

# Positive Parenting

PP13746/06/2013 (032586)

## Understanding Child Sexual Abuse

What is Your Parenting Style?

Does My Diet Affect My Breast Milk?

Childhood Arthritis

Inculcating Lifelong Learning in Your Kids

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Volume 1 • 2017  
Family Wellness

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Volume 4 • 2017  
Child Development



**Datuk Dr Zulkifli Ismail**

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



# Positive Parenting

expert  
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[www.mpaweb.org.my](http://www.mpaweb.org.my)

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



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Honorary Treasurer, MPA and Consultant  
Paediatrician & Neonatologist



**Dr Mary Joseph Marret**  
Consultant Paediatrician



**Dr. Rajini Sarvananthan**  
Consultant Developmental Paediatrician



Nutrition Society of Malaysia  
[www.nutrivweb.org.my](http://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**  
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“A healthy pregnancy  
gives your baby a  
good start in life.”



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and Past President, OGSM



Malaysian Psychiatric Association  
[www.psychiatry-malaysia.org](http://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](http://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  
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“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  
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“Early childhood care  
and development helps  
children grow and  
discover their potential.”



**P.H. Wong**  
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“Mental health and  
resilience starts with  
the family.”



**Dato' Dr Andrew Mohanraj**  
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Malaysian Association of Kindergartens  
<http://www.ptm.org.my/contact.html>

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

## Protecting Our Children From Sexual Abuse

*Less than a year ago, the nation was both shocked and enraged to learn that Richard Huckle from Britain had been sexually abusing dozens of Malaysian children over the past decade. In some cases, his victims were as young as 6 months old! This case highlighted how oblivious some of us are in recognising the signs of child sexual abuse and how unprepared we are to protect our precious children from these threats.*

*Hence, this issue's feature will underline the important points and provide parents with useful tips on how they can identify and protect their children from sexual abusers. The two-part feature article will be authored by two separate experts who will give their professional opinion on the issue.*

*Additionally, our experts have also come up with an easy-to-understand infographic that will help parents teach their children about safe touch. And, LPPKN will be talking about teaching children the skills needed to avoid premarital sex. Besides that, we will also cover the ever increasing threat of mosquito-borne diseases, such as Zika.*

*If you are looking for something new for your child to do on weekends, why not consider martial arts? We will discuss its many benefits and what it can do for your child. Additionally, try one of our nutritious recipes; it's easy to put together and great fun if you get your child to help out – It's an opportunity to teach about the importance of healthy eating too. Speaking of learning something new, we also have an article on how you can help inculcate lifelong learning in your children.*

*Over the years, we have received a lot of questions online asking us about how diet affects breastmilk and breastfeeding in general. So, we got our expert to answer the most frequently asked questions to help clear the air. We will also explore other issues such as childhood arthritis, immunisation, antibiotic and gut health, allergenic foods and much more.*

*Finally, 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**

Chairman, Positive Parenting Management Committee  
Secretary-General, Asia Pacific Pediatric Association (APPA)



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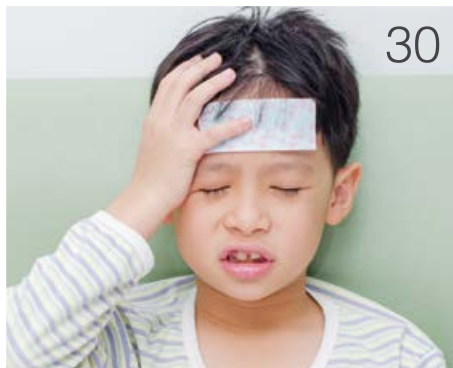


# contents

18



30



45



## Feature

- 5 Understanding Child Sexual Abuse

## Family Wellness

- 10 ZIKA – It's Here!  
12 Travelling During Pregnancy  
15 What is Your Parenting Style?

## Nutrition & Healthy Living

- 18 Does My Diet Affect My Breast Milk?  
20 Learn More About Food Additives  
22 Nourishing a Picky Eater  
24 Combine & Make Em' Nutritious & Delicious

## Child Health

- 27 Childhood Arthritis  
30 Protecting Your Family Against JE

- 33 The Antibiotic Resistance & Gut Bacteria Link  
36 Good Digestive Health Starts from Young  
39 Pneumococcal Vaccines: What You Should Know  
43 Allergenic Foods

## Child Development

- 45 Inculcating Lifelong Learning in Your Kids  
48 Martial Arts and Kids

## My Positive Teen

- 50 Teaching Your Child to Abstain from Sex

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12

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# Understanding Child Sexual Abuse

## Don't Take Lightly to Child Sexual Abuse

*All children have the right to be protected from violence, exploitation and abuse.*

A child who has been sexually abused may develop low self-esteem, a feeling of worthlessness and an abnormal or distorted view of sex. The child may become withdrawn and mistrustful of adults, and have suicidal tendencies.

Sexual abuse is one form of child abuse. It includes a wide range of actions between a child and an adult or older child. There are two types of child sexual abuse:

*Continue on next page...*



Malaysian Psychiatric Association



**Dr Yen Teck Hoe**  
Consultant Psychiatrist

## Contact abuse:

- sexually touching any part of the child's body – fully clothed or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or coercing a child to take part in any form of sexual activity
- pressuring a child to take their clothes off, touch someone else's genitals or masturbate

## Non-contact abuse:

- encouraging a child to watch or hear sexual acts
- being an accomplice by not reporting or standing by as the abuse is taking place, even though not actively involved
- meeting a child following sexual grooming with the intent of abusing them
- online abuse including making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images
- showing pornography to a child
- sexually exploiting a child for money, power or status (child exploitation).

## What are the warning signs of sexual abuse?

Child sexual abuse is not always easy to spot. Furthermore, the abuser could be someone you or your child has known a long time or trust, which may make it even harder to notice. Consider the following warning signs:

### Physical signs:

- Difficulty walking or sitting
- Bloody, torn, or stained underclothes
- Pain, injury or irritation in genital area
- Frequent urinary or yeast infections

### Behavioural signs:

- Distancing themselves from others
- Shows signs of depression, anxiety or fear
- Expresses suicidal thoughts
- Self-harms
- Sudden changes in performance at school
- Exhibits regressive behaviours (e.g. thumb sucking)
- Runs away from home or school
- Assumes a caretaker role (if they have siblings)
- Irregular frequency of nightmares or bed-wetting incidences
- Inappropriate sexual knowledge or behaviours

## What do child sexual abusers look like?

While strangers are not in any way discounted as possible threats, child sexual abusers are more likely to be people we know. It could be a family member, close relative, babysitters, teachers, etc. Both men and women can be abusers but perpetrators are predominantly adult males.

Generally, sexual abusers act because they fit into one of these four broad categories:

1. They are children or teenagers who are sexually curious or experimenting.
2. They have a medical or mental problem that needs treatment (e.g. intellectual disability, psychotic behaviour).
3. They are opportunists, who lack feelings for others and who have an antisocial personality disorder.
4. They have an ongoing sex drive directed toward children (also known as paedophiles).





## Adult survivors of child sexual abuse often suffer long-term effects:

- a) Victims may suffer from sexual dysfunction during intercourse as adults or have misconceptions about sex and sexual relations.
- b) If force or the threat of force is used when they were sexually abused, they may also have trouble adjusting to adulthood, have an unhealthy distrust of other people and may fail to function well socially in general.
- c) Shame, blame and guilt become incorporated into the child's self-image because the abuser blames the child for what he did or conveys a sense of shame about the act.
- d) The victim may also have low self-esteem because of the negative perception people have towards abuse victims that they are "spoiled".

- e) Adults who have been abused before as children are more likely to become abusive themselves prompting a never-ending vicious cycle of abuse.
- f) Other long-term psychological effects of sexual abuse may include:
  - Anxiety
  - Panic attacks
  - Stress disorders - Post-Traumatic Stress Disorder (PTSD)
  - Personality disorders
  - Substance abuse
  - Self-abuse behaviours

Finally, it is important that parents protect their children from becoming a victim by empowering their children and themselves with skills, knowledge and certain know-hows. On this, my colleague, Dr Mary Joseph Marrett, will elaborate further in the second part of this feature. **PP**

# Understanding Child Sexual Abuse

## Protect your children from sexual abuse

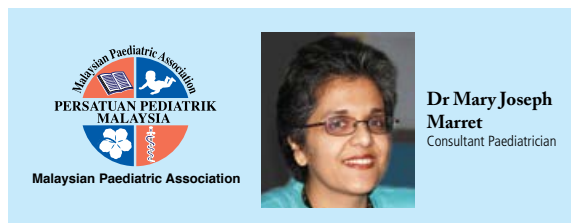
*Whenever you consider measures to ensure your children are safe, keep in mind the possibility of sexual abuse. Any child can be exposed to sexual abuse.*

In surveys conducted among secondary school children in Malaysia, it was found that more than 10% of boys and girls had encountered some form of sexual abuse which involved exposure or physical contact. The majority of these children had been abused by someone known to them, which included relatives, neighbours, friends and teachers. Research in Asian countries has revealed that boys encounter this

problem as much as girls. This is contrary to popular belief that girls are at greater risk of child sexual abuse.

### Settings in which child sexual abuse can occur

Children can be exposed to the risk of sexual abuse within the homes of family and friends, at school, while participating in social and recreational or sports activities, in health care facilities as well as places of worship. With the advent of digital communication, children can be exposed to sexual abuse online, both by people known to them as well as relative strangers.



In all these settings, people who abuse children can create opportunities to be alone with them or take advantage of children who are not properly supervised. They may use different strategies to groom children and get their cooperation. Sometimes they may use interesting toys or activities to attract children to spend time with them. The initial approach towards a child may be seemingly innocent. Sometimes adults who are in positions of authority may abuse their authority to threaten a child.

Abusers use tactics such as bribes or threats to manipulate children to keep secrets. They may be able to convince a child that he or she would not be believed or would be blamed, if the child reveals the problem to anyone.

### How to protect your children

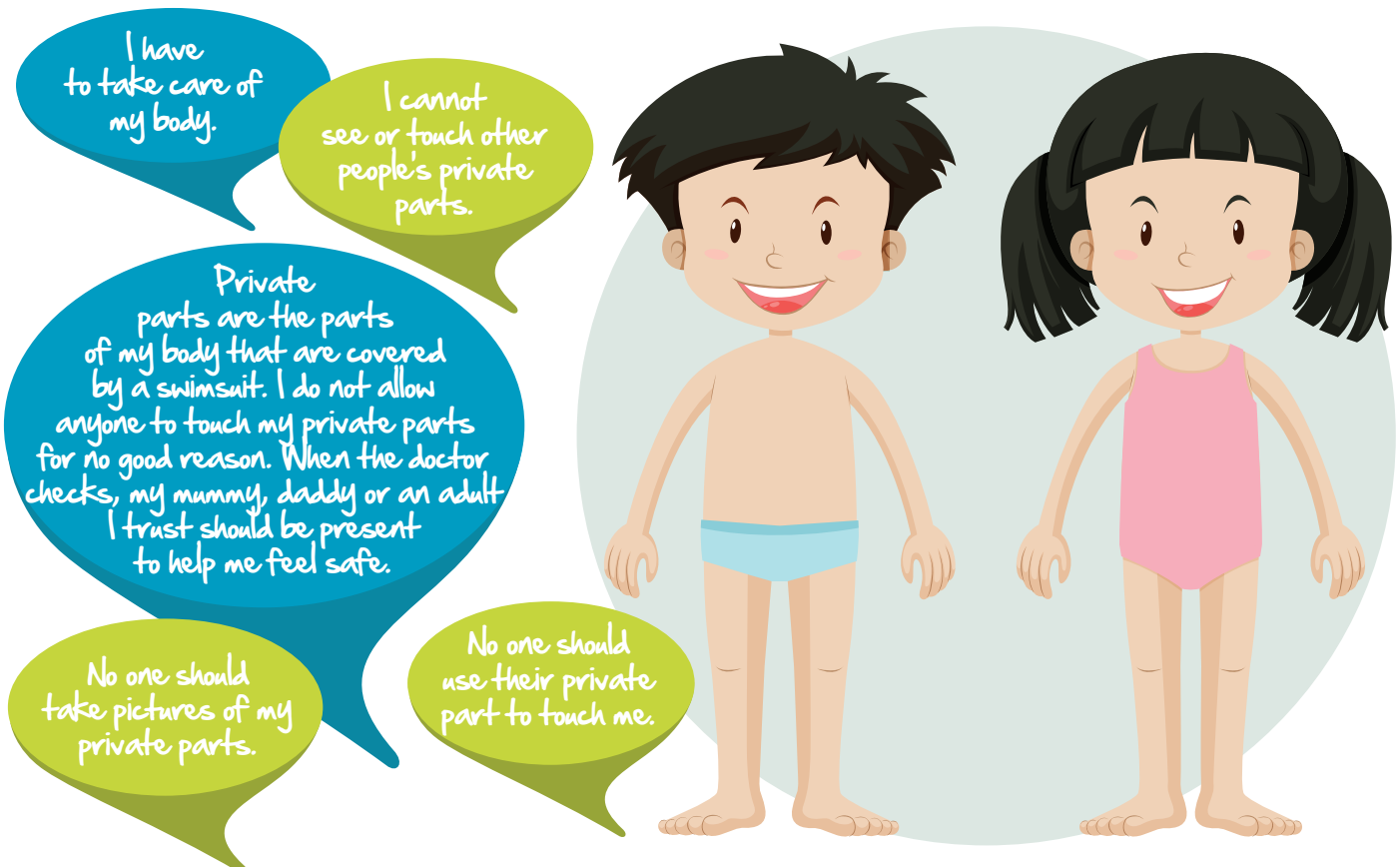
The best way to protect your children from such psychological manipulation is to communicate and build a close relationship with them. Always let your children know that you love them unconditionally. Be involved in their lives and be aware of what they are doing. Focus on their all-round development,

not just on their studies. Let them know that you are ready to help them with their problems. Answer their questions openly and honestly, according to their level of understanding and maturity. Be prepared to have discussions relating to changes in their bodies and sexual matters when they have doubts or are confused. This will ensure that they receive proper guidance from you according to your culture and values. It will also give them the confidence to approach you when they encounter a problem.

Explain to them clearly what is allowed and not allowed. When they make mistakes, stay calm and listen to them. Be prepared to discuss problems. Respond rationally and not emotionally. Children who know they are taken seriously will have the courage to speak up when they face difficulties.

Encourage your children to have good supportive friends and be good friends to others. Wherever your children go, ensure that they are adequately supervised. Avoid situations in which your child will be alone in the company of one adult, without anyone else present.

## Teach your children respect for their bodies and that of others





## Teach your children about good and bad touching

Tell your children that if they feel uncomfortable when someone touches or kisses them, they should say no and ask that person to stop. They should tell you or a trusted adult when this happens. Give them examples of who is a “trusted adult”.

Teach your children that if someone touches them in a bad way, it is not their fault. Explain to your child that even if they make mistakes, it is not okay for someone to punish them with a bad touch.

Reassure your children that you will always help and protect them from anyone who tries to hurt them.

| GOOD TOUCH   | BAD TOUCH   |
|--|---|
| Parents/Grandparents hugs and kisses               | Makes you feel afraid, bad, ashamed, etc.                 |
| Teacher pats your head or back and says “good job” | Hurts or is forced  |
| Brief friendly hugs by family members              | Told that it should be kept a secret                      |
| Brief kiss on the cheek or forehead                | Kissing on the mouth                                      |
| Shaking hands, giving high fives or a fist bump    | Touching private areas (i.e. areas covered by a swimsuit) |
| Touch that does not scare or make you feel bad     | Spitting, slapping, pushing, punching, etc.               |

## Teach your child that not all secrets should be kept

Tell your child that if someone asks them to keep a bad secret, they should tell you and get help. Help your child to understand that people may use gifts or threats to get children to keep bad secrets.

Remember that sometimes, an adult within your family or social circle may try to take advantage of your child. Always trust your children and be prepared to support and protect them if this has happened.

## Teach your children to be careful

Remind your children to walk away if a stranger tries to approach them with gifts or asks for information. Train them to shout for help and say “You are not my mother / father!” if a stranger comes too close and tries to pull them away.

Tell your children to check with you first if they have to provide any personal information online.

Tell your children not to chat, share information or send pictures to strangers on social media platforms such as Facebook, Whatsapp, Wechat or other platforms on mobile phones and computers. Remind them to think carefully about information and photographs they post on social networks.

Tell your children that they are not allowed to arrange a date or meeting with a person without your knowledge and permission.

## GROOMING BEHAVIOUR IN ADULTS TO LOOK OUT FOR

Watch out for any of the following behaviour in adults that may be directed towards any child that you know. On the surface, these behaviours can appear innocent and convey the impression that a particular person is “good with children” or likes children.

### Some warning signs

- frequently finding ways to be alone with a child, e.g. suggesting outings alone with the child, or offering to “look after” or babysit a child alone when parents are busy.
- ignoring a child’s need for privacy (e.g. in the bathroom).
- giving gifts or money for no particular reason.
- communicating with a child excessively; texting, emailing or calling.

### What to do

If you have any concerns that your child may have been sexually abused:

- Talk to your child and ask if something is bothering him/her. Listen carefully to what they have to say.
- If your child reports something suspicious or has symptoms or behaviour which suggests possible sexual abuse, consult a doctor for advice. **PP**

# Family Wellness

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

## ZIKA It's Here!



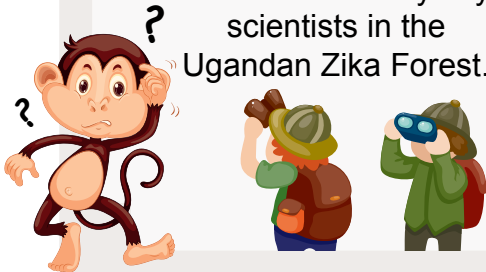
By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

### Zika virus is a flavivirus much like:

- Yellow fever virus
- Dengue virus
- Japanese encephalitis virus
- West Nile virus

### First identified in 1947

in rhesus monkeys by scientists in the Ugandan Zika Forest.

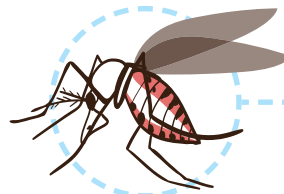


### The first human cases of Zika

were reported in 1952 in Uganda & the Republic of Tanzania.



One of the researchers in Uganda studying the Zika virus in 1967 **was infected and described the illness as being "mild"**.

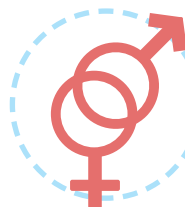


Zika can be spread by mosquitoes of the Aedes genus, they can pass the virus along to their offspring.



An infected pregnant woman can pass the virus to her foetus during pregnancy.

## ZIKA VIRUS TRANSMISSION



Zika can be transmitted through sexual intercourse, via contact with semen or vaginal fluid of infected persons.

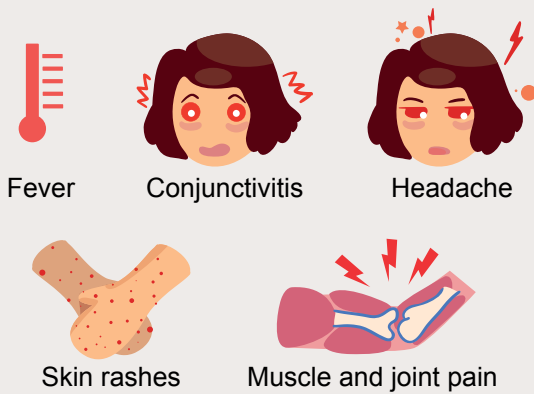


Can also be passed through blood transfusion of infected persons (rare).



Via laboratory exposure (rare).

## SYMPTOMS



- Unlike dengue, Zika symptoms are mild and last for 2-7 days
- Only 2 out of 8 people develop symptoms
- Deaths associated with Zika is very rare or not reported

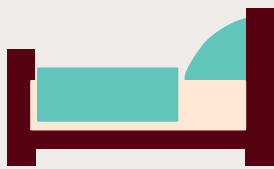
## DIAGNOSIS

- Laboratory tests on blood or other bodily fluids, such as urine, saliva or semen is the only way to confirm a possible infection.



## TREATMENT

- Zika requires no specific treatment and there is currently no vaccine for Zika.
- Treatment of symptoms involves:



Plenty of rest

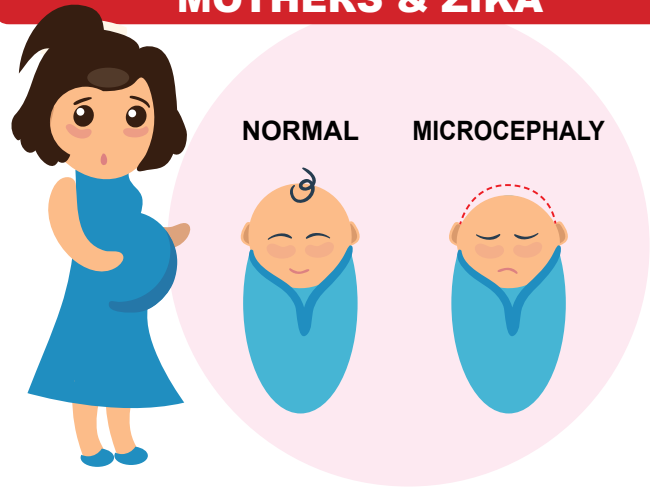


Drinking enough fluids



Taking common medicines to ease pain or fever

## MOTHERS & ZIKA



- Zika virus infection during pregnancy may lead to microcephaly in infants. Babies with microcephaly have a smaller head than an average baby of the same age. However, more research is needed if we are to better understand the virus and its link to diseases in humans.
- Pregnant women diagnosed with Zika should continue to closely monitor the health of the foetus throughout pregnancy by consulting a healthcare provider.
- There have been no reports of Zika being transmitted through breastfeeding.
- No adverse neurological outcomes have been reported to date in infants with postnatally acquired Zika virus disease.

## REDUCE YOUR RISK OF INFECTION

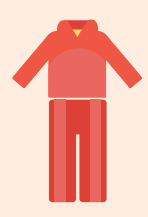
Avoid being bitten by mosquitoes:



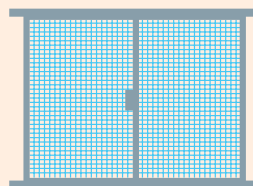
Get rid of Aedes breeding grounds in and around the house



Use mosquito coils, repellent or spray



Wear long-sleeved shirts and pants when going outside



Install mosquito mesh/screen on windows



Avoid outdoor activities when Aedes mosquitoes are most active (i.e. 5.30-8.30 am and 5.30-8.00 pm)

An educational contribution by



Malaysian Paediatric Association



# Travelling during Pregnancy

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

*Congratulations on your pregnancy! If you have already made plans to travel (either before or after finding out about your pregnancy) there are some things you will need to consider first.*

## Should I go ahead with my plans?

Some of us plan our vacations months or even years ahead. The last thing on your mind would be to cancel at the last minute. However, your health and your foetus's should come first. In general, as long as there are no complications with your pregnancy, it is safe to travel.

However, you should always make it a point to consult with your doctor/gynaecologist on your travel plans. He or she will schedule regular pregnancy check-ups, whereby your health status will be monitored. Based on the findings, your doctor will advise you on whether or not you can travel.

### When it is unsafe

Do not proceed with your travel plans if you face complications such as vaginal bleeding, multiple pregnancy, or have a history of gestational diabetes, high blood pressure, pre-eclampsia, placental abnormalities, miscarriage, or ectopic pregnancy (the foetus develops outside the womb).

## Getting ready to travel

Whenever you travel, always make it a point to do the necessary due diligence. Here are three important items to discuss with your doctor/gynaecologist:

- **get 'certified'** – as a precautionary measure, ask your doctor for a letter certifying your fitness to travel. This letter should not be dated more than ONE month from the date of your travel.
- **travel vaccines** – ask about the necessary shots relevant to your vacation destination. However, live attenuated vaccines ARE NOT ADVISED during pregnancy.
- **learn specific remedies** – find out how you can treat common travel ailments (e.g. motion sickness, altitude sickness, acclimatising yourself to changes in climate, etc.)



Other items you will need to look at include knowing how to:

- **pace yourself** – if you are going on a tour, you may want to adjust the pace of the tour to suit your pregnancy.
- **take safety seriously** – always use protective equipments even if they are uncomfortable to wear (e.g. safety belt when travelling by car). Although safety should be your priority, you can place a soft cloth between the safety belt and your body if it makes you uncomfortable; just check to ensure that the safety belt still functions properly and is positioned appropriately.
- **plan your travel** – some choices of transportation may require more planning, e.g. travelling by bus or car may mean making allowances for more restroom stops. Do limit travelling time to no more than 5-6 hours. Take as many rest stops as necessary for short walks to help keep your blood circulating. You need to keep yourself well hydrated, so make sure you take adequate fluids. This will reduce your risk of developing blood clots which are dangerous.
- **be prepared** – travel with copies of relevant medical records related to your pregnancy as a precaution. In case of emergencies, find out the address/phone number of the nearest doctor/hospital.
- **keep meds close at hand** – make it a point to carry your medications or pregnancy supplements with you when you travel, just in case your luggage goes missing (a small waist-pouch, handbag, purse, carry-on bag should suffice).
- **check your insurance coverage** – does it cover pregnancy related problems? If not, check with your insurance provider on what options are available.
- **quality of healthcare** – check to ensure that the hospital/ clinic at the place of your visit can handle complications, air medical transfer, and also the availability and cost as well.
- **economy class syndrome** – this 'syndrome' is not confined to just economy class. It occurs due to the formation of blood clots in the veins of the legs which typically happens during (or just after) long flights. Also called deep vein thrombosis (DVT), you can minimise your risk by:
  - staying well hydrated (drink plenty of water!),
  - move your legs by walking around during the flight, OR flex and extend your ankles, knees, and hips as often as possible.

This helps minimise the risk of DVT, which has potentially serious and even fatal consequences. **PP**



*Did you know?*

**In general, the ideal time for pregnant women to travel long distance is during your second trimester as most people would have passed the morning sickness phase inherent in the first trimester. It is best to spend your third trimester close to home in case of any emergency.**

*An educational collaboration with*



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# What is Your Parenting Style?

By **Mr Alexius Cheang**, Behavioural Psychologist

*How would you describe your approach to parenting? Fill out this questionnaire and find out for yourself. Choose (✓) only one answer from each category.*

## 1. Parenting

- ☐ (a) I believe children should be seen and not heard.
- ☐ (b) I enjoy the chaos of parenting.
- ☐ (c) I believe children can be children and also practice good manners.
- ☐ (d) My children keep to themselves and don't bother me much.

## 2. Behaviour

- ☐ (a) I think my children need a firm hand to direct them so they behave properly.
- ☐ (b) I believe my children need freedom to discover who they are.
- ☐ (c) I love watching my children discover things for themselves - and I am there if they have questions.
- ☐ (d) My children learn how to behave in school.

## 3. Saying "no"

- ☐ (a) I don't have a problem saying "no" to my children.
- ☐ (b) I hate saying "no" to my children.
- ☐ (c) Sometimes I need to say "no" to my children.
- ☐ (d) Mostly I just ignore my children's bad behaviour.

## 4. Rules

- ☐ (a) Every rule - big or small - must be followed.
- ☐ (b) I don't believe in too many rules - when I am with my children I want to enjoy the moment and have fun, not be a disciplinarian.
- ☐ (c) I have rules that are really important, and I expect them to be followed. But I am willing to be flexible about smaller issues.
- ☐ (d) Having a lot of rules is too complicated - sometimes it's just easier to ignore some behaviour.

## 5. Discipline

- ☐ (a) I think discipline is correcting your children when they misbehave.
- ☐ (b) I don't believe in strict discipline - my children need freedom.
- ☐ (c) I think discipline is an opportunity to teach your children.
- ☐ (d) My spouse does most of the disciplining.

## 6. Being liked

- ☐ (a) I am okay if my children are unhappy with me.
- ☐ (b) I want my children to like me.
- ☐ (c) Sometimes I need to be unpopular with my children to keep them safe and ensure they do what needs to be done.
- ☐ (d) I am not sure how to get my children to like me.

## 7. Respect

- ☐ (a) Children must respect their parents.
- ☐ (b) I like it when my children are respectful of me, but I must admit, that doesn't happen very often.
- ☐ (c) Parents need to model the respect they expect from their children.
- ☐ (d) I wish my children respected me more, but since that's not happening, I try to ignore it.

## 8. Communication

- ☐ (a) I don't tell my children much - these are adult matters.
- ☐ (b) I can tell my children just about anything.
- ☐ (c) I let my children know what is going on, especially if it affects them, but some things are not suited for their age.
- ☐ (d) My children don't need much information; they seem to be doing fine.

## 9. Mistakes

- ☐ (a) I don't tolerate mistakes - maybe once or twice is fine, but more than that, they need to be punished.
- ☐ (b) I think that if children don't feel successful, they will not have the confidence to do well in life.
- ☐ (c) Some of the greatest lessons for children come from their mistakes. I try to help my children learn from their mistakes.
- ☐ (d) Everyone makes mistakes - I don't get too upset over my children's mistakes. They will figure it out eventually.

## 10. Friends

- ☐ (a) I don't believe parents should be their children's friend - you will lose your authority over them.
- ☐ (b) My children are my best friends.
- ☐ (c) My children are friends with other children; I need to be their parent.
- ☐ (d) I really don't understand how parents and children could be friends - we are so different from each other.

## 11. Where they are

- ☐ (a) I know exactly what my children are doing, who they are with and where they are all the time.
- ☐ (b) I try to keep up with my children's comings and goings, but sometimes they won't tell me.
- ☐ (c) My children and I have an agreement - I will always let them know where I am and they will do the same for me.
- ☐ (d) I don't keep track of what my children are up to - they seem fine and have teachers and child care providers to watch over them.



## So what is your parenting style?

Add up the number of times you responded to a question with an (a), (b), (c) or (d) and write it down in the table below. The highest score in the table corresponds to the parenting style you practice. For example, if you answered most of the questions with an (a) you are an authoritarian style parent.

|     | Number of Times | Parenting Style |
|-----|-----------------|-----------------|
| (a) |                 | Authoritarian   |
| (b) |                 | Permissive      |
| (c) |                 | Authoritative   |
| (d) |                 | Uninvolved      |

*Adapted from Pitzer, R. (2001). What is your parenting style? A parenting styles self-assessment. St. Paul, MN: University of Minnesota Extension.*

## What is your parenting style? (And why it matters)

*A parenting style is a psychological construct that represents strategies and perspectives that parents use in raising their children. Psychologists have identified four parenting styles:*

**Authoritative (characterised by warmth and strictness)** – Authoritative parents set clear rules that children are expected to follow. However, they do allow for exceptions to the rules as they are more willing to consider a child's feelings when setting limits. They also take the time to explain the reasons for those rules.

Authoritative parents tend to teach their children proper behaviour by allowing them some flexibility in making their own decisions. They also reinforce good behaviours by using praise and rewards. Children raised with authoritative parenting tend to grow up to be responsible adults, who are often good at making decisions.

**Permissive (characterised by warmth but not strictness)** – Permissive parents tend to not discipline their children as they prefer to be more lenient. There are few, if any, consequences for misbehaviour as parents will say "kids will be kids."

Permissive parents may take the approach of being a friend rather than a parent to their children. Although they may get along well with their children, they are less likely to set boundaries and therefore, ignore negative behaviours.

Children who grow up with permissive parents tend to struggle academically because they receive less motivation to excel. They may also exhibit more behavioural problems because they are not able to adjust well to rules and authority in society. This often results in them having low self-esteem.

**Authoritarian (characterised by strictness but not warmth)** – Authoritarian parents set the rules and expect their children to follow them without exception. If children challenge the rules, they are usually told, "Because I said so." There is usually no room for negotiation and parents do not feel obligated to explain the reasons for the rules because they know what's best for their child.

Although children of authoritarian parents tend to follow rules, they may lack decision-making and problem-solving skills or may act out, become hostile or alienate themselves. This happens because they tend to focus their frustration at their parents for being punished.

**Uninvolved (characterised by neither warmth nor strictness)** – Uninvolved parents tend to repeatedly neglect their children by not meeting their basic needs. In fact, they expect their children to raise themselves. This could be due to a parent's mental health issue or substance abuse problem. They typically lack knowledge about parenting and may feel overwhelmed by life in general.

Uninvolved parents are oblivious to what their children are doing or who they are with. Rules are also limited and expectations are low, if any at all. Children of uninvolved parents may lack parental guidance and attention which would prompt them to turn to outsiders for support. They also lack self-esteem and perform poorly in academics.

As you can see, parenting styles significantly affects a child's welfare which is why adopting an authoritative parenting style has been found to increase a child's chances of success. Nevertheless, parents may not fit neatly into just one category but may find success in varying their style, according to the situation or even between individual siblings.

In addition, both parents may naturally adopt different parenting styles. For example, the father may be very strict and the mother may be more lenient. However, this has a negative effect because the father may become even stricter as he attempts to counterbalance the mother's leniency. Therefore, if parents do not share identical parenting styles, they should discuss matters between themselves and come to an agreement about how to deal with the child.

### How to Be More Authoritative

- **Establish a list of house rules and expectations** to help your child learn what type of behaviour is acceptable and what is not. Add rules if and when necessary but explain to the child why the rule is important.
- **Decide together with your child** on the type of consequences involved for breaking the rules.
- **Link privileges to good behaviour** by teaching the child that she needs to earn them. This rule should be consistently applied to all your children.
- **Be firm and follow through with the limits that were set.** If you say that you are going to take away a privilege, it is essential that you honour your word. By providing consistent and firm discipline, you show him that you mean business. **PP**



# Nutrition & Healthy Living

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

## Does My Diet Affect My Breast Milk?

By **Prof Poh Bee Koon**, Nutritionist

*Unnecessary restrictions on what mothers can or cannot eat compels many of them to give up on breastfeeding early. Here are some FAQs of breastfeeding moms about their diet and how it affects their breast milk.*

**Is it true that nutrients from my diet transfers to my child when I breastfeed?**

It is true; after all, breast milk is made out of the perfect combination of proteins, fats, vitamins, and carbohydrates from your body. However, the quality of breast milk generally stays the same regardless of what you consume. The most important thing is for mothers to eat a balanced and nutritious diet throughout breastfeeding – and beyond.

**What about coffee or alcohol?**

There are situations when something the mother eats/drinks may affect the baby. Coffee and alcohol in large amounts for example, have been reported to affect the baby's health. However, moderate caffeine intake as well as limited alcohol should be relatively safe. The amount you consume should also consider the baby's age – the younger your baby, the less you should consume.

### **How much is allowed?**

Caffeine: 2–3 cups per day

Alcohol: 0.5 g alcohol per kg of mother's total body weight

Remember that caffeine can accumulate in your child and it is also present in chocolate, tea and carbonated drinks, so, those should count too. Effects to the baby can be further minimised if you have your coffee or alcohol just after breastfeeding the baby or just before the baby is due to have a lengthy sleep period of two hours or more.

### **Important Note**

Avoiding alcohol altogether when breastfeeding is the safest option for your baby.

**What about gassy or spicy foods? Shouldn't these be avoided?**

One principle to hold on to is that you should not exclude any specific food items from your usual diet unless instructed to by a doctor or medical expert. Most of the time when a baby cries because of colic or gas, it is caused by poor breastfeeding position and/or latching techniques. Furthermore, there is no scientific evidence to suggest gassy or spicy foods affect breast milk.

**Will avoiding foods that are yellow-coloured prevent jaundice in babies?**

No, there is no correlation between the two. Jaundice occurs because the baby's blood contains an excess of bilirubin. Bilirubin is a chemical produced during the normal breakdown of old red blood cells in the liver and, is not present in breast milk. Babies have more bilirubin because they naturally have extra red blood cells and their young livers cannot metabolise bilirubin as efficiently.

More than 60% of all babies have jaundice but it typically goes away soon after birth, because breastfeeding will increase a baby's bowel movements, which in turn, helps remove bilirubin from the body.

Eat all the bananas and sweetcorn you want, just do not overdo it – not because it will cause jaundice, but because too much of ANY food is not good for general health and well-being.

**How much more calories should I add to my diet while breastfeeding?**

Lactating mothers have an increased daily energy need of 450-500 kcal/day which can be met by increasing calorie intake correspondingly. The actual amount of extra calories consumed should be in direct proportion to the amount of milk you produce. You should also continue to practice a balanced and nutritiously-varied diet.

**Will drinking milk increase my breast milk supply?**

No, it will not. Milk supply is influenced by many things, but most importantly it depends on the frequency of breastfeeding and how well the breast is emptied. The hormone, prolactin, is produced every time you breastfeed and/or empty out your breast milk in order to stimulate more milk production.

Therefore, to increase breast milk supply you can:

- Breastfeed more often.
- Feed your baby on demand.
- Breastfeed for longer periods at each feeding or until your baby is satisfied.
- Feed on one breast until it is empty, before changing to the other side.

**Are there any foods that nursing mothers should avoid?**

Focus on making healthy choices that are balanced, moderately portioned and full of variety. Healthy lactating mothers do not need to avoid any particular type of food unless they suspect the item is causing fussiness, irritation or other symptoms of an allergic reaction in the baby. If that is the case, you can temporarily avoid the food/drink for up to a week, to see if it makes a difference to your baby's behaviour. If it does, consult a doctor immediately; and if it does not, add the item back into your diet.

To help doctors investigate the cause – if any – you should keep a food diary that lists everything you eat and drink, along with notes about how your baby reacts to them.

**Are vegan mothers able to provide all the nutrition their babies need?**

Overall, breastfeeding vegan mothers can supply the baby with all the required nutrients it needs. However, vegetarian diets that contain no animal protein may require DHA and vitamin B12 supplementation or foods fortified with DHA or B12 (e.g. selected breakfast cereals, soy milk and soy products). Both DHA and B12 are important nutritional components a baby needs for development, the lack of which could lead to a host of health issues and in very rare cases, even death. Consult your doctor, nutritionist or dietitian to find out what is best for you and your baby.

**Is there such a thing as 'the perfect food' for breastfeeding moms?**

There is no such thing as 'the perfect food' in general. Our bodies need a multitude of different nutrients from a variety of sources, in order to function optimally and stay healthy.

Not sure how to start? Worry not, let the Malaysian Food Pyramid guide you through. Download the latest updated version of the pyramid and find out more about healthy nutrition for you and your whole family at Nutrition Society Malaysia's (NSM) website: <http://www.nutriweb.org.my/> **PP**

*An educational collaboration with*



**Nutrition Society of Malaysia**



# Nourishing a Picky Eater

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

Infants and children develop 'food fads' as they grow older. A previous favourite at mealtime may suddenly elicit shrieks of disgust or be pushed aside when it is served. This is normal and not an unexpected phenomenon. After all, your child's preferences will change as he gets older. When coupled with increased levels of activity and a short attention span, mealtimes become a challenge. As a result, he may choose to eat only a small amount of food, preferring those that are easy to eat and digest.

Food such as vegetables are not popular amongst children due to its taste, and likewise, meat is unpopular as it is difficult to chew and digest. Most children are also intent on getting back to having fun and as a result, tend to sacrifice their food for more play time.

Under normal circumstances, your child will consume sufficient amounts of food to maintain growth. However, nutritional imbalances may occur in some cases, especially if he consumes a very

limited amount of certain types of food. For instance, insufficient intake of:

- **carbohydrates and proteins** – may lead to impaired growth resulting in poor weight gain.
- **fibre** – can lead to constipation.
- **vitamins and minerals** – may lead to problems such as anaemia.

## Consequences of picky eating

Children who are picky eaters are more likely to grow up more selective with their food. This, in turn, may lead to nutritional imbalance and unhealthy eating habits as an adult. A child who has not been previously encouraged to take fruits and vegetables is less likely to do so as an adult.

While nutritional supplements may appear attractive as a means of providing your child with a balanced diet, they should only be used on a short term basis and not to complement the diet of a picky eater.



## Identifying picky eating

Poor appetite and food refusal are often first noticed during the transition to spoon-feeding and self-feeding. It is important to ensure that your child's refusal to feed is not a sign of illness.

It is therefore important that your child be seen by his paediatrician to rule out medical causes of his food refusal, such as reflux, cow's milk protein allergy, or choking.

Picky eaters can essentially be divided into four different categories based on their traits, namely:

- **Fear of feeding** – they equate feeding time with 'torture' and may cry when offered food or sometimes even when they see feeding utensils. They usually resist feeding by screaming, crying and pushing the food away. This situation is usually caused by:
  - previous traumatic event such as choking or gagging
  - previous history of tube feeding or use of life support
- **Highly selective food intake** – these children will only eat certain types of food and refuse to eat other types of food.
- **Energetic child who rarely seems hungry** – such children appear to be full of energy despite seemingly not eating much.
- **Parental misconception** – such children are often perceived to be eating too little by their caregivers. A detailed history however, reveals otherwise, that the child is actually receiving adequate nutrition.

## Dealing with picky eaters

Here are some tips on how to work with your child in order to ensure that he does not miss out on the essential nutrients he needs to grow. These include:

- **Stick to a schedule** – mealtimes should be around the same time, e.g. if lunch is at 12pm, then it should be at this time every day. Keeping his snack or mealtimes constant means that he will know when his next meal is, and it also makes it easier for you to keep track of what/when he eats. Ensure that he is sufficiently hungry at mealtimes, otherwise he may not want to eat.
- **Keep snacks healthy** – offer healthy food (and keep portions small) such as fruits (e.g. one or two apple slices or half a banana), vegetables (e.g. a few carrot slices or, a few tablespoons of

boiled or steamed sweet potato), yogurt, cereal, or a sandwich.

- **Avoid all-day snacking** – Do not feed him all day long. This includes drinks such as milk or juice. If he keeps filling up on snacks or comfort foods the whole day or before mealtimes, it will affect his appetite and he may refuse to eat his meals. As a general guide children between 1-6 years should:
  - eat no more than six times a day (three meals and two to three snacks, at least two hours before mealtime).
  - drink no more than 2-3 glasses of milk a day. Limit fruit juices to no more than  $\frac{3}{4}$  cup of freshly squeezed juice and avoid giving him store-bought juices, as these are loaded with sugar. Plain water is best, but you can opt to dilute the juice with water before serving.
- **Keep your cool** – do not give up and keep trying even if he rejects new foods at first, especially veggies. It may take multiple attempts, but keep offering him a variety of healthy foods such as fruits, vegetables, and even "grown-up" food. However, do not pressure him to eat. You can try serving the same food using different cooking methods or by combining it with other foods. Dips are a great way to encourage them to eat.
- **Get him involved** – most children will be more open to eating vegetables if you can get them involved. You can do this by letting him pick his own veggies when you go grocery shopping or by getting him to help out in the kitchen when you prepare his meals.
- **Make it fun** – children love to play! Turn mealtimes into a fun experience for him by:
  - using cookie cutters to turn his food into interesting shapes,
  - making a game of 'eating all the colours' during mealtimes,
  - having a picnic just for a change of scenery.
- **Avoid food bribery** – you may be tempted to tell him to eat all his veggies and that you will reward him with some ice cream. However, this strategy is a poor long-term solution as it sends him the wrong message, i.e. he will learn to value the treats you offer rather than the healthy foods he should be eating. **PP**



An educational contribution by

# Combine & Make Em' Nutritious & Delicious



Mixing different food groups of the various levels of the food pyramid and turning it into one amazing, mouth-watering dish is a great way to encourage your children to eat their greens or try new foods. To truly enjoy these types of dishes, you have to eat or drink them as prepared – like popiah or sandwich!

The main ingredients in the first recipe, which is a delicious smoothie, are soy milk (food pyramid level 1) and different types of fruits (food pyramid level 2). The second recipe on the other hand, is a mixture of beef (meat in level 3 of the food pyramid) wrapped in salad (vegetables in level 2 of the pyramid).

## Soy Smoothie

(Prepared for 3)

### Ingredients

- 250 ml (1 cup) soy milk
- 100 g (1 whole) banana, peeled and sliced
- 100 g (1 whole) apple, seeds removed
- 179 g (1 whole) kiwi fruit, skin peeled

### Method

1. Blend all the ingredients together and serve cold.

#### Serving Tips

- Fruits used can be replaced with other local fruits such as honeydew, watermelon, etc.

#### Nutrition Tips

- Soy is high in protein, fibre, and unsaturated fats. It is also rich in vitamins and minerals.

#### Get Your Little One to Help Out

- Peel the banana skin and pour the soy milk into the whole mixture.



#### Nutrient Content Per Glass

|                  |                     |
|------------------|---------------------|
| Calorie 128 kcal | Carbohydrate 25.0 g |
| Protein 3.9 g    | Fat 1.4 g           |

# Sesame Beef Wrapped in Salad

(Prepared for 6)



## Ingredients

500 g beef, fat removed & thinly sliced  
 60 g fresh salad (about 6 individual leaves)  
 10 g (1 whole) red onion  
 20 g (4 cloves) garlic  
 3 g (~1 tsp) black pepper seeds  
 10 g (½ inch) ginger

} Blend together

30 ml (~2 spoons) dark soy sauce  
 10 ml (~2 tsp) sesame oil  
 10 g (~1 tbsp) baked sesame seeds  
 30 ml (~2 tbsp) honey  
 15 ml (~1 tbsp) cooking oil  
 125 ml (½ cup) water  
 2 whole spring onions, finely chopped  
 Add salt to taste

## Method

1. Cut the beef into thin slices. Poke the slices a few times with a fork to tenderise it.
2. Using a bowl, mix the beef slices with the ingredients you have blended and add in some honey, dark soy sauce, sesame oil and salt to taste. Allow it to marinate for a day or an hour at least inside the refrigerator.
3. Heat the cooking oil in a pan. Add in all the marinated ingredients into the pan and cook for about 2 minutes. Pour in ½ a cup of water and reduce the heat to a simmer and allow it to cook until the beef is succulent and tender. Keep adding in water until the beef is cooked.
4. Add everything from the pan into a clean bowl and sprinkle some chopped spring onions and baked sesame seeds on top.
5. Add about 2 tbsp of the cooked beef on each individual salad leaf and roll the salad firmly but carefully.
6. Dish is ready and best served hot.



### Nutrition Tips:

- Red meat is a good source of iron and is easily absorbed by the body compared to iron from vegetables.
- Choose to remove fat from the beef slices to reduce the amount of fat in your diet.

| Nutrient Content Per Piece |                    |
|----------------------------|--------------------|
| Calorie 218 kcal           | Carbohydrate 6.6 g |
| Protein 25.1 g             | Fat 10.1 g         |

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

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# Child Health

- Digestive Health
- Allergy
- Paediatrics Issues
- Immunisation

## Childhood Arthritis

By **Dr Cham Weng Tarnng**, Consultant Paediatrician & Paediatric Rheumatologist

*Kids get arthritis too! Arthritis or joint inflammation is surprisingly common in children.*

The US Centre for Disease Control (CDC) published in 2015 that 1 in 250 children have some form of joint pain and may be related to either an autoimmune condition or infection.

If the pain is due to an underlying infection, treating the child would usually result in complete resolution of the arthritis. However, some of these children may have an autoimmune cause for their arthritis. These children would have seen many doctors complaining of their joint pain and the pain appears not to go away with standard painkillers. At times, the pain can be so severe that they could not do the normal activities in school or worse, they will skip school completely as they are unable to get up from bed and walk.

When the joint pain lasts more than 6 weeks, the child may have a condition called childhood arthritis or its medical term Juvenile Idiopathic Arthritis (JIA), and it affects children and teenagers till the age of 16. This is a chronic condition and is due to the immune system attacking the joint capsule or synovium, leading to overt inflammation. This inflammation will lead to pain, swelling and increased warmth on the skin surface. The pain is usually associated with early morning stiffness, i.e. the child will have difficulty straightening or bending the affected joint in the mornings. These children will move around with bent knees or elbows and sometimes, they can be seen walking with a limp. The exact cause of this condition is still unknown.



Unfortunately, due to lack of awareness, many of these children get referred many months later to a paediatric rheumatologist. JIA is an aggressive condition and if not managed early, can lead to long term damage to the structures within and surrounding the joint. As these children are growing, this disease can affect their growth plate leading to shortening of their limbs. Worse still is when the bones are completely damaged, they will not be able to bend their joints. It is very important to get these children treated as soon as possible to prevent long term damage to all these vital structures in their body.

There are seven sub-types of JIA namely oligoarthritis, rheumatoid-factor-positive polyarthritis, rheumatoid-factor-negative polyarthritis, systemic arthritis, juvenile psoriatic arthritis, systemic arthritis, enthesitis-related arthritis and undifferentiated arthritis. Oligoarthritis occurs when four joints or less are affected and it usually affects children below the age of 5. This condition mainly targets larger joints like the knees, ankles and elbows. Patients with this subtype are prone to suffer eye inflammation called uveitis and will need to have regular follow-up with the eye specialist.

For rheumatoid-factor-positive polyarthritis and rheumatoid-factor-negative polyarthritis, both affect children with more than four joints inflamed. The difference is only whether there is presence of an autoantibody called rheumatoid factor. If this autoantibody is present, the child would have a worse outcome as the

disease is more aggressive and will probably need newer drugs to control their arthritis. These two subtypes usually affect children above 5 years old. Girls are more likely to have polyarthritis than boys.

Systemic arthritis usually affects children below 5 and is a severe form of arthritis, as these children usually present with high grade fever and rash, which cannot be explained or have no source of infection. This subtype is due to uncontrolled inflammation within the body and can lead to swelling of the heart, lungs, liver and spleen. It can cause a severe drop in the white blood cells, red blood cells and platelets leading to a medical emergency called Macrophage Activation Syndrome. This condition can lead to death, if not identified early, and as such, should be managed urgently by a paediatric rheumatologist.

Enthesitis-related arthritis is a form of arthritis that affects not only joints but also the enthesis, which is the part where the ligaments or tendons attach to the bones. This subtype usually affects school-going children and can lead to severe back pain due to inflammation of the sacroiliac joint. This is a joint that forms between the tail bone and the hip bone. Children with inflammatory bowel disease, which is an autoimmune disease causing

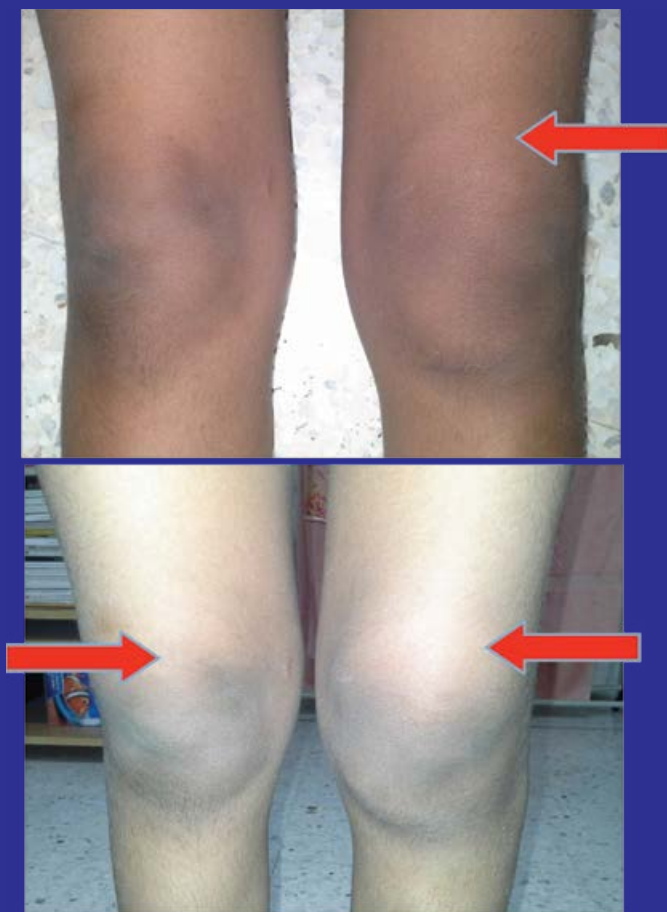
inflammation in the intestines, are at greater risk of developing this subtype of arthritis.

Juvenile psoriatic arthritis affects 20% of children who have psoriasis (an autoimmune skin disease where the skin flakes excessively due to rapid skin cell turnover) or have parents or siblings who have psoriasis themselves. It usually affects children above the age of 5 and the fingers or toes are usually affected leading to sausage-shaped fingers called dactylitis.

Treatment for JIA aims to control the disease as early as possible to prevent further damage to the child's joints. It can start with targeted injections into the joints with potent anti-inflammatory medications, such as triamcinolone, if there are only a few joints involved, to combination treatment with disease-modifying anti-rheumatic drugs (DMARDs) for those with more severe forms of the disease. Most recently, there are more targeted therapies against certain inflammatory molecules in the body, called biologics, which adds to the arsenal of treatment against JIA. With all these medications, the cure rate for JIA is good, especially if treated early, and more than 80% of children with JIA can lead normal, active lifestyles similar to other children.

## Main Take-Away Points

1. Children and teenagers can have arthritis too and is not limited to adults.
2. If a child has joint pain for more than 6 weeks, the child will need to seek medical help from a paediatric rheumatologist as soon as possible as it may be JIA.
3. JIA is a chronic, autoimmune disease that can lead to life-long disability, if not adequately treated.
4. JIA has no exact known cause.
5. There are many subtypes of JIA and each subtype has different levels of severity.
6. Children with unexplained fever for weeks without a known source may have a severe form of JIA.
7. Children with psoriasis can also have arthritis.
8. Early treatment is very important to prevent damage to the joint and growth plate.
9. Current treatment regimens have a good success rate and most children can lead normal and active lives.
10. Parents and the paediatric rheumatologist play an essential role to help children with JIA cope with a chronic disease, which requires long term care and treatment. **PP**



*Example of joint swelling*

An educational contribution by





# Protect your family against the dangers of Japanese encephalitis

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

Out of the **50,000** reported cases each year:<sup>3</sup>

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

There is no specific treatment for Japanese encephalitis.<sup>2</sup>



Reduce the risk of infection with vaccination<sup>2</sup>



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

Protect yourself and your loved ones against Japanese encephalitis.

Ask your doctor about preventing Japanese encephalitis virus.

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# Protecting Your Family Against

# JE

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

*Japanese encephalitis (JE) is a flavivirus related to dengue, yellow fever and West Nile viruses, and is spread by mosquitoes. It is estimated that globally, 13,600 to 20,400 acutely fatal JE cases occur and that 14,300 to 27,200 JE survivors develop long-term neurological damage each year. JE can be found in South Asia, Southeast Asia, East Asia, and the Pacific. An estimated 3 billion people live in countries where the JE virus is endemic.*

JE primarily affects children and, most adults in endemic countries have natural immunity after childhood infection, but individuals of any age may be affected. Because JE is more predominant in rural areas of the country, it is suspected that the incidence of JE in Malaysia may be underrepresented.

**ENDEMIC**  
A disease commonly found among particular people or in a certain area.

## Transmission of the JE Virus

The main JE vectors are *Culex tritaeniorhynchus* mosquitoes and similar species that lay eggs in rice paddy fields and other open water sources (*Mansonia* and *Anopheles* species). They carry the virus with them after they bite either pigs or wading birds, which are amplifying hosts for the JE virus.

Humans are considered dead-end hosts for JE virus, meaning the virus is unable to multiply to high levels, hence, the virus cannot be passed on to other biting mosquitoes or from person to person.

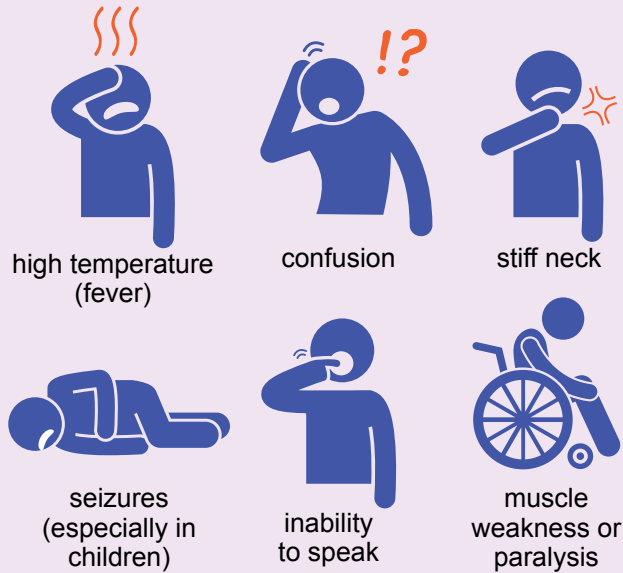
**AMPLIFYING HOST**  
Is a host in which infectious agents, such as JE virus, rapidly multiply to high levels that when vectors such as mosquitoes bite them, the mosquitoes too, become infected.





## Symptoms of JE

Most people who are infected show very mild flu-like to no symptoms at all. In persons who develop symptoms, the incubation period (the time between catching an infection and symptoms appearing) is typically 5-15 days. About 1 in every 250-people infected will develop more serious symptoms such as:



## Treatment & Prevention

Treatment is focused on relieving symptoms and supporting the patient to overcome the infection. Because there is no cure for the disease, prevention should be prioritised. This can be done either by avoiding mosquito bites and/or by getting vaccinated against the virus.

Avoid mosquito bites:



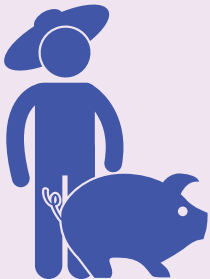
Thirty percent of patients who are affected by disease symptoms may die. For patients who do survive these more serious symptoms, recovery is sluggish and 20-30% of them may also develop inflammation of the brain (encephalitis), causing irreversible neurological damage.

## Get Vaccinated:

- In Sarawak, JE vaccine is covered under the National Immunisation Programme (NIP). Each child will receive a total of 3 doses, the first two initial doses to be administered at the age of 9 and 21 months, followed by a booster dose at 7 years.

## Who Are More At Risk?

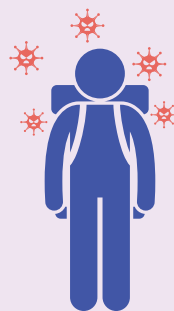
Anyone can be infected, however, there are certain people who may be more at risk such as:



People living or working in areas near pig farms or agricultural land (e.g. paddy fields).



Travellers who are planning extensive outdoor exposure (camping, hiking, working, etc.) in endemic countries, especially in rural areas.



Locals who are planning long trips to areas where cases have been recorded.

- Studies on the effectiveness of the JE vaccine in Sarawak concluded that over a 10-year surveillance period (1997-2006), the vaccine had substantially reduced the number of JE cases and the risk of infection.
- People living in other areas can get vaccinated at private clinics nationwide. Consult your doctor about getting vaccinated and whether it is suitable for you. **PP**

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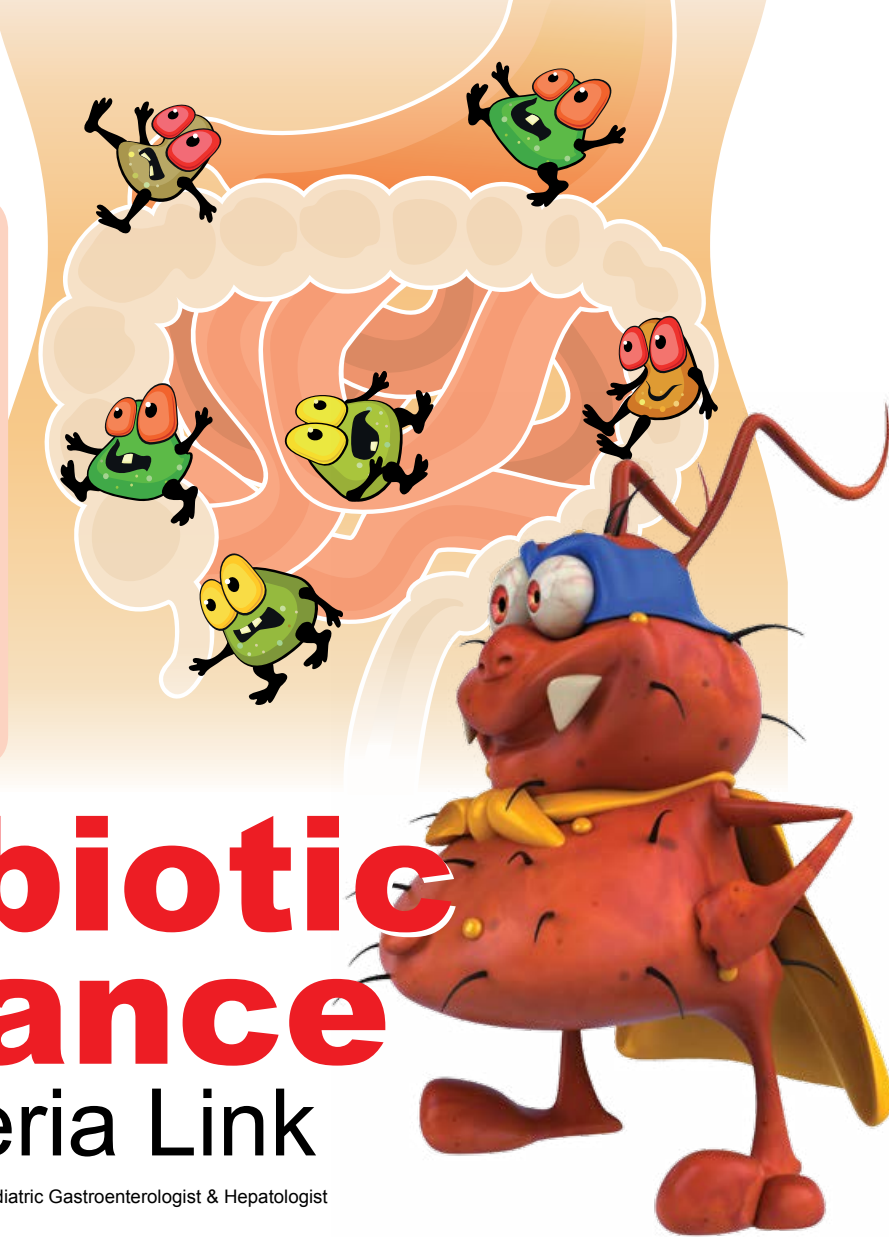
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*Human intestinal microflora (or microbiota) is essential to our health and plays a role in nutrition, development, metabolism, and regulation of immune responses. Antibiotics may disrupt these interactions leading to acute or chronic disease in some individuals.*



# The Antibiotic Resistance & Gut Bacteria Link

By **Prof Dr Lee Way Seah**, Consultant Paediatrician & Paediatric Gastroenterologist & Hepatologist

## What Are Antibiotics?

Antibiotics are medicines used to treat infections or diseases caused by bacteria (e.g. urinary tract infections, skin infections and infected wounds). Since it was first introduced, antibiotics have saved millions of lives around the globe. However, because they have been overused or misused, many antibiotics today are no longer effective against the bacteria they once killed.

## Gut: The Epicentre Of Antibiotic Resistance

More than 100 trillion microorganisms inhabit our intestines which are made up of about 1000 different species. They interact and perform various functions which help influence human well-being. Gut bacteria predominantly aid in nutrient and drug metabolism, prevention of colonization of pathogenic microorganisms and intestinal barrier function.

Disruption to the gut microflora, on the other hand, has been linked to gastrointestinal conditions such as inflammatory bowel disease and obesity. Some studies have also linked imbalances in the gut microflora to mental health problems and other neurological disorders.

Antibiotics – especially broad-spectrum antibiotics – are very effective at killing bacteria and work quickly against infection, with relatively few side effects. The downside, however, is that they kill indiscriminately and target both harmful and beneficial bacteria in the gut. This allows those few bacteria which are resistant to multiply and repopulate the gut ecosystem.

Another concern is the possibility of selection of antibiotic-resistant strains of bacteria; not only in those which the antibiotic is directed towards but also among the normal bacteria. Our gut microflora could thereby potentially serve as a reservoir of resistance genes and contribute towards the evolution of antibiotic resistance.



## Antibiotic Overuse/Misuse

Bacteria which have become resistant to antibiotics threaten our ability to treat common infectious diseases. This may, in turn, result in prolonged illness, disability, and possibly, death.

The World Health Organisation (WHO) describes antibiotic resistance (ABR) as “a serious threat to global public health”. However, despite increased awareness of ABR, overuse still occurs for a number of reasons:

- Doctors may prescribe antibiotics before receiving test results that identify the actual cause of infection (e.g. bacterial, fungal, or viral).
- People who want quick relief from symptoms, regardless of the cause of illness, may pressure doctors for antibiotics.
- People may take antibiotics purchased abroad or via the internet for self-diagnosed illnesses.
- People may take antibiotics that are leftovers from a previous prescription.
- People do not complete their full course of prescribed antibiotics.
- Exposure to animal produce treated with antibiotics.

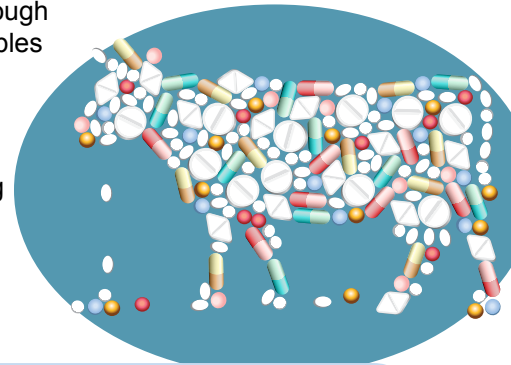


## How Does Antibiotic Use In Livestock/Agriculture Affect You & Your Child?

Giving antibiotics to animals helps kill many bacteria and keeps the animal healthy, but resistant bacteria can still survive and multiply. When livestock are processed for human consumption, these bacteria can contaminate the meat or other animal products. Resistant bacteria can also get into the environment through faeces and contaminate the water near these animals.

### People get infections by:

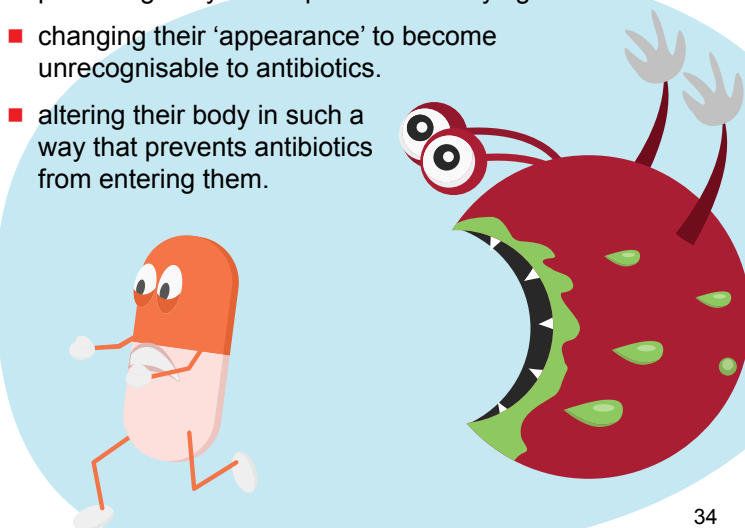
- Handling or eating raw/undercooked food from animals or produce contaminated with resistant bacteria.
- From direct or indirect contact with animal stool (e.g. through eating vegetables fertilised with untreated animal dung).
- From handling animals/ livestock/ agricultural produce.



## How Do Bacteria Become Resistant?

Having been exposed to antibiotics over time, some bacteria evolve, mutate or change in certain ways that make them invulnerable to antibiotics. They have developed various ways to defeat antibiotics such as:

- producing enzymes capable of destroying antibiotics.
- changing their ‘appearance’ to become unrecognisable to antibiotics.
- altering their body in such a way that prevents antibiotics from entering them.



## Preventing Bacterial Resistance

As parents, and as patients, we can do our part to prevent ABR by:

- practicing good hand hygiene, and thus preventing from getting infected by bacteria.
- not asking for antibiotics if the doctor does not think it is necessary.
- asking if tests are necessary to make sure the right antibiotic is prescribed.
- complete the prescribed course of treatment, even when you start feeling better.
- not sharing or using leftover antibiotics.
- discard any leftover antibiotics once the prescribed course of treatment is completed.

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# Billions of Good Bacteria for a Healthy Digestive System

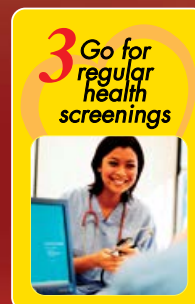
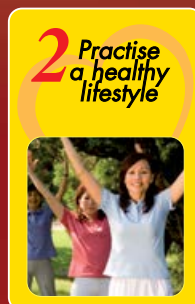
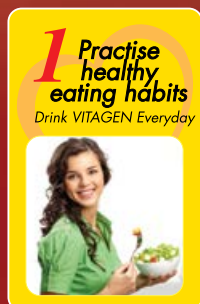
## Why is your digestive health so important?

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



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# Good Digestive Health Starts from Young

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

*A variety of common digestive problems may affect our children. These include colic, diarrhoea, food allergies, lactose intolerance, bloating, flatulence, abdominal pain and constipation. Maintaining a good digestive health for your child will alleviate or perhaps even prevent some of these problems.*



## Gut microflora balance is key

One of the most important things is to keep our gut microflora in balance! This is important to help your child to maintain a healthy digestive system to prevent him from infections, inflammation, and allergic diseases.

On the other hand, bad gut microflora balance, or dysbiosis may predispose to various disorders such as inflammatory bowel disease, irritable bowel syndrome, and even other seemingly unrelated conditions such as allergies, asthma, cardiovascular disease, and obesity.

## Did you know?

Probiotics are the 'good' bacteria. They can be found in foods such as fermented milk products (e.g. yoghurt, cultured milk drink, kefir and cheeses), fermented soy products (e.g. tempeh), kimchi and pickles.

Most of the common probiotic strains that you may come across are from the *Lactobacillus* and *Bifidobacterium* family, such as *L. acidophilus*, *L. casei*, *L. rhamnosus*, *B. longum*, *B. breve*, or *B. infantis*.

Prebiotics are the 'food' which promote the growth of good bacteria and can be found in some high-fibre foods such as onion, garlic and asparagus. These special indigestible plant fibres help 'feed' the good bacteria. Do note that not all high-fibre foods are prebiotics, however, they are still good for digestive health as they promote regular bowel movement.



## How to maintain good gut microflora balance

The key is to ensure that your child eats a diet that has sufficient sources of prebiotics and probiotics. In addition to the above focus on obtaining pre- and probiotic foods, it is important that your child adopts the following good habits from young in order to maintain good digestive health:



### GET PLENTY OF WATER

Avoid giving him store-bought fruit juices, carbonated drinks, or any other type of sugar-sweetened beverages. This will help him form the habit of drinking water from young, rather than only drinking other less healthy choices. Simply put, water is the best source for water!

### GET PLENTY OF FIBRE

Whole grains, legumes, vegetables and fruits are great sources of fibre. Getting enough fibre is important as it helps food to move through the digestive system, promotes a healthy bowel function and helps prevent constipation.



### GET ENOUGH SLEEP AND EXERCISE

Getting adequate sleep is very important, especially for a growing child. Similarly, he also needs to get sufficient daily exercise; the Malaysian Dietary Guidelines recommend at least one hour of accumulated moderate intensity activities such as playing outside, running, jumping, cycling, swimming, football, or badminton.

The following are additional general healthy eating principles that your child should follow for good digestive health, as well as overall nutritional wellbeing:

- **Make a meal schedule and stick to it:** this helps ensure that he never misses a meal. Remember to keep some healthy snacks on hand (e.g. carrots, apples, bananas, cheese and yoghurt) in case he gets hungry between meals.
- **Start his day with breakfast:** Not only will having breakfast help to kick-start his day, it is also a great way to 'sneak' him some fibre. There are plenty of high-fibre cereals that can be prepared easily and quickly. Alternatively, he can munch on an apple or banana.
- **Focus on healthy snacks:** Stop buying non-nutritious snacks! Instead, keep healthy foods such as fruits, vegetables, whole grains, and dairy products around the house.



## Walk the talk

Remember, you are his role model so if you want him to eat healthily, the best way is to lead by example. There is no point in telling him to eat his vegetables if you don't! **PP**

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Nutrition Society of Malaysia

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# Pneumococcal Vaccines: What You Should Know

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

*Pneumococcal infection is associated with a wide range of diseases caused by the bacterium *Streptococcus pneumoniae* or in short, pneumococcus. The bacteria can be transmitted via spread of droplets, direct oral contact or indirect contact with surfaces soiled with respiratory discharge.*

Pneumococcus is not only a common cause of mild illnesses such as sinus or middle ear infections, but also severe or even life-threatening invasive pneumococcal diseases (IPD) such as pneumonia, sepsis, and meningitis. The effects of IPD are usually more severe among young children and elderly persons.

## How prevalent is pneumococcal disease?

The World Health Organisation (WHO) estimates between 3.4 – 6.8% of the 8.8 million global deaths of children <5 years of age in 2008 were attributable to pneumococcal infection.

In Malaysia, the prevalence of pneumonia in children under five is between 28% and 39%. It is the sixth main cause of death in Malaysia, with 5% of deaths in 2010 attributed to it.

## How is pneumococcal infection treated?

Usually, infection is treated using antibiotic(s). However, increasingly, bacteria have slowly evolved to become resistant to antibiotics. Pneumococcal infections that are resistant to these antibiotics require treatment using more expensive antibiotics – this is

'Invasive' disease means that germs invade parts of the body that are normally free from germs (e.g. bloodstream, tissue around the brain and spinal cord).

why prevention of pneumococcal infections is important. The unnecessary overuse of antibiotics has also led to increased resistance.

## How can IPD be prevented?

The best way to prevent infection is through vaccination. Nevertheless, everyday lifestyle practices are important as well such as maintaining good hygiene, avoiding bad habits (e.g. smoking), adequate rest, eating a balanced diet and being physically active.

## What pneumococcal vaccines are available?

The first pneumococcal vaccine, licensed in 1977, was a polysaccharide vaccine (PPSV). It contained antigens from 14 different types of pneumococcal bacteria. In 1983, a 23-valent

Antigens are invaders in your body that causes your immune system to produce antibodies to fight against them.



polysaccharide vaccine was licensed and effectively replaced the 14-valent vaccine.

Subsequently, the first Pneumococcal Conjugate Vaccine (PCV) licensed for use was in 2000 and contained seven serotypes (4, 6B, 9V, 14, 18C, 19F, and 23F) of *S. pneumoniae* and was named PCV7. In 2008 PCV10 was introduced and contained all the serotypes in PCV 7 (4, 6B, 9V, 14, 18C, 19F, 23F) plus serotypes: (1, 5, 7F). This was followed by the licensing of PCV13 in 2010 which added 3 new serotypes (3, 6A, and 19A) on top of the existing 10. Together, these 13 serotypes account for the majority of invasive pneumococcal diseases (IPD).

Today, three types of pneumococcal vaccines are used routinely:

- **PCV10**
- **PCV13**
- **PPSV23**

### Is the vaccine effective?

PCV is 77 to 94% efficacious against pneumococcal serotypes, in many populations of healthy children. Studies show that at least 1 dose of PCV13 protects:

- at least 8 out of 10 babies from IPD
- 75 out of 100 adults 65 years or older against IPD
- 45 out of 100 adults 65 years or older against pneumonia

Meanwhile, studies of PPSV23 shows that it protects between 50 to 85 out of 100 healthy adults against IPD. However, PPSV23 does not prevent carriers of the virus from transferring the disease and cannot be given to children less than 2 years.

PCV13 is effective against both IPD and non-invasive pneumococcal infections and have a better efficacy against non-invasive pneumococcal infections when compared with PPSV23. Nevertheless, PPSV23 contains 12 of the serotypes included in PCV13, plus 11 additional serotypes and theoretically offers a wider range of protection.

### Is the vaccine safe?

Pneumococcal vaccines have been demonstrated to be safe and severe adverse reactions attributable to the vaccine are extremely rare. However, like most medicines, there are a few mild side-effects (reported by 10-20% of children receiving the vaccine) which include slight swelling and redness at the injection site shortly following injection. Local reactions are more severe (e.g. soreness that interferes with arm or leg movement) following a second dose but most resolve within a few days without treatment.

### How many pneumococcal serotypes are there?

Over 90, and previous infection of one serotype of pneumococcus may not confer immunity to other serotypes. However, only less than 20% are the major cause of disease.

### Who should take the vaccine?

Children under 2 years should receive a standard regimen of three PCV13 doses at 2, 4 and 6 months and a booster dose at 12-15 months. Elders 65 years (without any high-risk conditions) and older as well as high-risk individuals aged >2 years should receive a single dose of PCV13, followed by a single dose of PPSV23 a year later.

### What if my child misses a dose or gets behind schedule?

Just make sure they get the next dose as soon as possible.

### What are considered high-risk conditions for acquiring pneumococcal disease?

1. Has a history of previous IPD.
2. Immunocompromised states:
  - Abnormal spleen function (Asplenia), HIV /AIDS, primary immunodeficiency
  - Immunodeficiency related to cancer and organ transplant.
  - Immunodeficiency related to use of drugs/ systemic steroids that suppress or reduces the strength of the body's immune system.
3. Chronic disease
  - Chronic cardiac, pulmonary, liver or kidney disease
  - Diabetes mellitus or cerebral spinal fluid leakage
4. Thalassaemia
5. With cochlear implants

### Where should I go to get vaccinated?

Unfortunately, PCV13 is not included in the list of vaccines subsidised under the National Immunisation Programme. However, it is an optional vaccine which is highly recommended and is available at private clinics nationwide. Talk to your doctor about pneumococcal vaccination today.

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PNEUMOCOCCAL DISEASE.<sup>2</sup>  
ASK YOUR DOCTOR TODAY.**

Pneumococcal disease is  
caused by bacteria known as  
*Streptococcus pneumoniae*.<sup>1</sup>

It can result in:  
Infection of the lung<sup>1</sup> (Pneumonia)  
Infection in the bloodstream<sup>1</sup> (Bacteremia)  
Infection of lining of the brain and spinal cord<sup>1</sup> (Meningitis)  
Infection of the middle ear<sup>1</sup> (Otitis Media)

In your children, watch out for  
fever, chills, cough and  
breathing difficulty.<sup>2</sup>

**Pfizer**

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# Allergenic Foods

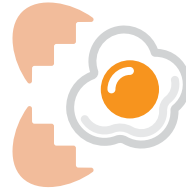
By **Dr Amir Hamzah Abdul Latiff**, Consultant Paediatrician & Consultant Clinical Immunologist/Allergist (Adults & Paediatrics)

*Allergenic foods are basically foods that are known to cause food allergies in certain individuals. A food allergy is an immune system response to the presence of specific food types. It is different from food intolerance, which is a digestive system response (e.g. what happens when your child's body has difficulty digesting food).*

There are eight major types of allergenic foods, namely:



MILK



EGGS



FISH



CRUSTACEAN  
SHELLFISH



TREE NUTS



WHEAT



PEANUTS



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## Recognising food allergy

In general, the symptoms associated with food allergies can be difficult to connect to specific foods. Typical allergy symptoms include:



Since young children may not know how to adequately describe the symptoms, they may say things like “My mouth feels tingly” or “My tongue feels heavy/numb”. The key is to stay alert for any signs of distress which could indicate an allergic reaction.

While food allergies can be serious, there are steps you can take to manage this condition. Once food allergy is suspected, a diagnostic test should be done to complement the clinical history. This is done via a skin prick test or a blood test.

## Take note when shopping

If your child is allergic to any specific food, it is best to avoid exposure to those specific foods, especially if he has a severe reaction to them. Pay more attention to the ingredients list when you go grocery shopping.

Major allergenic foods may be listed clearly, e.g. “lecithin (soy),” “flour (wheat),” and “whey (milk)”. Some manufacturers may use a statement on the packaging stating that their product contains certain ingredients, e.g. Contains Wheat, Milk, and Soy. There are also some manufacturers who list allergenic foods as “binder” or “emulsifiers”, which could signal the presence of eggs or soy respectively.

## Did you know?

Food allergies often cause symptoms within two hours of ingestion, with some reactions happening within minutes. However, there are very rare cases where the reaction is delayed by up to six hours or more.

There is another type of food allergy with delayed reactions known as Food Protein-Induced Enterocolitis Syndrome (FPIES). This is a severe gastrointestinal reaction which usually happens between 2-6 hours after consuming milk, soy, certain grains or certain solid foods. It typically occurs in young infants exposed to these foods for the first time. FPIES can lead to episodes of repetitive vomiting, which in turn can lead to dehydration. Some babies will even develop bloody diarrhoea.

## Handling food allergy

Once you have ascertained that your child has a food allergy, the best thing that can be done is to avoid the food in question, especially if he exhibits a severe reaction. Do note that if he has an allergy to a specific food, he may also be allergic to other related foods, e.g. one who is allergic to shrimp may also be allergic to crab.

If you only suspect that your child has a food allergy, you should keep a food diary. Be sure to list everything that you feed him, and keep the labels of any commercial products as well. This will be a great help in assisting your paediatrician or allergist in determining if he is indeed allergic to any foods.

Your child’s paediatrician or allergist will take any family and medical history necessary and any relevant tests to determine if a food allergy exists.

## Away from home

If you do discover that your child has a severe reaction to certain foods, be sure to inform his school and his caregivers about his condition. It may be helpful to provide them with an emergency card detailing how to prevent, recognise and manage his food allergies. **PP**

*An educational contribution by*



# Child Development

- Skills
- Problems
- Socio-emotional
- Physical Activity

## Inculcating Lifelong Learning in Your Kids

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



*Many adults today lose out on life-changing opportunities because they are stuck in their routines – unable to adapt or transform their ways. You do not want your child to be stuck in the same situation, so here is how you can spark enthusiasm for lifelong learning in your children.*

Lifelong learning is the development of formal and non-formal learning: the continuing development of skills, knowledge and competencies that people require throughout their lives that will help them create positive changes for themselves and others around them.

Just think, you were once single, now you are married and have children. A monumental shift in your life has occurred. You undertake new responsibilities, confront new challenges, learn new skills and adapt to the changes. You are on a journey of lifelong learning in the field of parenting.

There are 3 types of learners:

|                         |   |
|-------------------------|---|
| <b>Adaptive</b>         | Rely on solutions that worked in the past and are comfortable making incremental adjustments if necessary.  |
| <b>Generative</b>       | Always in pursuit of new ideas and skills, experiment with new behaviours, and set challenging goals for themselves.  |
| <b>Transformational</b> | Have the skills to confront and create frame-breaking change. These people are adept at recognizing gaps, setting goals, establishing a learning plan, and maintaining motivation to achieve set goals. |



A person can be one, all or none of these depending on competencies they have acquired throughout life. Therefore, lifelong or continuous learning is often viewed as the domain of adult or continuing education.

However, the seed that will fuel the motivation to learn, change and adapt is planted early during childhood. How do you foster fondness for learning in your child?

### 1. Don't Judge, Nudge

Children make mistakes; it can be tempting to lash out and be judgemental. Instead, parents should:

- acknowledge that mistakes do happen but that learning from them and not repeating them is key towards moving on and improving one's self.
- do not be overprotective, let them make their own mistakes from time to time – experience is the best teacher after all.
- teach them to take responsibility for their own mistakes and not blame others.
- praise their courage and support their efforts to overcome setbacks.
- do not use past mistakes against them. Instead, use them as reminders to focus on the challenges ahead.



### 2. Focus on Being 'Able'

Sometimes parents emphasise too much on wanting their children to be better than everyone else. High and unrealistic expectations can be a source of tremendous stress for a child. Hence, it would be better to focus on helping them improve on existing skills and learning new ones – this leads to better self-efficacy and less prejudices.

- Nurture their interests and help them pursue their passions by making materials and activities related to their interests available to them.
- Provide leadership opportunities and work-based learning experiences.
- Help them polish their emotional & social skills by allowing them to engage and interact with different people through NGOs or community-related events.
- Discuss their future plans more often and how they can work towards achieving them.



### 3. Celebrate Curiosity and Creativity of New Ideas

Creativity helps kids be more confident, develop social skills, and learn better. Nurturing curiosity and creativity in your kids encourages a lifelong drive and enthusiasm for learning. Help your child gain the concentration, competence, perseverance, and optimism necessary to succeed in creative pursuits.

- Cultivate creative critical thinking by allowing unstructured time to just have fun and play around.
- Help your child meet new people, go to new places and explore new experiences to broaden their minds.
- Let them be unique, support them and do not worry if they are a little different from their peers – as long as they have a friend or two it is going to be fine, do not give in to pressure of popular culture.
- Focus on finding solutions together but let them take the lead.
- You yourself should be creative at home (i.e. cook fun meals and decorate the plates, make your own fun house using cardboard and other recyclable materials laying around).

Lifelong learning is about survival. Unlike fairy tales, there is no happily ever after because there will always be challenges – some familiar, many will be new. Anticipating future challenges helps in preparation for better sustainability. Problem solving should be a continued effort because as soon as a problem is solved, another one crops up.

As such, lifelong learning should focus on inculcating a sense of ability, usefulness and a sense of belonging. It can bring about change by creating new capabilities and opening the door to new and unexpected opportunities. It also has the potential to empower a person to influence the future, providing choices that would not be available otherwise. **PP**

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# Martial Arts and Kids

By **Dr Mahenderan Appukutty**, Head and Senior Lecturer,  
Centre of Postgraduate Studies, Faculty of Sports Science &  
Recreation, Universiti Teknologi MARA (UiTM)

*Martial arts are an excellent method for your child to build up his fitness, self-discipline and his socialisation skills. A good age to start is by seven years old as he should have more than enough muscle and motor skill control to handle all the necessary techniques that he will learn.*



**Still not convinced that martial arts bears great benefits? Here are six reasons to learn martial arts:**

**Builds him up** – one of the core values inherent in all forms of martial arts is their focus on self-discipline. It is also a great way to boost your child's self-confidence and self-esteem. He will also learn the virtues of humility and be taught not to misuse or abuse his training. Those 'tough guy' characters belong in movies, not in the real world and every martial artist ultimately learns to respect his fellow humans and true humility which stems from his own confidence in his abilities.

**Great physical & social activity** – with the alarming problem of childhood obesity, martial arts offers him an alternative to be active in sporting activities and is an excellent way for him to get his extra dose of physical activity. It also provides him with plenty of opportunities to socialise with other children of various ages. It is known that executive functions such as self-control, working memory, cognitive flexibility, focused attention, and creative problem-solving are better among those who are physically active.

**Setting and achieving goals** – Most martial arts measure the competence and capabilities of the practitioner based on a ranking system of coloured belts that signifies the wearer's mastery level. This allows your child to learn how to set and reach his goals as he works toward achieving each new ranking with different colour belt. Upon achieving, the child will have confidence and feel the joy.



**Learning to take instructions** – part of the challenge of mastering any martial art lies in being able to correctly grasp the technical skills that are being taught to him. This means that he will have to learn how to pay attention by listening to the instructor or coach.

**It is all about focus** – martial arts will help him to sharpen up not just physically, but mentally as well. During training sessions, he will learn to master his body by performing certain movements or martial arts routines, and this will teach him to maintain his focus as his body is being challenged. As he progresses in this journey through the training, he will gradually attain a greater melding of his mind and body. This is achieved via a finely tuned awareness which happens after countless hours of physical and mental training.

**Learn to roll with it** – learning martial arts involves more than just learning how to hit things (or other people). The other half of the equation involves taking blows, which can come in the form of actual hits during training (you cannot learn how to hit without learning how to block or defence). This helps teach resilience which is necessary for your child to learn how to get back on his feet. Learning to roll with it early will also help him to respond better in his martial arts class and in life.



## Martial arts in Malaysia

The next step would involve selecting a martial arts school for your child. There are numerous options available which encompasses various martial arts from different parts of the world. You may want to opt for a local flavour by searching for a local *silat* master for your child to learn from. Alternatively, you may want him to learn karate or taekwondo instead. Then there's BJJ (or Brazilian Jiu-Jitsu), *wushu*, *silambam*, *capoeira*, *aikido*, *judo*, and even *muay-thai*.

These are the older and more established forms of martial arts; newer 'versions' such as kickboxing and MMA (Mixed Martial Arts) also exist, but they tend to cater more to the physical aspects of martial arts, i.e. the actual fighting techniques themselves.

Do note that the availability of training centres for some martial arts may be difficult to find, such as Shaolin kungfu, so you may want to shortlist two or three different martial arts rather than selecting only one.

Once you and your child have decided on which martial art to start learning, it is time to find out where to go for martial arts classes. You can ask around your community, friends, family, or even his school (many schools will have a *silat*, *karate*, or *taekwondo* club).

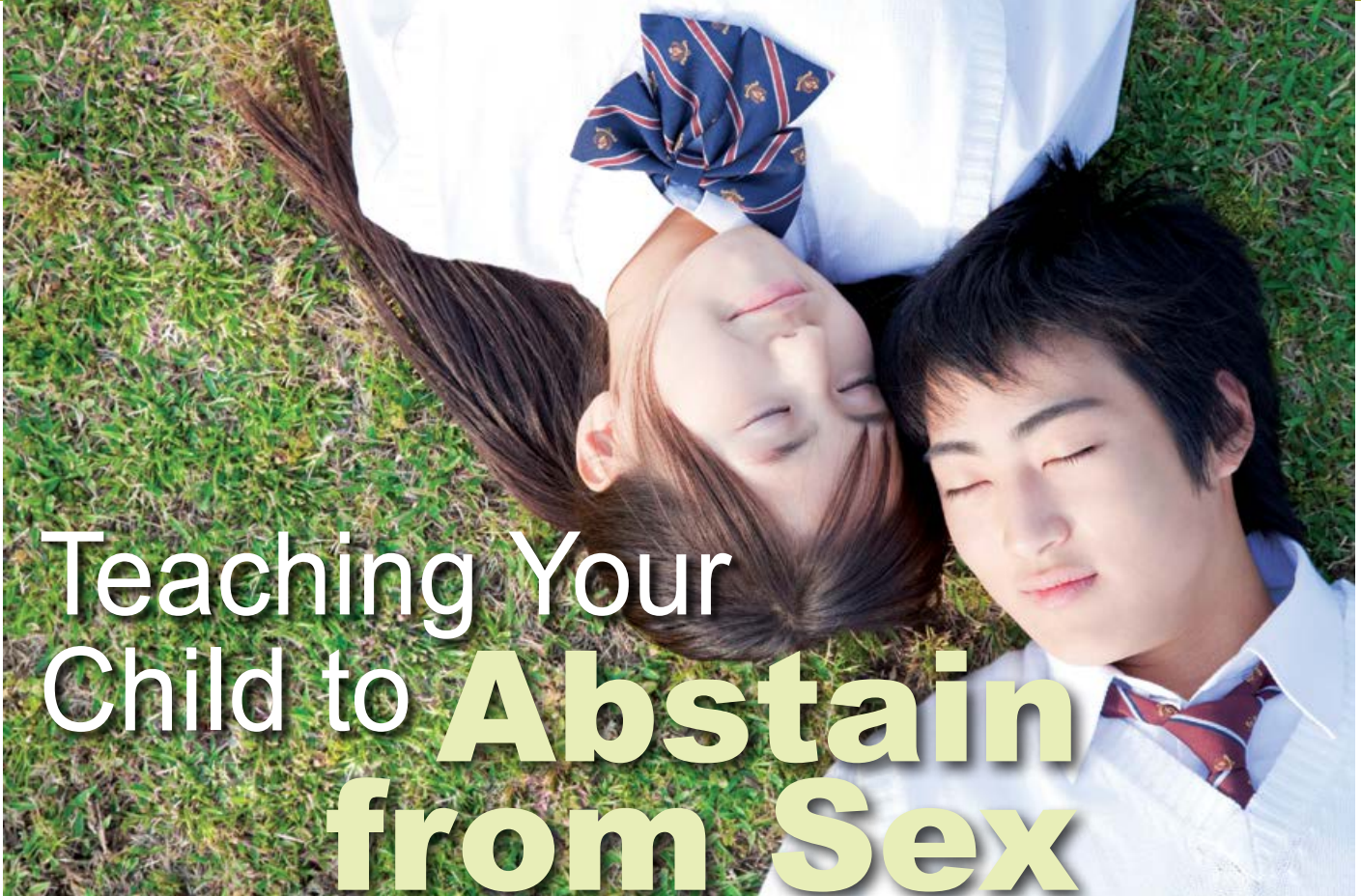
After you have found a place where he can learn martial arts, the next move is to sign him up for classes. Some places may allow your child to try out one or two classes for free, but this is not a standard practice. Upon signing up for classes, you will most likely be asked to drop off your child and not hang around during the class – this is normal, so do not worry about it. Your child needs to learn to mix around with fellow martial art friends and build-up self-confidence characters too.

## When to start

While there is no 'best time to start martial arts', it is better to start your child at no younger than seven. Some martial arts schools will accept younger children, but it will be entirely at their discretion. The main point here is to get your child moving and focused. You can do your part by 'interviewing' the instructor when you approach him or her to ask for more information. A good instructor will have a sense of purpose and be able to impart both the drive and discipline to his or her students. **PP**

# My Positive Teen

- Socio-emotional
- Conditions and Diseases



## Teaching Your Child to Abstain from Sex

By **Dr Hamizah Mohd Hassan**, Director, LPPKN Family Services Sector & Medical Doctor

*According to statistics compiled by the National Population and Family Development Board (LPPKN) in 2011, approximately 5.8% of teenagers in Peninsular Malaysia aged between 13-24 years have engaged in premarital sex. The study elaborated that 7.9% of males and 4.3% of females were or had engaged in some form of premarital sexual activity.*

The study also revealed that those in the 18-24-year-old age group were the most sexually active. This is no surprise since teens become more independent at this age and many start moving out of the house to live on their own.

As parents, we cannot help but feel concerned for our children, and for good reason. The media often reports cases of baby dumping, depression in teenage mothers, increase in sexually transmitted diseases amongst the young, and an array of other problems linked to premarital sex in adolescents.

**There is a higher chance that your child may participate in sexual intercourse if he or she is:**

- A teenage boy
- Between the age of 19-24 years-old
- Not enrolled in formal education (jobless/working/not in school)
- Does not live with the family



- Lives in a broken family structure
- Portrays negative behaviour towards sexual and reproductive health
- Poor self-control
- Taking illegal or harmful substances (cigarettes, alcohol or drugs)
- Has a friend that takes illegal or harmful substances or exerts high-risk sexual behaviour
- Practices a high-risk lifestyle
- Low attachment or interest in going to school
- Easy access to electronic media

**Luckily, there are protective factors that can shield your adolescent from making bad decisions:**



Knowledge of sexual and reproductive health being the key protective element should be emphasised by parents when inculcating values and setting limits or rules for their teens.

**Some tips on how to speak to your teenager about sex and what to talk about:**

- **Start talking about sex early, in a step by step manner** suitable for your child's developmental age. For example, you can start to introduce the names of their reproductive organs and that of the opposite sex to children as young as 3-5 years old. As they get older, more detail can be included in the explanation.
- **When talking about sex, use accurate terms.** Do not use slang or euphemisms as it may send the wrong signal that talking about it is taboo or shameful. In fact, it is perfectly normal and should be encouraged in order to empower children with knowledge needed to make good decisions.

- **Talk about your teen's future plans** and what is needed for them to pursue those plans. They must understand that making the wrong decisions now can set them back in life.
- Role-play sexual advances they might encounter and teach your child **how to be firm and assertive when it comes to saying 'NO!'** Some children fear backlash from their boyfriends or girlfriends or are concerned that the relationship might end if they do not give in. Hence, it is important that parents understand real-life situations that might happen and empathise more of what the child feels or is concerned about.

**What's in it for you & your child?**



Teens who are used to talking about sex with their parents will seek their advice, if and when they are not sure of sexual issues – definitely better than them turning to the internet or their similarly clueless peers.

A stronger parent-child relationship is forged because effective communication, support, love and trust becomes the foundation of which it is built.

Your child is better prepared to make informed decisions when a situation arises that might significantly impact their future.

Your child is empowered with the knowledge on how to recognise inappropriate sexual advances and will know how to avoid or, what to do if they have been sexually abused. **PP**

The LPPKN's 'I'm In Control' Module has two separate modules; one to teach teens and another to equip parents with knowledge and skills they'll need to empower their teens, when it comes to sex. Enrol both your teen and yourself at any LPPKN Kafe@TEEN centre nationwide for free, today!

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

List of kafe@TEEN centres nationwide: <http://www.lppkn.gov.my/index.php/en/reproductive-health-services/105-list-of-kafe-teen-centre.html>

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## Malaysia's Pioneer Expert-Driven Educational Programme

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

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

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

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

### Key activities of PP

#### • Positive Parenting Guide:



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

#### • 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](http://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.

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