



Positive Parenting

The Official Guide Series On Maternal, Child & Family Care By The Malaysian Paediatric Association

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Overweight!

Every Movement
Counts

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and education
is vital in raising
healthy children.”



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and active living habits
must be inculcated
from young.”



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Nutritionist and President, NSM



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every child's total
health and well-being.”



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Development Board Malaysia
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children with values
and principles.”



En Hairil Fadzly Md. Akir
Deputy Director-General (Policy), LPPKN



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



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



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<http://ppbm.org/>

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and development
helps children grow
and discover their
potential.”



Pn Norsheila Abdullah
President, PPBM



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

“Mental health and
resilience starts with
the family.”



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Consultant Psychiatrist & Deputy President,
MMHA



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lifelong learning.”



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Pay Attention to His Weight

Obesity among children in Malaysia is on the rise. This phenomenon is worrying especially when there is a much higher chance for obese children to grow into obese adults. Bear in mind that obesity is a major risk factor for many other non-communicable diseases. In this issue of Positive Parenting, we look at the issue of childhood obesity in some detail. We look at unhealthy lifestyle practices, such as having a less healthy diet or lifestyle that is lacking in physical activity, play a role in this current situation. It is up to you, as parents, to prevent this from happening. Setting a good example is the beginning.

As a follow up, we also include an article that explores the importance of physical activity and how every movement counts, and another on how you can help get your child started on the right track in getting back to a healthy weight range.

Other topics worth noting include words of wisdom from trusted professionals that highlight the dangers of meningococcal disease, the importance of wearing proper head protection on the road, what sleep hygiene is and its importance, and many others.

In conclusion, we wish you every success in your parenting journey; and hope that your child will grow and mature in a safe and healthy environment. Lastly, we hope you enjoy reading this issue and find its contents enlightening. All our previous articles and issues can be accessed from our website at www.mypositiveparenting.org.

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Obesity Early Prevention is Key

Malaysia made unglamorous headlines after being ranked as the most obese country in Southeast Asia. This was according to the 2017 'Tackling Obesity in ASEAN' report by the Economist Intelligence Unit, which covered Malaysia, Singapore, Indonesia, Thailand, Vietnam, and the Philippines. This is a wake-up call for Malaysians to realise that overweight and obesity are serious issues that can no longer be ignored.

With **Dr Tee E Siong**, Nutritionist & President of Nutrition Society of Malaysia; **Datuk Dr Zulkifli Ismail**, Secretary-General of Asia Pacific Paediatric Association; **Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist and Past President of Obstetrical and Gynaecological Society of Malaysia

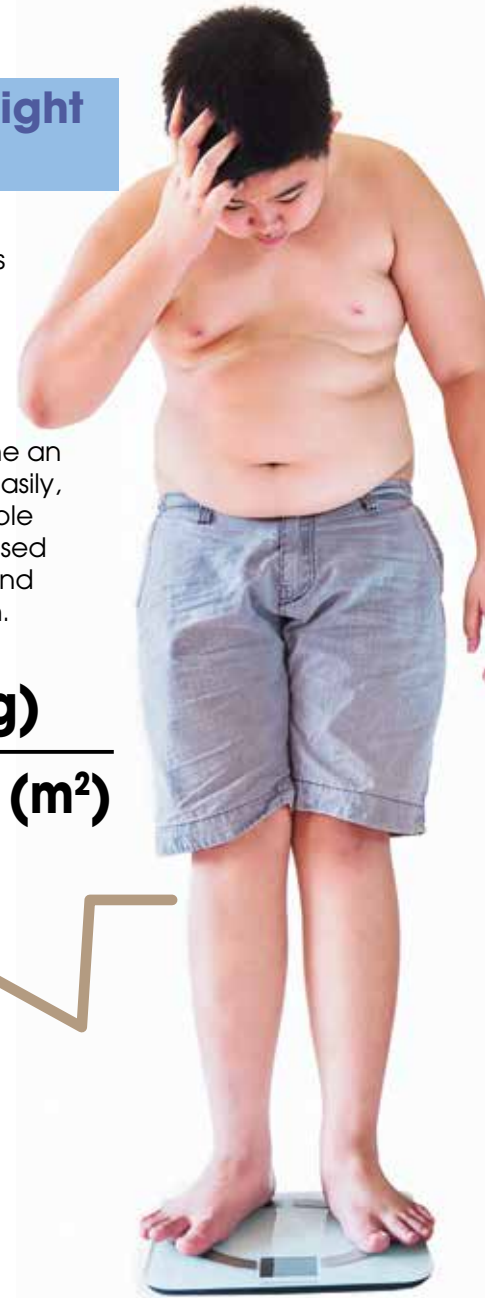
People need to accept the fact that overweight and obesity have detrimental effects to our health and well-being. Overweight and obesity can lead to an endless list of critical diseases and complications, especially non-communicable diseases (NCDs) like diabetes, cancers and heart diseases. Apart from our body, our mental well-being is also impacted by this problem. If this trend continues, our country may face an increase in medical expenses and a decrease in work productivity.

Overweight and obesity are weight problems that result from excessive fat deposition in our body. A way to recognise and monitor this problem is by measuring our body mass index (BMI). It is vital to be conscious of our health, starting from conception and early ages.

Monitoring overweight and obesity

Obesity and overweight are medical conditions where there is an accumulation of excessive body fat which impairs health. Basically, this is when a person's weight is greater than what is considered as healthy for his height. As it is difficult to determine an accurate body fat percentage easily, the body mass index (BMI), a simple weight-for-height index, is often used to estimate and classify obesity and overweight in adults and children.

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height} \times \text{height (m}^2\text{)}}$$



An adult is
healthy
if his BMI is
18.5–24.9
overweight
if his BMI is
25–29.9
and **obese** if it is
30
or higher

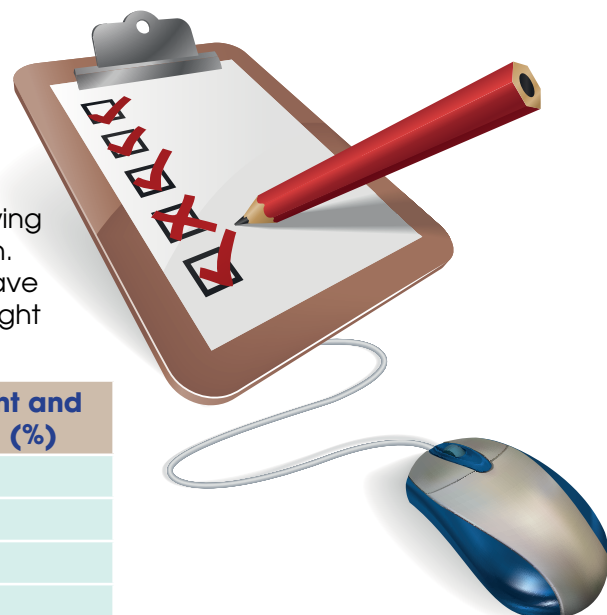
However, appraising a child's BMI is a little different than adults. As children's growth rate varies with age, BMI-for-age growth charts are used to determine the growth achievement of children based on a growth standard. The chart can be downloaded from Positive Parenting website at <https://mypositiveparenting.org/>. When assessing your child's BMI-for-age status, use the correct chart for your child's age and gender. Monitoring your child's BMI regularly is important to ensure his growth and development is on the right track and it will help you to recognise the first signs of overweight.

Obesity is a complex condition caused by a variety of interlinked factors. Parents need to be aware of the dangers of obesity and not perceive child fatness as something normal or harmless. Numerous studies have shown that obese children are more likely to become obese adults, hence increasing their risk of being afflicted with NCDs in the future. However, remember that prevention of obesity is possible.

Danger in the number

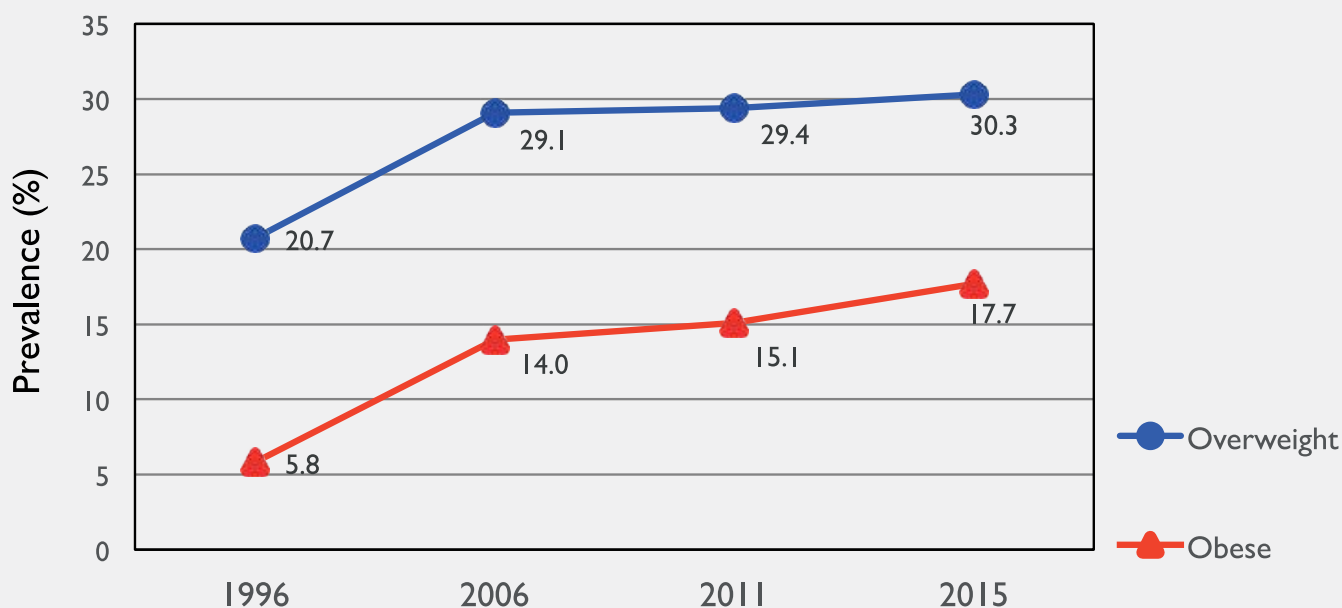
Obesity is on the rise around the world and in Malaysia. The World Health Organization (WHO) estimated that worldwide obesity has nearly tripled since 1975. According to Dr Tee E Siong, President of Nutrition Society Malaysia, nationwide surveys in Malaysia are showing increasing trends of obesity prevalence among adults and children. The results of three surveys among school children in the country have reported a high prevalence of about 30% are affected by overweight and obesity problems (see table below).

Data Source	Age (years)	Overweight and Obesity (%)
SEANUTS (2010-2011)	6-12	30.9
Institute for Public Health (2012)	6-12	30.4
MyBreakfast Study (2013)	6-12	28.3
	13-17	28.7



Among adults, according to the National Health and Morbidity Survey (NHMS), there has been a steady increase in obesity and overweight prevalence in Malaysia. The NHMS data indicated the problems rose rapidly in the late 1990s. From 1996 to 2015, there has been a 1.5 times increase in overweight and a more worrying 3-fold increase in obesity. **“The numbers are now at worrying levels wherein almost every other adult in Malaysia (47.7%) is either overweight or obese,”** highlighted Dr Tee. This trend will gradually lead to a surge of NCDs like diabetes and heart diseases in the Malaysian population if no serious steps are taken to deal with the problem. “The number shows that there is still a lack of awareness in our society about the dangers of obesity. It is even more necessary today to educate society on early preventative measures to deal with the root of the problem, so that the trend can be controlled,” he added.

**Prevalence of overweight & obesity
>18 years (data from NHMS)**



Root of the problem

Obesity is rooted in a number of risk factors. An unhealthy diet is a main contributor to the increase of obesity in Malaysia.

“The richness of Malaysian food culture is something that everyone is proud of, but it might also be one of the reasons leading to our infamous rank in obesity in Southeast Asia if we do not eat judiciously,” said Dr Tee.

He pointed out that excessive consumption of meals and beverages that are high in calories, sugar, salt, and oil, frequent late night suppers, eating too much dessert when hanging out with friends, or snacking on foods of poor nutritional value between mealtimes are just some examples of bad eating habits contributing to obesity. The lack of physical activity and exercise is another key contributory factor. Children are spending less time playing outside, as more time is spent on sedentary activities like watching TV, playing video games, and browsing social media. Unhealthy diets and physical inactivity will lead to extra calories and excess weight.



Apart from that, family factors can also contribute to obesity. Genetic disposition and having family members with weight problems increase the possibility of a child to become overweight. Shared family behaviours such as eating and physical activity habits also have a role in this problem. Likewise, psychological factors such as stress, anxiety, or depression due to personal problems may cause children as well as adults to overeat or binge on unhealthy foods, thus increasing obesity risk. Meanwhile, although socioeconomic factors may not be as noticeable as others, but obesity prevalence among certain demographics may be attributed to factors such as limited resources and access to healthy foods and the lack of time and safe space for physical activities.

A threat to health

The combination of these risk factors results in overweight and obesity, causing various complications and consequences on an individual. According to Datuk Dr Zulkifli Ismail, Secretary-General of Asia Pacific Paediatric Association, **obesity is one of the main metabolic risk factors for NCDs (e.g. diabetes, cancers,**

cardiovascular diseases).

An obese child is more likely to have high blood pressure and cholesterol level, which can lead to stroke and other cardiovascular diseases in the future. Obesity also increases the risk of impaired glucose tolerance, insulin resistance and type 2 diabetes. Other health complications can also arise,

such as breathing problems (e.g. asthma and sleep apnoea), and musculoskeletal problems like osteoarthritis.

The statistics on NCDs and related risk factors are already showing the impact of these weight problems. The NHMS data showed an alarming doubling in the prevalence of

Prevention starts early

Knowing that obesity can cause these negative lasting effects in life, it is even more essential to take early measures in preventing obesity. As the saying goes, **“Prevention is better than cure”, and in this case, obesity prevention should start as early as mother’s pregnancy and continue to early childhood.** The whole family plays an important role in setting healthy habits and a home environment conducive to ensure the development of a healthy child.

How can obesity be prevented from the beginning of mother’s pregnancy? Dr H Krishna Kumar, Past President of Obstetrical and Gynaecological Society of Malaysia, said that this relates to how mother’s habits during pregnancy can have an impact on her baby’s weight at birth, and the baby’s risk of becoming obese. Independent of a mother’s genes and pre-pregnancy weight, excessive weight gain during pregnancy can lead to a baby’s heavier birth weight, which in turn will increase the baby’s chances of becoming overweight or obese during childhood. **“Moms always have this perception that she has to eat for two – herself and baby. It is true that getting enough nutrients is important for the health of both mom and baby, but that is not a reason to overeat by eating for two. In fact, you should be keeping a closer watch of what you eat and have healthier meals,”** explained Dr Krishna.

On another note, women with obesity or a family history of diabetes may develop gestational diabetes,

a condition of high blood sugar during pregnancy that disappears after giving birth. Some studies have suggested that their babies may be more likely to become obese and develop diabetes or other NCDs in the future. Thus, obese women should reduce their weight before trying to conceive, as a step to prevent gestational diabetes.



Recommended weight gain for pregnant mothers

Pregnant women with different pre-pregnancy BMI have a different limit of gestational weight gain. The recommended weight gain is as follows:

Underweight women

(BMI <18.5) ➡ 12.5kg - 18kg

Normal weight women

(BMI 18.5 - 24.9) ➡ 11.5kg - 16kg

Overweight women

(BMI 25 - 29.9) ➡ 7kg - 11.5kg

Obese women

(BMI >30) ➡ 5kg - 9kg

(Institute of Medicine, 1990)

diabetes increasing from 8.3% (1996) to 17.5% (2015). NHMS numbers also show more than two times increase of high blood cholesterol problem, from 20.7% (2006) to 47.7% (2015). Meanwhile, hypertension prevalence stays high at around 30% during the same time period. Risk factors of NCDs such as hypertension, high blood sugar, and high blood

cholesterol are closely linked to overweight and obesity, and all these will definitely increase the number of NCDs patients, causing a devastating impact on our society.

“Obesity can also have various psychological and social effects, especially in a child, whose mental state is more vulnerable,” said Datuk

Dr Zulkifli. Being obese can cause a child to have a low self-esteem, negative body image, anxiety, and depression. Obese children may also have problems at school and with their peers. They may get teased and bullied for their size, have poor academic performance and social skills, and get tired easily in class.

More studies are finding links between the condition of pregnancy and early childhood, and how it can affect a child's susceptibility to NCDs and other health problems. Studies in this area can be categorised under a new field of medicine known as the Developmental Origins of Health and Disease (DOHaD). DOHaD focuses on how the environment during early human development, including interactions between environmental and genetic factors, can influence health and risk of disease in later life. **For humans, the first 1000 days of a child's life is a critical period of mental development and physical growth.** In DOHaD's term, the 1000-day period begins at the moment of conception (Day 0), lasts through the whole pregnancy (Day 270), and up to the child's second birthday (Day 1000).

Dr Tee stressed, **"During this 1000-day period, it is crucial to provide adequate and proper nutrients to ensure the child's future health and wellbeing."**

Other than ensuring healthy eating habits for pregnant women, it is also vital to provide proper amounts of both macro- and micro-nutrients to infants below two years. Babies should be exclusively breastfed from birth up to six months of age, and a lactating mother has to watch her diet so that it contains the necessary nutrients to ensure a healthy production of quality breast milk. Adequate nutrition continues to play a critical role when entering the complementary feeding phase, when the baby is six-months-old. From the age of 1-2 years, parents should continue to give close attention to ensure the toddler meets his nutritional needs.



Poor dietary practices during the first 1000 days could result in malnutrition: under-nutrition or over-nutrition.

Under-nourished children are more susceptible to chronic diseases, have poor growth and development, and have hampered behavioural and cognitive development, which can lead to learning complications in the future. On the other hand, over-nourished children will become overweight and obese, increasing their risk of growing up to become overweight and obese adults. Consequently, this will increase their risk of developing diabetes, cancers, and heart disease.





Holistic approach to prevention

Obesity prevention has to start by educating and raising the awareness among parents. Nutrition plays an important role in the prevention of obesity. **“Having a healthy and nutritious diet is one essential approach in tackling obesity,”** emphasised Dr Tee. **The general guideline to a healthy diet is to have meals with a good balance of foods from the main food groups with a variety of food items and consumed in moderate quantities.** Reduce sugar, salt, oil and fat, and include more fruits and vegetables in meals. Do opt for whole grains whenever possible. It is very important for parents to be conscious of their family’s dietary intake to prevent weight problems. If you think that your child is overweight and you are not sure of what to do, the article on page 36 covers useful ways on how to start.

“The home environment and family habits are also essential elements in the prevention of obesity.

The home is where children spend most of their early years of life, and the family has a huge influence on a child’s development,” explained Datuk Dr Zulkifli. For a healthy family, parents have to lead by example and practice healthy lifestyles themselves. Parental habits and behaviour will be followed by their child, as they are the child’s first teacher. For family meals, cook more at home with fresh and nutritious ingredients using healthier cooking methods like steaming.

Be mindful of children’s nutritional needs and intake when purchasing groceries. Consumption of fast food and less healthy snacks (with high fats, oils, sugar and salt) should be reduced to a minimum or avoided if possible.

Families should also spend more time doing physical activities together such as jogging, cycling, or hiking.

Participation in sports like badminton or football is encouraged. Ensure at least 60 minutes of physical activities daily, which can be done in several sessions. Minimise

sedentary activities such as watching TV and playing with gadgets. Also, **practise good sleep hygiene by sleeping early and on time.** Nurturing healthy habits in the family is crucial in preventing overweight and obesity. If you need ideas on how to get your family to be more physically active, read more about it on page 43.

There are plenty of other ways to be healthy as a family and to tackle obesity. Remember that the prevention of obesity should start from home and as early as possible. A healthy family begets a healthy child. **PP**



Malaysia's total fertility rate in 2016 was the lowest ever recorded, according to the Vital Statistics Malaysia 2017 report. The total fertility rate per woman aged 15-49 is 1.9 babies, which is a decrease from 2.0 babies in 2015.

Boosting Fertility

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

The World Health Organization (WHO) estimates that over 10% of women have been unsuccessful to get pregnant despite being in a relationship for five years or more. Infertility does occur in men and women. In general, infertility is the inability to get pregnant or conceive after at least one year of regular unprotected sex. So, how can you and your partner improve your chances of having a baby?

7 ways to boost your fertility

There are various factors that affect the reproductive health of both men and women. These are some measures that can be taken to boost your fertility.



1 WATCH YOUR WEIGHT

Being overweight or underweight can affect your fertility. For women, the amount of fat in your body can influence your menstrual cycle. Overweight or underweight women may have

irregular cycles and ovulate less often, thus lowering their chances of conception. Overweight or underweight men tend to have lower sperm concentrations, while obese men may have erectile dysfunction. You should strive to get a normal BMI when trying to conceive. Keep a healthy lifestyle by watching your diet and exercising regularly.



2 THINK BEFORE DRINKING

Too much caffeine or alcohol can be bad for your fertility. Men who drink too much alcohol may have decreased libido and sperm quality, whereas for women,

overconsumption of alcohol may lead to a decreased probability of conception and a longer time to get pregnant. Having too much caffeine (>500 mg/day) may also have negative effects on women's reproductive health. A study found that women who drank 4-7 cups daily increase nearly 80% chance of still birth. Limit your alcohol and coffee intake when trying to conceive, and totally stop drinking if you are pregnant.



3 STOP SMOKING

Men who smoke are found to have a decrease in sperm quality and fertilising capacity. For women, smoking can damage their eggs, interfering with the fertilisation and implantation process. A study showed that women who smoked fewer cigarettes (0-10 per day) had a higher pregnancy rate (52.2%) than women who smoked more cigarettes (34.1%). Smoking is also harmful to your baby. Stop smoking if you are having a baby.



4 KNOW YOUR FERTILE WINDOW

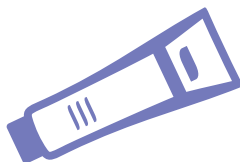
Take note of your menstrual cycle and your 'fertile window'. Ovulation usually occurs on Day 14 of your cycle, and your fertile window is on the day of ovulation and 4-5 days before. This is applicable if you have a regular cycle of 21-35 days. Also figure out your fertile window by using ovulation predictor kits that are available at pharmacies, or by noting daily changes in

your basal body temperature. Improve your chance of conception by having regular intercourse during your fertile window.



5 REGULAR LOVE-MAKING

It may seem obvious that you should have more sex when you are trying to have a baby, but regular intercourse can also improve your menstrual cycles and hormone production. Regular intercourse can also improve sperm quality in men, instead of delaying lovemaking. However, try not to turn it into a chore and put stress on your partner and yourself.



6 USE SUITABLE LUBES

Lubricants are useful when you have regular sex, but unsuitable lubricants can impact sperm motility and function. Check if the lubricants have any spermicidal agents. Do not use commercial water-based lubricants as they can inhibit sperm motility. Some natural lubricants are also unsuitable, such as saliva and olive oil. You can find sperm-friendly lubricants at the pharmacy.



7 SEEK SERENITY

Stress and depression can also lead to infertility. Stress can affect sperm quality in men and

decrease chances of getting pregnant in women. Stress may also cause irregular menstrual cycle, hence affecting chances of conception. How stress can affect fertility is still unclear, but studies have shown a relationship between stress and infertility. Manage your stress through relaxation methods or get support from a mental health professional.

Myth vs fact

There are claims that some foods like soy or pineapple can affect fertility, but no strong evidence shows that eating any specific foods would have negative or positive effect on fertility.



There are more ways to boost your fertility and improve your chances of having a baby with your partner. The important things are to stay positive, believe in your partner, and keep trying. These tips are meant to optimise your chances, but different tips have different degree of success. If you cannot conceive or get pregnant even after a year of regular unprotected sex, you and your partner can consult a fertility specialist to check for reproductive problems. **PP**

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When a Child Faces Loss

By **Ms Loh Sit Fong**, Consultant Clinical Psychologist

Your child may be devastated by the loss of a loved one, pets, or a friend. Despite the intense feeling of loss, it may not be obvious from his reactions – it may be expressed in different ways, e.g. he verbalises it (which rarely happens), complains of physical discomfort (such as headaches or tummy aches), or becomes anxious or distressed with other aspects of life (such as school or his other activities).

Be ready to help him if it manifests in an unhealthy manner. While you may not be able to protect him from feeling the grief or sorrow, you can help him feel safe. Allow and encourage him to express his feelings, which can help him to develop healthy coping skills that will serve him as an adult.

Understanding how children view death

Your approach should be developmentally appropriate, i.e. the way you talk to a toddler would be different from how you talk to an older child. Use this chance to talk to him about

the circle of life. Help him better understand it instead of shielding him from it.

Help him cope

Be factual when you explain about death, especially when talking to toddlers. Use simple and direct words instead of euphemisms. Saying "Grandpa went to sleep and is in heaven" may backfire and cause him to fear naps or bedtime, worrying he will also go to 'sleep'. A simple explanation is that death means a person's body no longer works the way it did when that person was alive.

Take this opportunity to share your religious or spiritual beliefs about death and encourage him to ask questions. Answer them in an honest and direct manner. If you cannot answer immediately, help find the answer; this will go a long way reassuring him and making him come to terms with the loss. Encourage him to express his emotions by asking him to draw a picture, or to note his thoughts and feelings in a diary or journal.

In the event a parent or caregiver passes away, a common worry is who will then take care of the child, which may manifest in feeling insecure. The child may become

clingier or feels abandoned. Additionally, he may also feel responsible for the loss. It is vital that you make your child understand that no blame is attached to him and that the person who died will not be coming back. Do what you can to provide him with as much love and affection to assuage his worries of who will still care for him.

In remembrance

A child as young as three years old would understand the concept of saying goodbye. Giving your child the chance to say goodbye to the deceased will help him to move on. Allow him the choice of attending memorial or funeral services but do not force him to go if he is reluctant. If he wants to attend, brief him on what to expect when he is there along with any do's and don'ts ahead of time.

Look in the mirror

Before you help your child deal with loss, take a moment to clarify your own thoughts and feelings.

This includes your first experience with loss, things that helped (or was not helpful) and how you dealt with it. Your experience, especially if it happened when you were a child, may help you recognise and understand his feelings.

Explain to him that the deceased will still 'live' in his memory. In the case of terminally-ill parents, many will leave letters, videos, or photographs to help their children remember how well-loved they were.

Your child may want to compile pictures and other relevant items to create their own memorabilia to cope with their loss. For younger children, their knowledge of the deceased will come from other family members, so don't hesitate to talk to him about that person often while reminding him how much he was loved by the deceased. There is no harm in celebrating the deceased's birthday or any other relevant day (e.g. Mother's Day or Father's Day) as a means of remembrance.

Don't hide your feelings

You should share your grief with your child, but take care not to overwhelm him. By expressing your own emotions, you encourage him to do the same. This helps him to understand that grief can be a complex mixture of emotions such as anger, guilt, and frustration. Explain that both his emotions and reactions may be very different from those of adults.

As pain and grief come and go over time, your child may not expect when he will feel sad. Do your best to keep his routines or schedules as consistent as possible. Most importantly, continue your job as a parent by maintaining limits on his behaviour. It is alright to ask him how he feels. Pay constant attention and help him find his

way through his grief by talking and listening to him. The grief process may take longer for some people, so it is okay to ask how he is coping from time to time.

Encourage him to continue with his regular activities as much as possible and reassure him that it is alright for him to feel happy and have fun. If you have any concerns about your child's behaviour or worries over how he is coping, speak with a child psychologist or other mental health professional. **PP**

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Preventing Head Injuries on the Road

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

Your child's safety is of utmost importance. This is especially true when you take him somewhere by motorcycle or allow him to use a bicycle, scooter, skates, or skateboard on the road. Don't take his safety for granted and make sure he uses an appropriate helmet.

The dangers of NOT wearing a helmet

In road traffic accidents involving Malaysians below 19 years, 80.2% of brain injuries were caused by motorcycle accidents.

62.6%
of road accidents involve motorcyclists and pillion riders.

Total road deaths for motorcyclists from head injuries is between **56.4% - 86.0%**

56.4% of motorcycle user deaths occur from head injuries and **29.6%** experience multiple injuries.

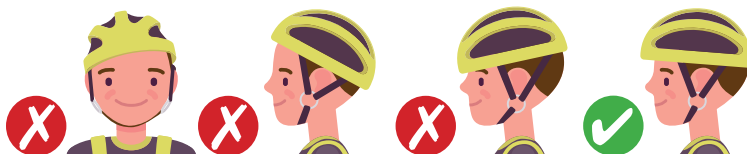
Using a Motorcycle Safety Helmet can reduce:

Injury risk/severity by
72%

Death by
39%

How to protect his head

Using the correct helmets can mean the difference between life and death, and can help to minimise injury.



Helmets must fit properly – comfortable and snug.
Not tilting to the side, back or front.



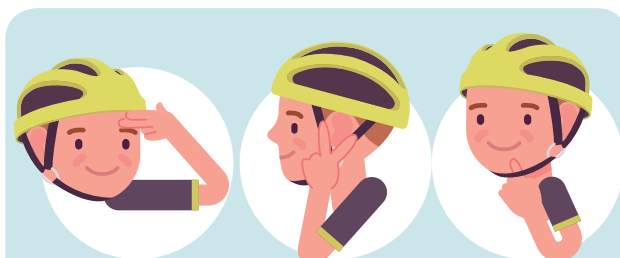
For motorcycle, only use SIRIM-certified children helmets, NOT adult helmets.



Activity helmets (cycling, skating, skateboarding, scooter, etc.)

These are usually designed to withstand one impact and must be replaced. Strictly NOT for motorcycle use.

NEVER use toy or work helmets for road or activity use.



Observe the "2V1" helmet rule

- 2 fingers between helmet and eyebrows
- Straps should form a 'V' shape around the ears (activity helmets only)
- 1 finger between chin and strap (helmet may come off in an impact if too loose; too tight can lead to breathing difficulties)

An educational contribution by



Malaysian Paediatric Association

Sleep Hygiene

By **Dr Norzila Mohamed Zainudin**, Consultant Paediatrician & Paediatric Respiratory Physician



Sleep 'hygiene' means good bedtime habits that help you get a good night's sleep. The key to good sleep hygiene for children is setting a routine. Insufficient sleep can result in many problems, such as negative impact to his ability to function properly during the day in terms of behaviour and cognitive development.



School-going children may experience problems with academic performance and a higher risk of accidental injury. Studies have also shown that sleep problems in early life, if left unchecked, are linked with behavioural and emotional problems in later life.

How long should my child sleep?

Make sure that your child gets enough sleep. Infants and toddlers tend to require a lot more sleep but not all at once, i.e. they may only sleep for an hour or two at a time. Do take note of the American Academy of Pediatrics (AAP) sleep duration guidelines on **daily and regular basis**:

- **Infants (4-12 months):** 12-16 hours of sleep (with daytime naps)
- **Toddlers (1-2 years):** 11-14 hours of sleep (with daytime naps)
- **Preschool children (3-5 years):** 10-13 hours of sleep (with daytime naps)
- **School-going children (6-12 years):** 9-12 hours of sleep
- **Adolescents (13-18):** 8-10 hours of sleep

Getting ready for sleep

Start practising good sleep hygiene from the beginning. Ideally, both parent and child would have a bedtime ritual that is conducive to promoting sleep, and discourages problematic sleep behaviour.

Your sleep hygiene process may include 'training' your infant or toddler to develop a regular circadian rhythm by conditioning his bedtime behaviour, ideally by reducing his anxiety, eliminating environmental stimulation and enhancing relaxation.

Here are the main aspects to look at:

- **Physical comfort:** The room should be cool (around 24°C is recommended) with sufficient air ventilation. Air conditioned rooms can cause low humidity, resulting in breathing difficulties.
- **Proper sleep environment:** A quiet, dark room is best; if necessary, use a gentle/dim nightlight that does not shine into his eyes. Keep other light sources (e.g. TV or handphones) out of the room. Sleep should be linked with 'lights out' to encourage proper circadian sleep rhythm.
- **Bedtime stories or lullabies:** Reading bedtime stories or singing lullabies can help alleviate your child's night-time fears. Use a calm and soothing tone of voice to get him in the right mood for sleep.
- **Consistent bedtime and routines:** Bedtime should be set at the same time and for the same duration on a consistent basis. You may need to start preparing 30 minutes ahead, especially for young children. The biggest obstacle to bedtime is often parental inconsistency.
- **No more naps when schooling:** Children above six should not require daily daytime naps. It may interfere with bedtime and sleep quality, making it harder for him to get up in the morning. If he is very tired or sleepy, limit naps to 20 minutes or less. A better alternative - send him to bed earlier!
- **Avoid heavy meals before bedtime:** Going to bed with a stuffed tummy can interfere with his sleep. Also, if he feels too hungry, he may be too uncomfortable to sleep. A light supper of a cup of milk will do.
- **Avoid caffeine-rich drinks:** Discourage him from taking caffeine. This can be found in energy drinks, coffee, tea, some soft drinks (e.g. cola) and even chocolate.

Making it a (good) habit

As every child is unique, tailor your approach to sleep hygiene. The tips given are a general guide so adjust them accordingly. Infants do not have the same circadian cycle as adults and will normally sleep and then awaken for a few hours, throughout the day – this is perfectly normal. In this situation, you can try to sleep when he does.

At the same time, get him to associate night time with sleep; for daytime naps and night bedtime, put him in a dark room. Over time, he will eventually sleep more at night and be able to get by with fewer naps during the day.

Avoid sleeping in on weekends to catch-up on sleep. It is better to get enough sleep every night than to make up a sleep debt on the weekend. Do also spend time outside every day as exposure to sunlight helps to keep the body's internal clock on track.

Sleep suggestions

"Place **babies and toddlers** in their bed/cot drowsy but still awake, not asleep. Some may need "baby-cot rocking" or "patting in their cot" to make the transition to sleep easier. Teach young children how to 'self-soothe' by allowing them to learn how to do it themselves. Ensure they are comfortable by providing comfort toys, favourite pillows or nightlights," suggest Dr Norzila.

"As he grows older, he may try to delay his bedtime because of TV, digital gadgets, or some other activity. Enforce a strict no screen-time rule before bedtime; this will also help him to mentally wind down and be ready for sleep. Above all, stick to a consistent routine."

"For **school-going children**, bedtime and wake-up time should be maintained, even on non-school nights. The difference should not exceed one hour. Make the final hour before bedtime a quiet, low-activity level time with no TV, gadget or screen use two hours before bedtime. Research has shown the screen light interferes with melatonin hormone production, which is critical for sleep-wake cycles. Just 30 minutes of TV before bed can drop melatonin levels sufficiently to keep your child awake for an extra two hours. The same holds true for adults!"

Seek help if necessary

Consult his paediatrician if you consistently have trouble getting your child to sleep or if all of your efforts to enforce sleep hygiene are not working. Above all, do not resort to using sleep medication! **PP**

An educational contribution by



You might be aware of the importance of vaccination and know that you have to give vaccines to your child starting from birth. However, how familiar are you with the vaccines given to your child?



Vaccine: What's in It?

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

In Malaysia, the National Immunisation Programme (NIP) was introduced in the early 1950s and designed based on the World Health Organisation (WHO) Expanded Programme on Immunisation (EPI). While the EPI recommends that all countries immunise against 6 childhood diseases, our NIP has gone further and expanded protection against 12 major childhood diseases. These diseases and the respective vaccines are as follows, and the schedule for receiving them can be referred from your child's paediatrician:

Tuberculosis (BCG vaccine)

Diphtheria, tetanus, and pertussis (DTaP vaccine)

Hepatitis B (Hepatitis B vaccine)

Haemophilus influenza type B (Hib vaccine)

Mumps, measles, and rubella (MMR vaccine)

Poliomyelitis (IPV vaccine)

Human papillomavirus (HPV vaccine)

Japanese encephalitis (JE vaccine)
(only in Sarawak)

What is a vaccine?

So, what are vaccines? Basically, a vaccine is a biological preparation that boosts our immunity to a specific disease. A vaccine usually contains an agent that is similar to microbes causing the diseases. The agent is often made from weakened or killed forms of the microbe, its toxins, or one of its components. The body's immune system will be stimulated by the agent, which will then be identified as a foreign substance. The immune system, like the army of a kingdom, will then proceed to destroy the foreign invaders that have attacked the body. The immune system will also 'remember' it for future encounters, so that it is easier for the system to identify and destroy any of these microorganisms.

Types of vaccine

There are several different types of vaccine, depending on the form of agent that is used to produce it.

- **Live, attenuated vaccines:** This type of vaccine is made from a form of the living microbe that can't cause diseases since it has been weakened in the lab. A live, attenuated vaccine is a good 'teacher' of the immune system because it is the closest to natural infection. It can stimulate strong

cellular and antibody responses and often grants lifelong immunity with only one or two doses. Examples of live, attenuated vaccine are the BCG vaccine against tuberculosis, and the MMR vaccine against mumps, measles and rubella.

- **Inactivated vaccines:** Disease-causing microbes are killed using heat, chemicals, or radiation to create inactivated vaccines. Compared to live vaccines, inactivated vaccines are safer and more stable. However, they might stimulate a weaker immune response than live vaccines; several additional doses or booster shots might be needed to retain a person's immunity. For example, injectable vaccines against polio and pertussis are inactivated vaccines.
- **Subunit vaccines:** In subunit vaccines, only essential antigens that stimulate the immune system are included. The chances of adverse reactions are lower in this type of vaccine because it contains only the necessary antigens and excludes other molecules. The vaccine against hepatitis B is an example of a recombinant subunit vaccine.
- **Toxoid vaccines:** When illnesses are caused by specific toxins produced by bacteria, toxoid vaccines are typically used. It was found that toxins can be inactivated by treating them with formalin, a solution of formaldehyde and sterilized water. These inactivated toxins are called toxoids. Diphtheria and tetanus are examples of illnesses that can be prevented using toxoid vaccines.
- **Conjugate vaccines:** Some bacteria species have an outer coating of sugar molecules called polysaccharides. These polysaccharide coatings can disguise antigens contained in bacteria, causing the immature immune systems of infants and younger children unable to identify or react to them. To solve this problem, conjugate vaccines, a special type of subunit vaccine, can be made by linking the polysaccharides with antigens or toxoids that are recognizable by the infant's immune system. The vaccine that protects against *Haemophilus influenzae* type B (Hib) is a conjugate vaccine. So is the pneumococcal conjugate vaccine.

Methods of vaccination

There are also different methods of vaccination. Vaccines can be given as a single vaccination, simultaneous vaccination, or as combination vaccines. **Single vaccination** means that one specific vaccine is given during one session, while **simultaneous vaccination** means that several different vaccines are given in separate shots during one session. For example, BCG and hepatitis B vaccines are given simultaneously during the very first vaccination session.

Combination vaccines, on the other hand, are several different vaccines that are combined in one shot, such as MMR and DTaP vaccines. One of the latest combination vaccines is the 6-in-1 vaccine that protects against six diseases, which are diphtheria, tetanus, pertussis, polio, Hib, and hepatitis B. In the early period of infancy, vaccines are usually given simultaneously to ensure earlier protection from diseases for babies. Combination vaccines are also given to save on cost as there will be fewer trips to the doctor, and reduce the number of shots, which will be less painful for the child.

Did you know?

There are also optional or other recommended vaccines apart from the mandatory ones included in the NIP. These vaccines are pneumococcal, meningococcal, rotavirus, varicella (chicken pox), and hepatitis A vaccines. They are available in private hospitals and clinics, and can be given to your child to expand the protection against respective diseases. To find out more about other recommended vaccines, you can refer to our collection of articles on mypositiveparenting.org.

Vaccines are one of the greatest inventions in human medical history. Since the introduction of smallpox vaccine by Edward Jenner in 1796, more vaccines have been developed, more diseases have been prevented or eradicated, and more lives have been saved. There are no reasons to not vaccinate your child, and there is no doubt that vaccines are beneficial for our health and wellbeing today. **PP**

An educational contribution by



Malaysian Paediatric Association



Protect your child against 6 major diseases with 1 vaccine



- Diphtheria¹
- Tetanus¹
- Pertussis (whooping cough)¹
- *Haemophilus influenzae* type b¹
- Polio¹
- Hepatitis B¹

Many vaccines are recommended early in life to protect young children from dangerous infectious diseases.² Fortunately, the number of shots a child receives during a doctor's visit can be reduced through paediatric combination vaccines.

FEWER SHOTS

- Less pain for your child and less stress for you.^{3,4}
- Reduces cost of extra healthcare visits.⁵

ON-TIME PROTECTION

- Helps you and your child's healthcare provider keep your child's vaccinations **up-to-date** and reduces the likelihood of missing a vaccination.^{3,4}

Ask your child's doctor about the
6-in-1 paediatric combination vaccine.



A community message brought to you by

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Newborn Rashes

By **Dr Sabeera Begum**, Consultant Paediatric Dermatologist

The skin of newborns (age 0-30 days) undergoes variety of changes in the first month of life. Their skin is more sensitive than adults, making them prone to develop different types of rashes. Most newborn rashes are normal physiological adaptations of the delicate newborn skin to new environments. Fortunately, they are usually self-limiting or harmless in nature and do not require any specific treatment. However, if the condition worsens or other serious symptoms appear, like fever or refusal of feeding, consult your paediatrician for a check-up.

Common rashes in newborn

Type of rash



Baby acne (neonatal acne)

Babies develop small white/red pimples on nose, cheek, and forehead. These pimples may appear at birth or within a month of life and usually clear up without any treatment. These happen due to the effect of hormones transmitted from mother at the end of pregnancy.

Management: Wash face with water and mild baby soap. Apply gentle moisturisers. Do not use over-the-counter acne medicines or oily lotions.

Cradle cap (seborrheic dermatitis)

Babies develop yellowish, greasy, flaky, dry skins on scalp, neck, ears, eyebrows, armpits, and sometimes in diaper area, as diaper rash. Cradle cap usually starts to occur as early as 2 weeks of life and, resolves latest by 1 year of life. It is not caused by allergies or poor hygiene. Some may develop eczema over the skin folds.

Management: Wash hair with water and mild baby shampoo. May use mild baby oil to soak the scales before gently brushing it off while washing.

Erythema toxicum

These are small red blotches that appear mainly on the body, face and limbs. They often appear at 2-5 days after birth and go away in a couple of weeks. The cause is unknown. These rashes do not bother the baby.

Management: No specific treatment is needed. Gentle wash with mild baby soap may be helpful.

Heat rash (miliaria)

Heat rashes are tiny red bumps appearing on any parts of the body, usually over the back, head and neck area. They occur due to partial blockage of sweat glands. Hot and humid environment or excess clothing may aggravate heat rash.

Management: Keep the affected area dry. Ensure baby is in cool environment. Put on light breathable clothing.



Diaper rash

These are inflamed red rash in the diaper area and commonly occur in babies under one year or those on diapers. It is caused by prolonged exposure of the diaper area to the baby's urine/stool or yeast/bacterial infection.

Management: Keep the diaper area dry and clean by changing diaper frequently. Clean with water, pat dry and apply barrier ointment on every diaper change. Consult your doctor if rash persists. Doctor may prescribe antifungal or antibiotic cream in the presence of any infection.



Neonatal sebaceous hyperplasia

These are tiny yellow papules or spots on the nose, cheeks and forehead. They occur due to overgrowth of sebaceous glands (sebum secreting glands), which are probably induced by maternal hormones. Usually appears in the first week of life.

Management: No treatment is needed. It will resolve within a few weeks.



When should you be concerned?

Rashes above are usually harmless and will resolve spontaneously over few weeks without any treatment. However, if any of the conditions become extensive or severe and prolonged, consult your child's paediatrician for a proper diagnosis and treatment.

Other skin rashes that may need you to consult your child's paediatrician include **hives or wheals on the skin**, which may indicate an allergic response especially to food. Your doctor can help to identify the allergens. Also, **rashes accompanied with other symptoms** such as fever, pain, poor feeding or irritability, may be sign of skin infections like impetigo or even other serious or fatal infection like meningitis. **PP**



An educational contribution by





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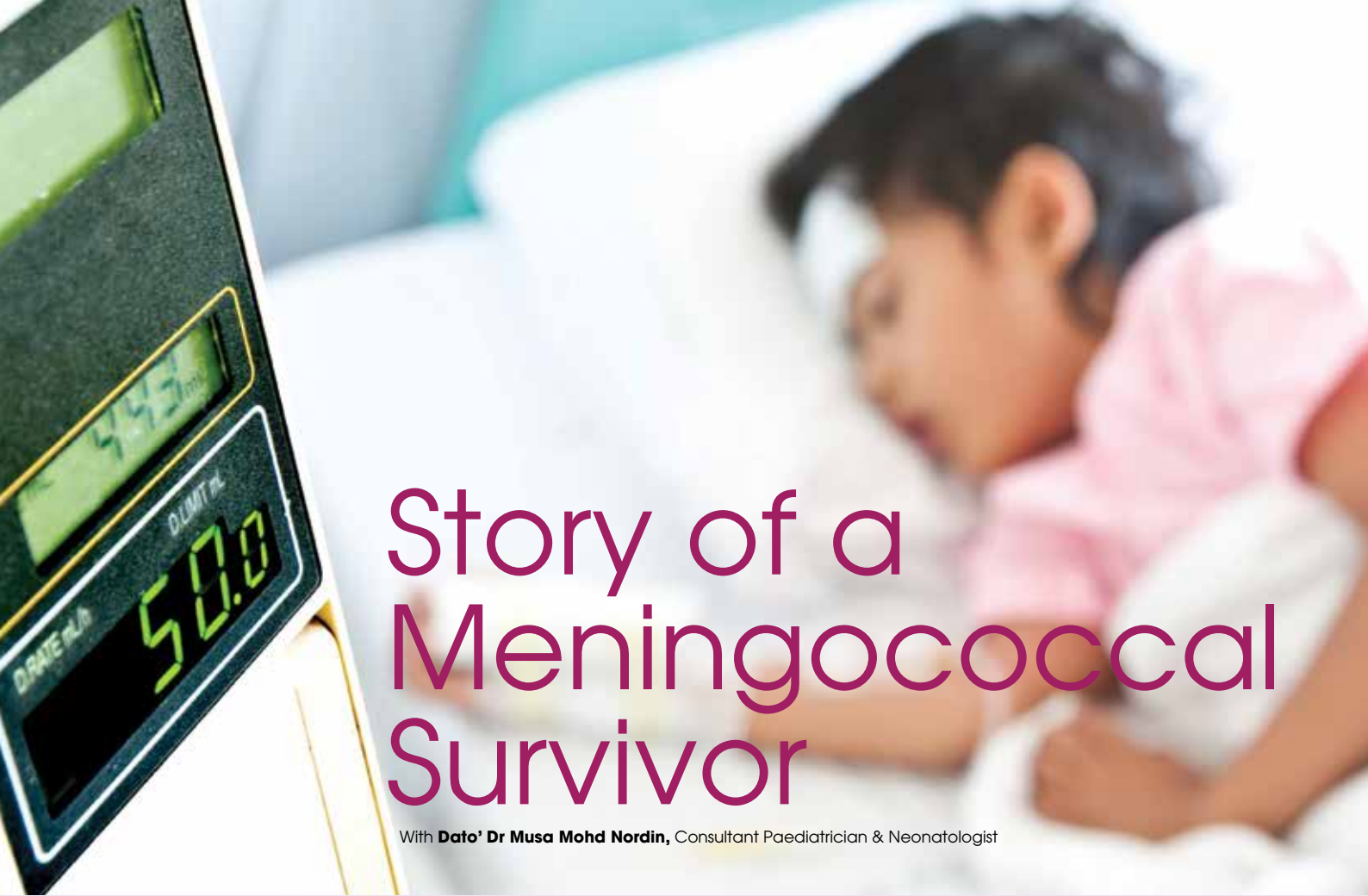


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Story of a Meningococcal Survivor

With **Dato[®] Dr Musa Mohd Nordin**, Consultant Paediatrician & Neonatologist

Meningococcal meningitis is a serious infection of the meninges (a thin lining enveloping the brain and the spinal cord). It is a bacterial form of meningitis, caused by Neisseria meningitidis bacteria. It can cause brain damage and result in death if the proper treatment is not provided. The bacteria are transmitted between individuals through respiratory droplets or throat secretions. Common

symptoms are headaches, confusion, high fever, sensitivity to light, stiff neck, and vomiting. Statistics have shown that 5-10% patients of meningococcal disease die within 24-48 hours after the onset of symptoms, while 10-20% of survivors suffered brain damage, hearing loss, or limb loss. Emma tells the story of her beautiful baby girl and the fight they had against meningococcal meningitis.

The story of Hana

14-month-old bubbly energetic Hana was always moving and exploring everywhere. "I have just survived a brain tumour surgery a few months before, so I thought nothing could be worse than that. My baby Hana was the one who kept me going, and made me

stay strong to face my fear," said Emma, her mother. One night, Hana kept waking up due to a fever and runny nose. Emma initially thought that it was due to her new tooth, so she checked her temperature and gave her some medication. Hana seemed better the next day and ate breakfast as usual.

However, at noon, her temperature increased. She became very lethargic and kept vomiting. Emma and her husband immediately rushed Hana to the hospital. The doctor made preliminary check-ups, and took some blood from Hana for testing. Hana kept vomiting every time she was given liquid,

so she was put on drip. The blood test results showed a sign of infection, but they are still unsure of her condition. "We kept asking everyone, what was wrong with our baby, but no one could give us a straight answer," Emma continued.

In the following hours, Hana's condition worsened. "I tried sitting her up to feed her since she had not eaten for some time, but she let out a high-pitched cry. It was very unusual. She was very limp and could barely lift her neck. I also noticed purple blotches appearing on her skin," Emma described. Hana was then immediately taken to the intensive care unit. More tests were done, including a lumbar puncture. Hana was attached with numerous tubes and wires. "It broke my heart to see Hana in that condition, without being able to do anything to help her. They finally confirmed she had meningococcal meningitis," expressed Emma.

Hana was given a high dose of antibiotics and medications, but her condition still did not improve in the following days. Her arms started turning black, and on the seventh day of admission, the doctors told Emma to be prepared for all possibilities. They informed that even if Hana survived, she would probably lose some parts of her limbs. "I was so devastated to hear that. I thought about all the things that I have yet to do with her." After a number of operations, Hana had her left arm below the elbow and all the fingers on the right hand amputated. Hana was finally

discharged after two months. She fortunately recovered from the infection, but the effect it left on her is severe. Other than her disabled hands, Hana might have learning difficulties in the future. "I wished I could have done something to prevent all these. She survived and that is all that matters to us now," Emma said.

According to Dato' Dr Musa Mohd Nordin, meningococcal meningitis is a dangerous disease and can be difficult to diagnose because the early signs and symptoms, namely fever, vomiting, irritability and lethargy are non-specific. "The best way to prevent it is by having your child vaccinated with the meningococcal vaccine," explained Dr Musa. Approximately up to 10% of the population is believed to carry *N. meningitidis* in their throat at any given time. Carriers might not be infected but they can transmit these bacteria to others, especially during close contacts and mass gatherings, such as during the Haj and Umrah pilgrimage. Babies and

young children, having a weaker immune system than adults, are highly prone to infection. Frequent travellers, especially to the meningitis belt in sub-Saharan Africa, and students living in dorms are also at risk of being infected.

"Apart from the child, families are also recommended to take the vaccine, not just to protect themselves from the infection, but also to protect the child by herd immunity," added Dr Musa. Herd immunity can provide a measure of protection for individuals who have not yet developed immunity to the infection. If infected, meningococcal meningitis can be fatal or cause serious complications like in Hana's case. Although the vaccine is not a part of the mandatory Malaysian National Immunisation Programme, it is a recommended vaccine and can be taken at public or private hospitals. Talk to your doctor to know more about this and to prevent you and your family from this distressing illness.

PP



PNEUMOCOCCAL DISEASE



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IF YOU'VE BEEN
VACCINATED.**



**HANDS UP
IF YOU HAVEN'T.**

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1 Centers for Disease Control and Prevention. Pneumococcal Disease. Available at <http://www.cdc.gov/pneumococcal/about/talk-transmission.html>.
2 National Foundation for Infectious Diseases. Pneumococcal Disease. Available at <http://www.edu/vaccination.org/pneumococcal>.

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Pay Attention to Your Child's Gut Health

By **Assoc Prof Dr Raja Affendi Raja Ali**, Consultant Physician & Gastroenterologist

A growing child needs proper care and nutrition in order to flourish. When it comes to nutrition, your child's guts is the key to the optimal digestive process. Thus, gut health can be considered the cornerstone in absorbing nutrients to aid his growth and development.



Unfortunately, gut health tends to take a backseat to other concerns unless there is a problem such as diarrhoea, vomiting, nausea, bloating, tummy discomfort or some other abdominal complaints. These symptoms are also occurring in adults.

DID YOU KNOW?

Recent statistics show that many Malaysian adults suffer from poor digestive health. The *Health Facts 2016* (released by the Ministry of Health (MOH)) revealed that diseases of the digestive system were:

- ★ the **fourth** principal cause of hospitalisation in private hospitals
- ★ the **sixth** principal cause of death recorded in both MOH and private hospitals
- ★ the **seventh** principal cause of hospitalisation in MOH hospitals.

Maintaining good gut health

Here's a basic checklist to follow:

- 1 Eat the right food:** Ensure that your child's diet includes sufficient fruits and vegetables to ensure he gets enough fibre. Keep meal schedules regularly and healthily. Limit his intake of deep-fried foods and sugary food/drinks. Encourage him to drink at least eight glasses of water daily (more on very hot days or if he engages in vigorous physical activity).
- 2 Staying active:** He should have at least an hour a day of any type of physical activity. This helps his digestive system running smoothly as it aids in promoting regular bowel movements, and helps him to maintain a healthy body weight.
- 3 Maintaining good hygiene:** Teach him about personal hygiene such as washing his hands properly after going to the toilet and before eating. Good hygiene is vital in helping to keep the bad bacteria from entering his digestive tract.

Importance of Good Gut Health

Good gut health helps ensure that your child's body can properly digest food and absorb nutrients that are essential for his growth. The gut also plays a role in his immunity as it acts as his body's first line of defence against infections. Furthermore, it can also influence his mood (due to the large concentration of nerve cells called the enteric nervous system (ENS), leading to the gut being called the 'second brain').

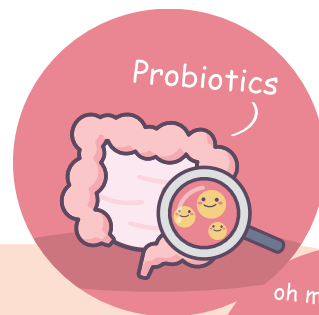
The ENS controls many functions, such as the digestive process, the release of enzymes, flow of blood during digestion, bowel movements, etc. There is plenty of new evidence that shows how the brain is linked to the gut and it is called gut-brain axis. When you feel anxious or depressed, it can affect not just appetite but may also cause other digestive problems such as diarrhoea, constipation, bloating, or other tummy discomforts. Conversely, having an upset tummy (or any other digestive-related problem) can also trigger an emotional shift and bring your mood down.

Pre- & Probiotics

Maintaining a healthy gut microbiota balance is not a difficult task. This relates to the first tip for maintaining good gut health, i.e. eating right.

There are two main aspects that need to be addressed, namely ensuring that your child eats prebiotic-rich foods (prebiotics are essentially food for probiotics). Prebiotics are predominantly found in dietary fibre (non-digestible carbohydrates), some of which serve as prebiotics. Foods that are prebiotic-rich include banana, garlic, onions, shallots, leeks, and asparagus.

Secondly, he should also be encouraged to eat probiotic-rich foods such as fermented milk products (e.g. cheese, yogurt), fermented soy products (e.g. *tempeh*), kefir, kimchi, or food products with added probiotics (check the nutrition label while grocery shopping).



The gut's tiny helpers

At the heart of gut health is the large collection of microbial life that lives in your child's guts called gut microbiota, which consists of both good and bad bacteria. Healthy lifestyle practices help maintain gut microbiota balance, which helps to optimise good gut health.



Remember, the habits of his childhood will last well into his adult life. Studies have shown that good bacteria (also called probiotics) provide many health benefits to both children and adults. In fact, a recent local study performed by researchers at Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM) revealed notable reduction in intestinal transit time (ITT), or the time it takes the body to convert food into stool and significant improvements in the symptoms of constipation. This study showed that probiotics in the form of *Lactobacillus Acidophilus* and *Lactobacillus casei* are effective in improving overall digestive health.

Practise what you preach

Remember, you are your child's role model, so make sure you walk-the-talk or he will not be inspired to adhere to the aforementioned guidelines. Starting him off on his journey to better gut health together can help bring you closer to each other. While it is never too late to get him started, it is better to get him started as early as possible in order to instil healthy habits that will last a lifetime. **PP**

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Source: Based on Kantar Worldpanel Report on the Cultured Milk Category in Peninsular Malaysia for 52 weeks up to 1st January 2017.

Billions of Good Bacteria for a Healthy Digestive System

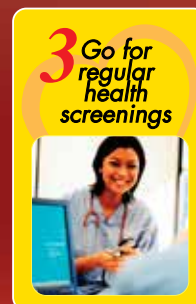
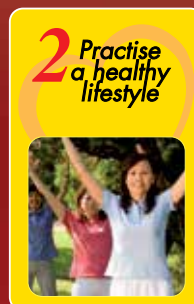
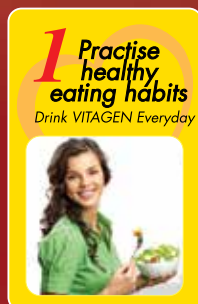
Why is your digestive health so important?

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
- Helps with digestion

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According to Oxford Dictionary, superfood is “a nutrient-rich food considered to be especially beneficial for health and well-being”. However, there is actually no standard definition or criteria of superfoods by any authority. Cancer Research UK stated the term ‘superfood’ is a marketing gimmick with little scientific basis to the claim. So, what is the superfood trend about?

An Insight on Superfoods

By **Assoc Prof Dr Azrina Azlan**, Nutritionist

Superfoods are introduced by marketers and have been a fad on the internet, with lists of superfoods coming out annually e.g. chia seed, kombucha, quinoa, goji berries, kale, green tea, cocoa, salmon and many more. Food products enriched with certain contents like omega-3, antioxidants or vitamins are also touted as superfoods. Green tea is often

advertised to aid in weight loss and prevent cancer, while DHA (a form of omega-3) is claimed to be good for children’s brain development.

Looking at the hype around superfoods, this article examines the truth behind the claims and how we should cultivate a healthy dietary habit instead of just focusing on superfoods.

Are superfoods really 'super'?

Superfoods do have nutritional contents beneficial to health. Naturally found in oily fish, omega-3 is a type of essential fatty acid important for metabolism, while green tea is high in catechin, an antioxidant that scavenge free radicals harmful to health. Superfood claims are usually accompanied with proof of studies showing high concentration of these substances in the food, or how these substances can prevent or even cure different diseases. But most of these studies are sometimes inconclusive, with mixed findings being reported, and it is unlikely that any single food can have an effect on any disease on its own.

There are some bases in these studies but they usually do not reflect our real diet. Researches show catechin can suppress the growth of cancer cells, but laboratory studies uses purified extract of these beneficial substances from the said food. Moreover, preliminary studies that are tested on animals do not accurately reflect effects in the human body metabolism, with other factors to consider. Some human trials on single plant or animal derivatives, or even multiple combination of derivatives sometimes are poorly designed with small number of subjects, short duration of studies, and a lack of safety data, short term effects that warrant cautious judgement on its use.

Superfoods still can be a part of your family's diet. However, eating too much of one type of food does not give you all the nutrients you need. The

bioactive compounds of cocoa in dark chocolate do have health benefits, but if eaten excessively, it becomes bad due to its high content of sugar and fat, leading to other health problems. A superfood fan with poor dietary habits and lifestyle will not make a difference. Instead of following trends, cultivate a good dietary habit which is key to your health.

Focus on healthy diet

Instead of relying on superfoods, **aim for a healthy diet that is Balanced, Moderate, and Varied (BMV)** for the family. Achieve a balance in diet by eating more vegetables, fruits and whole grains, and less salt, sugar, fat and oil, according to the recommended intake. Practise moderation, by not eating too much or too little of something. A variety of food in diet is also important to provide different nutrients needed by our body.



One way for your children to have a healthy diet is by encouraging them to eat a variety of fruits and vegetables with different colours. Different colours indicate different pigments e.g. red fruits and veggies like tomatoes are high in lycopene, an antioxidant. Yellow/orange ones like carrots or papaya have beta-carotene,

converting to vitamin A. Purple ones like blueberries and beetroots contain anthocyanin, another antioxidant.

Parents should also be conscious of the nutrient content of food products they purchase. Read labels, look for nutrient information panels and food ingredients, and know what you are feeding to your children. Teach children about a healthy diet, and guide them to read labels and ingredients when buying food. Beware of marketing gimmicks, and do not be tricked by attractive packaging and bombastic words.

Your dietary habits have a bigger influence on your health than a couple of superfoods. Superfoods are not harmful but you do not need to rely on it entirely. After all, there is no single food that can provide all the required nutrients for health. It is more practical to practise BMV in your diet based on the Malaysian Food Pyramid every time and everywhere.

Local superfood?

Superfoods that are popular online tend to be pricy and uncommon in Malaysia as the trends start from western countries. However, we also have our local affordable version of superfoods, such as tempeh (rich in protein, fibre, calcium), spinach (vitamin K, calcium, iron), rambutan (fibre, vitamin C), and papaya (vitamin A, folate) and many more. **PP**

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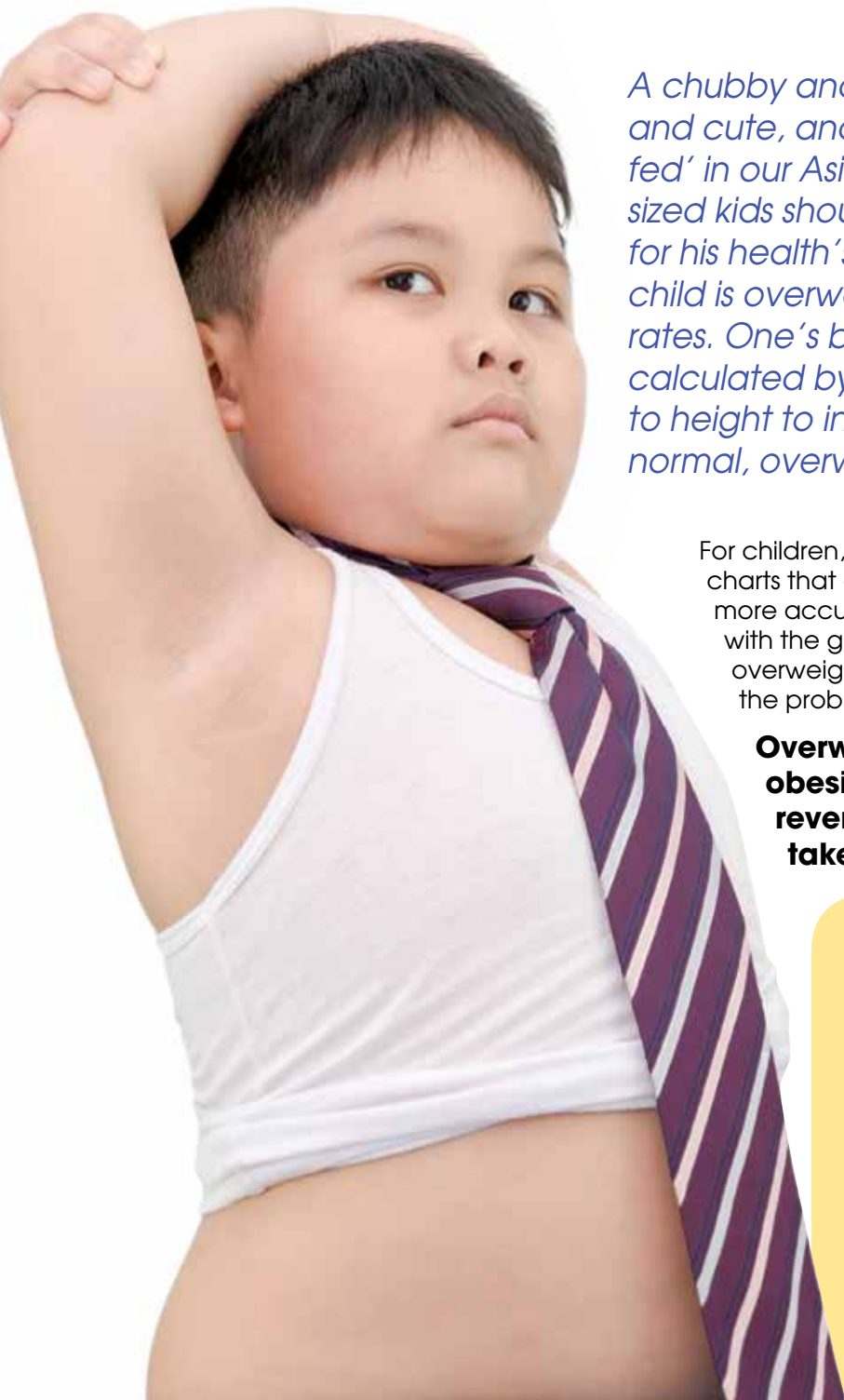


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My Child is Overweight: What Should I Do?

By **Assoc Prof Dr Muhammad Yazid Jalaludin**, Consultant Paediatrician and Consultant Paediatric Endocrinologist



A chubby and plump child may look adorable and cute, and some say 'auspicious' or 'well-fed' in our Asian society. However, round-sized kids should not be regarded as normal for his health's sake. It can be hard to tell if a child is overweight as they grow at different rates. One's body mass index (BMI) can be calculated by measuring our weight relative to height to indicate if we are underweight, normal, overweight, or obese.

For children, BMI-for-age is determined by using BMI charts that are age- and gender-specific to get a more accurate evaluation, by comparing their BMI with the general child population. If your child is overweight, take the necessary steps to deal with the problem.

Overweight and obesity are reversible so take action now!

What Should I Do?

Cultivate a healthy lifestyle in your child and improve eating habits together as a family!

- **Be a good role model.** It starts with you, the parents! Children learn from observing people around them. Be more conscious about what you eat and do, and how it can influence your child. You are the one who decides what to buy and eat in your household, and your child can be affected by this.

- **Get the whole family involved.** Have healthy meals and eat together instead of preparing a special dish only for your overweight child. He is more likely to accept changes that are gradual and involve the whole family as his support. Everyone will benefit and your child won't feel singled out. Also, no TV and gadgets distractions to allow everyone to eat slowly, mindfully and at regular hours.
- Have **a Balanced, Moderate, and Varied diet** based on the Malaysian Food Pyramid. A healthy diet has a good balance of each food group, served in moderate quantities and with a different variety of food, to supply him with all the nutrients he needs.
- Use the **Malaysian Healthy Plate concept** with **½ plate** of fruits and veggies, a **¼ plate** of grain products, preferably whole grains, and a **¼ plate** of fish, meat or poultry. Give him suitable portions by using a smaller plate. Also include two glasses of milk daily. Still hungry? Let him drink more plain water (for good hydration) and finish his vegetables and fruits (to meet 5 servings a day), instead of rice/noodles to prevent overeating. Also, avoid buying and giving him sweetened beverages.
- **Discuss healthy eating habits.** Tell your child about the importance of his health, and how healthy habits like eating vegetables, exercising, and sleeping early can make him strong and prevent illness. Use simple terms that he can understand.
- Have **home-cooked meals** more frequently. This way, your child's meals will only contain fresh and healthy ingredients cooked with healthier methods like steaming. Thus, you can reduce consuming fast food and unhealthy snacks like chips or deep-fried food.
- **Healthy eating out.** When going out, pack some healthy snacks like fresh fruits to nibble on. Choose to dine at a healthier restaurant instead of a fast food joint. Your child will learn that eating out should also be as healthy as eating at home.
- **Healthy snacks everywhere.** Have bite-sized fruits and veggies like apples, bananas, cherry tomatoes or baby carrots where it is easy to see and reach. Keep high-calorie food and drinks out of sight!
- **No food bribe/punishment.** Don't offer him dessert for cleaning up his room or deny him dinner for misbehaving. This can create an unhealthy relationship with food.
- **Never skip breakfast.** A healthy breakfast provides sufficient energy to kick-start the day after 9-11 hours of 'fasting' (sleeping time) since your dinner, hence why it is called 'break-fast'. Skipping breakfast can also lead to overeating later in the day.
- Ensure **good sleeping habits.** Studies show a link between lack of sleep and excess weight. Insufficient sleep also affects his mood and behaviour, but excessive sleep is also bad. Know the proper hours of sleep for your child's age. Read more about 'Sleep Hygiene' on page 18.

Get moving!

Your child needs at least a total of **40-60 minutes of moderate to vigorous physical activity** daily by doing several short sessions that add up to one hour. Younger children can play ball games or chasing games, while older children can take up activities like cycling or badminton. Outdoor activity is also a good time for family bonding. Our article 'Every Movement Counts' on page 43 has more information on active lifestyle tips. Also, **limit your child's screen time** and sedentary activity. Do not let them spend more than two hours on TV, video games, computer, or smartphones, making them sit and lay around too much.

If your efforts to follow all these tips are not showing results, consult your child's paediatrician for other options. He may recommend a diet and exercise plan, or refer you to a dietician or weight management programme suitable for your child. **PP**



An educational contribution by

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Do you have a pre-schooler? If yes, is your pre-schooler getting enough energy and nutrients to not only get through the entire day but also to support his growth and development? This may be tricky to answer, especially when both parents in most families nowadays are working full-time. They may not be able to fully monitor their child to ensure that he is taking proper nutrition.

The Right 'Fuel' for Pre-Schoolers

By **Dr Roseline Yap**, Nutritionist & Council Member, Nutrition Society of Malaysia

Pre-schoolers represent an additional challenge as he also needs to start attuning himself in preparation for school. In terms of meal times, you will need to start attuning him to a typical scenario, i.e. three main meals a day with healthy snacks between meals (as three main meals are not enough for him).

Daily nutritional needs

Start his day right by making sure your pre-schooler eats breakfast on a daily basis. Some breakfast ideas include breakfast cereals with milk (with bananas), steamed pau with soya milk or *chapati* with

chocolate malt beverage. Do prepare something light too, to serve as snacks between the next two main meals (i.e. lunch and dinner).

Lunch and dinner should also provide your child with energy and nutrients. Examples of all-in-one dishes you can prepare easily include rice or noodles in soup (with chicken/lean meats and green leafy vegetables), sandwiches (with grilled chicken/meat/tuna and veggie as fillings), pasta, and chicken/meat pies.

As just having three main meals a day is not sufficient for a healthy and growing child, he will also need light snacks between

meals. Give him healthy snacks to keep his energy up throughout the day and to fill in the nutrition gaps. However, do not give snacks too close to the main mealtimes as this will spoil his appetite.

The healthy choices for snacks which you can pack for pre-school/daycare include: packet milk, yogurt, egg/cheese sandwiches, corn-in-cup, cucumber/carrot/celery sticks, fresh/dried fruits (bananas, apples, guava, papaya, honey dew, raisins, dates, etc.), oat biscuits, cheese crackers, beverages made from 100% fruit juice, soybean milk.

To help you get started, here's a sample menu.

Monday

Tuesday

Breakfast



Cereal + milk +
banana



Oat porridge +
milk + apple

Mid-morning snack



Egg sandwich



Appam manis +
orange

Lunch



Mee hoon soup +
chicken + vege

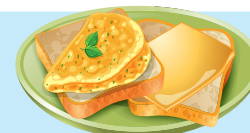


Rice + lean meat
+ mix veggie

Afternoon Snack

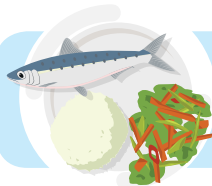


Guava + crackers
+ yogurt



Toast bread +
scrambled egg +
cheese

Dinner



Rice + steamed
fish + bayam soup



Chicken rice +
tomatoes +
cucumber

The important thing to remember here is to focus on giving him a balanced meal that consists of a variety of foods in moderate portions.

Principles of BMV

The principles of balance, moderation, and variety (BMV) are critical for a healthy lifestyle. BMV means that one's daily diet should be **balanced** by including foods from all five food groups in the Malaysian Food Pyramid, in **moderate** portions accordance with the recommended number of servings per food group, and consists of a **variety** of foods in each food group to meet all one's nutritional needs.

Milk is one of the most nutritionally complete foods needed for

growing children. Therefore, milk can be a quick-fix for pre-schoolers especially if he has an imbalanced diet (due to picky eating or has not been provided with nutritionally adequate meals). Milk contains protein, calcium, vitamin D, magnesium, and potassium, which are bone-building nutrients. An intake of 2-3 cups a day is recommended to help minimise any gaps in nutrient intake that your child may face when sent to pre-school and/or daycare.

Go for healthy choices

Proper nutrition is needed during his growing years, so extra care should be given to provide him with sufficient 'fuel' and essential nutrients for his growth and

development. While healthy choices should be given with greater emphasis, this does not mean that your child should be completely barred from occasional less healthy foods which are sweet/savoury or deep-fried or even sugary drinks. This includes perennial Malaysian favourites such as *kuih-muih*, *cendol*, *ABC*, *karipap*, *pisang goreng*, sausages, nuggets, *air sirap*, soft drinks, flavoured fruit drinks, etc. Just remember not to let him over-indulge or become a daily consumption! **PP**

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JADILAH LEBIH LAGI



Sex Ed: Keep Your Little One Safe

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

There is no reason to get flustered over the idea of teaching kids about sex and sexuality. As kids tend to live in the moment, answer any questions your child may have as soon as possible. The best time to start is in his/her pre-school years, particularly during daily routines such as bath times or when they are getting dressed to talk about body parts and safe touch.

Start by teaching simple things such as names of private parts and a simple explanation of where babies come from. Speak factually and use the correct names of private body parts (such as penis, vagina, and breasts) as young children tend to be very literal. You may have to describe what they do - the uterus is like a sac which keeps the baby safe inside.

Getting Started

Use appropriate language when describing reproductive acts and provide examples to aid his/her understanding. Injecting some humour into your talk is fine but don't overdo it. Lastly, do not worry that you are giving him/her 'too much' information.

Guide to approach 'the talk' according to the child's age

Age (years)	His level of understanding	How you can approach it
3-5	Names of private body parts. Simple explanation of where babies come from.	"You grew inside mom's uterus until you were big enough to come out."
5-7	Starts asking how babies are made. Basic understanding of intercourse.	"Mom has a small egg inside her and dad has something called sperm. When these two join together, the egg grows into a baby."
8-10	A clearer understanding of sex, which may lead to: Why do people have sex? How does dad's sperm find mom's egg?	"The penis is inserted into the vagina where it deposits the sperm. Sperm have tails which allows them to swim toward the egg." Talk about relationship between man and woman.
11-12	Start of puberty, increased curiosity about his/her body and body changes. It is vital he/she is taught the basic concepts and values.	"Sex without consent is rape. It is wrong and should never be allowed."

Preventing child sexual abuse

Child sex abuse has no boundaries so don't be afraid to make this a part of your parenting conversation with your child. The actual number of sex abuse cases against children are not widely publicised (and possibly under-reported), with some news agencies reporting '22,000 cases reported since 2010' or 'Over 5,000 cases in the last five years'.

Do not focus exclusively on 'stranger danger' as the perpetrator is likely someone (male or female) in the immediate family, another person in a position of trust (such as daycare staff or babysitter), or even possibly an older child.

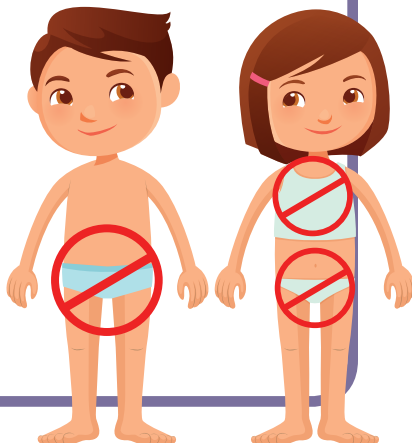
Start by teaching your child about the right and wrong types of touch. Furthermore, empower him/her by teaching him/her to be assertive when faced with such a situation.

The Swimsuit Rule

"To teach safe touch, use the swimsuit rule as a guide – no one should be allowed to touch him/her in the covered areas. His/her mouth is also considered a private zone," stresses Dr Rajini.

"Teach him/her not to allow touch or space intrusions that make him/her uncomfortable. Empower him/her to say NO - stress the importance of telling the person to stop. This should be followed by informing you about it. Reassure him/her that he/she is not in trouble as it is not his/her fault.

Convince him/her that keeping it secret is not going to make it stop unless he/she reveals what happened regardless of the perpetrator's threats to stay silent about it."



If you have any doubts after talking to your child, you can always consult with his/her paediatrician for advice on how to proceed. Alternatively, you can contact the Women's Aid Organisation (WAO) which offers emotional support, counselling or information on sexual assault, rape, child sexual abuse or incest at their Sexual Assault Helpline at 03-7960 3030 (Mon-Fri, 9am-5pm). **PP**

Recognising signs of sexual abuse

Unfortunately, victims of child sexual abuse may feel afraid or humiliated to reveal their plight. Be alert for signs that indicate something is wrong.

Signs to look out for...

Dr Rajini advises parents to be alert for sudden behavioural and emotional changes:

- Unexplainable fearful and clingy behaviour, especially toddlers or young children.
- Reversion to behaviours that he/she has outgrown, such as bed-wetting, thumb-sucking, or not speaking properly (in young children/toddlers).
- Fear of adults of a specific gender.
- Fear or aversion to physical touch or closeness to someone else.
- Abrupt unwillingness to go out or be with a particular person.
- Sudden unexplained changes in his/her personality.
- Display signs of depression and anxiety.
- Displays a level of sexual knowledge not appropriate for his/her age, especially if he/she has not been taught about it and is still not past puberty.

Physical signs of sexual abuse:

- Pain, discolouration, scrapes, bleeding, or discharges in his/her genitals, anus, or mouth.
- Persistent or recurring pain during urination and/or bowel movements.
- Wetting and/or soiling 'accidents' may occur (not connected to toilet training).

Speak with your child to try to determine what happened. Stay calm and keep things light and casual. If he/she confirms your suspicions that sexual abuse has occurred:

- ▶ Lodge a police report.
- ▶ Send him/her to any Government Hospitals for a check-up; if evidence of sexual abuse is found, the doctor will assist you in lodging a police report.
- ▶ Report the suspected sexual abuse to the nearest Social Welfare Department.

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Every Movement Counts

A quick glance of the feature article (see Obesity: Prevention Starts Early on page 5) reveals just how much of a problem childhood obesity is becoming. Sedentary lifestyle is a major factor leading to obesity, so encourage your child to have a physically active lifestyle. Always ask yourself, is physical activity important for my child's health now and their future?

By **Dr Mahenderan Appukutty**, Senior Lecturer in Sports Science & Asst Hon Secretary, Nutrition Society of Malaysia



Making physical activity a part of your child's daily life gives him the maximum benefit in terms of achieving healthy growth and development, better self-esteem, stronger bones, muscles and joints, better posture and balance, and a stronger heart. Children who maintain a physically active lifestyle also tend to be in the healthier weight range, have better social interaction with friends, and generally focus and concentrate better in school.

Motivating his interest

There are many physical activities that can entice or influence your child to be more physically active. These include simple activities (e.g. walking, running),

activities that need equipment (e.g. skating, cycling), and activities that need special facilities (e.g. rock climbing, jump centres).

If this is the first time that you are getting your child started, do allow him to ease his way into it. The physical activity should suit his level of physical ability – don't expect him to run a marathon if he cannot even run five laps around the playground! Too much too soon can result in injury, so play it safe.

The three different types of activities for healthy growth and development:

1) **Endurance or aerobic activities** (e.g. running, swimming)

2) **Flexibility** (activities that involve stretching, e.g. ballet, yoga, gymnastics)

3) **Strength** (e.g. climbing, push ups, pull ups)

Getting started

Set an example to interest your child in a physically active lifestyle! If you have doubts about his physical capability, talk to his doctor and ask for suggestions on what is suitable. A qualified physical exercise trainer can also advise you on suitable frequency, duration, intensity and type of physical activity. However, physical activity for most young children is mainly about active play and having more opportunities to move around and explore their surroundings.

Other factors that you may consider include:

Find a suitable activity. If you love hitting the gym or running marathons – be aware this is not developmentally appropriate for young children. Football, cycling, swimming, or some low-medium energy activity would be a good start. Indoor rock climbing or trampoline jumping are exciting for kids and improves motor skills. However, supervision is required.



Stick with toys that promote activity. Young children especially should be encouraged to play with balls, jump ropes, tricycles, mini trampolines, frisbees, water balloons, and other toys that encourage physical activity.



Limit TV, computer, and gadget usage.

The recommendation by the American Academy of Pediatrics is to limit the time young children spend on screen time use (as it is a sedentary activity) to not more than one hour per day of high-quality programmes for children between 2-5 years, and consistent limits for children 6 years and older. Media use should never affect adequate sleep, physical activity and other behaviours essential to health.

Make it fun for him. Find something he enjoys and there is every chance he will continue, e.g. if your toddler likes to play with water, teach him how to swim. For best results, get the entire family involved as this is an excellent way of spending quality time together. As children enjoy being more active outdoors, parents must make the most out of this opportunity.



Plan ahead and think of safety.

Activities that involve facilities (e.g. swimming, rock climbing, jump centres, etc.) usually require some planning, e.g. booking ahead of time, know the operation hours, etc. Safety is another important consideration, e.g. helmets and other safety accessories for cycling, skating, or skateboarding. Check if the sport or activity is safe for his age, and his clothing and shoes are comfortable and appropriate for the activity.

Make time for active play. Avoid overscheduling your child with too many activities that are not physical in nature, e.g. music classes or other academic-related ones. Allocate some time for physical activities or sports.

Topping up his tank

Being active often means sweating. To rehydrate, offer water or even milk as part of his recommended intake of 2-3 servings a day. Sports or energy drinks are high in sugar and sometimes soda, caffeine or herbal ingredients, therefore, it is not recommended for young children. Avoid juice drinks and limit 100% juice which has a significant amount of sugar. Plain water is still best, the amount of water needed can vary depending on the child's age, weight, intensity of the activity, and weather conditions. If hungry, give nutritious food like egg sandwiches, crackers with cheese, banana milk shake, or bean/meat pau for healthier body replenishment.



Avoid overdoing it

Take care that your child does not overdo or over exert himself in physical activities. Remember to tell him to listen to his body. If he feels any pain or discomfort, he should slow down or go for a less vigorous activity.

The same applies for family activities – they should be fun and should not be made competitive. Do not neglect other aspects of a healthy lifestyle such as eating a healthy and balanced diet and also getting enough sleep. Lastly, don't forget to work on understanding your child's psychology. **PP**

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Goodness in every drop!

A 15 year-old student was found dead hanging from a ceiling fan after being expelled from school. A famous K-pop singer shocked the world when he committed suicide due to depression. These cases reflect a worrying trend of suicide among youth in Malaysia and in the world.

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

Preventing Teen Suicide

5 steps to prevent suicide

According to Befrienders KL, a suicide-prevention NGO, suicidal thoughts among our youth have increased based on the number of calls they received. From 2015 to 2016, there was an increase from 5,739 to 7,446 of callers who admitted having suicidal thoughts. The National Health and Morbidity Survey 2015 also reported an increase from 10.7% in 1996 to 29.2% in 2015 on the prevalence of mental health problems among adults in Malaysia and a prevalence of 12.1% of children aged 5-15 with mental health problems.

The National Suicide Registry Malaysia reported that the incidence rate of suicide deaths in Malaysia in 2009 was 1.18 per 100,000 population. This figure is far lower than the actual incidence in our country and when compared to the global index. However, this is due to the under-reporting of causes of death in hospital records, probably because of stigma and laws in Malaysia. We now know that suicide is a serious problem in Malaysia, especially among teens and young adults. We must take concerted efforts to deal with the problem.

What can you do if someone you know is suicidal or showing suicidal tendencies? These are the steps that you can take.

- **Ask to clarify:** Ask a suicidal person directly, "Are you feeling suicidal?" This is necessary to be clear about their intention. Then, you can get help for them. This shows that you care about them. They might deny their suicidal tendency, but do continue to look for other signs.
- **Keep them safe:** Keep them in a safe environment and limit their access to dangerous objects or places. Do not let them keep sharp objects and poisonous substances. Do not let them go

Identifying suicidal individuals

Apart from taking preventive steps, recognising the signs is equally important. It might be easier if you have a close relationship to them, but sometimes, even close families are not aware of their problems. Below are some signs of a person with suicidal thoughts and intention to attempt suicide.

- Talking about death, wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Talking about being a burden to others
- Taking great risks that could lead to death, such as driving extremely fast
- Withdrawing from family and friends
- Giving things away or writing unusually long notes
- Posting 'farewell' messages on social media



to high places or near water on their own. Also ask them if they have any plan to attempt suicide, and proceed to disable the lethal means.

- **Be there and listen:** Always be present and show that you are there for them. Listen carefully to their words to understand their feeling. Talking about their feelings and acknowledging their suicidal thoughts can control their suicidal tendency.
- **Get help for them:** Most suicides are due to clinical depression. Refer such cases to

mental health professionals. Also connect them with NGOs like Befrienders, spiritual advisors or other trusted individuals who can help them. Save important contacts in their phone and yours for easy access when needed.

- **Stay connected:** After a crisis or after being discharged from care, keep in close contact with them. Watch for recurrent behaviours that signal suicidal thoughts. Following up with people at risk can prevent future suicidal attempts.

Risky individuals

Certain individuals are also more risky to commit suicide, especially with accompanying signs of suicidal thoughts. However, suicide does not discriminate and can happen to people from any background. The following are some risk factors for suicide.

- Clinical depression, other mental disorders, or substance abuse
- Family history of a mental disorder, substance abuse, suicide, or violence
- Exposure to others' suicidal behaviour, such as that of family members, peers, or celebrities

The teenage years can be a difficult period in life due to peer pressure, hormonal changes, stress due to unrealistic expectations, and various other factors. These can lead to depression and suicidal thoughts, then pushing teenagers to actually attempt suicide. This guide can be helpful as an early intervention. Always keep an open mind and do not be judgmental. Befrienders KL can be contacted at 03-79568145 or sam@befrienders.org.my, if someone needs an emotional support. Befrienders centres in other states can also be found on www.befrienders.org.my. Call 999 if you see someone trying to commit suicide. **PP**

An educational collaboration with



MMHA

Malaysian Mental Health Association



Positive Parenting

Malaysia's Pioneer Expert-Driven Educational Programme

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

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

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

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

Key activities of Positive Parenting

• Positive Parenting Guide:



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

• Website:



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

• Facebook:



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

• Talks and Seminars:

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



• Educational press articles:



Look out for our dedicated 'Positive Parenting' columns every fortnight and monthly in Malaysia's leading English, Bahasa Malaysia and Chinese newspapers.

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

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