to try:

- Meat/Fish (cooked until soft and tender)
- Carrot sticks (cooked until soft and tender)
- Potato pancakes (add baby's favourite meat/fish)

Texture: small cuts/chunks, roughly diced/chopped, soft foods



In addition to breastfeeding him, provide him two to three complementary meals in a day during main meals (breakfast, lunch and dinner) and also one or two snack in between meals.

Nutritious snacks



fruits, e.g. bananas, mangoes,



sandwiches with egg, tuna, cheese, or peanut butter



tau foo fah (but hold the sugar!)

***Important!** Feed your baby/toddler (1-3 years old) with a nutritious snack that is appropriate, e.g. sandwiches for toddlers 1 year and above. For beverages, plain water is best. Avoid store-bought fruit juices and make your own freshly squeezed fruit juices without any sugar added. **PP**

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Nutrition Society of Malaysia

Fighting Childhood Obesity

– a Clarion Call

By **Dr Adele Tan**, Consultant Paediatrician

Being overweight or obese is the result of “**caloric imbalance**”, which happens when you consume more calories than you actually use. Compounding this problem is the consumption of calorie-packed foods and a sedentary lifestyle, both of which are the crux of the problem.

Asthma, diabetes, & musculoskeletal disease prevent exercise and bring on depression & low esteem

Healthy Child

Obese Adult

- Coronary artery disease
- Diabetes
- Pulmonary disease
- High medical bills
- Mortality

Severely Obese Child

The Vicious Cycle of Childhood Obesity

Mildly Obese Child

Exercise uncomfortable & painful

Moderately Obese Child

Inhibits movement

I am too tired to climb stairs

Video games



All study - no action



Myth:

Overweight children will outgrow their baby fat.

Fact:

50% of overweight adolescents and over 33% of overweight children remain obese as adults.

Myth:

Obesity is genetic and nothing much can be done to prevent it.

Fact:

Genetic predisposition to obesity can be modified favourably by environmental factors.

Prevention of childhood obesity starts at home

Studies show that if both parents are obese, 60% of their children will likely be obese too. This comes as no surprise as parents are their role models!

As parents, you should find out as much information about childhood obesity to prevent it. An active lifestyle and eating right must be a part of your daily household routine.

Four Steps to attaining a healthy weight

- 1 Empower yourselves with up-to-date knowledge on childhood obesity.
- 2 Healthy eating habits start at home. Make sure no junk food or bottled sugary drinks are kept in your fridge.
- 3 Place importance on an active lifestyle, have family outings together (quality time with your children) and exercise together.
- 4 Limit the time for computer games and television.



Traffic Light Guide to Healthy Food Choices

Green for Go: Eat as much as you want

Fresh fruits and vegetables, whole grains, beverages without sugar, water.

Fat-free or 1% low fat milk, meat trimmed of fat, hot and cold unsweetened whole-grain breakfast cereals.

Yellow or Slow: Can eat but with limit (the 'sometimes' foods)

All vegetables with added sauces and fat, 100% fruit juices, dried fruits, refined white flour bread, rice, biscuits, fat-free frozen yogurt and ice cream.

Vegetable oil, olive oil, 2% low-fat milk, eggs cooked without added fat, chicken and turkey with skin.

Red- Whoa foods: Once in a while foods

Fried foods, croissants and crackers made with trans fats, cookies, pies, cakes, butter, lard, untrimmed beef and pork, hamburgers, fried chicken, hot dogs, processed foods (such as bacon, turkey ham, etc.) and all forms of fast foods.

Note: The foods listed in the three categories are examples only and are not exhaustive lists. Please consult your dietician for more details if you are embarking on a weight loss diet.

Education starts at school. Proactive action begins with health care personnel. Parents must be role models for healthy living. **PP**

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Vegetarian Diet and Kids

By **Dr Mahenderan Appukutty**, Nutritionist



The Malaysian Food Pyramid recommends a varied and well-balanced diet that consists of food sources from all food groups. However, you may be a vegetarian due to health, religious, cultural or other reasons.

Vegetarian or plant-based diet is safe for kids, however, care must be taken to ensure that your child gets all the essential nutrients and calories that he needs. Otherwise his diet is likely to be deficient in certain nutrients. Generally, a vegetarian diet is rich in fruits and veggies that are often high in fibre and less fat, which may cause your child to feel full before he consumes enough calories. Therefore, ensure the child meets the required calories per day. Make it a point to consult a nutritionist or dietitian if you intend to get your child on a vegetarian or plant-based diet. The changes to a vegetarian diet must be made slowly; ensure that familiar foods are still available. A vegetarian diet can help form a healthy eating habit for life.

Some nutritional deficiencies may occur however, yet this can be easily managed with a good understanding of available plant-based foods in Malaysia:

Did you know?

There are four vegetarian categories:

- 1) **lacto-ovo-vegetarians** (eats eggs, dairy products, and plant foods)
- 2) **lacto-vegetarians** (eats dairy products and plant foods, but not eggs)
- 3) **ovo-vegetarians** (eats eggs and plant foods, but not dairy products)
- 4) **vegans** (eats only plant-based foods – no eggs or dairy products)

Non-vegetarian foods

Protein-rich foods



Iron-rich foods



Vegetarian foods

Legumes (such as red beans, black gram, green gram, cowpeas, chickpeas, edamame, dhal lentils, soybeans, peanuts), tofu, *tempeh*, and spinach.



Beans, lentils, dark green leafy vegetables, or iron-fortified cereal products, drumstick leaves (*Moringa Oleifera*).



Non-vegetarian foods

Foods rich in calcium and Vitamin D



Foods rich in Vitamin B-12 and zinc



Vegetarian foods

Dark green leafy vegetables, legumes, and nuts.



Eat fortified foods, legumes, nuts, seeds, lentils, fermented foods (such as *tempeh* and miso), ready-to-eat cereals and oatmeal.



Tip!

Look for fortified foods (e.g. fortified cereals, fruit juice) when grocery shopping. This will help your child to receive enough micronutrients such as vitamins B-12 and D, calcium, and iron.

Protein needs can be easily met if children eat varied food. Include a source of vitamin C (tomatoes, bell peppers, citrus fruits) with meals to increase iron absorption. Sufficient skin exposure to sunlight will certainly help to naturally synthesise vitamin D.

Limit your child's intake of sweets and fatty foods!

Key to a healthy vegetarian/ plant-based diet

Eat a wide variety!

- Fruits
- Vegetables
- Leafy greens
- Whole grain products
- Nuts and seeds
- Legumes



DANGER

Supplements can be harmful

Always remember: Food first and then only supplement if necessary. Any supplements that are taken regularly and in large amounts can be harmful! If you ensure that your child's diet adheres to the Malaysian Food Pyramid, then he should be getting all the nutrients he needs. Supplements are unnecessary and should never be used as a substitute for fresh food. Plant-based food is sufficient to ensure your child meet the required nutrients, unless practicing vegan diet (exclude dairy and egg), which may need extra attention especially for vitamin B12 requirement. This can be managed with consuming fortified food such soymilk, *tempeh* and ready-to-eat cereals.

If you are worried that your child's diet does not provide him with sufficient nutrients, seek the advice of professionals. Nutrient supplements should only be taken on the advice of a nutritionist or dietitian or physician. **PP**

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Scrumptious Fruits & Veggie Recipes

We all know the importance of eating more fruits and vegetables as they provide us with dietary fibre as well as nutrients such as vitamins and phytonutrients. However, it may be a challenging task for parents

to introduce fruits and vegetables to their child. To address this, we provide some recipes to help you make fruits and vegetables more appealing and acceptable to your child.

Banana Cream Puff

(16 puffs)

Ingredients

Puff:

3 eggs (large)
200 g (1½ cup) wheat flour
250 ml (1 cup) water
100 g (½ cup) butter
Cooking chocolates for garnishing

Fillings:

200 g (2 medium-sized) bananas, sliced
80 g (½ cup) sugar
45 g (3 tbsp) butter
100 ml (½ cup) evaporated milk
45 g (3 tbsp) custard flour, mix with 50 ml (3 tbsp) water
125 ml (½ cup) water

Method

To make puff

1. Boil water with butter for 1 minute.
2. Add wheat flour and mix thoroughly to form dough. Turn off the heat and allow the dough to cool.
3. Beat the dough using a beater/hand mixer and add beaten eggs gradually a bit at a time. Beat until the mixture is smooth.
4. Put the mixture into piping bag with round nozzle.
5. Pipe the mixture with desirable size on the baking tray.
6. Bake 180°C, about double in size. Let cool for a while.
7. Cut in the middle, crosswise, using sharp serrated end knife. Pipe some cream filling and arrange the sliced bananas on top before placing back the other half of the puff.
8. Garnish with some cooking chocolate on top.



To make the cream filling

1. Add sugar, butter, evaporated milk and custard mixed with water in a pot. Stir until well blended.
2. On a slow fire, heat up the mixture, stirring regularly with a wire whisk until thickened.

Nutrient Content Per Puff

Calorie 151 kcal	Carbohydrate 15.1 g
Protein 2.7 g	Fat 8.9 g

Cabbage Rolls

(Serves 5)

Ingredients

80 g (5) cabbage leaves
50 g ($\frac{2}{3}$ cup) soybean protein powder, soaked in warm water for 20 minutes, drained
6 g (2 pieces) mushrooms, sliced thinly
70 g ($\frac{1}{2}$ cup) rice
30 g (2 tbsp) bran
50 g ($\frac{1}{2}$ cup) spinach, sliced finely
15 g (2 tbsp) French beans, sliced thinly
10 g (1 tbsp) carrots, grated
250 ml (1 cup) water
30 g (3 tbsp) low-fat Mozzarella cheese, grated
40 g (4 tbsp) tomato paste
15 ml (1 tbsp) vegetable oil
20 g (2 tbsp) onion, sliced
10 g (2 cloves) garlic
3 g ($\frac{1}{2}$ tsp) turmeric powder
3 g ($\frac{1}{2}$ tbsp) sugar
Black pepper
Margarine for greasing tray

Ingredients for sauce

2 bay leaves
80 g ($\frac{1}{2}$ cup) tomato paste
15 ml (1 tbsp) vegetable oil
50 g (5) shallots, sliced
125 ml ($\frac{1}{2}$ cup) water

Method

Sauce

1. Heat oil and sauté shallots until golden brown.
2. Add rest of the ingredients and leave to cook for 5 minutes.
3. Remove from heat.

Nutrient Content Per Serving:	
Calorie 177 kcal	Carbohydrate 18.4 g
Protein 7.7 g	Fat 8.1 g

Recipes courtesy of 'Nutritionists' Choice Cookbook, Volume 1: Healthy Recipes for Your Little Ones' by Nutrition Society of Malaysia. To purchase this recipe book which includes over 60 recipes, please email: president@nutriweb.org.my



Filling

1. Blanch cabbage leaves until soft. Drain. Be careful not to tear the leaves.
2. Heat oil in the wok. Sauté shallots and garlic. Add water, soy bean protein and turmeric powder. Leave for 15 minutes and then turn off heat.
3. Add all ingredients except for cheese and margarine. Mix well.
4. Arrange a cabbage leaf on an even surface. Fill with 3 tablespoons of filling and roll. Repeat this procedure for all the cabbage leaves.
5. Place all the cabbage rolls on a tray greased with margarine.
6. Pour sauce over the cabbage rolls.
7. Bake at 180°C for 35 minutes.
8. Remove and sprinkle with cheese. Bake for another 5 to 10 minutes.
9. Serve as a main dish with baked bread, naan, chappati or pita, or as a vegetable dish.

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Child Development

- Skills
- Socio-emotional
- Problems
- Physical Activity

Engaging All His Senses

By **Dr Rajini Sarvananthan**, Developmental Paediatrician



The power of touch helps strengthen the bonds between parents and their children. It also improves parental satisfaction.



The eyes have it – sight is one of the most important senses for his cognitive development.



Familiar smells keep baby calm and is closely linked to memories and emotions.



Hearing is vital for speech and language development.



The first three years of your baby's life are critical for him to develop, both physically and mentally. To optimise his brain's development, he will need to be constantly stimulated. In a newborn, about 1.8 million synaptic connections are developing per second and whether these connections survive or wither away depends on the nature of stimulation.

The stimulation of the baby's brain happens through his senses, namely his sense of touch, smell, vision, hearing, and taste. Since the different areas of the brain correspond to different senses, whenever you stimulate his senses you are also stimulating his brain.



Seeing is Believing

When trying to engage with your baby, eye contact is very important. Studies have shown that babies naturally gravitate to look at a face that is looking at them, if you look at him and sustain your gaze, he will look back at you for a longer time (compared to if you are looking away).

Looking at him with an animated or exaggerated expression (e.g. smiling, making faces, etc.) helps to capture his attention for a longer time.



The Power of Scents

Your baby can smell you. Newborns have a strong sense of smell and instinctively know the scent of breast milk. That is why your baby will turn his head to mummy when he is hungry.

Newborns are just like adults – they will turn toward nice smells and will shy away from disagreeable smells. Your baby will be soothed by smells that are familiar, such as a favourite blanket or pillow. He may even hang on to it until he is much older, as the smell helps to relieve any stress he feels.

A study showed that babies exposed to familiar smells would cry less after a painful heel-stick procedure, compared to babies who were exposed to unfamiliar smells or placed in odourless areas. Crying was also reduced when any of these babies was exposed to a familiar smell.



Importance of Touch

Studies have shown how children who receive a lot of care and attention, in the form of physical contact with their parents turn out to be more resilient to pressure, frustration, and stress.

There is also a positive impact on their cognitive functions when they grow up, e.g. they tend to be more sociable and turn out to be more skilled individuals.

Newborn babies who receive a lot of parental touch in their care also handle pain better, e.g. they cry less or for shorter periods.



Hearing

Research shows that babies generally preferred listening to human voices, especially mummy's voice. Newborns can usually recognise mummy's voice and will connect her voice with her face. Preterm infants in hospital will benefit from more exposure to their parents, and even a simple action such as talking, reading, or singing them a lullaby will help their growth and development.

Another study using a computed tomography (CT) scan showed that there was brain activity in the linguistic processing area of the brain; this was markedly higher when they heard their mummy's voice, as opposed to a stranger's voice, or even lower when listening to music. So what's the verdict? Don't be shy to talk, read, or sing to baby! It doesn't matter that he may not understand what you are saying, what is important is that he hears your voice.



Taste

Babies love exploring the world with every sense at their disposal, so it should come as no surprise when they put

things in their mouth! On your part, take extra care to ensure that his toys are clean and safe for baby tasting, i.e. it contains no small parts that may be swallowed or toxic substances such as lead-based paint. When it comes to complementary foods, take the necessary precautions to ensure that the taste and texture are suitable for his age. Be vigilant and never give him foods that can cause choking such as whole sausages, meat/cheese chunks, grapes, large chunks of raw veggies or fruits, nuts, popcorn, hard candy, peanut butter, marshmallows, or chewing gum. At the same time, babies should be exposed to different textures, not only blended or mashed food.

How Can You Engage Baby's Senses?

The perfect chance for your baby to experience a full sensory experience is during bath time and when you are giving him a massage:

- **Vision** – mummy's full attention is on baby and this gives the both of you plenty of opportunity for eye contact.
- **Smell** – while there may be many fragranced products on the shelves, babies are attracted to the smells of their mother the most so get close when giving your baby a bath or massage
- **Touch** – as mummy gives him a bath/massage, the skin to skin contact helps soothe and comfort him.
- **Hearing** – talk, read or sing to baby as often as you can. Don't worry, he won't get bored and will probably keep asking for more!
- **Taste** – be adventurous and talk to your baby about taste. For instance, when you go grocery shopping, you can describe the flavours, colour, texture, or taste of the foods that are on sale. Do the same once you start him on complementary foods.

Additional Ideas

Keep in mind that your baby experiences the world differently from you, so what you may find boring may be something that interests him and vice-versa. For instance, you can use bold and colourful designs for his nursery/ play-area. This helps him identify objects by sight as his eyesight develops. You can also play simple games with him such as doing high-fives or simple clapping songs or games. This helps develop his hand-eye coordination and depth perception. **PP**

An educational contribution by



Malaysian Paediatric Association

The splashes, the bubbles,
the touch of your hand.

She's soaking up the experience
**because your baby is the
biggest sponge of all.**



Giggles, tickles and your touch during a JOHNSON'S® bath have been shown to promote happy, healthy development. So let your baby get so much more than clean during bath time.



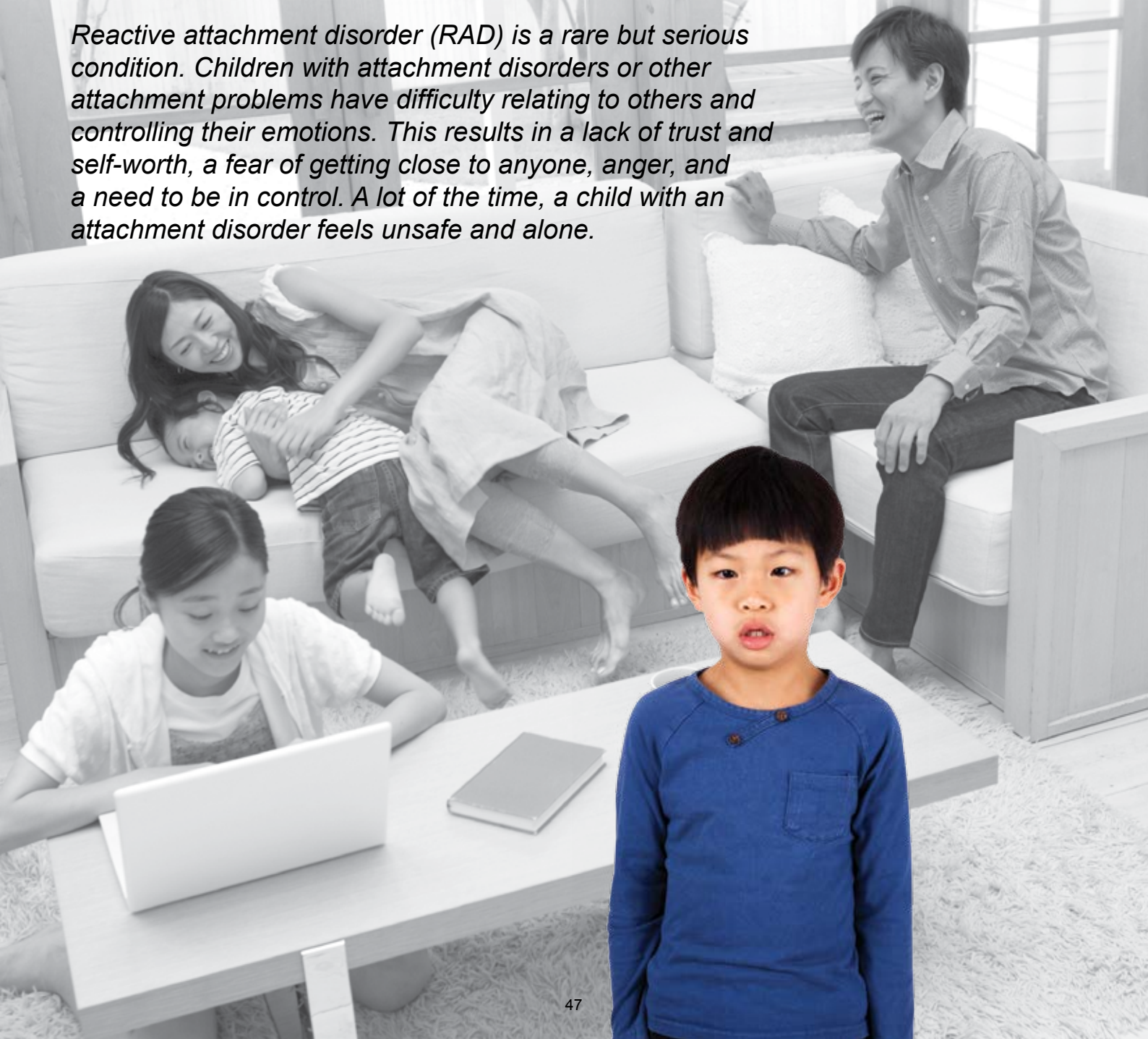
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Johnson's so much more

Reactive Attachment Disorder In Children

By **Dr Yen Teck Hoe**, Consultant Psychiatrist

Reactive attachment disorder (RAD) is a rare but serious condition. Children with attachment disorders or other attachment problems have difficulty relating to others and controlling their emotions. This results in a lack of trust and self-worth, a fear of getting close to anyone, anger, and a need to be in control. A lot of the time, a child with an attachment disorder feels unsafe and alone.



RAD may develop if the child's basic needs for comfort, affection and nurturing aren't met and, loving, caring, and stable relationships with others are not established. Risk factors may include:

- abuse or neglect
- constantly moving from one foster home to another
- lived in orphanages
- taken away from their primary caregiver after establishing a bond.

Children who are severely neglected don't necessarily develop RAD because most of them are naturally resilient. So it's not clear why some babies and children develop RAD, research is ongoing to find out more about this mysterious disease.

Recognise Changes In Your Child's Behaviour

The earlier you spot the symptoms and take steps to help them, the better. Left untreated, RAD can lead to significant emotional and behavioural problems in toddlers and older children.

Infants	Children
<ul style="list-style-type: none"> ● Avoids eye contact. ● Doesn't smile ● Doesn't reach out to be picked up. ● Rejects your efforts to calm, soothe, and connect. ● Doesn't seem to notice or care when you leave them alone. ● Cries inconsolably. ● Doesn't coo or make sounds. ● Doesn't follow you with his or her eyes. ● Isn't interested in playing interactive games or playing with toys. 	<ul style="list-style-type: none"> ● Positive feelings, touch and affection are perceived as a threat. ● Often disobedient, defiant, and provocative. ● Anger may be expressed directly, in tantrums or acting out, or through manipulative, passive-aggressive behaviour. ● Difficulty showing genuine care and may act inappropriately affectionate with strangers while displaying little or no affection towards their parents. ● Fails to show guilt, regret, or remorse after behaving badly.

It's important to note that the early symptoms of RAD are similar to the early symptoms of other issues such as ADHD and autism. If you spot any of these warning signs, make an appointment with your paediatrician or psychiatrist for a proper diagnosis.

Treatment Options

Treatment is mostly designed to ensure the child has a safe living environment, develops positive interactions with caregivers, and improves peer relationships.

Family therapy. Therapy often involves fun and rewarding activities that strengthens the familial bonds,

as well as help the family understand the symptoms of the disorder.

Individual counselling. One-on-one sessions designed to help your child directly with monitoring emotions and behaviour.

Play therapy. Helps your child learn appropriate skills for interacting with peers and handling other social situations.

Parenting skills classes. Education for parents/caregivers focusing on improving parenting skills and how to effectively intervene in different kinds of situations.

RAD cannot be treated with drugs but doctors may sometimes prescribe medication to manage certain issues like sleeping problems, hyperactivity, depression or anxiety. Any use of drugs is usually partnered with corrective behavioural techniques.

Managing Children With RAD

Parenting a child with RAD can be emotionally trying and physically tiring. Caregivers feel the tremendous

stress, especially in the absence of reassurance of a loving connection with the child. The process to treat RAD may take time, it requires a lot of effort and patience from parents/caregivers.

- **Have realistic expectations.** Overcoming RAD requires time, so take it one step at a time.
- **Patience is essential.** Remain patient and focus on small improvements.
- **Have a positive attitude.** Humour is an effective and simple tool to use, to help bring you closer and establish trust with your child. When you exude positivity, your child picks up on it.

- **Take care of yourself too.** Rest, good nutrition, and parenting breaks help you relax and recharge your batteries so you can give your attention to your child.
- **Find support, you're not alone.** Rely on friends, family, or join a support group for parents. **PP**

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Nurturing Your Child's Interests

By **Dr Raja Juanita Raja Lope**, Consultant Developmental and General Paediatrician



Cheering your aspiring little Messi dribble at a football match or watching your future Akademi Fantasia star on stage are joys of parenthood. Every child has their special ability, and what can be more fun than if they share their parents' hobbies? Nurturing your child's interests can help your child develop into a well-rounded, healthy adult. Who knows, you may be grooming a future athletic superstar or professor?

Transferable skills

There are many skills which a child may gain from different activities. Playing a team sport enhances physical fitness as well as motor, social and leadership skills. Playing a musical instrument is positively associated with improved attention and fine motor skills. Drama improves confidence, language and public speaking. Research shows that children involved in extra-curricular activities have better time management skills, higher self-expectation and self-esteem. Children will be exposed to a variety of teaching and learning experiences, which will make them able learners.

Parents' Role

Opportunity and exposure is important as we may not know where our child's talent lies. If left to themselves, many children are happy to sit in front of the television or play Minecraft the whole day. Children are often influenced by parents with strong interests in particular activities. Involving your child in your hobby is one of the most natural ways of introducing an activity. Active parental participation has been shown to contribute to a child's success in both academic and extra-curricular activities.

Your child's personality

Some children naturally acquire many interests. Others need to experiment with several different activities and are often misjudged negatively as being unmotivated. Don't be discouraged; giving your child a chance to discover his ability may take time. Research has shown that a child's preference for an activity is one of the strongest predictors of continuing participation. You may discover your child's natural interest during a visit to the museum (space, dinosaurs), or during a leisure activity such as painting. Books are another way of discovering your child's passion, pay attention to what he reads. Having a natural skill is an added bonus; your child will be more enthusiastic for something he is competent at.

Parenting styles

How can we encourage our children without pressuring them?

It is not unusual for some parents to spend small fortunes enrolling their child in multiple extra-curricular classes. Not all children are able to manage such heavy schedules, and they may not have the time or opportunity to develop their interests further. Most children are able to cope with two extra-curricular activities, besides school.

Does the tiger-parent approach work?

A survey of talented athletes cited that their parents were most often encouraging and supportive. Being overly critical and micromanaging does not promote natural motivation and independent learning. Let your child attempt a task and learn from their mistakes. Offer suggestions rather than saying "this is wrong, do it this way". This will promote understanding and enthusiasm for the process of learning and problem-solving.

Do rewards help promote achievement and interest?

It is natural for a parent to want to reward their child who has done well in something. Recent research, however, shows that children who are constantly rewarded are more materialistic and become focused on the reward rather than the activity. A reading campaign in USA recently promoted reading in exchange for food vouchers. Children were more likely to read shorter books and had poorer understanding of the content. Try to emphasise the enjoyment of the activity and the child's pleasure in doing well. Think quality, not quantity.

Manage Expectations

Set realistic expectations based on your child's performance. Failure is something that can happen, your child may be discouraged and give up entirely on new experiences and reject future attempts at new things. So, don't push your child too hard and always be there for them, to catch them if they fall.

It's too expensive

Extra-curricular activities do not have to be prohibitively expensive. Cultivating an interest for football may involve kicking the ball with your child in the garden, watching a Harimau Malaysia match, reading the premier league scores in the newspaper together, or joining the school football club. There are multiple non-governmental organisations and associations that run activities for children at minimal cost such as the Malaysian Nature Society and football academies.

Be Realistic

As parents, we should be realistic about our goals. Less than 0.01% of children will be the next Lee Chong Wei or Siti Nurhaliza. With opportunity and exposure, our children may find a talent which eventually will help them with a career. Ultimately we hope our children will grow into happy, healthy, and productive adults; with interests which may give them a lifetime of pleasure. **PP**

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My Positive Teen

- Socio-emotional
- Conditions and Diseases

Dealing with Common Teen Issues

By **Assoc Prof Dr Fairuz Nazri bt Abd Rahman**,
Consultant Child & Adolescent Psychiatrist

Just as you are heaving a sigh of relief after dealing with the terrible twos, first-day of school jitters and the tweens, it's now time to deal with the teenage years. Despite hopes that parenting in this phase will get easier many parents actually find the teenage years more challenging and require closer parental supervision. However, there is hope yet for those of us who are open to learning a few tips on how to deal with them.

What Teens Are Expected to Go Through

The teenager, by definition, is a young person aged between 13 and 19. Adolescence is another term, which generally means almost the same thing but focuses on the onset of puberty and ends with transition into adulthood. There are several challenges which the teenager is expected to overcome during these years, and they include puberty, development of self-identity, dealing with peers and the opposite

sex, as well as development of autonomy in relation to parents' control.

Therefore, what with their raging hormones, the teenager and his parents can be expected to experience some stormy weather. However, with good parenting skills and support for the teen, it usually ends with a healthy and successful transition into adulthood.

Spotting Signs of Danger

How do you know when your teen is in trouble? Generally, when professionals assess teenagers, they tend to look at whether the teen is functioning well or not. It is normal for your teenager to want to have

some privacy in his room. However, if he stays in his room until he begins to miss school or miss out on socializing with his friends; that may be a signal to get some professional help. Another sign is when there is a deterioration in his school grades.

Common Teen Problems

1. Stressing over Expectation

There are several common teen issues that parents may want to get a handle on. A common concern of a Malaysian parent would be the teenager's studies. Teenagers are under a lot of pressure to perform academically. We always want the best for our teenager and we think excelling in his studies would be the best way to get the most out of his future. However, it's another thing altogether to expect him to obtain straight As, get 90-100% marks or be number one in class.

A more realistic way of setting an objective would be to aim for a better grade than what he had before. Also it is better for the teenager to be focussing on subject areas that he enjoys and interested in. Everyone learns better when they are having fun!

3. Bullying

Some friends can turn nasty. They may say hurtful degrading remarks or manipulate your teenager into doing things for them. They might shame a teenager in front of others. Girls tend to bully by ostracizing another girl from their circle. These things will happen regardless of how protective you are. What is important is that you keep communication lines open for your teenager to confide in you, whenever such issues arise. Then if your teenager has good self-esteem, he can ignore such behaviour and find better friends for himself.

2. Peer Influence

It is also important to realize that during the teenage years, friends play a more significant role than parents. It is a sign indicating the teenager is learning to become more independent and to fit in with the people around him. So don't feel bad if your teenager doesn't want to spend time with you like he used to.

Do allow him to gradually connect with his friends via telephone, online, at their homes and outside, all within appropriate limits. Good, authoritative parenting means setting reasonable limits to ensure safety but also allowing freedom and empowerment to the teenager within those limits. Another good idea would be to get to know his friends and invite them over to spend time at your house, so you can keep an eye on them.

4. Too Much Time Online

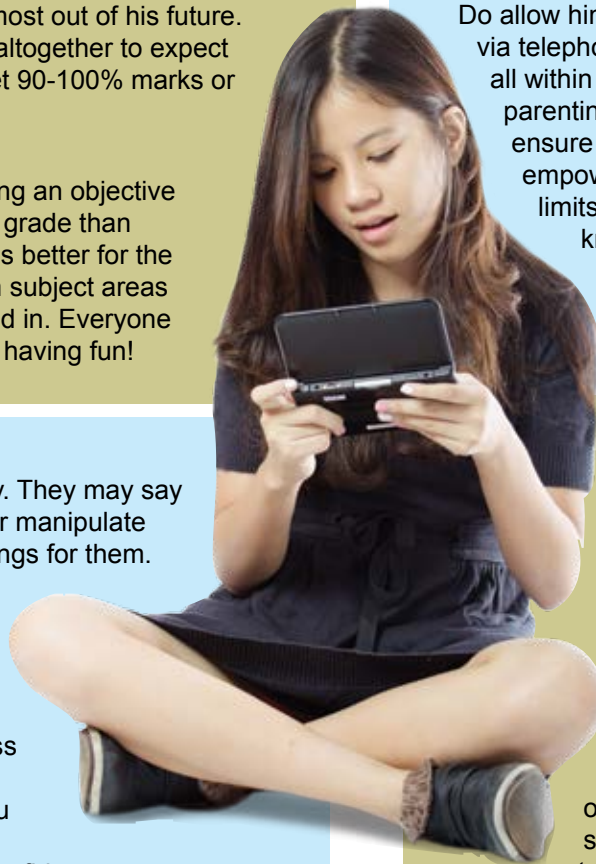
In this digital age, we cannot avoid discussion of teenagers using the internet and smart devices. It is second nature to them so it is pointless not to allow them to use it.

What is more important is setting limits to the behaviour and teaching them how to be safe online.

Paediatric guidelines recommend not spending more than a couple of hours a day online. Your teenager should also not bring his smart device to bed because he might spend too much time on it and his sleep will be interrupted. He should not put his personal details online and always be cautious with whom he befriends online.

Hopefully by now you will realize that it is very stressful being a teenager these days. Good stress management skills are essential for your teenager. So do encourage him to have other interests and hobbies other than studies. Sports, music and volunteerism are good activities as pastimes.

We also need to keep communication lines open to our teenagers. Questions like 'How do you feel?' and 'What do you think?' will stimulate your teenager to expand his emotional vocabulary, as well as his problem-solving skills. **PP**



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Kafe@TEEN

Centres

by  LPPKN

Kafe@TEEN adolescent centre is the brainchild of LPPKN established since 2005 to provide youth friendly reproductive health services. To date, there are 15 centres across Malaysia to benefit adolescents and youth aged 13 to 24 years.

The objective of **Kafe@TEEN** is to improve the physical, mental, social and reproductive health status of adolescents. This is to help them to go through their adolescent years with confidence and ease.

The team running **Kafe@TEEN** consists of Medical Officers, Nutrition Experts, Information Officers, Nurses, Counselors and Teen Educators.



Services at Kafe@TEEN

1) Adolescent Health Services

- To advise on reproductive health, weight management, mental health, dermatology, substance abuse and quit smoking.

2) Counselling Services

- To assist teens in recognizing their personality, skills, abilities and potential in terms of emotional, cognitive and behavioral.

3) Education and Skill Building Activities

- Activities carried out in the form of Teen Talks, Teen Chat, talks and workshops dealing with teen's sexuality, healthy eating, personal development and social issues.

Adolescents are required to register as a member of Sahabat **Kafe@TEEN** to use the facilities and services of **Kafe@TEEN**.

Kafe@TEEN premises operate from Monday to Friday from 8.00 am to 5.00 pm. Meanwhile, at Urban Transformation Centres (UTC) from Monday to Sunday from 8.30 am to 10.00 pm. The services provided are free of charge or with minimal charge.

For more information, please visit

<http://www.lppkn.gov.my/>



List of Kafe@TEEN Centres:

Kuala Lumpur [03-26937555 (ext. 2173)]
 Kota Bharu, Kelantan (09-7471848)
 Nusa Bestari, Johor Bahru (07-5599215)
 Batu Pahat, Johor (07-4342315)
 Jalan Burmah, Pulau Pinang (04-2260627)

Bertam, Pulau Pinang (04-5755215)
 Seremban 2, Negeri Sembilan (06-6014440)
 Sri Aman, Sarawak (083-322602)
 UTC Pudu, Kuala Lumpur (03-20261796)
 UTC Melaka [06-3333333(ext: 6004)]

UTC Kuantan, Pahang (06-6014440)
 UTC Alor Setar, Kedah (04-7360090)
 UTC Kota Kinabalu, Sabah (088-538192)
 UTC Johor, Johor Bahru, Johor (07-2242299)
 Mini UTC Keramat, Kuala Lumpur



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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.

• Facebook:



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

• Talks and Seminars:

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



• Website:



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

• 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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