

Positive Parenting

PP13746/06/2013 (032586)

Clear & Present Danger

**Safe Sleep Environment
and Practices**

**Overcoming the Challenges
of Breastfeeding**

**Teaching Your Child about
Responsibility & Respect**

**Parenting
A Child with
Intellectual
Disability**

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Volume 1 • 2017
Family Wellness

Volume 2 • 2017
Nutrition & Healthy Living

Volume 3 • 2017
Child Health

Volume 4 • 2017
Child Development



Datuk Dr Zulkifli Ismail

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



Positive Parenting

expert
collaborators &
management
committee



Malaysian Paediatric Association
www.mpaweb.org.my

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



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



Dr Mary Joseph Marret
Consultant Paediatrician



Dr Rajini Sarvananthan
Consultant Developmental Paediatrician



Nutrition Society of Malaysia
www.nutrivibe.org.my

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



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



Professor Dr Poh Bee Koon
Nutritionist



Obstetrical and Gynaecological
Society of Malaysia
www.ogsm.org.my

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



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



Malaysian Psychiatric Association
www.psychiatry-malaysia.org

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



Dr Yen Teck Hoe
Consultant Psychiatrist



**Associate Professor
Dr M Swamenathan**
Consultant Psychiatrist



National Population and Family
Development Board Malaysia
www.lppkn.gov.my

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



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



Malaysian Society of Clinical
Psychology
<http://malaysiaclinicalpsychology.com/>

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



**Associate Professor
Dr Alvin Ng Lai Oon**
Clinical Psychologist & Vice President, MSCP



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

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



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

“Mental health and
resilience starts with
the family.”



Dato' Dr Andrew Mohanraj
Consultant Psychiatrist & Deputy President,
MMHA



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

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

Love and Attention Required

Children with intellectual disabilities should be given the same opportunities to grow and prosper in life. As parents, you will be taking up the challenge of nurturing them in order to ensure they will thrive and hopefully grow up to become independent, and be able to contribute to both the community and country.

We acknowledge that caring for children with intellectual disabilities can be a more challenging task; however, we hope you will not be overwhelmed by it. Remember that he or she should still receive your love, attention, patience and understanding. He or she will face some negative societal attitudes which may expose him or her to some form of discrimination, thus it is even more important that you provide him or her with a safe haven at home.

We have also included some words of wisdom from trusted professionals that highlight some useful tips on scoliosis, some updates on meningococcal disease, what to do when time outs don't work, the ups and downs of breastfeeding, how to instil the values of responsibility and respect, and depression in adolescents.

In conclusion, we wish you great success in your journey as a parent. Our greatest hope is that your child grows and prospers in a safe and healthy environment. Lastly, we hope that this issue will be of use in your continuing efforts to raise a healthy, happy and well-rounded child. We hope you will enjoy reading this issue. All our previous articles and issues can be accessed from our website at www.mypositiveparenting.org.



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Parenting A Child with Intellectual Disability

As parents, the prospect of raising a child with an intellectual disability seems an overwhelming task. There will be many challenges ahead, and in order to provide him with the necessary love and guidance, you as parents, must learn to accept him as he is. With the right support, guidance and preparation, you can prevail. Learn the necessary skills needed to manage difficult behaviours, cope with his stress and live a long and fulfilling life together.

Understanding the Disease

By understanding the spectrum of the child's intellectual disability, parents know what to expect and what needs to be done for the child's upbringing and future.

Parents of children with intellectual disability (ID) must cope with the daily stress of seeing their child struggle; even through the most mundane tasks. It is a condition that will last a lifetime and parents tend to feel some amount of grief, resentment, disappointment and frustration. These feelings can lead to guilt, hopelessness and even depression. Despite, underneath it all remains a deep love and desire of every parent to see that their child attains their maximum potential and, the hope that they will live as independent individuals.

What Is Intellectual Disability?

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association defines ID as a developmental condition that begins in childhood and, is characterised by significant deficits in both intellectual functioning and adaptive behaviour, including conceptual, social and practical skills.

Continue on next page...



The DSM-5 diagnosis of ID is conducted by a trained clinician (e.g. psychiatrist, paediatrician or clinical psychologist) and looks at three main criteria:

1. Deficits in intellectual functioning confirmed by clinical assessment and individualised standardised intelligence testing (e.g. reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience).
2. Deficits in adaptive functioning (ability to navigate through the demands or challenges of everyday life effectively) that is not normal for a child's developmental age, in terms of being able to be independent and the ability to meet social responsibility.
3. The onset of these deficits during childhood.

ID is not a mental disorder. However, there is a risk of mental disorder co-occurring in a person diagnosed with ID. It is often commonly associated with communication disorders, learning disabilities, cerebral palsy, epilepsy and various genetically transmitted conditions (e.g. schizophrenia, depression and attention deficit hyperactivity disorder).

Causes & Symptoms of ID

Intellectual disability can be caused by any condition that impairs development of the brain before birth, during birth or in childhood years. The most common causes are:

- **Genetic conditions.** These include conditions such as Down Syndrome and fragile X syndrome.
- **Pregnancy problems.** Alcohol or drug use, malnutrition or preeclampsia.
- **Childbirth problems.** Oxygen deprivation during childbirth, premature birth or low birth weight.
- **Illness or injury.** Infections like meningitis, severe head injury, near-drowning, exposure to toxic substances such as lead and severe neglect or abuse.

In two-thirds of all children with ID, the cause is unknown.

Signs and symptoms of ID may start to appear during infancy, or not noticeable until a child reaches school age. Much of it depends on the disability's severity. Common symptoms may include:

- Slow language development for age.
- Delay in sitting up, crawling or walking.
- Difficulty remembering.
- Inability to connect actions with consequences.
- Behavioural problems such as unprovoked explosive tantrums.
- Difficulty with problem-solving or logical thinking.

Caring For Your Child

There is no quick fix for ID, it will be a life-long struggle. But like all parents, you have a lifetime to equip your children with the skills and knowledge they will need to live on their own and thrive. Just remember to:

Forget About What Others Say

Stigma may contribute to poor psychological health by increasing psychological distress and reducing quality of life. Do not let the stigma keep you or your child down. Ensure that your child is able to fully integrate with their communities. Support your child, listen to them, be affectionate and empower them.

Be Actively Involved

Family members should participate in decisions about services and not be afraid to speak up and advocate for the child or adult with ID. The more families become actively involved, the less helpless they feel. With parent involvement in their children's care, their children are less likely to require institutionalisation and more likely to enjoy a higher quality of life.

Ask For Help

Do not be afraid to seek help and support from family members. Some parents feel ashamed to ask for help as they fear rejection or people may not understand the situation. You would be surprised just how helpful people are once you ask. A positive family support network allows parents to have someone they can turn to and rely upon. A local parent/support group, society or NGO in the area can also be a source of support and strength in lobbying for services.

Start Treatment Early

Early intervention helps to maximise the child's potential as early experiences play a critical role in brain development. It is also strengthened by stable relationships with caring and responsive adults, safe and supportive environments and appropriate nutrition.

Take Some "Me" Time

Taking care of a child with ID can take a lot out of any parent. It is important not to neglect your own needs. Get sufficient rest; eat well; take time for yourself; and reach out to others for emotional support. Get family members or friends to fill in for you while you enjoy some time away.

Like any other child, children with ID develop and learn at different rates and ways. What is important is for you to continue to be patient and be affectionately supportive, as well as work hard to help your child hone his adaptive capabilities so that he may reach his full potential in life. With your help and that of those around you, your child can live a happy and fulfilling life. **PP**

Parenting A Child with Intellectual Disability

Education & Training



Children with ID will learn and progress, but will be slower in acquiring new skills. These children will continue to have impairments with learning and independent living skills in school and as adults.

The outcome in children with a definite cause of ID should be discussed with the doctor, as it varies depending on the underlying condition and the severity of ID. The table illustrates outcomes as adults based on adult IQ.

Level of ID	IQ	Equivalent Mental Age as Adult	Functioning
Mild	50-69	9-12 yrs	<ul style="list-style-type: none"> Skills acquired late Sufficient speech Independent self care at home Struggling with academic work – reading, math Unskilled or semi-skilled manual labour Can live independently with minimal support
Moderate	35-49	6-9 yrs	Slow acquisition of language, but usually acquire adequate functional speech. Adults require some degree of support in community – e.g. group homes. May be able to read but with difficulties.
Severe	20-34	3-6 yrs	Daily assistance needed with self-care and safety supervision.
Profound	<20	<3 yrs	Continuous care needed, severe limitation in self-care, continence, communication and mobility.

Support In School

Simply 'mainstreaming' a child with ID into a classroom without understanding and addressing their individual needs does not guarantee them a full, equitable and inclusive education. They will find it difficult to cope with the mainstream education curriculum.

Anxiety and behavioural difficulties will occur if:

- a child is bored in class
- the curriculum is too demanding
- unrealistic expectations by adults
- bullying

In a special needs class, children should be given opportunities for inclusion, for example during art, physical education and music. Children with mild and moderate ID will be able to acquire some reading ability. Special needs teachers use a combination of



strategies such as phonemic (letter and syllable sounds) awareness, word recognition, comprehension and oral language. It is important to understand that children with ID are not 'naughty', 'disobedient' or 'stupid', but they genuinely have difficulty learning and acquiring new skills. Be patient, stay positive and reward good behaviour and effort.

Developing Life Skills

While academic development is important, parents should not neglect developing their child's adaptive skills (also referred as functional or life skills). Training in life skills is one of the most important interventions for people with ID: self-care skills such as eating, dressing and bathing; plus daily skills like shopping, banking, phone use and housekeeping. Being able to do these things on their own helps prepare them to live independently.

What you can do early on is to involve them in daily activities around the house:

- Learn new skills and develop their independence
- Feel valued, useful and respected
- Be active and participate
- Improve communication skills
- Explore, choose and increase self-determination

Tips to teach life skills

- Start teaching a new skill when your child shows he or she is ready. Help your child understand the purpose of an activity and the steps involved, this helps learning the skill much easier.
- Teach a skill one step at a time by breaking them down. For example, taking a shower:
 - i. Take off clothes
 - ii. Put on a towel
 - iii. Turn on the shower
 - iv. Scrub body with soap and rinse
 - v. Dry body with towel
- Establish routines to make it easier for your child to learn daily living skills and become more independent.
- Use pictures of activities in a sequential order as and when they would appear each day. It is a great way to promote independence and help your child learn routines.
- Provide direct and immediate feedback in order to form connection between cause and effect.

Teaching Sexual Health & Awareness

Children with ID are 5 times more likely to be victims of sex abuse. Parents and educators are key individuals providing information regarding reproductive and sexual health. This is very important to prevent sexual abuse.

Pictures can be used to aid understanding. It is never too early to teach a child regarding "private" body parts which should not be exposed or touched by others. General guidelines for parents are available from www.myhealth.gov.my/en/sexual-health-for-special-adolescent

State Benefits for those with ID

All children with ID diagnosis or '*kurang upaya intelektual*' are entitled to '*kad kanak-kanak kurang upaya*'. Treatment in government hospitals is free, and children attending government schools from Standard 1 are entitled to RM150 per month (from the Ministry of Education). More information is available at the Jabatan Kebajikan website at www.jkm.gov.my

People Who Want to Help You Are Everywhere

There are many government and NGOs with information and resources for individuals with ID.

- **Kiwanis disability information and support centre:** Information on professionals, therapists, early intervention centres, government health, education and social services: www.disabilitymalaysia.com
- **Malaysian Information Network on Disabilities:** www.mind.org.my
- **Selangor and Federal Territory Association for the Mentally Handicapped:** runs programs for individuals with intellectual disability throughout the lifespan, including early intervention, special needs school, a sheltered workshop and vocational training: mysamh.org
- **Malaysian Care:** NGO with several programmes for children with developmental disabilities: www.malaysiancare.org
- **United Voice:** the first society in Malaysia led by persons with learning disabilities. The organisation runs job coaching programmes and vocational training for job placements: www.unitedvoice.com.my

It's important to remember that those with ID also have strengths that should not be overlooked. Early intervention tailored for the individual's specific needs will make a difference. Later in life, special education, vocational programmes and community support can yield positive results. With the right treatment, a person with an intellectual disability can lead a fulfilling, productive life. **PP**

Parenting A Child with Intellectual Disability

Co-occurrence of Mental Illness in Intellectual Disability



Malaysian Mental Health
Association



Dato' Dr. Andrew Mohanraj
Consultant Psychiatrist
& Deputy President,
Malaysian Mental Health
Association

People with intellectual disability (ID) are 3-5 times more likely to also have a psychiatric disorder. These disorders are frequently not recognised or are misdiagnosed and therefore not treated appropriately.

Risk factors that make people with ID more vulnerable to develop mental health problems include: biological (e.g. family history of mental illness, genetic disorders, medications), psychological (e.g. poor social skills, limited control over life), and social (e.g. family functioning, lack of social support, adverse life events).

Other factors can include brain damage, epilepsy, repeated loss or separation, communication difficulties, poor coping mechanisms, family difficulties, deficits in social skills, low self-esteem and other psychosocial factors.

ID children are also at risk of exploitation and abuse which can cause mental illness. Several studies found 50-85% of women and 25-50% of men with ID were sexually assaulted before the age of 18. Almost half of those assaulted had been abused more than 10 times!

Mental Problems Overlooked

Though many patients with ID may suffer from mental illness, very few are ever identified or diagnosed with the problem. This is partly because of something called diagnostic overshadowing. It is where the behavioural symptoms are incorrectly assumed to be related to the child's disability, rather than an underlying mental health issue.

This often makes it difficult to identify mental health problems in children with ID. A misdiagnosis would result in mistreatment and the wrong drugs (if any) prescribed to a child. Only 1 in 10 children and adolescents with co-occurring mental disorders receive specialised mental health services.

Treating Mental Illness in Children with ID

In general, early intervention psychiatric comorbidities should involve addressing basic human needs like social acceptance, social relationships and positive affection. These are essential elements in working towards long term mental health for people with ID. Other types of treatment may include:

Psychopharmacology: This involves medication which has been used to treat mood disorders and other psychotic disorders. Medication should not be used as a standalone treatment, but rather, part of a comprehensive treatment approach.

Psychotherapy: Individual, group and/or family psychotherapy may be included in the treatment plan. Conducted by a psychotherapist, group therapies include skills training groups such as social skills, dating skills, assertiveness and anger management training. Other therapy may focus on specific developmental tasks such as independence or bereavement. Sessions may be structured or unstructured, time-limited or ongoing.

Behavioural Management: Behaviour management plans are developed to deal with inappropriate behaviours and to teach adaptive skills. Systematic behaviour programmes may be implemented by individuals in the person's environment.

Additionally, treatment should also look into developing the child's personality, establishing independence and creating a role for the child in his surroundings. It is important to remember that each child functions according to his own ability. **PP**

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No Fluoride

No Sodium Lauryl Sulfate

No Saccharin

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

Safe Toothpaste is Vital for Children

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

Types of Dental Fluorosis



Very Mild



Mild



Moderate



Severe

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- Digestive Health
- Allergy
- Paediatrics Issues
- Immunisation

Pneumococcal Disease: Are Your Children Protected?

Globally, more than 2 million people die of pneumococcal infections every year of which a million are children below 5 years.

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

Pneumococcal infections are caused by the bacteria, *streptococcus pneumoniae*, commonly referred to as pneumococcus. Middle-ear infections (or otitis media), sinusitis and bronchitis are non-invasive and less severe manifestations of pneumococcal infection, but are considerably more common. Meanwhile, meningitis (inflammation of the lining membrane of the spinal cord and brain) and bacteraemia (bacterial infection of the blood) are invasive, more severe and potentially life-threatening.

Children Most At Risk

Any child can be infected; however, infants from birth to 24 months are at highest risk, due to their low levels of circulating pneumococcal antibodies. Children with weakened immunity (either born with a faulty immune system or the immune system is compromised following infections like HIV/AIDS or a side-effect of medical treatment), infants and children who attend day care and, children with chronic diseases such as asthma



and congenital heart diseases are also among those at highest risk of infection.

Spotting An Infection

Symptoms of the disease sometimes overlap, seem similar to the common cold and some symptoms are so subtle it can be difficult to spot altogether. If your child shows any combination of these symptoms, or if he is not getting better after 3-5 days see a doctor or paediatrician immediately.

Disease	Symptoms
Meningitis	Fever, severe headache, nausea, vomiting, diarrhoea, stiff neck, and photophobia (avoidance of light), irritability, lethargy, refuses to eat, and the fontanelle (soft spot a bit above the forehead) may bulge. Decreased level of consciousness and seizures may also occur.
Bacteraemia	High fever and persistent irritability. A respiratory tract infection may or may not be present.
Pneumonia	Rapid or difficult breathing and chest pain, chills, cough, and fever.
Otitis Media	Earache, fever, irritability, and temporary hearing loss.
Acute Sinusitis	A cold lasting more than 10 to 14 days, thick yellow-green nasal drainage, post-nasal drip, sometimes leading to or exhibited as sore throat, cough, bad breath, nausea and/or vomiting, irritability or fatigue.

Protecting Your Child Against Infection

1. Practice good hygiene at home and make sure your child's day care centre does the same at their premises.
2. If your child is old enough, teach him about good hygiene practices at home, school and in public places (e.g. wash hands with soap and cover mouth and nose when sneezing).
3. Avoid close contact (i.e. kissing, hugging, or sharing the same eating utensils) with people who are sick.
4. Exclusively breastfeed your child for at least the first 6 months, improve your baby's nutrition, and avoid air pollution (smoking, stove fires, car exhaust) where possible.
5. Get your child vaccinated against pneumococcal infection.



What is 'Herd Immunity'?

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

improved immune memory and provides **herd immunity**. It also substantially decreases the rate of antibiotic-resistant invasive pneumococcal disease (IPD) in infants and young children. PPSV23 on the other hand, is can only be used in children older than 2 years. In any case, you should consult your doctor regarding which vaccine is best for your child.

Even those who have been previously infected only enjoy a limited degree of immunity, which may not be sufficient to protect them from subsequent infections. This is why scheduled vaccination regimes against pneumococcal infection are highly recommended. It is also important to get an influenza vaccine every year because having the flu increases your chances of getting pneumococcal disease.

PCV is not available under the National Immunisation Programme (NIP), but nevertheless available in all public and private hospitals, and selected clinics nationwide. Ask your doctor for more details about the vaccine and get your child vaccinated today. **PP**

Prevention Through Vaccination

The most effective method for preventing pneumococcal infection is by vaccination. Currently two types of pneumococcal vaccines are in the market:

- Pneumococcal Conjugate Vaccine (PCV)
- Pneumococcal Polysaccharide Vaccine (PPSV23).

PCV is recommended for children in a series of four doses; one each at 2, 4 and 6 months and the last one between 12 to 15 months. PCV can be used in children from as young as 6 weeks, it induces

An educational contribution by



Malaysian Paediatric Association

JOIN THE FIGHT AGAINST PNEUMOCOCCAL DISEASE

WITH

SUPER CAPE KID

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

POW!

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

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

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

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

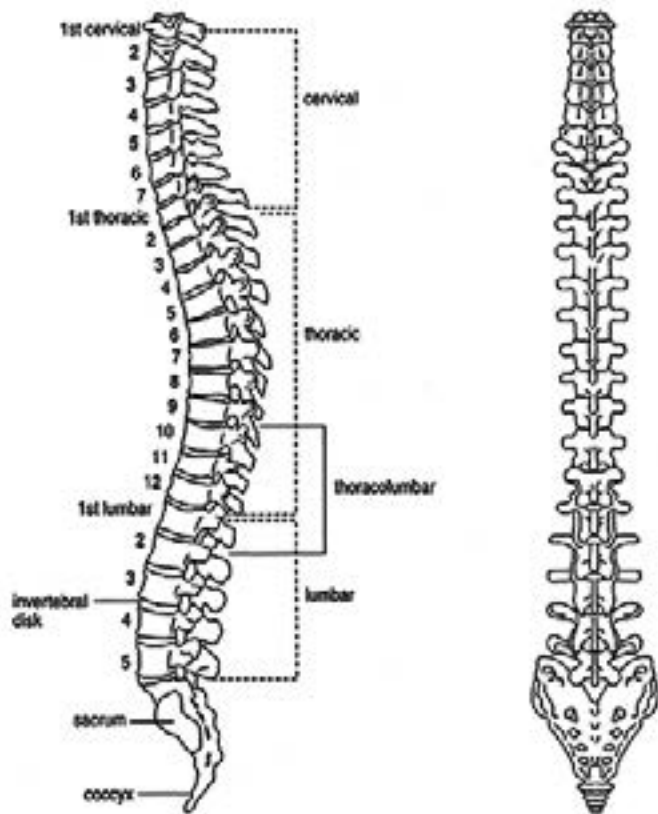
Pfizer

References:
1. World Health Organization, WHO Pneumococcal Infection WHO position paper – 2014, Wkly Epidemiol Rec, 2015; 120(1): 1-14.
2. Centers for Disease Control and Prevention (CDC), Pneumococcal Disease and the Vaccine (DTP4 to Prevnar 13), CDC website.
Available at: <http://www.cdc.gov/nczod/diseases/zoonotic/dtp4/prevnar13.htm>. Accessed on 11 May 2016.

Overcoming Scoliosis

By **Dato Dr Mohd Hisam Muhamad Ariffin**, Consultant Orthopaedic and Spine Surgeon

Normal Spine



Side view of spine

Back view of spine

source: http://www.niams.nih.gov/Health_Info/Scoliosis/images/normalspine.gif

Scoliosis is not a disease but a term used to describe an abnormal, sideways curvature of the spine. The spine forms like an 'S' or a 'C' rather than a straight line.

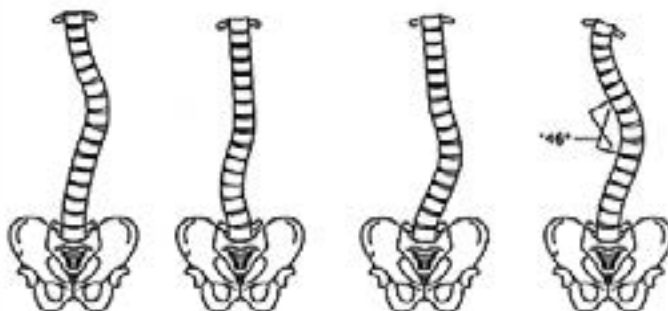
Cause of Scoliosis Largely Unknown

In 80% of cases, the cause is unknown and hence the term idiopathic. Idiopathic scoliosis can happen to anyone, depending on the age of presentation. The remaining 20% can present in the form of congenital (inborn), neuromuscular, or associated with Marfan's syndrome (a hereditary disorder of connective tissue, characterised by abnormally long and thin fingers).



Severe scoliosis can affect the lungs and interrupt the heart

Curve Patterns



Thoracic

Lumbar

Thoracolumbar

Double

Affects Some More than Others

Studies show that the prevalence of scoliosis was 3-4 times higher in girls compared to boys. This could be because girls reach adolescence much earlier than boys. Prevalence of scoliosis was also lower in children aged 6 to 7 and 9 to 10 years, but increased rapidly to 1.37% and 2.22% for girls at 11 to 12 and 13 to 14 years of age respectively.

How to Know if your Child is Affected

- The scoliosis curve in the spine is first diagnosed in school health exams or during a regular check-up with a paediatrician.
- In school, students may be given the Adam's Forward Bend Test.
- Doctors use a medical and family history, physical exam, and tests when checking a person for scoliosis.
- X-ray or other screening tests such as magnetic resonance imaging (MRI) for neurologic pain and numbness.



Adam's Forward Bend Test: Patient bends forward, feet together, arms hanging, palm held together and the knees in extension. The examiner stands at the back of the patient and looks along the horizontal plane of the spine, searching for abnormalities using a scoliometer.

Scoliosis can be Treated!

Treatment for scoliosis in children usually involves observation for small degree curves, wearing back braces, or undergoing scoliosis surgery.

Wearing a back brace helps to prevent the curve from progressing but it does not straighten the spine. Scoliosis surgery, on the other hand, can do just that, but it does involve some risks:

- **Neurological Injury:** Risk of spinal cord injury but the risk can be reduced with the use of a spinal cord monitoring system.
- **Bleeding/blood loss and transfusion:** Managed through the use of hypotensive anaesthesia, special operating table and medicines to reduce blood loss.
- **Infection:** Occurs in the wound closure during the recovery stage. It is prevented using antibiotics before the operation and vancomycin powder at the post-operation.



Braces must be worn 24 hours/day & changed regularly



Pre and post surgery

Scoliosis Myths & Misconceptions

Myth

Scoliosis interferes with pregnancy and childbearing

Fact

Mild to moderate scoliosis doesn't interfere with childbearing

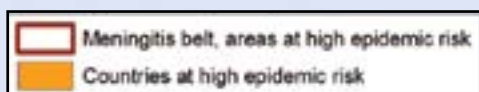
After surgery, patients feel more confident. About 3-6 weeks after surgery, a child can already return to school and, fully participate in any sport after 3-6 months.

Some lifestyle changes are required such as eating a diet high in protein, fibre, vitamins and minerals. It will help to enhance the rebuilding of muscle strength and tissue, as well as ensure healthy growth and development.

Tips & Advice for Parents

Early detection will help you learn and understand a lot more about the condition. A simple test like an Adam's Forward Bending Test will detect an abnormal hump on the back. Once detected, treatment can start early and may negate the need for surgery. Seek professional advice from the right specialist (e.g. orthopaedic surgeon). Your child deserves to achieve his/her fullest potential and live life without scoliosis to hold them back. **PP**

Meningococcal meningitis, countries or areas at high risk, 2014



Source: World Health Organization, 2015

Clear & Present

Danger

By **Datuk Dr Zulkifli Ismail**, Secretary General of Asia Pacific Paediatric Association (APPA) & Chairman of Positive Parenting Management Committee

fatality rate = **ONE IN TEN** Patients



patients that recover – **ONE IN FIVE** suffer from permanent disabilities



(e.g. learning difficulties, sight and hearing problems, liver and kidney failure, loss of extremities (e.g. fingers, toes and limbs), and scarring caused by skin grafts).

Invasive meningococcal disease (IMD) is an acute bacterial infection caused by *Neisseria meningitidis*. Although it is not as prevalent as the common cold, this is not an infection that you should treat lightly! It can be fatal when not diagnosed and treated quickly. In some cases, death has occurred in as little as 24 hours after admission into hospital.

With the ease of travel from one part of the world to another, it is easy for the disease to 'travel' from its 'native lands' (namely the meningococcal belt in Africa) to the rest of the world. The annual Hajj pilgrimage has also been associated with outbreaks of meningococcal disease, leading to mandatory vaccinations for all pilgrims.

Tough to Spot

Meningococcal disease is hard to diagnose quickly as it can affect the brain or spinal cord (meningococcal meningitis) and the blood (septicaemia).

Common symptoms in babies include:

- High fever
- Constant crying
- Difficult to comfort
- Excessive sleepiness or irritability
- Inactivity or sluggishness
- Poor feeding
- A bulging fontanelle (the soft spot on a baby's head)
- Stiffness in a baby's body and neck



Children older than two years of age may exhibit the following signs and symptoms:

- Sudden high fever
- Severe headache
- Stiff neck
- Vomiting or nausea with headache
- Confusion or difficulty concentrating
- Seizures
- Sleepiness or difficulty waking up
- Sensitivity to light
- Lack of interest in drinking and eating
- Purpuric (bruise-like) rash (a symptom of septicaemia)



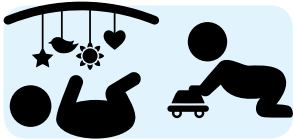
DID YOU KNOW?

You can use the 'glass test' to check whether the rash is an indication of septicaemia or not. A regular rash will blanch (or fade) under pressure from a glass held against it.

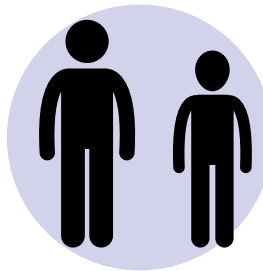


This is a sign of meningococcal septicaemia. However, do not wait for a rash to develop just to do this test. If your child is ill and his condition is worsening, seek medical help immediately!

Who are Most at Risk?



Babies and toddlers
(up to 5 years old).
Represents two thirds of global cases (less mature immune system)



Teenagers and young adults
(between 15 - 24 years) with a more socially interactive lifestyle (e.g. sharing food or drinks with others), living in dormitories (crowded living conditions facilitate the spread of the bacteria)



The elderly

Latest News



Don't Become a Statistic

Although catching it early means you will give your child a 90% chance of survival, there are some potentially permanent disabilities such as amputation of the fingers, toes, arms or legs (due to embolisation of septic material to small capillaries in these limbs) or even severe scarring due to skin grafts.

The best thing to do is to prevent IMD by immunising against it. While vaccinating your child is the best possible method of prevention, be sure to also practice good hygiene as this will help minimise the spread of bacteria. Try to avoid sharing food or drink, and toothbrushes as well.

Talk to your paediatrician or doctor immediately in order to learn what options you have to protect yourself and your family from the threat of IMD. Remember, just because it is not a rampant disease does not mean that you should play the odds, in the hope that it will not happen to you. Take action by getting vaccinated. **PP**

An educational contribution by



Malaysian Paediatric Association



FIGHT THE FLU



BREAKING NEWS

4 STRAINS FOR BROADER
INFLUENZA PROTECTION



The **flu** is a contagious illness caused by influenza viruses that infect the nose, throat and lungs. It ranges from mild to severe and at times, can even lead to death.¹

Anyone can get the flu, even healthy people. But the people at high risk of developing serious flu-related complications if they get sick are:¹



Those of any age with certain chronic medical conditions such as asthma, diabetes or heart disease



Children



Pilgrims undertaking Hajj or Umrah^{2,3}

- People aged ≥ 50 years*
- People with extreme obesity (BMI ≥ 40)
- Pregnant women
- Healthcare personnel
- Residents of nursing homes and other chronic-care facilities



Flu viruses circulate all year round. Both influenza A and B viruses are responsible for the seasonal flu epidemics that occur each year.⁴



A/H1N1



A/H3N2



B/YAMAGATA



B/VICTORIA

**THE BEST WAY TO FIGHT AGAINST THE FLU IS
BY PREVENTION WITH VACCINATION.^{5,6}**



ASK YOUR DOCTOR ABOUT THE 4-STRAIN INFLUENZA VACCINE THAT PROVIDES BROADER PROTECTION.

*Among adults, complications, hospitalisations, and deaths due to influenza are generally most common among those aged ≥ 65 years. However, adults aged ≥ 50 years are a priority group for vaccination because this group may be more likely to have chronic medical conditions that put them at higher risk of severe influenza illness. REFERENCES: 1. Centers for Disease Control and Prevention. Key Facts About Influenza (Flu). Available at <https://www.cdc.gov/flu/keyfacts.htm>. Last accessed Jan 2017. 2. Ministry of Health, Saudi Arabia. Health requirements and recommendations for Hajj and Umrah performers and those working in Hajj areas - 2015. Available at <http://www.moh.gov.sa/en/Hajj/HealthGuidelines/HealthGuidelinesDuringHajj/Pages/HealthRegulations1437.aspx>. Last accessed Jan 2017. 3. Tabung Haji. Immunization Information. Available at <http://www.tabung haji.gov.my/immunization-information>. Last accessed Jan 2017. 4. Centers for Disease Control and Prevention. Influenza (Flu) Viruses. Available at <https://www.cdc.gov/flu/about/viruses/>. Last accessed Jan 2017. 5. Centers for Disease Control and Prevention. Key Facts About Seasonal Flu Vaccine. Available at <https://www.cdc.gov/flu/protect/keyfacts.htm>. Last accessed Jan 2017. 6. World Health Organization. Influenza. Vaccine Use. Available at <http://www.who.int/influenza/vaccines/usa/en/>. Last accessed Jan 2017.

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Coming to Grips with CMPA



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

Cow's Milk Protein Allergy, or CMPA, is a common food allergy among young children and infants with a prevalence that is comparable to that in Western countries.

It happens when an infant or child's body responds to cow's milk protein with a hypersensitive allergic reaction. It is estimated that between 2%-7.5% of infants suffer from CMPA. Even exclusively breastfed infants who have CMPA can be affected as cow's milk protein may be transmitted via breast milk – in such a situation, the mother would have to eliminate cow's milk from her diet.

While CMPA can develop from the neonatal period, it tends to peak by the first year and usually resolves itself by around 3-4 years of age. The rate that your baby outgrows CMPA is roughly between 45%-50% for one-year-olds, 60%-75% for two-year-olds, and 85%-90% for three-year-olds. However, there are cases where CMPA persists into adolescence.

CMPA

Identifying

As the signs and symptoms associated with CMPA can be unclear at times, you should keep a close eye on your infant. Here's what you need to stay alert for:

Area of effect	Signs/Symptoms
General	Persistent distress or colic (baby is irritable or cries for three hours or more daily) occurring at least three days per week for more than three weeks.
Skin	Atopic dermatitis (dry, scaly patches on the skin) • Angio-oedema (lips or eyes/eye lids become swollen) • Urticaria (hives) for no reason (e.g. infections, medicines, or other causes)
Gastrointestinal	Frequent regurgitation • Vomiting • Diarrhoea • Constipation (with/without perianal rash) • Blood in stool • Iron-deficiency anaemia
Respiratory tract	Runny nose • Chronic cough • Wheezing



Diagnosing CMPA

The most commonly used method to reliably diagnose CMPA is by eliminating foods that contain cow's milk protein from your infant's diet. If he is exclusively breastfed and has not started complementary feeding yet, then the elimination diet would also apply to the breastfeeding mother.

This would remove all sources of cows' milk protein in her diet, in order to prevent the protein from any cow's milk in her diet from being transferred to baby via her breast milk. If his symptoms have improved, then foods with cow's milk protein can be re-introduced to see if a reaction re-occurs.

This should only be carried out under the guidance of healthcare professionals as proper knowledge of how to achieve the elimination diet is critical for success. They will be better able to advise you on important points such as accidental exposure and cross-contamination (e.g. shared utensils, cups, or plates), and also advise you on what to watch out for when shopping for food products.

Did you know?

Foods that contain cows' milk include (but are not limited to) items such as butter, buttermilk, cheese, cream cheese, lactose, milk (evaporated, powder, condensed), cream, sour cream, ghee, curd, and also food products that contain whey or whey solids, milk solids, hydrolysed whey, whey powder, or yoghurt. As the food manufacturers may change the ingredients they use at any time, make it a point to check the ingredients list before you buy any food product.



As dairy foods are one of the best sources for calcium, you will need to eat other food that are rich in calcium such as canned sardines, anchovies, beans and bean products (e.g. yellow dhal), tofu, tempeh (fermented soybeans), and vegetables such as spinach, watercress, mustard leaves, cekur manis, tapioca leaves, kailan and broccoli. You can also opt for breakfast cereals, biscuits and even rice that are enriched with calcium. If you want to take supplements instead, do check with your healthcare professional to see what he or she recommends.

However, in the event that there is no improvement in baby's symptoms despite the elimination diet, your baby's paediatrician will need to run further diagnostic tests to find the cause.

Clinical Tests

Alternatively, your doctor may opt to do clinical tests instead.

- **Blood Test (radioallergosorbent test, or RAST)** – this test is used to look for allergens and can be used to check for milk protein antibodies known as Immunoglobulin E (IgE). However, if your infant suffers from a non-IgE CMPA, this test would give a negative result.
- **Skin Prick Test (SPT)** – a small droplet with the suspected allergen is placed on the skin which is then scratched or pricked with a needle. If a wheal appears, i.e. the skin turns red with a raised itchy area, this is a positive reaction and it means that your infant is likely to be allergic to that allergen when correlated to a positive clinical history.



Do note that it is possible for allergies to appear as either just one particular type of allergy, or as a mixture of IgE and non-IgE allergies.

Anaphylaxis

You may have heard of anaphylaxis, or anaphylactic shock. It is a situation where the patient's body has a severe, and quite possibly life-threatening, reaction to a specific allergen, including but not limited to CMPA. This condition is not exclusively tied to CMPA.

Luckily, not all CMPA patients will suffer from anaphylaxis. However, as many as 9% of CMPA patients may exhibit anaphylaxis, so make sure to keep an eye on your infant or toddler, especially if you already suspect that he may have CMPA. If his body reacts to the allergen (in this case, cow's milk protein) with a severe allergic reaction, it should be treated as a medical emergency.

These allergic reactions tend to be severe and immediate, and can affect more than one organ. It is a serious and potentially life-threatening symptom as it could cause the airway to narrow or swell shut, or even lead to a drop in blood pressure that can lead to shock. **PP**

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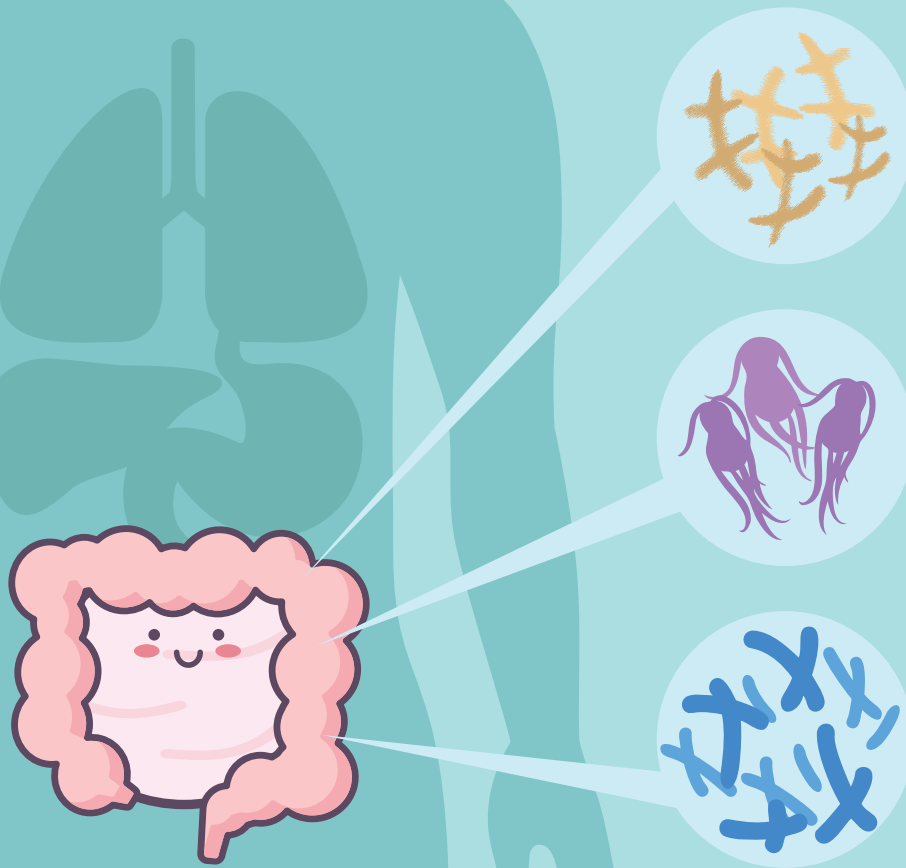
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The gut microbiota refers to the community of microorganisms that live in the digestive system. These microorganisms can influence our health condition and help in modulating our immune system.

Maintaining Gut Microbiota Balance for Better Health

By **Assoc Prof Dr Noorizan H.A. Majid**, Paediatric Gastroenterologist

Having a balanced gut microbiota is important as the good bacteria in the digestive system handle many important roles such as:

- **strengthening your immune system** – the digestive system is one of the body's important line of defence against disease. Good bacteria play an important role by helping defend against toxins and infections from harmful microorganisms.
- **nutrient absorption** – good bacteria also help maximise nutrient absorption by helping the body to break food down into easily absorbed components.

On the other hand, an imbalanced gut microbiota could lead to all sorts of problems such as diarrhoea, irritable bowel syndrome (IBS) or constipation, heart disease, infections, and cancer.

All these factors play a role in determining your child's quality of life. Thus, having a well-balanced gut microbiota helps ensure better gut health.

The Start of Gut Microbiota...

Your baby will get his first 'dose' of gut microbiota from his mother and from the environment. The initial 'seeding' of gut microbiota (i.e. during vaginal birth and from breast milk) plays an important role not just as he is growing, but also during his adult years. Baby's gut microbiota consists of a mix of bacteria, e.g. *Bifidobacteria* and lactic acid bacteria such as *Lactobacillus*, both of which are important types of good bacteria which can be acquired from birth or from probiotic-rich foods. Studies have shown the

ratio of *Lactobacillus* to *Bifidobacteria* in breastfed babies is 2 to 8.

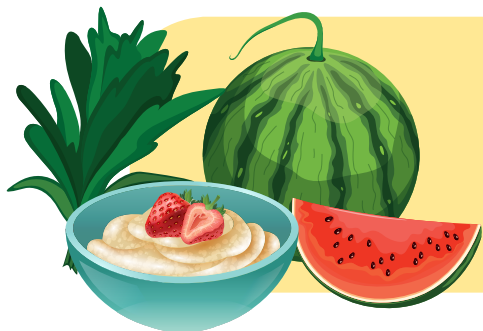
In addition to nurturing your baby with the nutrients that he needs, breast milk also contains prebiotics (food for good bacteria) in the form of oligosaccharides,

which encourage specific beneficial bacterial groups to grow. Studies have shown that the gut microbiota of breast-fed newborns is more stable and uniform when compared against babies who are formula-fed, and they have less bad bacteria proliferating in their guts.

Building Up the Good Bacteria

In order to help your baby or toddler to achieve a well-balanced gut microbiota, you should ensure that he eats sufficient prebiotics and probiotic-rich foods. Prebiotics are foods which ultimately feed the probiotics, or good bacteria in his digestive system.

Once your baby is weaned off breast milk, you can continue maintaining a healthy balance of gut microbiota for him by:



Providing him with a healthy diet: regardless of whether you are starting complementary foods or if it is meant for an older child, stick with healthy foods and minimise sugary foods or beverages and junk food. For older children, make it a point to provide them with more wholegrain foods and fruits and vegetables; these are necessary to achieve a balanced and healthy diet by providing your child's body with sufficient nutrients and provide dietary fibre.

Ensuring he eats more fruits and vegetables: they are good sources for antioxidants, phytochemicals, vitamins and minerals. Some fruits and vegetables also make excellent prebiotics, such as banana, asparagus, garlic, and onions. Lentils are also known to contain galacto-oligosaccharides (GOS), which encourage the growth of good bacteria while simultaneously inhibiting bad bacteria.



Giving him more probiotic-rich foods: good sources for probiotics include fermented milk products (e.g. yoghurt, cultured milk drink), fermented soy products (e.g. tempeh), kimchi and pickles. Be sure to check the sugar or salt content of commercial products to help ensure that your child does not eat too much sugar or salt.

Ensuring he gets enough sleep: growing children need sufficient sleep to ensure that their health and growth are not placed at risk. In 2016, a study linked sleep loss with changes in gut microbiota which then increased the risk of obesity and type 2 diabetes.



The health of individuals can be influenced by the diversity of microorganisms colonising the gut, which can be especially important in regulating both intestinal and immune development in infants. As parents, ensure your child receives the best possible start in life not just from birth (e.g. vaginal birth and breastfeeding), but also as he grows up well and healthy by implementing the tips above. **PP**

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Exclusive breastfeeding is recommended until baby reaches two years of age. However, a common reason given by breastfeeding mothers who stop exclusive breastfeeding early is persistent nipple pain. This often happens as a result of improper latching or positioning of baby during feeding. As a result, the breastfeeding mother may experience sore nipples which could lead to cracked or abraded nipples later on.

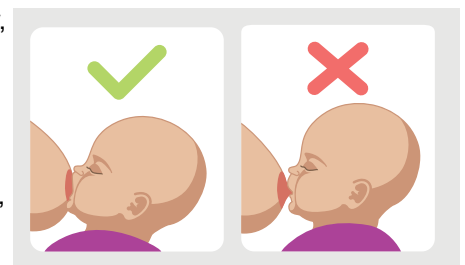
Breastfeeding Problems: **Cracked or Abraded Nipples**

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

This situation not only causes pain to the mother, it can also cause her to feel psychological distress. Additionally, it may also interfere with her quality of life, e.g. negatively affect her mood, sleep, and bonding with her infant. However, rest assured that with proper care and the right breastfeeding techniques, cracked or abraded nipples will not be a deterrent to continue breastfeeding.

Possible causes of cracked or abraded nipples include:

- Baby not latching on properly, thus squashing your nipple between his tongue and hard palate
- Dry skin or eczema
- Improper use of breast pump, which may cause damage to your nipple



The key to proper breastfeeding

In order to breastfeed with the minimum of fuss, you must achieve proper positioning and attachment, i.e. baby should be in a position that is comfortable for both of you and he should be latched on to your nipple correctly.

Here are three basic positions for breastfeeding to help achieve proper positioning:



Cradle hold



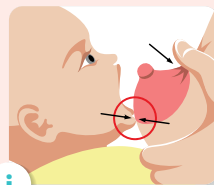
Football hold



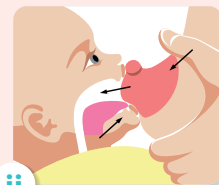
Side lying hold

Here is how proper attachment should be done:

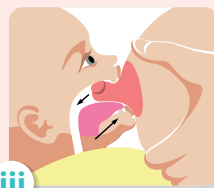
- i) Hold baby close with his nose level with your nipple.
- ii) Tip his head back a little with his top lip touching your nipple. This encourages him to open his mouth wide.
- iii) Position his mouth so that his chin touches your breast first, ensuring his head is tipped back – this enables his tongue to access as much breast as possible and your nipple should be toward the roof of his mouth.
- iv) When he is suckling, his chin should be firmly touching your breast and his nose should be clear of any obstructions. His cheeks will look full and rounded as he feeds.



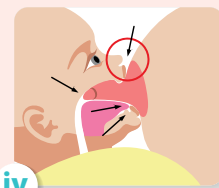
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ii



iii



iv

Important!

Don't give up on breastfeeding as you can still continue despite having cracked or abraded nipples. Remember that simple hygiene and care will go a long way. However, if the cracked nipple does not heal despite your efforts, see a doctor as soon as possible.

How to check for proper latching

You will know when your baby is latched on correctly by the following signs:

- His mouth is wide open with his chin touching the breast he is currently nursing on.
- His cheeks should be round and full.
- There should be no smacking or slurping sounds.
- You should feel a strong drawing sensation which may be initially uncomfortable, but pain-free later.

If you experience the following signs instead, it means that he is not well attached:

- Painful feeding.
- His sucking rhythm stays short or is fluttering constantly (although this may happen in the initial phase of attachment, but should gradually change to a slower and longer pull as he nurses).
- His cheeks are drawn in and dimpled.
- He is restless and keeps coming off the breast.

In this situation, you can try the following:

- Use a different breastfeeding position and baby might be able to latch on properly.

- If your nipples need more time to recover, you can try expressing breast milk instead of direct feeding.
- Wear a nipple shield to prevent your nipples from chafing against your bra between feedings (be sure to check with your doctor on the correct way to use them).

What you can do to ease sore nipples:

- Before each breastfeeding session, gently massage your breasts to release the milk. Apply several drops of breast milk on the sore nipple to help it heal.
- Start breastfeeding on the less affected breast before switching to the more affected breast after let-down.
- Use small amounts of lanolin cream to ease the pain and help your nipple heal faster. You don't need to wipe or wash it off before feeding.
- Do not use soap or alcohol for cleaning as they can dry out the nipple.
- If the pain is severe, take some painkillers such as paracetamol or ibuprofen 30 minutes before feeding. **PP**

An educational collaboration with



Obstetrical and Gynaecological Society of Malaysia



In recent years, we had to contend with haze and its associated health risks. Unfortunately, many people fail to realise that air pollution is not limited to the haze outdoors, but can also occur indoors. Indoor air quality (IAQ) relates directly to the air quality that is within any building such as your home, and it has an impact on your health and comfort. Just as haze can adversely affect health, poor IAQ in homes also poses a health risk to you and your family.

Short-term health effects include headaches, fatigue, nausea, and eyes, nose, and throat irritation, while long-term health effects may only become apparent after frequent or prolonged periods of exposure. Health risks include respiratory diseases, heart disease, or cancer. Thus it is critical to ensure that there are no pollutants that may cause poor IAQ, in your home as children are the most vulnerable group.

Not to be sneezed at

The most effective method to ensure good IAQ is to reduce indoor air pollution by eliminating the source. Some common sources are cigarette smoke and biological air pollutants such as mould, animal dander, cockroaches, and dust mites. Chemical pollutants or volatile organic compounds (VOCs) are the result of organic chemicals (such as formaldehyde), turning into vapour or gas at room temperature. The following products may be a source of VOCs:

- wood furniture and wood-based furniture (made from plywood, particleboard or MDF)
- subflooring, wall or ceiling panelling, and laminated flooring
- permanent press fabric, draperies, and mattress ticking
- glues and adhesives, caulks and sealants
- paints (with high VOC)
- pesticides
- detergents

Did you know?

A survey in the US revealed that most people spent 68.7% of their time inside their homes, as opposed to only 7.6% of their time spent outdoors. However, another survey in Canada showed that this figure is also influenced by age, with infants spending an average of 89.2% of their time indoors at home, 74% for toddlers (1-4 years), and 71.3%-69.5% for children (5-19 years).

Checking IAQ

You can check your home for signs of possible IAQ problems yourself for the following:

- Unusual odours
- Stale or stuffy air
- Dirty air conditioners (open it up to check the filter condition)
- Rooms or places that have excessive humidity, condensation, or water leaks or spills
- Presence of mould or fungal growth where there should be none (e.g. under or behind the sink in the bathroom)

Signs of poor IAQ in infants/toddlers

Stay alert for these signs:

- **Irritated eyes** (his eyes may tear up or he may rub his eyes for no reason), nose or throat (he may sneeze or cough for no apparent reason)
- **Trouble breathing** (his breathing may come in gasps or he may be wheezing)
- **Running nose** (nasal irritation may lead to excessive mucous discharge)

If you see any of these signs, immediately move your child to another part of your home and check to ensure that these signs do not continue. Alternatively, you can take him out for some fresh air provided there is no haze. If your toddler has started to talk, don't dismiss it if he complains of 'bad' smells as this could relate to bad IAQ.

Improving IAQ

Be proactive and take the necessary steps to improve the IAQ in your home. Here are some simple steps:

- **Limit pollution sources:** take extra care when using products that release any pollutants such as VOCs. For example, ensure sufficient ventilation when painting walls and continue doing so until the paint has fully dried and the smell is gone. Alternatively, opt for paint products that are low in VOCs or are free from ammonia and formaldehyde.
- **No-smoking in the house:** numerous studies have shown that cigarette smoke is a highly toxic mixture of many types of chemicals and pollutants that are bad for health. In addition to second-hand smoke, there is the added danger of third-hand smoke, which is caused by the residue of cigarette smoke that adheres to any surface, e.g. walls, floors, clothes, or skin.
- **Air your home:** getting fresh air in will help to flush out any air pollutants that may be present or

accumulating in your home. Just open your windows or turn on the exhaust fan if the room is equipped with one, while leaving the door/window open to facilitate ventilation. However, avoid doing this during haze!

- **Clean & change filters regularly:** Air conditioners and air purifiers come equipped with air filters that trap dust and other air pollutants. Thus, it is important that these filters are cleaned or changed regularly. The frequency to change filters may differ between products. Write down the installation date and the next change date on a label and stick on the equipment itself.

- **Beware of 'dirt' traps:** carpets, rugs, floor mats, runners, cushions, sofa covers, and bed sheets can trap dirt or dust. The frequency you should clean them will depend upon how often they are used, e.g. wash bed sheets weekly and wash sofa covers monthly.

- **Control humidity:** High humidity is undesirable, as it will encourage mould or fungus growth. Install an exhaust fan to control bathroom humidity. Mop any spills immediately to prevent water seeping into cracks in tiles or flooring and pooling there. Using air conditioners in rooms also limits humidity.

- **Keep floors & walls clean:** This will help get rid of excess dirt or dust which may carry surface pollutants such as viruses or bacteria. As dust is very light, it can easily become airborne and be inhaled. The frequency to clean will be largely dependent on how dirty your house gets. For instance, if you have a small family and no pets, you can probably get away with cleaning once a week.

Stay alert for signs of IAQ problems, especially with infants or toddlers as they cannot tell you if they have any respiratory difficulties. Moreover, they are especially susceptible to small amounts of air pollutants due to their smaller size. The amount of exposure that would trigger the same response in you would likely be far higher, unless you are sensitive to a particular air pollutant. Do not take clean air for granted, as it is a crucial factor for good health for your children and yourself. **PP**



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Safe Sleep Environment and Practices

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

Adequate sleep duration for age on a regular basis leads to improved attention, behaviour, learning, memory, emotional regulation, quality of life, and mental and physical health. Infants of 4 months to 2 years should get 11 to 16 hours of sleep per day (including naps) on a regular basis, in order to promote optimal health, according to the American Academy of Pediatrics.

However, what is supposed to be a tranquil and resting time for babies can quickly turn into a nightmare if safe sleep practices are not taken seriously by parents or caregivers. Children can get injured or worse, die (i.e. from Sudden Infant Death Syndrome) as a result of unsafe sleep environment and practices.

Sudden Infant Death Syndrome (SIDS)

SIDS is an unexplained death, usually during sleep, of a seemingly healthy baby. It usually occurs between 1 and 4 months of age and the majority (90%) of SIDS deaths occur before a baby reaches 6 months of age. SIDS is sometimes known as crib death because the infants often die in their cribs. Although rare in Asian countries compared with the West, it is still good to be safe.

Here is how you can keep your baby safe while sleeping:

BACK TO SLEEP

To reduce the risk of SIDS, infants should be placed to sleep in a supine position (wholly on the back) until the child reaches 1 year of age – this goes for preterm infants as well. Avoid sleeping on baby's tummy because it is not safe and increases the risk of SIDS.



Firm sleeping surface

Use a firm mattress and fitted mattress sheet that does not conform to the shape of the infant's head when the infant is placed on the surface. Keep the infant's sleep environment clear of toys and soft or loose mattress sheet, larger-than-needed blankets, or overcrowding of pillows and bolsters. A large percentage of infants who die of SIDS are found with their head covered by loose bedding.

SLEEP APPAREL

Dress your baby in light sleep clothes, nothing too thick that you yourself would not wear in the same temperature. Remove any strings or ties from his pyjamas and don't cover his head. Keep the room at a temperature that is comfortable for you and make sure your baby is not too hot or cold – overheating can increase the risk of SIDS.



SLEEP SEPARATELY

Infants should not be placed to sleep on beds, because of the risk of entrapment and suffocation. There is also a risk of being crushed under the weight of adults sleeping on the same bed. In addition, portable bed rails should not be used with infants, because of the risk of entrapment and strangulation.

Place your baby's crib close to your bed so that he is within view and reach in case something should happen. If you need to feed your baby on the bed, transfer him into his crib when you are ready to go to sleep.

hazard-free

Keep the sleep area away from hazards such as dangling cords, electric wires, and window-covering cords because these may present a strangulation risk.

sleeping on the move

Sitting devices, such as car seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine sleep particularly for young infants. Avoid sleeping on a sofa or in an armchair with your baby and do not leave your baby unattended while they are asleep.

Breastfeeding Reduces Risk

Breastfeeding is associated with a reduced risk of SIDS and the protective effect of breastfeeding increases with exclusivity.

It is recommended that mothers exclusively breastfeed their baby for at least the first 6 months of life. However, do not worry if you cannot exclusively breastfeed your baby because any breastfeeding has been shown to be more protective against SIDS than no breastfeeding at all.



Meanwhile, both maternal smoking during pregnancy and smoke in the infant's environment after birth are also major risk factors for SIDS. The risk is particularly high when the infant is sleeping on the same bed with an adult smoker, even when the adult does not smoke in bed.

In one local study about unintentional injury and its prevention in infants, the authors were appalled to learn that while many Malaysian parents have knowledge of safety steps while sleeping, they chose not to practice them. This shows that merely knowing about these steps is not enough. You must take action now, after a while, it will become a habit that comes naturally which is an advantage as you go on to have more children. **PP**

Avoid Alcohol, Illicit Drugs and Tobacco

Alcohol and illicit drug use during pregnancy and after birth should be avoided. Infants of mothers who drink alcohol during pregnancy have lower birth weights, are more likely to have been delivered prematurely, are smaller in size, display deficits and reduced arousability – these factors increase the risk of SIDS. Adults who are under the influence of either alcohol or illicit drugs and at the same time sleep on the same bed as their baby's, increase the risk of SIDS and injury as well.

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When Time-Outs Don't Work

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



Is your toddler driving you up the wall with inappropriate behaviour? Do you find that time-outs are no longer as effective as they were before? In the first place, you should be aware that if time-outs no longer have the desired effect, it means that you have not been doing it correctly or rewarding good behaviours sufficiently, or both.



When it comes to behaviour management, time-outs should not be the first method of choice. Although it is a form of discipline intended to reduce behaviour, psychological research has shown that the effects of reward and punishment are not symmetrical - rewards increase behaviour while punishments do not necessarily decrease behaviour.

A Cry for Attention

Remember that your toddler craves your attention. If you do not spend enough time with him, then he may settle for negative attention by behaving in an inappropriate manner. Rather than waiting for this to happen, you should instead focus on using rewards for behavioural management.

It is by far better to reinforce or strengthen the behaviours that you want rather than relying on punishment to dissuade or stop inappropriate behaviours. The idea behind this is that inappropriate behaviours would occur less frequently, as they would be replaced by appropriate behaviours.

Did you know?

Punishments have three main side-effects, namely **anger**, **fear**, and **resentment**. If you do intend to use punishments, be prepared for these side-effects and learn how to manage them. Otherwise, it may lead to more problems.

Positivity is Better

Since punishments such as time-outs don't always work, don't be afraid to change your parenting strategy! Start off by focusing more on positive-focused behaviour management techniques that strengthen the behaviours you want to encourage.

Tell your toddler what you want or expect and be specific – take care not to mention the behaviour that you do not want. Take note of even the smallest positive change (such as when he uses his napkin or spoon even if it was just once). Comment on it positively because children tend to increase the behaviour which gets them more attention.

Redirection and Reinforcement

Words such as “No” or “Don’t” tend to be overused (e.g. “Don’t run!”, “Don’t touch that!”, “No! Put it back!”), and he may just end up tuning those words out. Instead, redirect his energy and attention somewhere else. You can easily do this by suggesting an activity that you would rather have him doing.

For example, if he starts doing something he’s not supposed to when you are out shopping, tell him you need his help and let him select the groceries or be in charge of arranging the items in the shopping cart. This helps redirect his attention from whatever inappropriate behaviour he was about to indulge in, to something that is more appropriate.

Use the Carrot, Not the Stick

Rewarding positive behaviour helps to reinforce it. Rewards can be in the form of a hug, a lollipop, or a toy. Alternatively, you can also consider using praises and encouraging words as rewards for your toddler. Make sure that you are specific and sincere with your praises, e.g. instead of saying “Good job”, say “It was wonderful that you shared your toys with your sister.”

When giving him material rewards, you should also put some thought into it. Too long a period between rewards and he may feel discouraged, but receiving a reward too often could cause him to expect a reward every time. Often just a simple acknowledgement of the behaviour is enough.

Taking Rewards to the Next Level

As constantly handing out rewards is not a good idea, you may want to consider using a different method known as the **token economy**. This method helps motivate your toddler to maintain specific acts or behaviours by allowing him to earn small rewards (i.e. a token such as a stamp sticker) each time he performs it (e.g. brushing his teeth or putting his toys away before bedtime).

After he has collected a certain number of stickers, he can then ‘redeem’ his main reward, which could be a trip to the cinema for a movie of his choice or something else that he wants.

Lastly, remember that in order for any kind of reward to be effective, it should be something that your toddler values or wants. Remember, what you think is a good reward may not be what he wants, so make it a point to get his point of view when considering what reward to give him. It is also important to gradually phase out tangible rewards and token economy once the behaviours are more regular. You don’t want your children to become dependent on them. **PP**

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Beware!

The reward method can back-fire when used wrongly. For instance, if your toddler starts misbehaving during a shopping trip and you try to get him to behave by giving him a lollipop, you are ‘rewarding’ the wrong behaviour. This act would only encourage him to misbehave in future as he will link it to his ‘reward’ (or, more accurately, his ‘bribe’).



Sample of a token card for your toddler to collect stamps/stickers.

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Nutrition & Healthy Living

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



Overcoming the Challenges of Breastfeeding

By **Prof Dr Poh Bee Koon**, Nutritionist

Part 1

Providing your baby with adequate nutrition is absolutely critical, and one of the best things you can do for him is to ensure that he is exclusively breastfed for the first six months, with continued breastfeeding recommended until two years of age.

Mrs A: Worried over breast milk supply

Don't be alarmed or worried if you have been having problems breastfeeding. It is a skill that takes time and practice before it can be mastered and not something that every mother automatically knows. The things that you need to learn include how to hold your baby, the different positions for breastfeeding, how to get baby to latch on or off, and many others.

In this article, we look at some of the issues or problems faced by breastfeeding mothers, such as insufficient milk supply and breastfeeding in public places. This will be followed with more stories in the next issue of PP Guide on interference from family members, and problems expressing milk.

"I still remember the worry and anxiety I went through during the first few months of breastfeeding as I constantly felt that my baby was not getting enough breast milk. However, I was constantly encouraged to continue with what I was doing by my neighbour who worked as a nurse. Subsequent visits to my baby's doctor also showed that he was growing well and that my breast milk production was keeping up with his needs. Having such a supportive neighbour and hearing such encouraging words from my doctor has helped to ease my worries. Nowadays I just concentrate on nursing my baby until he stops feeding on his own instead of wasting my time worrying about whether or not he is full."



"The best part of breastfeeding my baby was the way our bond grew stronger throughout the entire time I breastfed him. It's difficult to describe the feelings and emotions that occur while breastfeeding, but if you are a mother, I would advise you not to miss it for the world! If you have any doubts at all about your ability to breastfeed your baby, talk to your baby's doctor. He will check baby to ensure he is growing properly and this will go a long way to help reassure you that your worries are unwarranted."



"It was a very depressing time for me. I was not only constantly worried that my baby wasn't getting enough breast milk, but worst of all feeling like I had failed as a mother. Moreover, I think I was having

baby blues and cried for no reason sometimes. The feelings of inadequacy lowered my self-confidence and it strained my relationship with my husband. Luckily, he was patient enough to put up with me. I later learnt that he had spoken with my neighbour who reassured him and she had also agreed to drop by to visit me, to cheer me up and encourage me."

Prof Dr Poh:

This is a fairly common fear faced by many breastfeeding mothers. They think that they are not producing enough milk because their babies appear to be latching on them "all the time". However, a newborn would typically breastfeed between 8-12 times a day during his first month. Another point to note is that a newborn's stomach is small – roughly the size of an almond. It doesn't take much breast milk to fill him up and since breast milk is easily digested, he will be ready for another breastfeeding session in a short time.

This means that baby will be at the breast for almost half the time, which can get very tiring for a mother who had just given birth. However, as baby grows and mother's breast milk production adapts to baby's needs, the amount of time he spends at the breast will gradually reduce. On-demand breastfeeding is recommended as this will help mother's breast milk production to adjust to baby's needs, thus ensuring that he gets enough breast milk. Don't be afraid to consult with your doctor if there is anything that you are unsure about.



Puan B: Yes, you can breastfeed in public

"When I had my first child, I was initially hesitant to breastfeed in public. However, my husband was very supportive and always encouraged me. This has been a big help in giving me the drive to continue. Even going out for family outings has not stopped me from breastfeeding my baby, as the malls we frequent do have a special room for nursing. However, it can be useful to bring a breastfeeding shawl or baby sling which can double as a cover in case there are no private rooms available. With it, you can discreetly breastfeed even in public places such as a crowded shopping mall, as everything is still covered up."



"I get to spend more time with baby and hubby without having to be stuck at home all day long. It doesn't matter if it's just a short trip or if we spend the whole day out as I can still breastfeed my baby anytime."



"Sadly, the culture in Malaysia is not as open as those of Western countries, and there are times when I get stares. Having hubby around does help as his presence is a deterrent to gawkers."

Prof Dr Poh:

Although breastfeeding in public is becoming more common nowadays, there are still people who take offence at the sight of a nursing mother. This may be due to the more conservative nature of Asian culture. Thus, we would recommend that breastfeeding in public be done in as discreet a manner as possible. Find a place where you can be seated comfortably. To attract less attention, you can use a light shawl or nursing cover which will allow you to nurse your baby while ensuring your privacy from bystanders. Ensure that the material of the shawl or nursing cover can 'breathe' as you do not want to smother baby.

Learn the Right Techniques

To avoid potential problems, it is important to learn the correct breastfeeding techniques beforehand as this would be a big help later on. Doing so would help prevent problems, such as incorrect latching which can lead to complications like nipple pain, cracked or abraded nipples, baby not being able to achieve proper suction (thus not getting enough breast milk), or even discomfort during breastfeeding. Also remember that practice makes perfect! And if you are unsure, consult with a lactation consultant, a trained nurse or just someone who had breastfed her own babies before.

As you can see there are many challenges in breastfeeding but this shouldn't cause you to give up. You are not alone in your breastfeeding journey, as many mothers out there face the same challenges as you do. Persevere and build a bond with your child that will last a lifetime. **PP**

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A Healthy Diet Leads to **Better Immunity**

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

A healthy diet ensures that your child's body receives all the nutrients that it needs. This is critical because malnutrition is one of the most common causes of immunodeficiency worldwide as it can lead to a weakened immune system which could leave his body vulnerable to infections. The World Health Organization links malnutrition with 45% of all child deaths globally as their weakened immune system is less able to deal with severe diseases.



Neglecting to provide him with the proper nutrition would only weaken his immunity, which makes him more vulnerable to catching a cold or falling sick. Getting the right nutrition will help improve his immune system which is his first line of defence against bacteria and viruses. Building a strong immune system will help prevent your child from easily succumbing to infectious diseases. This translates to fewer sick days for school-going children as he will not fall sick so easily. This is also good for working parents as there will be less need to apply for leave in order to care for him when he is sick.

Include All Food Groups Daily

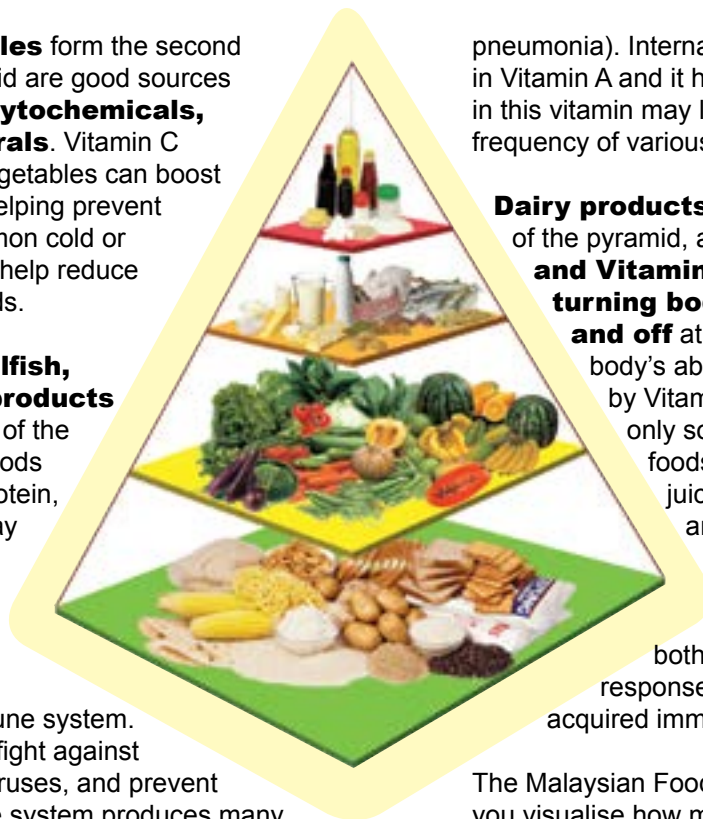
Getting the right nutrition means providing him with a healthy diet that is balanced, served in moderate portions as per the recommended servings (amount), and includes a wide variety of foods in order to meet his nutritional needs. There is no such thing as a single food, drink, or food group that can provide his body with every single nutrient that it needs. All foods in the food pyramid are needed to build stronger immune system.

The base of the pyramid consists mainly of foods such as **rice, noodles, wheat or other grains and tubers**. These are important **sources of energy** and if it is whole grain, it will contain more fibre as well as other phytonutrients your body needs. You can help boost his immunity by ensuring that he gets all the nutrients that his body needs, including energy. However, while energy is required to fuel his immune system, do not encourage the consumption of foods that are high in energy but low in nutrients (energy-dense) such as foods or drinks that are high in sugar or deep fried with oil.

Fruits and vegetables form the second level of the food pyramid are good sources for **antioxidants, phytochemicals, vitamins and minerals**. Vitamin C present in fruits and vegetables can boost immune system thus helping prevent illnesses such as common cold or flu. Vitamin C can also help reduce recovery time from colds.

Meat, fish and shellfish, poultry and dairy products

make up the third level of the food pyramid. These foods are good sources of protein, zinc and iron, which play **important roles in the immune system**. Protein is important in producing antibodies – a major component of the immune system. This helps the body to fight against harmful bacteria and viruses, and prevent infections. The immune system produces many different antibodies to fight these germs. The body needs zinc to help produce white blood cells to fight infection, and iron to help strengthen immunity, thus preventing susceptibility to infectious diseases (e.g. diarrhoeal diseases, respiratory tract infections i.e.



pneumonia). Internal organs like chicken/ox liver is rich in Vitamin A and it has been reported that deficiency in this vitamin may lead to an increase in severity and frequency of various infections.

Dairy products which are also on the third level of the pyramid, are good sources of **calcium and Vitamin D** – both of which are critical for **turning body's immune responses on and off** at the appropriate times. In fact, the body's absorption of calcium is facilitated by Vitamin D. Dairy products are not the only source as there are many processed foods such as cereals, breads or fruit juices that are fortified with calcium and/or Vitamin D. Other **minerals such as magnesium** which is found in milk and dairy products, is strongly linked with both nonspecific and specific immune response, otherwise known as innate and acquired immune response.

The Malaysian Food Pyramid is a useful tool to help you visualise how much of each food group he should eat every day. As a general guide, eat more of the foods that are at the bottom of the pyramid, and less of the foods that are at the top of the pyramid. In this way, you will ensure that he receives all the nutrition his body needs for better immunity.

Healthy Habits

In addition to this, there are other healthy habits which you should cultivate in your child to help improve his health and either support or stimulate his immune system.

- **Drinking enough water daily:** Aim for at least eight glasses of plain water daily (more may be required if it is a hot day or if he is involved in any strenuous games or physical activities). Water is critical as his body (and his immune system) needs it in order to function properly.
- **Eating sufficient probiotic-rich foods daily:** Probiotics, or 'good' bacteria', are critical in maintaining his gut microflora, thus helping to maintain his digestive health and immune system. These can be found in fermented foods such as yoghurt, cultured milk drinks, cheese, *tempeh*, or Chinese *hum choy*.
- **Being physically active every day:** A minimum total of 60 minutes of moderate-intensity physical activity (brisk walking, swimming, sports and outdoor games i.e. badminton, skipping, cycling, playing catch in the park, etc.) is recommended which not only helps keep his body healthy but also stimulates his immune system.
- **Getting enough sleep:** Insufficient sleep not only causes a drop in cognitive performance and aggravates behavioural problems, it can even lead to a suppressed immune system. School-going children aged 6-13 years old need between 9-11 hours of sleep.



By combining all these tips, you will be able to help boost your child's immunity. Remember that a healthy diet is just the first step towards building up his immune system. While it is certainly very important, it is not the only aspect of a healthy lifestyle that you should focus on. In order to reap the most benefits, your approach should be a holistic one that incorporates other aspects of a healthy lifestyle as well. **PP**

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Billions of Good Bacteria for a Healthy Digestive System

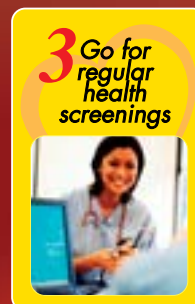
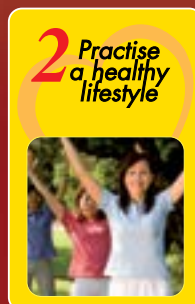
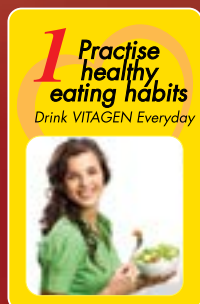
Why is your digestive health so important?

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

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

What can you do to improve your digestive health?

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



Lactobacillus cultures (good bacteria)



Are all bacteria bad?

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

What happens inside?



- Good bacteria fights bad bacteria for nutrients



- Good bacteria blocks the growth of bad bacteria



- Good bacteria kills bad bacteria

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

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

What are probiotics?

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

* 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
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Easy, Quick & Nutritious

Who said cooking healthy food for your family is hard? It can be as simple as preparing a single dish (or one-pot meal) comprising from all the food groups from the food pyramid. Use fresh ingredients when you can and with variety of ingredients. That way, your family gets all the nutritious goodness they need from a single dish. Here is an easy, quick and nutritious single dish recipe, which your children can join you in preparing them.

Baked Pasta Pie

(Serves 5)

Ingredients

- 200 g (¾ packet) spiral pasta cooked and drained
- 250 g (1 cups) chicken meat, chopped
- 220 g (1 cup) mixed vegetables
- 60 g (1 cup) spinach, chopped
- 250 ml (1 cup) pasta sauce
- 120 g (1 cup) Mozzarella cheese, grated
- 10 g (2 clove) garlic, chopped
- 30 ml (2 tbsp) vegetable oil
- Salt to taste
- Fresh chopped oregano to taste

Method

1. Sauté garlic in oil until fragrant.
2. Add pasta sauce and chicken. Stir fry until the chicken is tender. Add mixed vegetables and stir fry until slightly cooked. Add spinach and stir fry slightly. Finally add cooked pasta. Mix ingredients well. Turn off the heat.
3. Pour ½ of the cooked ingredients into a heat-proof dish and cover with grated mozzarella cheese.
4. Pour remaining ingredients and followed by top layer of grated cheese.
5. Bake in a preheated oven at 200°C for 25-30 minutes or until the cheese is melted and turns golden brown.



Nutrient Content Per Serving	
Calorie 371 kcal	Carbohydrate 41.2 g
Protein 23.4 g	Fat 12.5 g

Recipes courtesy of "Nutritionists' Choice Cookbook, Vol 1: Healthy Recipes for Your Little Ones" by Nutrition Society of Malaysia. To purchase this recipe book which includes 50 recipes, please email: president@nutriweb.org.my

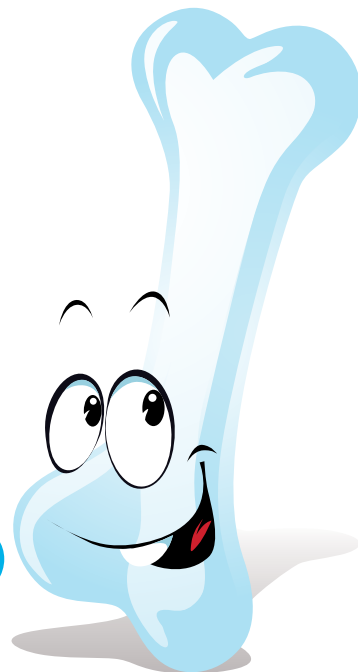
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Nutrition for Strong Bones

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



A baby is born with about 300 bones at birth. Some of your child's bones are made up of cartilage (smooth elastic tissue with a rubber-like texture) while others are partly made up of the same material. As they grow, the bones fuse together and the cartilage hardens, ultimately leaving 206 bones that we, as adults have.

Caring for your child's bones early on is important because by the time they reach their 20's, bone growth stops (peak bone mass). Moreover, our bones perform many important functions such as:

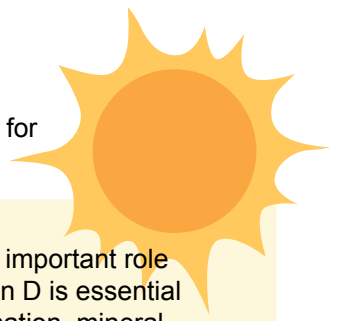
- Protecting important and delicate organs (e.g. the brain is protected by the skull and heart is protected by the ribcage).
- Along with skeletal muscles, tendons, ligaments and joints, the bones also provide movement and mostly act as levers.
- Red bone marrow helps to produce both red and white blood cells.
- Store minerals such as calcium and phosphorus.
- Yellow bone marrow of long bones helps store fat.
- Some bones help produce and store growth factors.
- Minuscule bones in the ear allow us to hear.
- Release and absorb alkaline salts to keep body pH balanced.

Many factors can influence the health of your child's bones including inadequate intake of calcium, vitamin D and lack of weight-bearing exercise to strengthen bones. It is therefore, important that optimise your child's bone mass from young to prevent osteoporosis and brittle bones. Brittle bones are prone to fractures later in life, and you prevent this by providing him with proper nutrition.



Eat a Healthy Diet

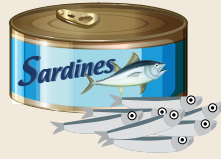
A healthy balanced diet will provide all the necessary nutrients, including vitamins and minerals for building strong bones. But two nutrients of particular significance are calcium and vitamin D.



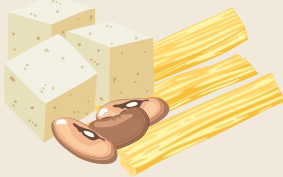
Calcium is a mineral required to build bones and keep them healthy. Approximately 99% of the body's calcium is found in the bones and it is required for normal bone growth and development. In addition to keeping bones healthy, calcium also helps out with blood clotting, transmission of neurons and muscle contraction. We need to include a variety of foods that are rich in calcium in our daily diet. Food that are good sources of calcium include:



Milk and milk products
e.g. cheese and yogurt.



Fish with edible bones
e.g. canned sardines
and anchovies.



Beans and bean
products e.g.
yellow dhal, *tofu*
and *tempeh*.

Vegetables e.g.
spinach, watercress,
mustard leaves, *cekur manis*,
tapioca leaves,
kailan, broccoli.



Other alternatives are processed
foods that are fortified or enriched with
calcium e.g. cereals, biscuits, soybean
milk, bread and juice.

Vitamin D also plays an important role in building strong bones. Vitamin D is essential for calcium absorption and utilisation, mineral metabolism for bone development and health and other functions. There are two forms of vitamin D. Vitamin D2 is mostly man-made and added to foods. Vitamin D3 is synthesised by humans in the skin when it is exposed to sunlight. Vitamin D3 can also be obtained from some animal-based foods.

Foods that provide vitamin D include fatty fish (e.g. salmon, tuna, sardine, mackerel), cod liver oil and egg yolk. It can also be found in foods fortified with vitamin D such as milk and cereals. However, vitamin D is present in a small number of foods and usually in small amounts. Hence, direct sunlight exposure to the skin is a good way to achieve an optimum level of vitamin D. Encourage your child to spend some time outdoor exercising or playing games to get sun exposure, so that their body can make some Vitamin D.

Milk - a nutritious food!

Milk and milk products are good sources of calcium and vitamin D for bones. They also contain other essential nutrients like protein, which is important for growth. The Malaysian Food Pyramid recommends **2 -3 servings of milk and milk products everyday**. That's equivalent to 3 glasses of milk. Or consume 1 glass of milk, 1 cup of yoghurt and 1 slice of cheese a day.



While calcium and vitamin D are known to be vital for bone health, several additional nutrients such as vitamins A, B, C, E, folate and minerals such as copper, zinc, selenium, iron and magnesium, also play a part in building and maintaining strong bones. To ensure your child receives all the nutrients he needs for optimal bone growth and health, he should practice a varied, well-balanced diet as recommended in the Malaysian Food Pyramid.

Be Active!

Besides eating well, children should also be encouraged to be more physically active. Examples of bone-strengthening exercises include jogging, running, walking, hiking, climbing stairs, dancing, gymnastics, and sports that

involve running or jumping (e.g. football, basketball and racquet sports). Reduce screen time (e.g. using smartphone, tablet, TV or computer) and being sedentary.

The most important thing to do is to start your child early with these healthy lifestyle habits. Living healthy does not only benefit your child's bones, it also helps to strengthen and maintain overall health, ensuring your child is able to face the challenges of the day and reach his full potential. **PP**

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Child Development

- Skills
- Problems
- Socio-emotional
- Physical Activity

Teaching Your Child about Responsibility & Respect

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

Children are taught how to crawl, walk, read and write. As they grow, they will learn to solve math problems, understand scientific concepts and debate events in history, all the while guided in these lessons by parents, teachers or caregivers.

The same guidance therefore, is needed when developing the qualities, values and character you want your child to have. It is only through guidance and modelling by caring adults that children learn to be honest and respectful, to stand up for what they believe, to care about others, to act responsibly and to make sound moral choices.

Responsibility

Being responsible means being dependable, honest, and honouring commitments. It is about accepting the consequences of what we say and do. Children need to learn that being part of a family and a community involves accepting responsibilities and delivering on them.



Raising Responsible Children

1. Help your child understand the link between his actions and the resulting reactions by pointing out real-life examples (i.e. if he does not store his toys away someone might step on it and get hurt).
2. Be consistent with discipline and rules because responsibility also includes accountability. He needs to learn to accept the consequences of his words, actions, and decisions.
3. Do not meet their needs immediately or give in to all their demands. This provides an opportunity for your children to tolerate some frustration, delay gratification, become less impulsive and less self-centred, while understanding that they are also part of a larger working system.
4. Build their sense of capability and self-esteem by acknowledging responsible behaviour. When they believe that they can handle challenges and make contributions, they are more likely to meet their obligations and feel good about taking on responsibilities.

5. Being truthful can be hard for children, they fear the repercussions. Hence, if you want your child to come to you with the truth (or admit to it when asked):

- be calm and approachable when expressing your dissatisfaction towards poor behaviour.
- tell them that everyone makes mistakes but what matters most is that he is truthful, learns from those mistakes, and tries to make things right again.
- praise his honesty if he owns up to his mistakes or wrongdoings.

Respect

Respect means accepting others without judgment and honouring people by treating them courteously. It stems from the belief that all people are equal and should be treated with dignity. Also, much like responsibility, you need to teach your child that he must think about how his actions can affect others, because we are all connected whether we like it or not.

Teaching Respect to Children

1. **Be a good role model.** Use words like “please”, “thank you”, and “excuse me” when warranted. Make sure your child understands why being polite to others is necessary in the society.
2. **Set boundaries and enforce rules for when your child behaves rudely or inappropriately.** Ensure they understand why some behaviours are considered rude or inappropriate.
3. **Start by asking him to respect his own toys and keep them after playing.** Emphasise that this also shows self-respect as it demonstrates care.
4. **Teach him to respect differences in other people** and why everyone should be treated with equal respect, regardless of those differences. It is important to acknowledge others even if you don't agree with them. Validating others' feelings show respect.
5. **Nurture kindness and empathy** by asking them how they would feel if they were in someone else's shoes. Acknowledge how he feels and what his opinions are.
6. **Teach him about being a good listener.** Listening and acknowledging others when they are talking is a fundamental way to show respect. You will have to do the same too.

Some age-appropriate tasks and chores can help your child train his sense of responsibility and respect. The simple roles at home can instill a sense of belonging in him and being useful. Together with other family members helping around the house, it leads to a holistic family function and your child can see his small responsibility (which might feel like a big thing to him) contributes to a bigger picture.

Toddlers & Pre-schoolers

- Turn off lights when leaving the room (supervision may be necessary if the child needs to climb something to reach the switch).
- Practice respectful ways of communicating. Show your child how to talk to others with respect.
- Hang up towel after a bath (on a reachable hanger or rack).
- Keep toys away when finished.
- Carry dishes to the sink (later, wash their own dishes).
- Set the table for meal time.
- Feed a pet.
- Read bedtime stories with moral lessons and values specifically that teach about respect, responsibility and social problem-solving.



Children (6-12 years)

- Doing house chores (e.g. sweeping, cleaning windows, vacuuming, throwing out the trash).
- Help prepare dinner.
- Take care of a pet.
- Pack own lunch to take to school.
- Arrange clothes in drawer (later, fold own clothes).
- Prepare own bag and wash shoes for school.
- Encourage children to join extra-curricular activities, or be part of a sports team.



It is important to strengthen responsible and respectful behaviours by acknowledging, encouraging and shaping these behaviours. Avoid constantly criticising your child about things he does. Negative comments and failure to acknowledge his achievements or contributions can lead to frustrations in your child, which increases the risk of them being disrespectful to others, lower his self-esteem and discourage responsible behaviours. The main idea is to model what value is, to your child. Respect and responsibility come from actually valuing people and belongings.

Parents play a large and important role in moulding their children's character, beliefs and behaviour. Research show that good social skills in children, particularly those that demonstrate value in people such as respect and responsibility, are most likely to succeed later in life, regardless of academic performance. Hence, teaching them early on about responsibility and respect can help curb an attitude of entitlement and build positive relationship skills in children that will certainly pay dividends as they grow to become valuable and respectable adults in society. Moreover, these values maintain harmony, mental health and well-being in the family and society. **PP**


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Going Oldskool

By Dr Rajini Sarvananthan, Consultant Developmental Paediatrician



Many of us remember our own childhood fondly, and often reminisce fondly of the time we spent playing with our other friends in and around the local taman. Sadly, many children today will have vastly different memories. They are far more likely to have spent more time with a digital gadgets than with their peers.

This exposure to high-tech gadgets often starts at a young age, and while they do a good job of keeping him distracted, there will be repercussions to his health and development in the long run. These 'digital nannies' are increasingly becoming their play pal of choice. From playing their parents' smartphones to tablets, far too much time is spent on these gadgets instead of going out and playing with friends.

Lack of Physical Activity

One important yet frequently overlooked aspect of overusing the digital nanny is that it is a sedentary activity. Time spent here means less time spent on more beneficial physical activity. There are many studies that link physical activity to better sleep and attention, and this is especially true for games or sports that involve some form of physical activity.

The numerous benefits of regular physical activity include giving your child a boost in his creative thinking, social skills (e.g. learning to present and share ideas, negotiating), strengthening his muscles and bones,

decreasing his risk of non-communicable diseases (such as heart disease or diabetes), helps improve his quality of sleep and also means that he is likely to be better motivated to perform academically. Physically active children also benefit from a boost in their cognitive development and physical skills, as well as improved social and emotional well-being.

The Ministry of Health Malaysia recommends that all children get a minimum of 60 minutes of moderate-intensity physical activity daily. This should preferably take place in a safe environment. Thankfully, you do not have to do all 60 minutes in one session! You can accumulate it throughout the day, e.g. three 20-minute sessions, in order to achieve this.

Encouraging Physical Activity

Encourage your child to be physically active for at least an hour or more daily. This does not have to be accomplished in one continuous stretch. It can be broken into two or more sessions that add up to 60 minutes.

Here are some oldskool games that used to be played by children back in the 80s and 90s. Names and how it's played may differ between era or states:

Batu Seremban or 5 Stones

How it's played: Throw all stones (or tiny beanbags for lesser pain) on the ground. Pick a stone to throw in the air, then quickly snatch up one stone and catch the one in the air before it falls. This is repeated for the other stones still on the ground. Different variations include picking up multiple stones at a time and coordinating using both hands.

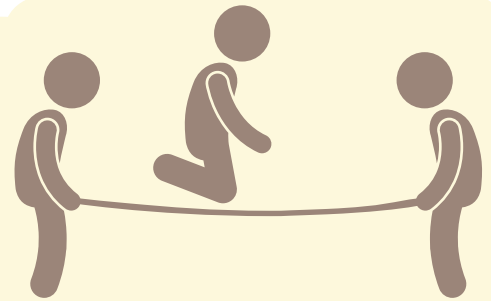


Hide 'n' seek

How it's played: The 'seeker' counts down; once ready, he starts hunting for the 'hiders' whose objective is to then reach the home-base (usually the spot where the seeker counts down). 'Hiders' are either tagged or, called out when found.

Lompat getah

How it's played: Players attempt to jump over a rope made from weaved rubber bands, starting from a low height and gradually going higher.



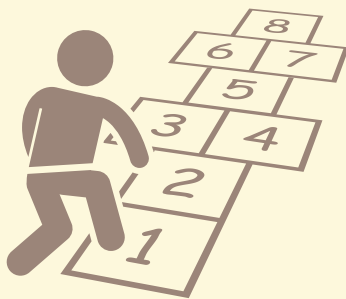
Chapteh or feather ball

How it's played: This game requires good balance and dexterity as players need to keep a feathered shuttlecock in the air for as long as possible using mainly their feet.



Eagle & Mother Hen

How it's played: Best played in a large group, one player is the 'Eagle', one is 'Mother Hen', and the rest will be the chicks. The Eagle's objective is to catch the last chick (who will then take his place, or is out of the game) while Mother Hen does her best to protect her 'chicks'. The chicks will all be behind Mother Hen, with only one holding her while the others lined up holding on to one another.



Ketingting or hopscotch

How it's played: Players take turns to throw an item (i.e. tissue pack, coin purse) into one of the numbered boxes, then hops in (skipping over the item) and only picking it up on the way out.

Tarik upih

How it's played: One person sits on the flower-sheath of a betel nut or nibong palm whilst being pulled along by another. This can turn into a fun race between teams.

Safety First

Many of these games evolved from utilising one's creativity. For instance, a game of carrom can be made using bottle caps, or hopscotch can be played on large floor tiles. While there are no fixed rules on how it is played, what can be used or type of play area, always make safety your main priority by ensuring that there is at least one adult on hand to supervise the play at all times.

You may also add extra safety by setting up boundary areas, especially for outdoor games (e.g. an automatic loss if they go out of the boundary area), which would

help prevent them from running onto the road in the middle of hide 'n' seek as an example.

Remember that as parents, you need to find a solution that does not rely on high-tech gadgets and to get your toddler or child more physically active, but to also do it in a safe manner. As you are his best role model, make it a point to lead by example by spending less time with your gadgets and more time being involved with his activities. **PP**

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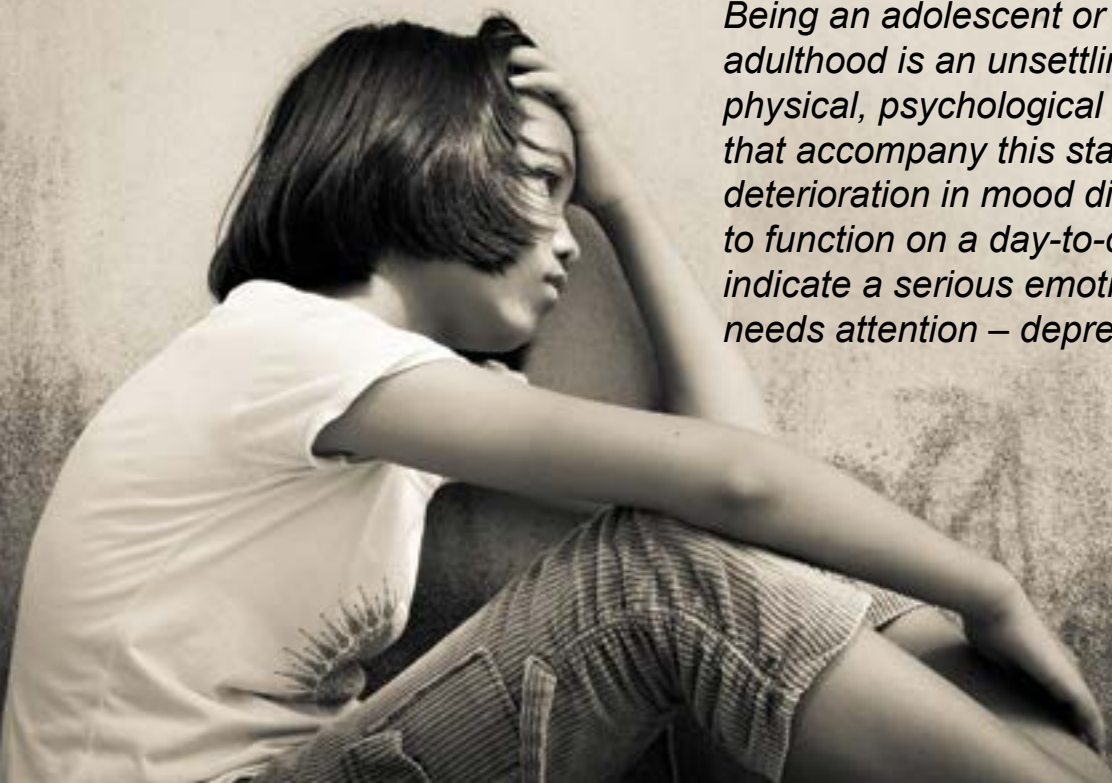
My Positive Teen

- Socio-emotional
- Conditions and Diseases

Depression In Youth

By **Dato' Dr Andrew Mohanraj**, Consultant Psychiatrist and Malaysian Mental Health Association Deputy President

Being an adolescent or transitioning into adulthood is an unsettling time with many physical, psychological and social changes that accompany this stage in life. When deterioration in mood disrupts the ability to function on a day-to-day basis, it may indicate a serious emotional disorder that needs attention – depression.



Worrying Trend Emerging

Depression is more than just feeling upset or sad – it is a serious condition which makes coping with life an uphill battle. In youth, problems often seem to be overwhelming and the associated pain is magnified and unbearable, leading to negative thoughts that can be self-destructive.

The National Health and Morbidity Survey 2015 highlighted the drastic increase in the prevalence of psychiatric morbidity, which included anxiety and depression. In the adult population of 16 years and

above the prevalence was 29.2%, while in the 5-15 years age group psychiatric morbidity was 12.1%. What is clear is that this problem needs to be looked into seriously, as there has been an increase in reported cases of youth depression and suicides recently.

Cause & Symptoms Of Depression

Factors that trigger depression in youth are usually those related to issues of self-esteem, bullying, poor academic performance, sexual orientation or even having been a victim of physical or sexual abuse. If

symptoms of depression continue to persist, it might take a toll on physical health too or may even lead to self-harm and suicide.

Unlike adults who display classical symptoms of depression, it may be difficult to tease out symptoms of depression in teenagers. Some may have a genetic predisposition towards depression or personalities that break down easily. It can be difficult to tell the difference between the ups and downs that are just part of being a teenager or youth depression.

Most often there will be a noticeable change in their thinking and behaviour. They would become withdrawn, often seeking solitude in their bedroom for hours on end. They may even display loss of interest in the usual pleasurable activities, accompanied by appetite loss and deterioration in personal hygiene.

Besides the persistent low mood (lasting two weeks or longer), there might be complaints of pains and aches (e.g. back ache and headache) or fatigue due to the psychological cause. These are known as psychosomatic complaints. In some cases, there could be signs of rebelliousness, irritability or criminal behaviour.

It is also not unusual to abuse alcohol or drugs to help with sleep or feeling calm. Suicide is often the last act of desperation to escape from the pain of depression. Warning signs of suicide in a teen suffering from depression would include; openly expressing hopelessness for the future, giving away favourite possessions or writing goodbye notes, usually through social media (e.g. Facebook, Twitter).

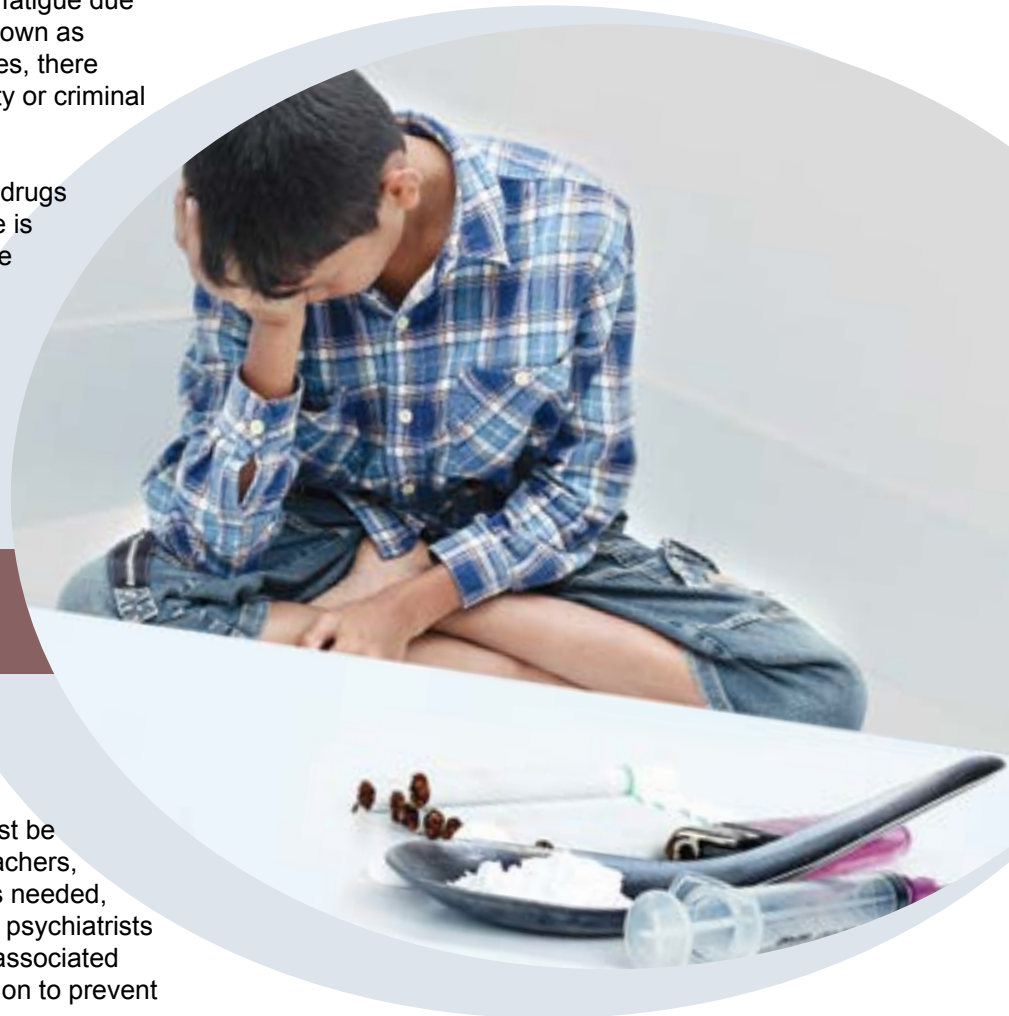
reinforcement as shame and punishment can make the adolescent feel worthless and inadequate. Every child is unique so parents should not compare their child with the child of another person. There must be a concerted effort to ensure schools and colleges have adequate numbers of trained counsellors or teachers trained in counselling, who can detect cases and refer those cases to professionals like clinical psychologist or psychiatrist, if needed.

Do not ignore depression in youths as it can deteriorate very quickly and have fatal consequences. Be bold to seek support from mental health professionals. Depression is a mental health issue and not to be dismissed as mere laziness or a defect in personality. Take comfort from the fact that you are not alone and there are many support groups out there to help you and your teen through this journey. For example, you can contact the Malaysian Mental Health Association, The Befrienders and Talian Nur. For details, please browse their respective websites. **PP**

Preventing Depression from the Start

Youth depression can be prevented to some extent by promoting good physical health through practising a healthy diet, getting adequate exercise and having appropriate social interaction. Youths must be encouraged to express themselves to teachers, parents and community leaders. If help is needed, access to counsellors, psychologists and psychiatrists must be encouraged despite the stigma associated with it. Parents must also take extra caution to prevent their teens from misusing alcohol and drugs.

Effective parenting and communication techniques can help lower stress for the teenager. Parents must replace shame and punishment with positive



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Key activities of Positive Parenting

• Positive Parenting Guide:



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• Website:



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

• Facebook:



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