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**Raising  
Children with  
Strong EI**

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# Positive Parenting

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# Strong EI for Resilient Kids

Nowadays, employers are placing more importance on EI, or emotional intelligence, over IQ as the criteria in choosing their workforce. Workers with higher EI are found to contribute more to the team and are more resilient in handling stress at the workplace. To prepare your child for the future, it is also crucial to help him develop his EI and teach him how to manage his emotions, instead of just focusing on his IQ and stressing on academic excellence. This issue of Positive Parenting highlights the importance of strong EI in raising a resilient and responsible child.

For our Real Life, Real People section, we are honoured to share with our readers the wise insights of Datuk Prof Dr Che Muhaya Haji Mohamad, a renowned eye specialist and motivational speaker. She talked about different aspects of modern parenting, contrasting that with her own upbringing, and how she is able to juggle between being a mother and a career woman.

Following the report on stunting in Malaysia early this year, we looked into how healthy nutrition is vital in addressing the concern of stunting, together with a brief guide on complementary feeding, which is crucial for early growth and development. On top of that, we explore ways to foster positive communication with your children, and if you are having trouble deciding if your kids deserve a smartphone, we have an article just on that to help you out.

Parenting remains a challenge today, despite the modern tools and vast information we have in our hands. As parents, we all have to try to do our best for our children. These articles are our small effort in helping you and other parents out there in your quest to raise healthy and happy children. All our previous issues and articles can be accessed from our website at [www.mypositiveparenting.org](http://www.mypositiveparenting.org). Please feel free to look them up.

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# Raising Children with Strong EI

by **Assoc Prof Dr Alvin Ng**, Clinical Psychologist and Founding President of the Malaysian Society of Clinical Psychology (MSCP); **Dr Raja Juanita Raja Lope**, Consultant Developmental and General Paediatrician; **Datuk Dr Zulkifli Ismail**, Chairman of Positive Parenting Management Committee

*Emotional intelligence (EI) is the ability to apply emotion-related information in a sensible manner. It is believed that having higher EI allows one to better cope with stressful emotional situations as a result of an improved ability to more accurately differentiate and evaluate emotions, be able to competently express feelings, and regulate moods in an adaptive manner.*

Strong EI helps to buffer your child against the stress of major life events, e.g. death or serious illness of a loved one or a pet. He will be emotionally resilient, and thus better able to weather life's storms. Resilience (or grit) is the ability to cope with life's challenges, bounce back from tragic events, and move on with life. In this feature, we look at the internal factors that influence a person's resilience, namely his emotional intelligence.

## Building EI

The necessary skills that form the basis of EI should be taught to children from toddlers and it should be done based on your child's maturity level instead of physical age. Use practical approaches based on real-world scenarios not theoretical explanations. According to **Assoc Prof Dr Alvin Ng, Clinical Psychologist**, helping your child to recognise his own emotions (e.g. anger, frustration, jealousy, etc.) allows him to take ownership of them. "Do this with negative emotions and also good ones. In addition to making him aware of his emotions by naming them, teach him that his emotions can affect others. For example, if someone feels down in the dumps, he can drag everyone's mood down. Similarly, a sunny, happy person can brighten up someone else's day," he states.

"Children start learning and understanding EI early in life through stories, which help them relate to others. This early exposure to EI should be a continual process that involves something called emotion coaching, so parents need to engage deeply with their children on an emotional level. What is important is to understand and help children deal and express their emotions in appropriate ways," he says.

## Parental role model required

Quoting the saying 'Monkey see, monkey do', Dr Alvin reveals that the best way to foster emotional intelligence is to show it. "Start by sharing your emotions with your children. Don't restrict your focus to just the 'big' emotions such as joy or anger. Share all the 'little' ones such as contentment or annoyance too. Be more demonstrative with how you deal with emotions – let him

see how you get over anger or disappointment. Above all, don't neglect positive emotions! It might help if you treat emotions and how you deal with them as 'show & tell' sessions," he advises.

The Founding President of the Malaysian Society of Clinical Psychology (MSCP) also warns parents against blaming the child for making parents feel angry,

sad, or disappointed. While the child's action or behaviour might be the trigger, the emotions it engenders are the parents' own emotions. In other words, you are responsible for your own feelings. Learning one's own triggers will go a long way to mastering one's emotions because familiarity of emotional patterns helps one to manage them better.







## Getting started for kids

- **Self-awareness:** Encourage him to be mindful, acknowledge, and accept his emotions without judging them. Practising mindfulness is useful to help him gain better awareness and understanding of his emotions. Do a little self-reflection together before bedtime to ask himself questions such as “What am I feeling?”, “What caused it?”, and “Does it make me feel pain?” (e.g. tensed shoulders, clenched hands or teeth, feeling mentally/physically tired, feeling afraid or elated). Once he has determined what and how he feels, he will identify these emotions. Next, he should discover what triggered these feelings.
- **Self-management:** Self-control forms an integral part of self-management. It is about recognising emotions and responding to them appropriately, NOT concealing or bottling them up. Poor self-management can lead to reckless and inappropriate reactions when triggered by strong emotions. The idea is to teach him how to work through his emotions to arrive at more adaptive or constructive decisions or actions. This ability will help him to rein in impulsive behaviours, manage emotions healthily, and adapt to different circumstances.
- **Social awareness:** Being able to recognise and interpret non-verbal cues from others in his social circle allows him to better interpret group dynamics. The necessary skills mimic that of a parent-child relationship: active listening, focusing on his interaction with others, identifying emotional state of others, being respectful of their feelings.
- **Relationship management:** The ability to effectively socialise has its roots in emotional awareness and one’s ability to recognise and empathise with others. Being able to use non-verbal communication skill benefits relationships. Conflicts and disagreements may occur during interactions thus learning how to resolve them by understanding and communicating in a healthy and constructive manner is crucial. The use of humour, laughter and play can help relieve stress and keep things in perspective.



# EI & Socialising

Parents and caregivers provide children with their first glimpse of socialising and other aspects of EI. **Dr Raja Juanita, Consultant Developmental and General Paediatrician** is convinced that the parental role is instrumental in getting children off to a good start. With proper care, your child will develop mentally and emotionally, learn to be more positive and caring, nurture meaningful relationships with others, be able to resolve conflicts, and manage stress.

To achieve this, Dr Raja Juanita recommends that parents work on their own empathy.



## 1) Awareness of emotions:

Be aware of your child's (and your own) emotions. Acknowledge and accept his emotions – even if his emotional triggers make no sense to you. Do not dismiss his emotions by trying to distract him (e.g. offering him candy or a smartphone if he gets upset).

## 2) Connection through emotions:

Challenging emotions are a good chance to connect and coach him. Hang on to your patience and get him to open up. If he is upset over something and is unable to talk about it right away, give him time to calm down before resuming. Focus on him and do not be distracted by your phone. He will realise that he is your priority and open up.

## 3) Empathise/ acknowledge his emotions:

Don't ignore or belittle his emotions. Listen to him and validate them. Give your full attention and listen when he expresses himself. Ask questions when necessary, but don't make assumptions and interrupt him when he is talking.

## 4) Recognise and name emotions:

A useful method is to ask how he feels with other people's emotions while watching a show together, e.g. If you were Belle, what would you feel when the Beast imprisons you? This way, you will know how he feels when similar situations occur.

Next, teach him how to set limits and find solutions together. Let him know that emotions are acceptable, but bad behaviours are not, e.g. being angry at someone is OK, but hitting is not. Guide him on how to cope with emotions by:

- Reflecting on his past behaviour as a result of a particular emotion (e.g. hitting a sibling after fighting over a toy).
- Discussing how he could respond in future (e.g. taking turns to play with the toy).
- Developing problem-solving skills by finding alternative solutions (e.g. taking a short time-out to avoid losing his temper, counting to 10, or taking 10 deep breaths).
- Learning how to set limits on his behaviour on his own (e.g. being mindful of his actions would allow him to keep bad behaviour to a minimum through self-awareness).

"It sounds complicated, but it can be done. Keep in mind that it will take time before he can get the hang of things, so be patient. It sounds easy but competency takes practise, so children will need multiple reminders," she says.

In addition to this, parents and caregivers should also provide children with positive affirmations that are realistic, reasonable, specific, and explanatory. How you phrase it will determine whether it works or not. Instead of just saying "You played the piano well", be more specific, "Practising every day seems to be working, that last piece was perfect". Affirmations will not work if he harbours deeply-held negative beliefs which are in opposition to your affirmation. The larger the gap between the conscious and subconscious, the



## Don't neglect his mental health

worse he will eventually feel, so be sure to keep it real.

"Show him love and respect. Respect is about how you treat others, so make it very clear to him that while he is allowed to speak his mind, there are boundaries. If he talks back, it should be done in a respectful manner. Avoid publicly scolding your child at any age and to do so privately and respectfully. Remember that how you reprimand him is a lesson in respect – be strict and firm yet kind. Lead by example and show him the same love and respect that you expect from him," she advises.



Providing him with a sense of security is also important, as emotional security helps build up his resilience. Having responsive and consistent care from parents and caregivers helps him develop a positive sense of self and others, which aids his self-confidence and ability to trust others. "It's all about building trust in the parent-child bond. You can achieve this by being there for him and interacting with him consistently. He should come to view you as his 'safe zone' or safety net. Be prepared to let him explore the world however he likes, but be there for him when he needs you," she says.

By providing your child with all this, you help minimise the risk of internalising behaviours such as anxiety and depression, which can affect a child's ability to function at home, school, or in any other setting.

A strong EI will help him to be more resilient and better able to focus on learning, problem solving and developing positive social relationships. All this will add up to the necessary skills that he will need when he becomes an adult. However, **Datuk Dr Zulkifli Ismail, Chairman of the Positive Parenting Management Committee**, advises parents not to neglect their child's mental health.

"Parents have to be willing to commit spending time with their children, and more importantly, be observant. This is crucial to the parent-child bond and allows you to observe your child's emotional state and help him to link it with his behaviour." advises the Consultant Paediatrician and Paediatric Cardiologist.

"To err is human, and parents may mess up due to strong emotions. However, don't pretend it never happened or make excuses.

Acknowledge what occurred and try to repair any damage to your relationship. This helps to create a more open environment and benefits the parent-child bond," he informs.

At the same time, parents should not neglect their own emotions. Don't ignore feelings as they serve a purpose. Allow yourself to feel but also give yourself time to process them. It may not be possible to walk your child through the whole process but it may help if you talked with him about it later. This may be invaluable for him, especially if it is an emotion that he has trouble with. "Understanding your own emotions is crucial, before you can start emotion-coaching your child to make him more resilient," he concludes. So take the initiative to seek professional help if you have difficulties. Do not wait until it's more severe as it would take a longer time to fix, and a lot more money, too! **PP**



# Pregnancy & NCDs

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

*According to the World Health Organization (WHO), global maternal mortality decreased by 44% from 1990 to 2015. Most improvements have been focused on the most common and direct causes of maternal death, which include obstetric complications like abortion or obstructed delivery. However, indirect causes like non-communicable diseases (NCDs) and related risk factors were given lesser attention. In fact, almost 15% of maternal deaths were caused by pre-existing medical conditions including NCDs, according to a WHO analysis in 2014.*

NCDs, also referred to as chronic diseases, develop over a long time and are caused by a combination of genetic, physiological, environmental, and behavioural factors. NCDs like diabetes, anaemia, and heart diseases can have serious and fatal effects on pregnancy. Metabolic risk factors for NCDs like obesity, high blood glucose, and hypertension can also lead to complications in both mother and baby. Pregnant women with NCDs have to properly manage their conditions to ensure safe delivery.

### Prevalence of NCDs during pregnancy in Malaysia






NCDs or related risk factors	Prevalence (%)
Diabetes & gestational diabetes	<b>13.5</b>
Obesity	<b>14.6</b>
Hypertensive disorder	<b>5.8</b>
Anaemia	<b>29.3</b>
Cardiac diseases	<b>0.5</b>

Source: National Health & Morbidity Survey 2016





## Possible complications

Diabetes & gestational diabetes			
 <b>Mother:</b> <ul style="list-style-type: none"> <li>• Preeclampsia</li> <li>• Stillbirth</li> <li>• Caesarean delivery</li> </ul>	 <b>Infant:</b> <ul style="list-style-type: none"> <li>• Preterm birth</li> <li>• Birth trauma</li> <li>• Respiratory distress syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Hypoglycaemia</li> <li>• Congenital malformation</li> <li>• Large for gestational age</li> </ul>	 <b>Both (long term):</b> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Type 2 diabetes</li> <li>• Other metabolic syndromes</li> </ul>
Obesity & excessive gestational weight gain			
 <b>Mother:</b> <ul style="list-style-type: none"> <li>• Gestational diabetes</li> <li>• Preeclampsia</li> <li>• Stillbirth</li> <li>• Maternal haemorrhage</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal infection</li> <li>• Caesarean/instrumental delivery</li> </ul>	 <b>Infant:</b> <ul style="list-style-type: none"> <li>• Large for gestational age</li> <li>• Congenital malformation</li> <li>• Obesity</li> <li>• Preterm birth</li> </ul>	

## Cardiovascular concerns

Other NCDs also lead to various related complications during pregnancy. In fact, cardiac disease is the leading cause of maternal mortality during pregnancy in many developed countries. Women with pre-existing heart disease are exposed to both obstetric and cardiac complications if they become pregnant, and may be advised against pregnancy. Meanwhile, high blood pressure during pregnancy poses various risks such as decreased blood flow to the placenta, placental abruption, intrauterine growth restriction, and future cardiovascular disease in the mother. Mild anaemia is common in pregnancy, but if severe or untreated, can lead to complications like preterm birth, low-weight baby, postpartum depression, and offspring with anaemia.



management of NCDs as well as preventive measures are important during pregnancy. Women with NCDs have to undergo preconception counselling with their obstetrician when planning for pregnancy to understand the risks. If they are getting pregnant, proper and timely antenatal and postpartum care is vital to keep track of their health status. In addition, universal screening for NCDs in pregnant women should be recommended as many are unaware that they suffer from NCDs. This is necessary for early detection and management of NCDs.

Medications may be prescribed to pregnant women with NCDs. For example, anaemia is usually caused by a low level of iron, folate, or vitamin B12 in blood,

and can be treated by taking supplements or foods rich with these micronutrients. Other than that, treatment with insulin therapy or oral antidiabetic agents is vital for diabetic pregnant women. Women with pre-existing NCDs may be advised by doctors to change their medications when getting pregnant as some drugs can be harmful to the baby. Weight gain during pregnancy should also be monitored especially in obese or underweight mothers.

Of course, the ideal management for NCDs is prevention; it is never too late to start practising a healthy diet together with a physically active lifestyle. Nevertheless, there is a changing trend in maternal morbidity and mortality as more women of reproductive age are being affected by NCDs. The approach in maternal healthcare has to be realigned to address this concern. **PP**

## Keeping a close watch

It is clear that pregnancy with NCDs is a serious health risk to mothers and their babies. Proper

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#RaiseThemResilient





# Dealing with Tantrums

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

*Most parents would have dealt with the horror of their child throwing tantrums, at home and in public. It is a common experience for parents and a typical behaviour in toddlers and pre-schoolers. **Tantrums are usually brief periods of angry outbursts or unreasonable behaviours like crying, screaming, shouting, and physical displays of displeasure such as kicking and hitting.***

Throwing a tantrum is a normal part of growing up, as children learn to become more independent and want to gain control over their lives. Often they become frustrated when their needs are not met and they are not able to express their feelings due to emerging language skills. Tantrums are often triggered when a child feels tired, hungry, ignored, anxious or worried. To deal with tantrums, parents need to tune in to their child's emotions and do the best to avoid situations that can trigger tantrums.

## Wailing vs. in-control

What can you do when your child throws a tantrum? Every parent has their own way of dealing with tantrums, depending on situations. Here is a basic guide on how to deal with tantrums.

- **Stay calm:** Your child's screaming and yelling may make you feel angry, disappointed, and embarrassed if it occurs in front of other people. However, you have to stay calm and not get

upset. Remind yourself that this happens to other parents as well. Only then, can you make a rational decision on how to manage his tantrum.

- **Pay no attention:** Ignore the tantrum and continue with whatever you are doing. However, discreetly keep an eye on him to make sure that he stays safe. It can be hard to ignore him, especially when other people are looking, but it is important that your child learns he is not going to get your attention by throwing a tantrum.
- **Be consistent:** When making and applying rules, try to be consistent at all times. He may be throwing a tantrum to get something that you have forbidden. Do not give in. Being firm with your decision will teach him that boundaries and rules are important. Make sure that all carers involved understand this and stay consistent.

## ● Focus on good

**behaviour:** Once your child starts to calm down, you can give him your attention again. Praise him for the smallest positive behaviour and reinforce this with a big warm hug. By doing this, you are rewarding him for good behaviour, and he will likely stay calm and continue to behave. Always reassure him that you love him and it is the behaviour that you do not condone.

## ● Other strategies:

Redirect him from the scene of the tantrum to avoid it recurring. This is useful if he is acting up because he wanted something nearby. You can also try giving him a big hug to make him feel secure and show that you care. Or you can try laughing or smiling it off (instead of being angry) as it shows that you are in control and will not give in to his request.



## Tantrum triggers

It is easier to prevent a tantrum than having to deal with it. It certainly helps if you know your child's tantrum triggers.

● **Start early:** Training emotional regulation starts from infancy. Do not anticipate your infant's needs. Making him wait a minute or two when he starts to cry while you are preparing to feed him will not do any harm. Talk to him to calm and reassure him.

● **Avoid boredom:** Feeling bored can make your child misbehave. Keep him occupied if he is going to be waiting for some time, for example, during an appointment at the clinic. Bring along his favourite toy or a colouring book to keep him engaged. He may prefer gadgets, but do not let him use it often.

● **Let him rest:** Being tired can trigger tantrums. Let him have an afternoon nap or rest if he seems tired. Do not take him out for an errand if he tells you that he is tired. You can reschedule the errand if no one is available to look after him. Take along a stroller if necessary.

● **Manage hunger:** Know when he is likely to be cranky due to hunger. Manage hunger by giving your child

healthy snacks like bite-sized fruits or vegetables in between meals and always ensure you have some with you when you go out.

## ● Hide off-limit

**objects:** Off-limit objects can be something like his favourite treats or dangerous objects such as knives. He may want to have these things even if he is not allowed to, causing him to throw a tantrum. Keep these things out of his sight and reach.

## ● Distractions can

**help:** A distraction can be a way to avoid boredom and frustration. Start a new activity to distract him from the one that is forbidden. When shopping for groceries, you can ask him to locate things that you need to prevent him from getting bored.

Dealing with tantrums is a normal part of raising children. As children grow older, they will gain self-control and learn to cooperate and cope with frustration. However, you should talk to caregivers or teachers if it happens at the nursery or school. Tantrums may also be related to health problems, although it is not common. Refer to a paediatrician if you have concerns. **PP**

An educational contribution by



Malaysian Paediatric Association

# Positive Conversations with Your Child

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

The 'secret' to a positive parent-child bond has its roots in communication. How you communicate can determine the quality of your relationship with your child. Done properly, it can lead to a positive and satisfying relationship. However, harmful or destructive communication can poison your relationship with him as it can make him feel small, insignificant and disempowered, leading to feelings of inadequacy and affecting future performance.



An important concept to have in mind is to “speak with” your child, not “speak at” him. When you speak **with** him, he is likely to be an active contributor to the conversation, versus speaking **at** him, where he contributes little or nothing to the conversation. Just like adults, children need to be acknowledged and empowered too. Being able to contribute makes him feel useful and empowered because he is allowed to make choices.



## Communication required

Children between 7-12 years old start developing the ability for logical thinking and start exhibiting adult-like thought patterns, which includes the ability to see things with more depth and perspectives.

This is also the time when children begin to develop significant relationships with his peers. Though still important as a parent, your influence and authority starts to wane at this stage. This is also the point where your child's self-esteem and self-confidence become more susceptible to how he believes those outside will perceive him. It is a good time to encourage him to be better aware of their abilities and also how he is responsible for them, by acknowledging him when he demonstrates any sign of success and accountability.

## What to focus on

You can encourage and nurture his communication skills using positive feedback. Some of the basics include:

- **Setting aside time to talk:** When you take him for an outing, as you drive him to school, or doing the dishes together. Be curious, show interest, and pay close attention to what he is telling you and be prepared to spend a little longer conversing, especially if he has something to get off his chest.
- **Being open and patient with emotions:** Be free to identify and name his emotions, e.g. anger, frustration or excitement. This can help him be more aware of, and to learn to manage

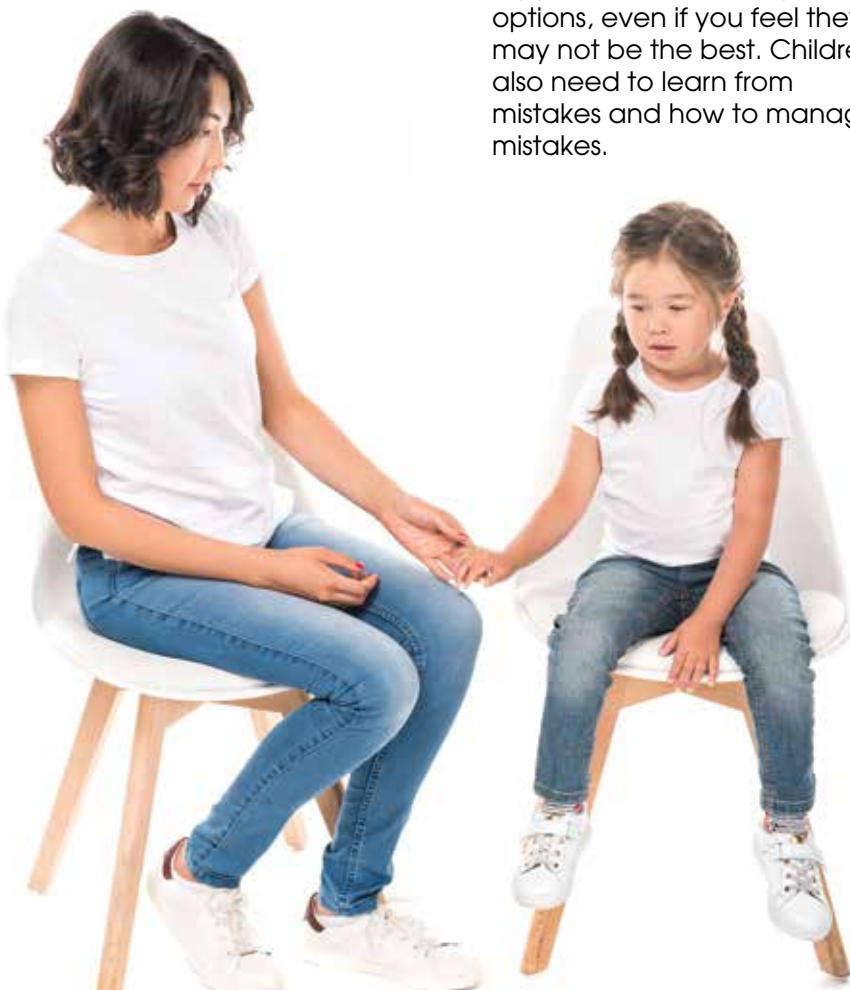
them. Children look to adults to learn how to manage emotions. It is very important to acknowledge emotions in your children, rather than to tell them to ignore or reject them. We often encourage positive emotions but reject negative ones. What he feels is natural, so acknowledging his emotions helps to normalise them and allows him to feel accepted. If you feel disappointed with him, you may express how you feel and talk about how you can address it together with him, but avoid blaming him for feeling what he feels.

- **Observe body language:**

Be aware of your own body language – using contrasting body language when speaking with him can create confusion. Their body language should also give you an indication of their state of mind, so be observant during conversations. Acknowledge

how they might be feeling and ask if you are unsure. Children can see if you are upset, so acknowledge your own feelings in front of them. Hiding them only affects mutual trust.

- **Discussing concerns together:** The objective of parenting is to guide children toward independent functioning. So if at any time he comes to you with problems, instead of solving it for him right away, explore how he might take steps to find solutions. Let him talk and listen first, then ask questions. A good one to ask is "What options have you considered?" It is entirely possible that he already knows how to solve it but simply lacks confidence that it is right. Where needed, you may model the next step or to suggest a few options for him to think about and try. It's important to show that you will support him and accept his options, even if you feel they may not be the best. Children also need to learn from mistakes and how to manage mistakes.



- **Emphasise the importance of honesty:** The parental struggle with getting kids to be honest is as old as time. If you want honesty, you have to reward honesty, as painful as it may be. Praise honesty, but if it is upsetting, do express how you feel. Get more 'honesty mileage' by NOT being confrontational when you are upset. Confronting in an angry and accusatory manner coupled with threats would 'encourage' him to take the easy way out – which usually is to create more lies. Don't make him fearful to tell you the truth – if you are angry, take the time to recollect yourself before talking to him. Be firm, but gentle, and insist on honesty. Nevertheless, if there are consequences to the wrongdoing (e.g. an agreed punishment), be sure to carry it out but always acknowledge and reward honesty.
- **Allow him to finish before responding:** This is by being the model for respect - don't cut him off and above all, don't make assumptions before he completes whatever he was saying. Before responding, ask him questions to check that you have all the facts. Positive communication is mutual respect.
- **Use simple language/ ideas:** For children, it is important to keep instructions short and simple. Communication is all about getting the message across to each other, so don't confuse him by using words that he does not understand as you will need to stop and explain them to him, thus disrupting the flow of the entire conversation.

**“Three things that never come back: the spent arrow, the lost opportunity, the spoken word.”**

– William George Plunkett

## Monkey see, monkey do

The need for a good parental role model cannot be over-emphasised. It is human nature to have someone that we look up to and admire – it may be someone we want to be, so we try to emulate him or her as much as possible. This is especially true in the case of children. Parents are the very first role model that a child would have. As you are the parent, you are automatically a model for appropriate behaviours, e.g. if you want honesty, be honest; if you want apologies, offer apologies.

If you want your child to act a certain way, you need to show him how it is done, i.e. by your actions. If you want him to communicate with you in a certain way, then how you talk and interact with him and with others will serve as an example to him. After all, children learn by modelling from adults. Be sure to speak with your child, and anyone else, with respect. Be as consistent as possible in your approach together with other adults around you (e.g. your spouse, parents, siblings, friends) who play nurturing roles to your children. **PP**

- **Avoid labelling children:** Call a mistake a mistake. Do not label the person based on the mistake. If he has done something wrong and you wish to call attention to it, focus on the action and its consequences. Avoid using negative labels, e.g. naughty, lazy, loser, failure, worthless, irresponsible, etc. For instance, if you say “Are you stupid?” often enough, you run the risk of your child believing that he is stupid, simply because you said so. It's much better to say, “What you did was silly. There are better ways to do it” so that there is a sense of hope for improvement. “Stupid” is more of a full-stop, with no improvement.
- **Encourage the skilful, drop the unskilful:** When children start to develop self-efficacy and self-esteem, they learn the concepts of good and bad that are used as labels on them and on others. To reinforce the previous point of avoiding labelling, help children see that there are skilful and unskilful behaviours. This helps him understand that skilful behaviours lead to beneficial outcomes while unskilful ones lead to unwanted consequences, and that behaviours go beyond “good and bad”. They have the responsibility to constantly adapt and improve themselves.

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BE SO MUCH MORE





Prof Muhaya (seated, second from right) with her family

## Feature Interview

# Prof Muhaya

*In this issue, Positive Parenting had the privilege of interviewing Datuk Professor Dr Che Muhaya Binti Haji Mohamad. She hails from Kampung Ladang, Terengganu, where she was born in 1958.*

As it was fairly common at the time, Prof Muhaya's father had a very authoritarian style of parenting and was a very strict man who valued discipline. All the children were expected to be up, bathed and ready for prayers by 6:30am. After prayers, it was time to hit the books and study.

However, she also remembers her father as a very loving and visionary parent who was always talking about the future. He would often motivate his children by telling them that they could become architects, doctors, or engineers. He was also supportive and encouraged her to study. Another core value that he instilled in her was a sense of generosity and compassion for the poor.

Parents in the '60s and '70s were often fierce and would raise their voice and shout at any mistakes their children made. Her own parenting style was deeply influenced by her upbringing and she stressed a lot on discipline. However, she never relied on force to get her children to study. For instance, if any of her children did not want to study for SPM, she would say something like, "Just imagine - if you watch TV all the time and don't study, then on the day you get your result, would you be smiling happily or crying?"

She admits that her parenting style was a more toned-down version of her own parents' style. "Looking back, I know I was still a bit fierce. However, I did become mellower with age. By the time I became a

grandmother, I must say I'm totally different compared to when I was a mother," she states.

Prof Muhaya, who is also a Director of Prof Muhaya Eye & LASIK Centre (PMELC), went on to add that as a parent, the feeling of responsibility is very high to strive for a favourable outcome for her children. "We want to ensure that our kids get a good education, good career, and a bright future. Back in the 80's and 90's, my priority was on academic achievement as it meant a good career and a safe future. However, as a grandmother, my perspective to life has shifted," she explains.

The focus of parenting was on achieving academic excellence as it was critical for the success and survival of an individual as getting into university would help ensure a stable job. This is the cause of a lot of stress and competition in children.

She revealed that when she meets people of her age, many of them show the scars of this method of parenting. For example, her peers who had fierce and unappreciative parents who frequently yelled at them tended to be people with low self-esteem who kept trying to be perfect. They would also be easily depressed and unhappy if they failed to achieve their goals.



*Prof Muhaya (photo courtesy of Lensa Arshad)*

While she feels that children can grow up to be and to do anything they want, she also believes that it matters very much who they become. She always visualises her grandchildren to grow up as people who are beneficial to community, people with good character who have excellent attitudes and moral values.

The 60-year-old grandmother also admitted that as a grandparent, she tends to be much more loving, less strict, and also spoils her grandchildren. Initially, she used to buy them all kinds of clothes and toys but now, she is slowly trying to teach them the importance of being neat and tidy while minimising

on buying them lavish things.

She is very much in favour of teaching affirmation to her grandchildren in order to increase their self-image. A positive self-image will lead to positive behaviour.

"That's the pitfall that grandparents fall into, and I'm sorry to say that I was not immune to it myself. My children had to confront me about it and as I did not want to impose my values on them, I let them have their way. Instead, I observe and admire the way my children are

raising my grandchildren, which I am grateful for actually," she confides.

She also admitted that she wanted her children to feel good about themselves, and would often show her appreciation for their good behaviour by telling them how proud they made her feel. She kept criticisms to a minimum.

Prof Muhaya recounts, "My father was in the army, so punctuality was a priority. I was allowed to go out to play provided I was home by 6pm sharp, then take a shower and be ready for prayers. My father was also very hands-on, as he would quiz us on what we had read or studied."



## The parenting evolution

In her opinion, the biggest difference in parenting styles is the level of strictness and lack of emphasis on parent-child communication. Children were not allowed or expected to say anything; their role was to listen and obey their parents and the older generation. While this may have made things easier for their parents as the children were more obedient and were less likely to be involved with anything bad, there were repercussions later in life.

Prof Muhaya, who is also a motivational & self-development speaker, feels glad that modern parenting has led to better educated parents, who are able to raise more creative and innovative children. "I am optimistic that as time goes by, each generation will improve. Religion is also very important as it provides us with a basis of an afterlife, to strive for where we would be accountable for our deeds in this life. Whatever we do, we want our children to be happy and to raise children who are more giving than receiving," she confides.

Parents nowadays are more open-minded, loving, kinder, and better educated. There is a higher awareness that every child has his own potential, and parents now focus on the other aspects of a child's development other than the purely academic one. However, she also feels that discipline still needs to be maintained – it is lacking now as



*Prof Muhaya with her first love and husband, Dato' Azmi Jamion*

parents tend to give in to their children.

Parents nowadays tend to be more permissive or giving as they strive to strike a balance between not spoiling their child versus not being too hard on them, in order to build up the child's self-confidence and independence. "Your children are just like a mirror-image of you. Parents should provide children with unconditional love and show them that they are accepted as they are. This will help them develop a positive self-image and learn to love and accept themselves. Discipline when necessary, but be sure that your focus is on their behaviour and that you still love them," she advises.



*Prof Muhaya (seated) with her 2nd daughter, Noor Atiyah Azmi*

## There is no 'secret'

Successfully juggling a busy career with the duties of motherhood is all about discipline and focus. "I became a mother during my final year of medical school. Even though I had just delivered 16 days ago, I was already on my ward rounds to see my patients because I was focused on passing my exams. I continued to study while breastfeeding my daughter. I had to multi-task in order to accomplish the many things I had to focus on to pass my exams. By God's grace, I was selected as the best student for my O&G posting despite only having half of the attendance. So I suppose you could say that my 'secret' is simply discipline, focus and God's grace," discloses Prof Muhaya.

As a doctor, she often works late and this contributed to her feelings of guilt for not having



much time for her children. However, her children see that she is busy as a doctor for a good cause – to help people. She feels that this may be why two of her daughters became doctors.

"If you have reason to be unhappy with your children, it means that you have not been a good enough role model or you did not use an appropriate parenting style, for his or her age and developmental stage. As parents, we have to be flexible as there is more than one way of doing things. Be flexible, watch for any feedback, and adjust accordingly," she advises.

### Nothing worse than...

According to Prof Muhaya, the greatest sin that any parent can do is to give digital gadgets to children. Children who become hooked on digital gadgets can become anti-social and find more joy in digital gadgets instead of interacting with family and friends. "Firstly, many studies have shown that over-stimulation of a child can cause a decrease in their cognitive ability. Secondly, it can cause myopia in children, causing them to wear glasses early. Thirdly, this can cause them to become anti-social. Lastly, it is an easy way out for parents. I am very much against this as there will be a price to pay later," she cautions.

"Parenting is a big job, so parents should be ready to shoulder the big

responsibility that comes with it. In my opinion, if you are happy to get married and to have children, you must also be happy to be a parent. At least 90% of parenting should be done by parents, because that's who will be around for the rest of the child's life. Grandparents or the kakak/bibik should not account for more than 10% of the 'parental workload' – the rationale is simple, grandparents will eventually pass on and kakak/bibik may not work with the family forever. Thus, it is up to the parents to bond closely with their children," she states.

"To me, parents must see children as a way of investment for their afterlife. The greatest asset for anyone are their children and the longest eternal happiness is having good children... children

are the future as they will be around for many years and generations," she says.

This can be achieved by focusing on three main things: intrinsic motivation so that they will be achievers, have a good character, and build good relationships. Superficial things such as wanting to be rich, famous, or pretty should not be encouraged. Leave those behind and be authentic. Accept your children as they are, warts and all! Please remember the bane of any child's existence – "I am not good enough" and "I am not loved enough". They represent the root of all problems in the world. **PP**



### Food for thought

"I am not good enough" – Prof Muhaya warns that criticising our children and comparing them against others is a bad move. This could turn them into perfectionists, and increase the possibility of suffering from stress, anxiety and depression.

"I am not loved enough" – not showing your children enough love would cause them to seek love elsewhere. Furthermore, a person who does not feel loved sufficiently would likely not love himself and face difficulties in loving others, thus leading to problem relationships.

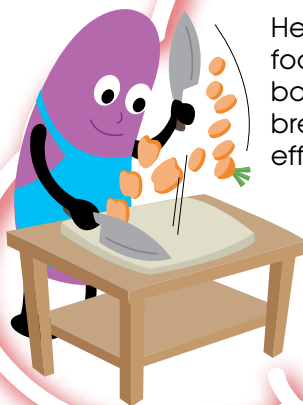
# Do Probiotics Work?

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

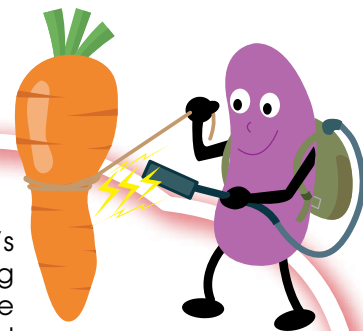
Probiotics are live microorganisms that help replenish the 'good' bacteria that live in our guts. These probiotics are called 'good' bacteria as they provide us with positive benefits to our health.

Probiotics are defined by the World Health Organization (WHO) as live microorganisms which, when taken in adequate amounts, provide health benefits to the host.

They play various roles in our bodies and are directly involved in:



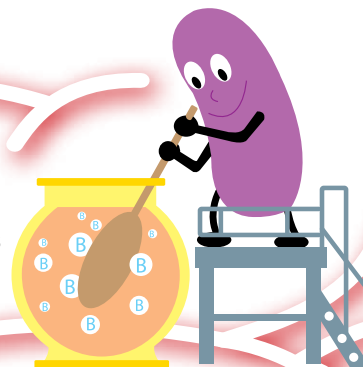
Helping digest food that our bodies cannot break down efficiently



Helping increase the body's metabolism by extracting more energy from the nutrients in food

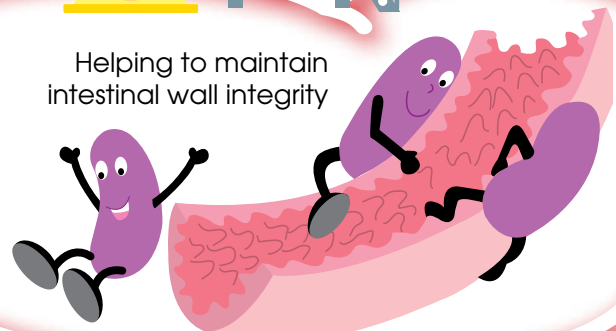


Eliminating toxins



Producing B vitamins

Helping to maintain intestinal wall integrity





## Beware!

Dysbiosis is a condition where the gut microbiota is out of balance between the good and bad bacteria.

This condition may be caused by infections, inappropriately-used antibiotics, prolonged stress, and chronic inflammation. Diarrhoea is a common symptom of dysbiosis.

## Other potential benefits

The short answer is that yes, probiotics do work. Moreover, there are also other ways that probiotics can work in your favour. For instance, people with:

- **Irritable bowel syndrome (IBS):**

Studies have consistently found that probiotics caused a reduction of abdominal bloating and flatulence. Some probiotic strains may help relieve pain or alleviate symptoms of patients who suffer abdominal pain caused by IBS.

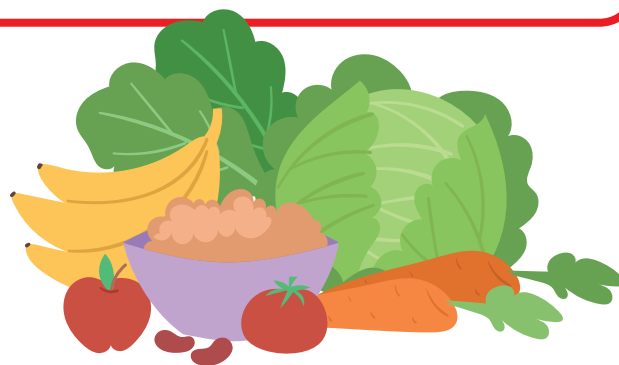
- **Diarrhoea:** Some probiotic strains can reduce both the severity and duration of acute infectious diarrhoea, antibiotic-associated diarrhoea, chemotherapy-related diarrhoea, or traveller's diarrhoea, radiation-induced diarrhoea. Taking probiotics can help to replenish the population of good bacteria, thus help to balance your body's gut microbiota. Probiotics help reinforce the intestinal barrier and stimulate intestinal repair mechanisms.

There is limited data on the link between probiotics and colon cancer, but what has been found thus far is that probiotics may reduce bio markers (e.g. certain proteins or chemicals released by the body) that are associated with colon cancer.



## Effects on immune system

A local study which recently concluded showed that probiotics (in this case *Lactobacillus acidophilus* and *Lactobacillus paracasei*) can positively influence the immune system. The research team looked for the presence of three chemicals released by the body's immune cells in order to measure how probiotics affected them. High levels of these chemicals indicate high levels of inflammation which is unhealthy. The research showed positive results on the immune system of healthy subjects and subjects with IBS, as the majority of the research subjects showed reduced levels of these three chemicals.



## A simple guide to better health

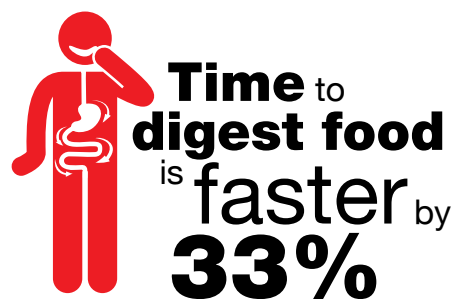
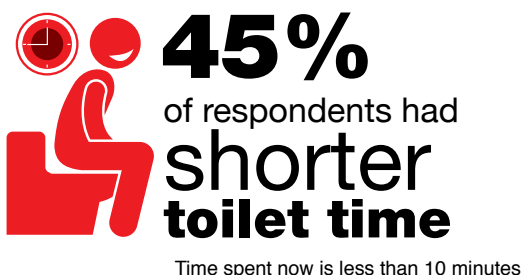
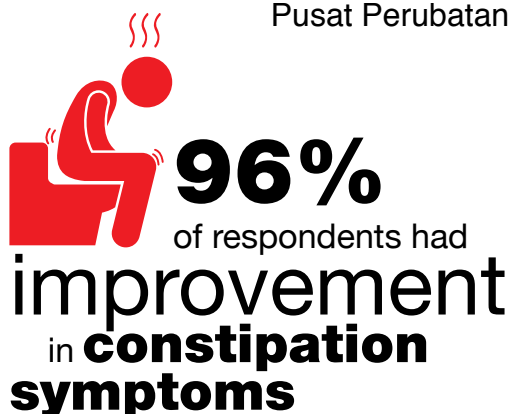
Start off by eating probiotic-rich foods. Sources include fermented food products such as cultured milk drinks, *tempeh*, kimchi, home-made yoghurt (*tairu*), and *tapai pulut*. This will help ensure that you constantly replenish the good bacteria in your gut.

In addition to regularly consuming probiotics or probiotic-rich foods, you should also eat sufficient amounts of dietary fibre. These help regulate bowel movement, increase stool bulk, thus lowering your risk of problems such as haemorrhoids, diverticular disease, and even colon cancer. Certain dietary fibres provide the beneficial gut bacteria with the food they need. These dietary fibres are called prebiotics. Sources include fruits, vegetables, whole grains and legumes.

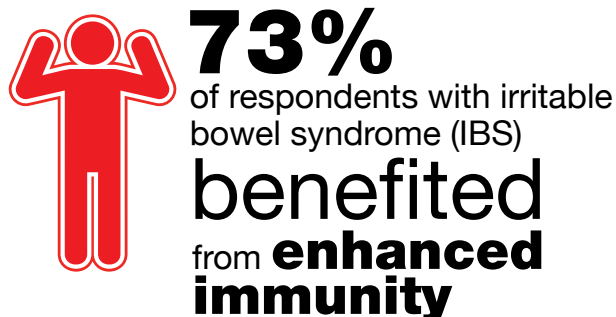
Other basic healthy lifestyle factors include getting enough sleep and exercise, drinking enough water, managing your stress levels, and eating healthily. While probiotics can provide you with health benefits, don't underestimate the importance of leading a healthy lifestyle. Making changes to your lifestyle will need some work but the results are worth it. **PP**

# The Efficacy of Probiotics in **Vitagen**<sup>®</sup> for Better Digestion & Immunity

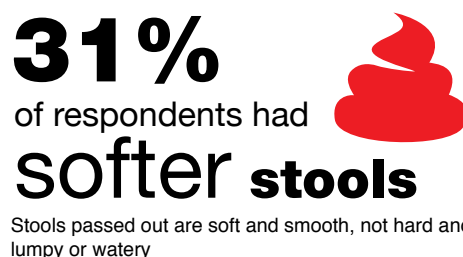
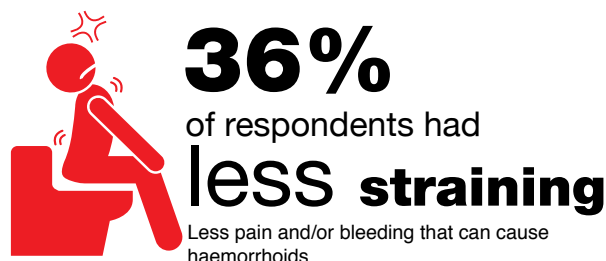
The efficacy of *Lactobacillus acidophilus* and *Lactobacillus paracasei* strains in VITAGEN has a positive impact on gut health and immune system. Results are based on clinical research performed at the Gastroenterology Unit, Department of Medicine, Hospital Canselor Tuanku Muhriz, Pusat Perubatan Universiti Kebangsaan Malaysia\*.



The time food enters the mouth until it is passed out as stool is reduced by 5-15 hours (from 20-45 hours)



After consumption of VIAGEN, the body produces less pro-inflammatory chemicals which reduces inflammation and enhances the immune system



\*Based on 2017 research conducted by Gastroenterology & Hepatology Unit, Pusat Perubatan Universiti Kebangsaan Malaysia on 165 healthy adults, and adults with IBS from Klang Valley. Results were based on consumption of 3 bottles of VITAGEN a day.

Reference: Mokhtar N, Jaafar NM, Chan S, et al IDDF2018-ABS-0203 Modulation of intestinal dysbiosis in patients with constipation-predominant irritable bowel syndrome using lactobacillus-containing cultured milk drink Gut 2018;67:A70. [https://gut.bmj.com/content/67/Suppl\\_2/A70.2](https://gut.bmj.com/content/67/Suppl_2/A70.2)

VITAGEN has billions of live probiotic cultures in a bottle i.e. *Lactobacillus acidophilus* and *Lactobacillus paracasei* that helps digestion and enhances immune system.

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\*Based on Intage SRI data 2017, Others Baby Supplies

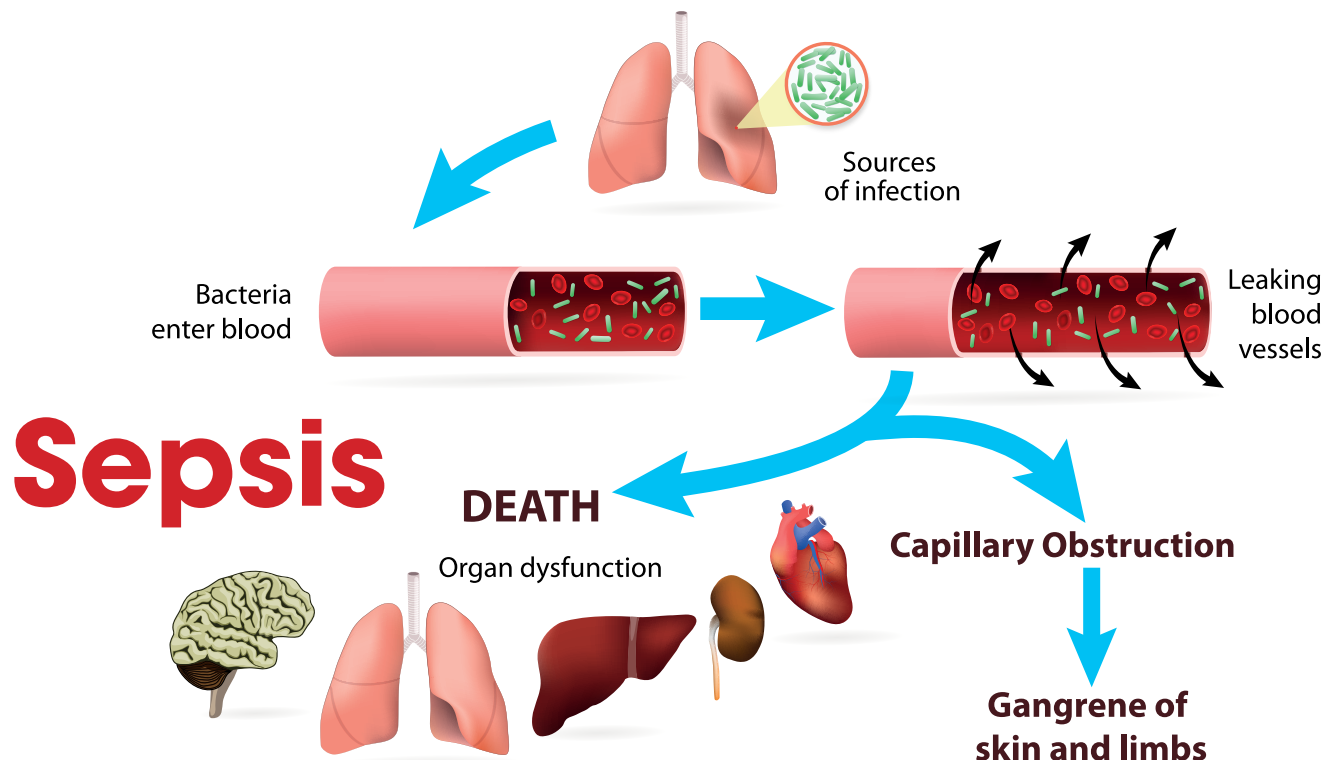




# The Dangers of Blood Infection

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

*Meningococcal septicaemia, also called meningococcaemia (pronounced "man-ning-go-ko(h)-see-mia", refers to a sudden onset of a bloodstream infection.*



Complications include limb or hearing loss, cognitive dysfunction, visual impairment, learning difficulties, developmental delays, motor nerve deficits, seizure disorders, and possibly death.

## Tiny but deadly

The bacteria *Neisseria meningitidis* is the culprit behind meningococcal septicaemia. It can also cause meningitis and pneumonia. It is endemic to the 'meningitis belt' of sub-Saharan Africa, and can easily live in the upper respiratory tract of healthy humans without causing illness. Anyone visiting these areas may become a carrier who unwittingly spreads the disease.

The National Institute of Health and Care Excellence (the Department of Health, United Kingdom) states that *N. meningitidis* causes bacterial meningitis in 1 out of 7 cases, or septicaemia in 1 of 4 cases, or as a combination in 3 out of 5 cases. In Malaysia, although bacterial sepsis accounts for almost 8% of newborn deaths (babies under-28 days), it should not be taken lightly. Meningococcal septicaemia (and meningitis) can cause death in hours.



Survivors have also been known to suffer from long term after-effects such as memory loss or difficulty retaining information,

lack of concentration, clumsiness or problems with physical co-ordination, arthritis or joint stiffness, physical scarring of skin, possible

loss of limbs (fingers, toes, arms or legs), and possible damage to lungs or kidneys.

## Who are at risk?



Babies and toddlers up to five years old due to their less mature immune system



Teenagers/young adults who live in dormitories and share food/drinks with others



The elderly

## Signs/symptoms:



Fever



Fatigue



Diarrhoea



Rapid breathing



Cold chills



Vomiting



In the later stages, a dark purple rash



Cold hands and feet



Severe aches or pain in the muscles, joints, chest or abdomen (belly)

Be alert and don't be afraid to seek immediate medical attention, if you suspect your child has meningococcaemia. The early signs/symptoms can be non-specific, thus making it difficult to distinguish from other less dangerous infections. However, if no attention is given to it, matters can quickly escalate (in as little as 24-48 hours), with more specific (and severe) signs and symptoms appearing over time.

## The glass test



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

## Don't be a statistic

Early medical intervention can give your child a higher chance of survival. However, there is a very real risk of permanent physical consequences such as amputation of fingers, toes, arms or legs (due to a lack of blood circulation to these body parts), severe scarring due to skin grafts, and other mental effects such as loss of memory.

Prevention is the best cure, and meningococcaemia can be prevented by immunisation. Other steps you can take to minimise your child's risk is by practising (and teaching him) good hygiene to reduce the spread of bacteria. Avoid sharing food or drink, and toothbrushes as well.

Speak with your paediatrician or doctor for options to protect yourself and your family from this

deadly threat. Although it is not a common disease, its severity means that you should not be lax and assume that it will not happen to you. Take action by getting vaccinated. **PP**

An educational contribution by



Malaysian Paediatric Association





# Imagine what your child could be in 24 years...



**7–12h**  
Hour of onset

Early symptoms  
are non-specific<sup>1</sup>

- Fever
- Nausea and vomiting
- Irritability
- Poor appetite or feeding
- Headache
- Sore throat/coryza



**13–15h**  
Hour of onset

Classic symptoms  
are delayed<sup>1</sup>

- Hemorrhagic rash
- Neck pain and stiffness
- Photophobia



**16–22h**  
Hour of onset

Late symptoms  
can lead to death<sup>1</sup>

- Confusion or delirium
- Seizure
- Unconsciousness



**Invasive Meningococcal Disease**  
can take away a child's life in just  
**24 hours.<sup>1</sup>**

Ask your doctor about  
meningococcal vaccination.

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REFERENCE: 1. Thompson MJ, et al. Lancet 2006;367:397-403.



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SPRM/MENAC.17.10.0346





# Myths about Neonatal Jaundice

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

*Jaundice is a condition whereby the skin and the whites of the eyes turn yellowish, due to a high level of bilirubin in the blood. Bilirubin is a yellow substance normally produced when old red blood cells are broken down. It is then metabolised by the liver so that it can be removed from the body. About half of all newborns are affected by neonatal jaundice in the first few days of life.*

In the transition after birth, foetal haemoglobin (HbF) will be destroyed, to be replaced by adult haemoglobin (HbA). The destruction of HbF releases iron and bilirubin. It is this excess bilirubin that causes **physiological jaundice** if the liver does not remove it. This is the most common cause of jaundice in newborns. It often **manifests when the newborn is 2 to 4 days old and resolves within 2 weeks**. It is usually harmless, if bilirubin levels remain stable.

If your newborn appears yellow, the paediatrician will do a blood test to measure his bilirubin level.

If the condition is mild, you may continue to care for him as usual and are advised to breastfeed him regularly. This will encourage frequent bowel movements to remove bilirubin through the stools. Scheduled evaluations with the doctor may be needed.

A common treatment is by phototherapy, where the newborn is placed under a special blue light, which helps to break down excess bilirubin. Doctors may also recommend the therapy to be done at home. In severe cases, a blood exchange transfusion may be needed to prevent brain damage.

## Myths and misconceptions

There are many misconceptions linked to jaundice. Here are facts behind some of the widely-believed myths.

**Myth:** Neonatal jaundice is caused by food, drugs, pregnancy conditions or inheritance from mother.

**Fact:** Based on current science, there is absolutely no link between these factors and neonatal jaundice. Jaundice is also highly unlikely to be passed down from mother to child. Apart from the mild jaundice that is physiological, severe neonatal jaundice may happen in rare occasions, caused by **pathological conditions** such as:

- Blood type mismatch between the mother and baby (i.e. when the mother has Rh-negative blood and her baby has Rh-positive blood; mother's antibodies may enter baby's blood through placenta and destroy his red blood cells, hence producing bilirubin). Even mothers with blood group O+ and baby of another blood group can cause baby to have jaundice.
- Babies with glucose-6-phosphate dehydrogenase (G6PD) deficiency.
- Abnormal blood cell shapes (e.g. sickle cell anaemia).
- Diseases that affect the liver and biliary tract (e.g. cystic fibrosis, hepatitis).
- Infections at birth (e.g. rubella, syphilis).

**Myth:** Neonatal jaundice is harmless and does not need any attention.

**Fact:** Most of the time, neonatal jaundice is harmless, but parents should always be concerned with the condition and keep track of the bilirubin level to prevent it from getting worse. A very

high level of bilirubin can affect hearing and cause kernicterus, a form of brain damage. Immediately consult your doctor in any of these situations:

- Jaundice appearing within the first 24 hours of life (pathological jaundice).
- Rapid progression of jaundice
- Newborn screening result shows G6PD deficiency.
- Previous babies in your family have severe neonatal jaundice.
- Presence of pale coloured stools or dark urine.
- Your baby is born preterm.

**Myth:** Jaundice can be treated with sunlight therapy.

**Fact:** This is not advisable, as it is not effective and may be dangerous. A newborn may become dehydrated when placed under the sun, making the condition worse. Direct sunlight and UV rays can cause painful sunburn to the thin newborn skin.

**Myth:** Feed newborns with water to 'flush out' the jaundice.

**Fact:** Sometimes, newborns who are exclusively breastfed may have prolonged jaundice, but it is not a reason to stop breastfeeding or to supplement it with water. As long as breastfeeding mothers are not taking traditional medicine, and the baby is healthy and gaining weight, exclusive breastfeeding should be continued. In fact, mothers are recommended to nurse newborns at least 8 to 12 times a day during the first few days to tackle jaundice.

**Myth:** Goat's milk can help in neonatal jaundice

**Fact:** There is no proper clinical study that shows goat's milk is effective for neonatal jaundice. Moreover, the newborns' digestive system and liver are still immature and unable to digest goat's (and cow's) milk, both of which do not have the right nutrients required, compared to breastmilk.

**Myth:** Newborns afflicted with jaundice may get it later in life.

**Fact:** Most neonatal jaundice cases are physiological and only happen during the first few days of life. Jaundice that manifests later in life has no link to neonatal jaundice.

As common as it may be, neonatal jaundice can still lead to severe complications, if it is not managed and treated properly. Proper consultation with your child's paediatrician to keep track of his jaundice is vital during the first few days of life. Clarify your doubts with your doctor to avoid inaccurate information related to the condition. **PP**

An educational contribution by



Malaysian Paediatric Association



*Lactose intolerance is an inability to properly digest lactose, a major component of milk. It is a digestive problem and does not involve the immune system (unlike cow's milk protein allergy, CMPA). Thus, while lactose intolerance can cause stomach discomfort, it will not cause life-threatening reactions.*

# My Child is Lactose Intolerant

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

However, lactose intolerance can start in childhood and slowly become clearer in adulthood. As milk is a key source of calcium, this may negatively affect your child's growth. Signs and symptoms occurs between 30 minutes to two hours after taking milk or dairy products. The severity of the symptoms usually depends on the amount consumed and how well your child tolerates lactose.

Common signs/symptoms are:

Infants	Infants, toddlers, and older kids
<ul style="list-style-type: none"> <li>Coming on and off the breast during breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Wind</li> <li>Pain and swelling in the tummy</li> <li>Crankiness</li> <li>Diarrhoea</li> <li>Failure to gain weight</li> </ul>



## Learn and educate

The first thing to do is to recognise what foods or drinks that your child needs to be wary of. While it is important to expose your children a variety of food, extra care should be taken to reduce/eliminate certain food products, depending on the severity of his intolerance. Explain to him about lactose intolerance and educate him on what he needs to watch out for.

Do notify caregivers including family and friends. Well-meaning friends who are unaware of your child's lactose intolerance may share foods/drinks that may cause him unnecessary discomfort.

## Not enough calcium?

As dairy and dairy products are main sources of calcium for young children, lactose intolerance can be a problem. Your strategy in managing your child's lactose intolerance will depend on the severity of his intolerance.

If his lactose intolerance is mild then he should still be able to take small amounts of dairy or dairy products, provided that it is both in smaller quantities and spread throughout the day. On the other hand, if his lactose intolerance is so severe that he cannot take any dairy at all, then he will have to get enough calcium from other foods such as lactose-free dairy products and calcium-fortified food products. A good alternative would be to explore

**INGREDIENTS: WATER, CALCIUM AND SODIUM CASEINATE, MILK PROTEIN ISOLATE, BLEND OF VEGETABLE OILS (SUNFLOWER OIL AND CANOLA OIL), COCOA POWDER, MEDIUM CHAIN TRIGLYCERIDES, MALTODEXTRIN, FRUCTOSE, NATURAL AND ARTIFICIAL FLAVOR, POTASSIUM CITRATE, WHEY, VITAMIN MINERAL BLEND, CELLULOSE GUM, SOY LECITHIN, SODIUM HEXAMETAPHOSPHATE, MONOSODIUM PHOSPHATE, POTASSIUM CHLORIDE, ACESULFAME POTASSIUM, SALT, CARRAGEENAN, SUCRALOSE.**

Take the time to read ingredient labels on food products before purchasing them. Avoid foods that contain:

- Milk
- Milk solids
- Non-fat milk solids
- Milk powder
- Lactose
- Casein
- Whey
- Cream

### Other foods that may contain milk or other dairy products:



cereal bars



pizza

milk substitutes such as soy, almond, rice, hemp, or oat milk. Soy milk is a popular alternative as it is a good source of calcium and protein. Almond milk is also a good calcium source but contains less protein than cow's milk.

If you are thinking of giving him calcium supplements, do consult with his paediatrician beforehand. Taking too much calcium is not advised, as it can cause constipation and there is a possibility of it interfering with the absorption of other nutrients (e.g. such as iron or zinc ).

It takes some getting used to. Some period of adjustment may be needed, but rest assured that you and your child can adapt easily to these lifestyle modifications. Living with lactose



intolerance should not represent a major stumbling block – when managed properly, your child can easily adapt and his growth and development should not suffer. **PP**

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# Acute Diarrhoea in Children

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

*Acute diarrhoea is a very common problem in children and a major health problem in many parts of the world. It is estimated that 1.8 million people around the world die every year due to diarrhoeal diseases, which mostly affect children under five in developing countries.*

Diarrhoea can be defined as frequent, loose, or watery bowel movements that differ from a child's normal pattern. Children with diarrhoea may lose their appetite, vomit, lose weight, or have a fever. Other symptoms include abdominal cramps or pain, nausea, blood in the stool, and bloating. Dehydration is likely if diarrhoea is severe or persists for a long time.

## Possible causes

Causes of diarrhoea depend on whether the condition is acute (lasting for less than two weeks) or chronic (continues for more than two weeks). Acute diarrhoea constitutes most of the cases of diarrhoea in children.

## Acute diarrhoea



**Gastroenteritis:** Gastroenteritis is the inflammation of the gut due to infection. It is usually caused by viruses, but also includes bacterial and parasite infections. The most common cause of gastroenteritis is rotavirus.

**Food poisoning:** Diarrhoea and vomiting that are caused by food or water contaminated by bacteria such as *Campylobacter*, *Salmonella*, and *Escherichia coli*.



**Prolonged use of antibiotics, painkillers, or laxatives:** Some medications can affect the balance of microbiota in the gut, allowing bad bacteria like *Clostridium difficile* to multiply, thus causing diarrhoea.

**Food allergies:** Certain food allergies can also cause diarrhoea.





## Chronic diarrhoea



**Lactose intolerance:** Consumption of milk and dairy products can lead to diarrhoea in people with lactose intolerance, due to their inability to digest lactose.



**Cow's milk protein allergy:**

Diarrhoea can be due to an allergic reaction of a child's immune system to protein in cow's milk.



**A weakened immune system:**

HIV infection, immunodeficiency disorders, and usage of drugs that suppress the immune system can cause diarrhoea.

**Other digestive disorders:** These include irritable bowel syndrome, inflammatory bowel diseases like Crohn's disease and ulcerative colitis, as well as malabsorption disorders like coeliac disease and cystic fibrosis.

## WARNING!

One of the most worrying complications of diarrhoea in children is dehydration, as the human body needs a certain amount of fluid to function normally. Moderate or severe diarrhoea can cause significant fluid loss. Severe dehydration is dangerous and can cause infection, seizures, kidney problems, and even death if not treated quickly. Infants and young children can become dehydrated in less than 24 hours if no treatment is given. Call your doctor if your child has:

- Dizziness and light-headedness
- Dry mouth, tongue and lips
- Dark yellow urine, or very little or no urine
- Few or no tears when crying
- Sunken eyes
- Lethargy, drowsiness, or irritability

The signs listed below are also a cause for concern; consult your doctor immediately:

- High fever
- Blood or mucus in stool
- Pain in the abdomen
- Weight loss, anaemia
- Fast, shallow breathing
- Bleeding or rash on the skin

## What to do?

Most acute diarrhoea cases resolve in a few days. To manage the symptoms and prevent diarrhoea from getting worse, consider these measures:

- **Rehydrate.** Drink plenty of water or clear fluid to rehydrate the body after losing water due to diarrhoea. Avoid fizzy beverages, caffeine and alcohol as they can make diarrhoea worse. Oral rehydration solution can also be used to replace the loss of fluid and electrolytes. It contains the right balance of water, sugar and salts. For infants, continue breastfeeding with breast milk as it remains the best option for them.
- **Avoid certain foods.** Dairy products, fatty foods, high-fibre foods, or highly-seasoned foods can make the condition worse. Consume soft foods or a liquid diet for the time being.
- **Refer to your doctor.** Anti-diarrhoeal medications like loperamide may be helpful for adults, but are not always safe for children. Check with your doctor before taking these medications or giving them to children. Certain cases that are due to specific causes,

like coeliac disease, need to be managed appropriately, according to your doctor's advice.

- **Consume probiotics.** Probiotics can help restore the healthy balance of the gut microbiota by boosting the good bacteria in the gut. Probiotics can be taken in capsule or liquid form and are also available in certain foods like yoghurt and kimchi. Some types of probiotics are more effective for certain conditions. For example, the yeast strain *Saccharomyces boulardii* is found to be more effective in treatment of acute diarrhoea and in reducing antibiotic-associated diarrhoea (since yeast probiotics are not affected by antibiotics).

Almost every child would have at least one case of acute diarrhoea by the age of three. It is a common ailment in children due to various causes. If handled and treated properly, it should resolve with no further complications. However, always refer to your child's paediatrician if symptoms persist. Remember to practise the best hygiene to prevent infection and spreading it to others. **PP**

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References: 1. WGO Guidelines Probiotics and Prebiotics 2017 2. ESPGHAN guidelines for management of acute gastroenteritis in Children 3. Dinleyici & al. Expert Opin Biol Ther. 2012 Apr 12 (4): 395-410 4. Szajewska H, Kolodziej M. Systematic review with meta-analysis: *Saccharomyces boulardii* in the prevention of antibiotic-associated diarrhoea. Aliment Pharmacol Ther. 2015 Jul 27 \* Source IMS 2016 data excluding Venezuela

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*If your child wets his bed after he has been toilet-trained (usually  $\geq 5$  years of age), take it in your stride. Enuresis, or more commonly referred to as bedwetting, is a condition where your child is unable to control his bladder when sleeping, leading to involuntary urination.*

Children who suffer from nocturnal enuresis may have less control of their bladders than they would like, leading to 'accidents' where they wet their bed at night. It is important to note that you should NOT punish or cause him embarrassment for bedwetting. It is something that is out of his control at this point, and he is probably even more embarrassed or ashamed of it than you might imagine.

#### How common is enuresis?

**Age 5-10 years - 5-10%**

**Age 11-14 years - 2-3%**

**Age  $\geq 15$  years - 1-2%**

*(i.e. 1 in 100 in the population may persist till adulthood)*

# Mummy, I Wet My Bed...

By **Dr Mohamad Ikram Ilias**, Consultant Paediatrician (Nephrology)

## What causes it?

The exact cause of nocturnal enuresis is unknown. However, there are several possible reasons.

- **Hormones:** The body produces an antidiuretic hormone (ADH) that causes it to produce less urine when asleep. A lack of ADH may lead to more urine being produced when asleep.
- **Bladder:** Muscle spasms may prevent the bladder from holding more urine. Some people may also have a smaller than normal bladder.
- **Genetics/Familial:** Older children who suffer from enuresis often have at least one parent who also had this problem, and at a similar age.
- **Deep sleep:** Your child might be asleep so deeply that he is unable to wake up to pee.
- **Diuretics:** Certain chemicals (e.g. caffeine, carbonated drinks) can cause more frequent urination.
- **Medical conditions:** Certain medical conditions can trigger secondary enuresis. These include diabetes, urinary tract abnormalities (born with abnormal urinary tract structure), constipation, and urinary tract infections (UTIs). Spinal cord trauma, such as severe stretching of the spinal cord resulting from a fall, sports injury or auto accident may also play a role in enuresis, although this is rare.
- **Stress:** Traumatic events such as parents divorcing, death (friend or family member), moving to a new city, changing school, or any sudden changes can cause stress in children. This may cause enuresis.



## Managing the problem

Consult your child's paediatrician to learn more about nocturnal enuresis to exclude the possibility of a medical problem. This will involve a physical examination and his medical history. The physical examination may include a urine analysis to test for signs of disease.

As nocturnal enuresis is not necessarily caused by disease, don't worry if the test results are 'normal'. His paediatrician may also need to ask for seemingly unrelated information, such as sleeping habits or patterns, bowel movement, and urinary signs or symptoms (e.g. frequent urge to pee, or pain/burning sensation during urination).

This phase may take some time and your child will likely continue to wet his bed. In the meantime, you can try:

- **Using a waterproof cover:** Line the bed with a waterproof liner to keep his bed dry.
- **Providing easy access to the toilet:** Position his bed as close to the toilet as possible. If he sleeps in a bunk bed, let him use the bottom bunk.
- **No babying allowed:** Do not wake him to go to toilet, as this is counterproductive in the long term. Older children may also want to change their clothes/bedsheets at night, so do provide them with spares.
- **No drinks before bedtime & early dinner time:** This helps to minimise the amount of fluids in his body and thus, hopefully prevent an overly full bladder. This will reduce the chances of wetting the bed or minimise the amount. However, take care

to provide him with plenty of water during the day to prevent dehydration.

### ● Foods/drinks to

**avoid:** In general, avoid coffee, tea, chocolate, and sodas or other carbonated beverages with caffeine. Caffeine is a diuretic, meaning that it causes the urge to urinate.



## Bedwetting alarm

This little gadget consists of a sensor and an alarm, which will wake your child up if he wets his bed. The idea behind this is to 'train' him to wake up by himself and over time, he will hopefully wake up before he wets his bed.

The key is to wake up quickly before the bed is too wet. The sooner he can wake up, the more effective it will be in modifying his bedwetting behaviour. However, do be patient as this will take at least a month before you can see whether there will be any improvement. Unfortunately, this method may not be suitable if he shares a room with others (e.g. with siblings or parents).



## Take it in your stride

In addition to giving you some pointers on how to cope, your child's paediatrician may even prescribe medication for it. However, no medicine has been proven effective in permanently 'curing' bedwetting, and bedwetting may resume when the medication is stopped. Full commitment from parents/caretaker is crucial in managing enuresis, and not just relying on medication alone.

Rest assured that, yes, there is good news - bedwetting will often 'clear up' by itself. If you feel overwhelmed, follow up with his paediatrician and he may have more suggestions that may help you. Alternatively, you could even check with your own parents to see whether you went through a similar episode yourself, and if so, how they handled it. **PP**

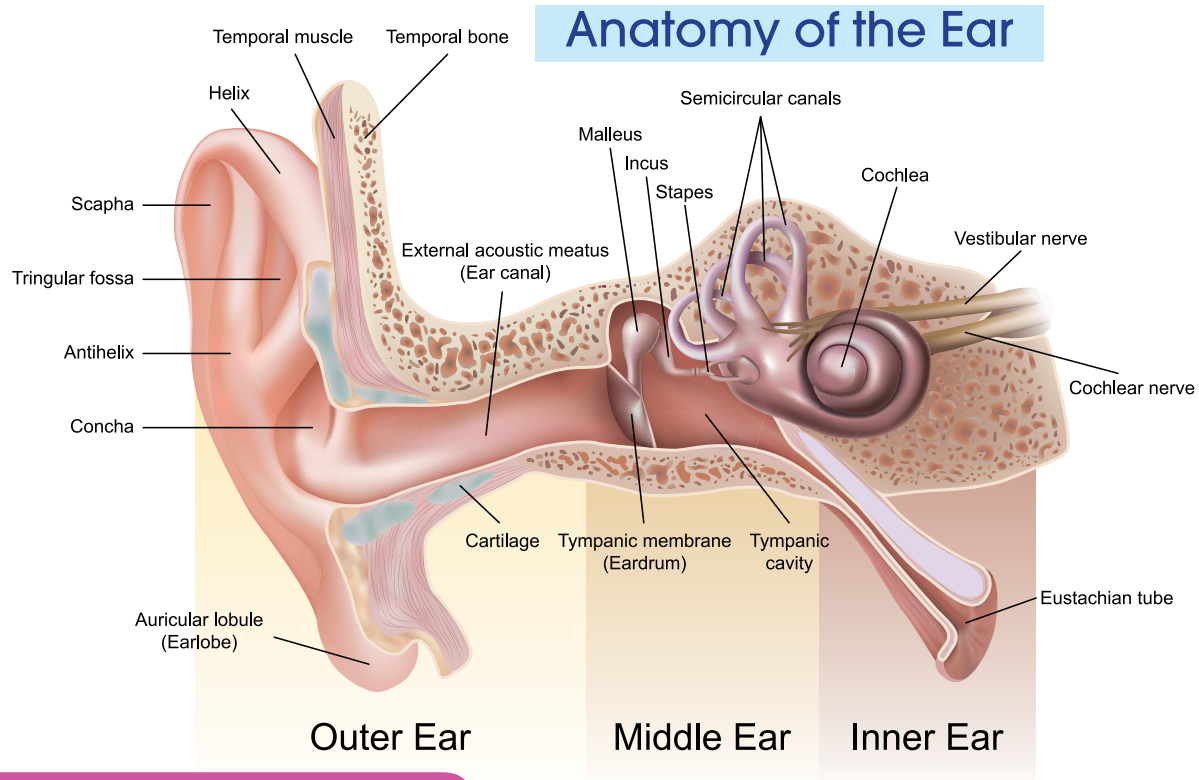
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# Ear Infection: Better Safe than Sorry

By **Dr Mohd Zabri Affendi Muhamad**, Consultant Ear, Nose & Throat Specialist and Head & Neck Surgeon



*Ear infection is very common in children and one of the most common reasons for trips to a paediatrician. In Malaysia, it is estimated that at least half a million cases of middle ear infection occur annually in children below two years. Middle ear infection, also known as otitis media, is a common ear infection. It can be divided into several types: acute or chronic otitis media, and otitis media with effusion. Another common type of ear infection is swimmer's ear, or acute otitis externa, which affects the outer ear canal.*

**Acute otitis media (AOM)** is a bacterial/viral infection of the middle ear; often a result from flu, allergy or other respiratory infections. This illness causes congestion and swelling of the Eustachian tube (a connection that links the middle ear to the respiratory tract), leading to the accumulation of fluid in the middle ear. This provides a perfect place for germs to breed. It occurs within 3 weeks to less than 3 months.

**Chronic otitis media** is an occurrence of ear discharge for more than 3 months. Chronic otitis media causes less ear pain but persistent ear discharge. Meanwhile, **otitis media with effusion (OME)** is an inflammation and fluid build-up in the middle ear without any infection. The fluid build-up may persist after AOM has resolved. OME may have no clear symptoms, but if it keeps recurring, the child may be susceptible to new ear infections and his hearing can be affected.

**Otitis externa** is an infection of the ear canal, which is a tube that runs from the outside of the ear to the eardrum. It is usually caused by bacteria, but sometimes can be brought on by a virus or fungus. The infection may be caused by sticking objects into the ear or when moisture is trapped in the ear after swimming or bathing. Unlike otitis media, otitis externa is not accompanied by other illnesses.

## What are the signs?

Acute Otitis Media	Otitis Externa
<ul style="list-style-type: none"> <li>• Ear pain</li> <li>• Trouble hearing</li> <li>• Thick mucoid fluid draining out of the ear</li> <li>• Fever and headache</li> <li>• Difficulty sleeping</li> <li>• Loss of balance</li> <li>• Loss of appetite</li> </ul>	<ul style="list-style-type: none"> <li>• Ear pain</li> <li>• Trouble hearing</li> <li>• Clear fluid draining out of the ear</li> <li>• Pain when pressing or tugging ear</li> <li>• Itchiness in the ear</li> </ul>

## Who is at risk?

**Otitis media:** Children aged 6 months to 2 years are more susceptible to otitis media because their Eustachian tubes are narrower and more horizontal, making them more difficult to drain and more likely to get clogged. It is also more common during the cold or flu seasons. Poor air quality, due to exposure to cigarette smoke or air pollution also increases the risk of ear infection. Children who are sent to a nursery or who have many siblings also have a higher risk of infection.

**Otitis externa:** It is more common in children up to their early teens due to the size and shape of their ear canal. As reflected in the name, swimmer's ear happens to people who swim frequently. Skin problems like eczema or psoriasis also raise the odds of getting otitis externa, as well as the use of cosmetics or hair products that can irritate the skin.

## Silent danger

Usually, ear infections do not cause long-term complications, but frequent or persistent infections can result in serious complications like impaired hearing, leading to speech and developmental delays. Infections can clear up on their own within one week. Doctors may prescribe antibiotics in the form of eardrops

or oral suspension if necessary. Pain medication or other relief methods may also be prescribed to manage pain.

Although **AOM is a common illness**, it is also **a risk factor to other fatal complications**, such as acute mastoiditis, neck abscesses, meningitis, and bacteraemia, which occur when bacteria causing the infection spread to vital organs such as the brain and lungs. The same strains of bacteria most commonly found in infected middle ear, like *Haemophilus influenzae* and *Streptococcus pneumoniae*, are also responsible for these serious complications that can cause permanent disabilities, like hearing loss, and even death.

## Prevention is best

Standard prevention measures include practising hygiene care to prevent the common cold and other illnesses. Teach your child to wash hands frequently and properly, and to cover his face when sneezing or coughing. Also, keep your child from being exposed to second-hand smoke and air pollution. If possible, breast-feed your child at least for the first six months. Breast milk contains antibodies that may offer protection from ear infections.



Vaccination can also prevent ear infection. The conjugate pneumococcal vaccine is very effective against several strains of bacteria that commonly cause ear infections. This include strains that also cause more severe diseases such as meningitis and pneumonia. Thus, vaccination also helps to prevent these related diseases in addition to ear infection. Seasonal flu shots may also help prevent ear infections. Consult your doctor on suitable vaccines for your child. Ear infection may be a typical illness in children, but remember that there are risks of being inflicted with more serious complications.

**PP**



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<sup>1</sup> Centers for Disease Control and Prevention. Global Pneumococcal Disease and Vaccine. Available at: <https://www.cdc.gov/pneumococcal/global-atlas>.

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# Healthy Nutrition Prevents Stunting

By **Dr Wong Jyh Elin**, Nutritionist and Council Member,  
Nutrition Society of Malaysia

*According to the National Health and Morbidity Survey, the prevalence of stunting in children under 5 years old in Malaysia has increased from 17.2% (2006) to 20.7% (2016). These numbers show that stunting remains a public health concern, whereby 1 in 5 children under the age of 5 suffer from stunting in this country.*



**Stunting** is defined as being **lower than average height for a child's age**, which is more than two standard deviations below the World Health Organisation (WHO) Growth Standard median. Stunting is a form of chronic malnutrition that is largely **irreversible**, and can lead to more serious problems if no measures are taken to prevent it. Do you know if your child is a part of the statistics?

## Poor nutrition, poor growth

The key to tackling the issue of stunting is to know its many causes. All the factors below can interact to hamper a child's growth and development, leading to stunting.

- **Poor maternal health and nutrition** before, during, and after pregnancy can hinder a child's early growth starting from conception.
- **Other maternal factors**, like adolescent pregnancy and short birth spacing can interfere with nutrient availability to the foetus.
- **Poor feeding practices**, including non-exclusive breastfeeding by introducing food or water too early, as well as complementary feeding that is inadequate, inappropriate for age, or untimely.
- **Recurrent infections and illnesses**, e.g. diarrhoea, due to poor hygiene and sanitation.
- **Other factors** include poverty, food insecurity, neglect and lack of stimulation from parents

or caregivers, poor access to healthcare facilities, and non-responsive feeding.

## Long-lasting effects

Stunting has dire consequences than just being short for age. It can also:

- Cause slower cognitive and physical development, diminished mental ability and learning capacity, and lead to poor performance at school.
- Increase the risk of overweight, obesity and other nutrition-related chronic diseases (e.g. diabetes, heart diseases) later in life, which can cause reduced productivity as an adult due to poor health.
- Lead to a weaker immune system, thus resulting in more 'sick days' both as a child and as an adult.

## Take action!

The effect of stunting is largely irreversible after the age of 2. Choices made by parents will influence a child's growth and developmental potential. Thus, parents have to ensure that their children receive healthy and sufficient nutrition to prevent stunting.



**Focus on the first 1,000 days:** The 1,000-day window, starting from conception until the child's second birthday, is a critical period of growth and development. Focusing on this period is important as growth failure often begins here. Ensure that both mother and baby are healthy and receive sufficient nutrition during and after pregnancy.

**Timely introduction of complementary foods:** By 6 months, most infants are developmentally ready for complementary foods as breast milk alone is no longer sufficient to meet the child's needs of energy and several nutrients. This is the right time to introduce complementary food and it has to be adequate, safe, and age-appropriate in terms of food texture and preparation.



**Exclusive breastfeeding until 6 months:** Optimal breastfeeding practices are the basis to a child's healthy growth and development. These include early initiation, frequent, on-demand and exclusive breastfeeding for 6 months, as well as continued breastfeeding until two years. Breast milk provides complete source of nutrients and natural growth stimulators for infants, and contributes to the development of their immune systems.



### Healthy feeding practices:

Introduce a variety of foods from all food groups including plant-sourced foods (vegetables, fruits, fortified cereals) and animal-sourced foods (dairy, meat, poultry, fish and eggs) during complementary feeding. Ensure your child is given meals 4-5 times a day, and gradually increase food quantity. Nutrient-dense food, such as milk which is high in important nutrients that support growth, is also vital to support children's rapid rate of growth.

**Keeping track of growth:** Children's growth can be monitored by tracking their developmental milestones. Identifying stunting visually can be difficult. Therefore, it is important to measure children's height and weight regularly, and compare them to the WHO growth standards. Voice any concerns regarding your child's growth to his paediatrician.

Stunting is the most prevalent form of child undernutrition that is also preventable. Stunting has early beginnings, but long-lasting and largely irreversible effects on physical and cognitive development of children. Providing children with adequate and healthy nutrition is crucial to ensure their optimal growth and development. **PP**

An educational collaboration with



Nutrition Society of Malaysia



# Getting Your Child the Right Nutrition for Optimal Growth

Do you feel that your child seems smaller and thinner than his peers? Are you worried that he is not getting the right nutrition for his optimal growth?

## Should you be worried?

A recent national survey showed that undernutrition is a serious issue in Malaysia. Your child may also be part of the statistics.

## Prevalence of undernutrition for children under 5 years old in Malaysia<sup>1</sup>

Types of undernutrition	Prevalence (%)
Stunting (short for age)	20.7
Underweight (low weight for age)	13.7
Wasting (low weight for height)	11.5

On the other hand, more than a third of parents perceive their kids' weight status inaccurately<sup>2</sup>, thinking that their kids are thinner compared to their actual weight. You have to know that your child may seem small due to either of these two reasons:

- 1) **he is undernourished, or**
- 2) **his rate of growth might be slightly slower, yet still within normal range.**

Ignoring undernutrition can lead to worse issues in your child's future, such as a lag in cognitive and physical development<sup>3</sup>. However, in the second case, being overly worried and feeding him the incorrect supplement<sup>4</sup> and unnecessary extra calories to support his growth can also lead to other health consequences, e.g. obesity, overweight, diabetes<sup>5,6</sup>. Then, how do you know that his growth is on track?

Providing your child the right nutrition based on his needs is vital for his optimal growth, in addition to a healthy lifestyle and routine growth assessments. **Achieve your child's full potential with the right nutrition from Dugro!**

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## The Right Nutrition for the Right Needs

Talk to your child's doctor today! Find out about your child's growth status, voice any concern and inquire how to obtain the right nutrition for his optimal growth.

Be aware of undernutrition problems, but also realise that children grow at different rates. Know your child's needs and the right nutrition for him.

- If your child is **undernourished** and growing below the normal range of the WHO Child Growth Standards, formula dietary food with high calories can provide him with the energy and growth nutrients to catch up on his weight and height growth, on top of having a balanced diet and healthy active lifestyle. One perfect solution is **Dugro Complete!** Support your child's catch up growth with **Dugro Complete** to keep his growth and development on track. Ask your doctor today!
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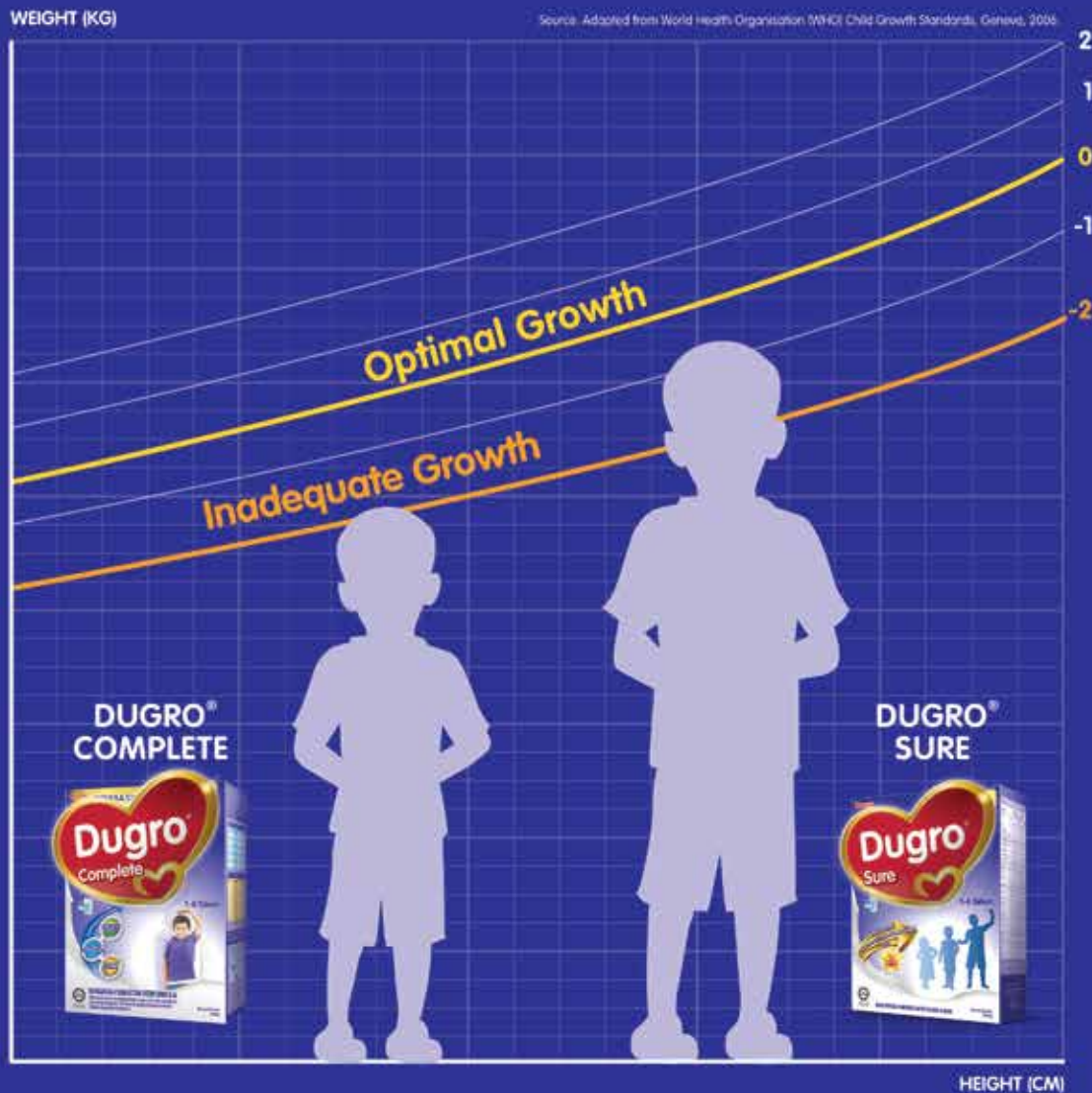


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BE SO MUCH MORE



# Complementary Feeding: Key to Optimal Child Growth

By **Assoc Prof Rokiah Don**, Nutritionist, Council Member of Nutrition Society of Malaysia and  
Former Director of Nutrition Division, Ministry of Health Malaysia

*Complementary feeding is defined as "the process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk." Any non-breast milk foods or nutritive liquids that are given to young children during this period are defined as complementary foods.*

The National Breastfeeding Policy for Malaysia was formulated in 1993 and revised in 2005, whereby exclusive breastfeeding is recommended for the first 6 months of life and continued breastfeeding is recommended up to 2 years. Complementary foods should be introduced at the age of 6 months. The timely introduction of complementary foods that are adequate in terms of quality and quantity, as well as appropriate for age is essential for optimal child growth and development during the "critical window" period particularly from birth to two years of age.

## Fact Sheet

**53.1%**

infants and young children received a 'minimum acceptable diet' in Malaysia (National Health & Morbidity Survey 2016)

**Minimum  
acceptable  
diet**

is defined as complementary feeding with (1) at least four food groups, and (2) minimum meal frequency appropriate to age (World Health Organization)

**Infant feeding practices in Malaysia**  
are still **below par** and need to be improved

## Why start at 6 months?

By the age of 6 months, infants are growing physically and becoming more active, and their bodies need more energy and nutrients than what milk alone can provide, particularly protein, iron, zinc, and fat-soluble vitamins (A and D). Thus, complementary foods, in addition to breast milk, are necessary to make up for the babies' additional nutritional needs. Furthermore, most infants are developmentally ready for other foods by this age.





However, if complementary food is introduced too early, infant's digestive system may not be mature enough to digest solids, and this can lead to digestive problems and a higher risk of developing food allergies. It can also result in a shorter duration of breastfeeding and a higher risk of obesity in future due to overfeeding. In contrast, late introduction of solids can affect the oral-motor development in infants, causing feeding difficulties later. Furthermore, it also increases malnutrition risks, including stunting.

## The essentials of complementary feeding

Feeding of all infants and young children should be timely, adequate, safe, appropriate and proper.

**1. Timely:** Introduce complementary food when your baby has turned 6 months. Here are some signs he is ready for change:

- Better control of his neck and tongue movement
- Making munching movements
- Sitting up with minimal support
- Putting things in his mouth
- Showing interest in what you are eating

**2. Adequate:** Ensure sufficient complementary feeding by increasing the portion size of his meal according to his age. Also, feed him more frequently as he grows older:

- **6-8 months old:** 2-3 times/day with 1-2 nutritious snacks
- **9-11 months old:** 3-4 times/day with 1-2 nutritious snacks
- **1-3 years old:** 4-5 times/day with 1-2 nutritious snacks

**3. Appropriate:** The types of food that can be consumed by infants at certain ages are determined by their neuromuscular development. Make sure that the texture of the food prepared for your baby is appropriate to his age to prevent choking:

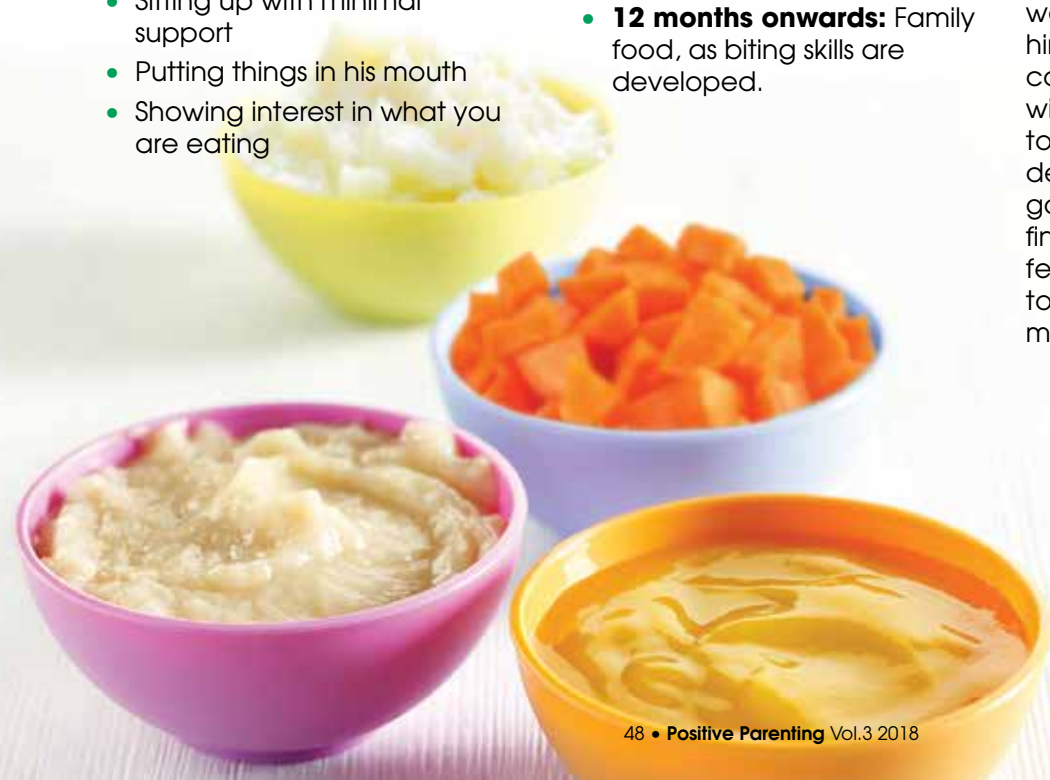
- **6-8 months:** Pureed, mashed and semi-solid foods.
- **9-11 months:** Chopped soft food, as chewing skills are developed; finger foods such as soft biscuits and fruits can also be given.
- **12 months onwards:** Family food, as biting skills are developed.



**4. Variety:** Your growing baby will require all the essential nutrients like carbohydrate, protein, fat, iron, zinc, calcium, vitamin A, vitamin C, and folate for his development. Feed your baby with the following food groups in a day:

- Cereals, cereal products and tubers
- Legumes (lentils, beans)
- Milk and milk products (yoghurt, cheese)
- Fish, meat, poultry
- Fruits and vegetables

Apart from the nutritional guide, complementary feeding has to be applied together with safe and hygienic food preparation. Also, apply responsive feeding by responding promptly and on demand to your baby's signs of hunger or fullness, and by being warm and nurturing while feeding him. By implementing good complementary feeding practices with your baby, you will be able to ensure his optimal growth and development, and secure a good start to his future. You can find more tips for preparing and feeding complementary food to your baby on our website: [mypositiveparenting.org](http://mypositiveparenting.org). **PP**



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# Should My Child Have a Smartphone?

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

*Smartphones offer many advantages in today's world, and are a convenient way to stay connected. Your child is just a call or text away and you can easily check on him or give him an update of your own plans at any time. In emergencies, a smartphone can allow you to quickly contact or update each other. School-going kids may even demand to have their own smartphones as a means of keeping in touch with their friends. However, there may be unintended results that affect your child's mental and physical health.*

## No fixed age

Using a specific age as a means to gauge whether your child is ready for his own smartphone is not recommended. It is more appropriate to base it upon his phone-use competency, maturity and sense of responsibility.

Pay attention to signs such as how he cares for his belongings (does he often lose things, etc.), whether or not he is generally responsible and reliable, and how much you can trust him to adhere to your rules. If the signs are positive, he may be ready for his own smartphone. The next question is whether or not he actually needs one.



## Unintended consequences

There are some potential problems that you may face, such as:

- **A decline in the parent-child bond.** He may end up spending more time on his phone texting friends, playing games, or going through social media. This may lead to less quality time spent with family.
- **Limits his creativity.** An over-dependence on his smartphone to keep himself occupied would inevitably lead to less creativity. Remember how we 'invented' our own games to keep ourselves occupied as children?
- **A potential source of addiction.** With social media, surfing the net, uploading photos to Instagram, tweeting, playing games, or chatting, there are so many things that could get him hooked. This may seriously interfere with the ability to function properly academically, lead to behavioural problems (e.g. he may become cranky or surly when denied permission to use his phone) or cause loss of sleep. The only sure way to prevent this is to ensure that you monitor his phone usage



and instil good phone-use habits in him, e.g. teaching him how to set limits on his 'phone time' and adhering to them.

- **Cyberbullying.** Smartphones may be a boon for social interaction, but it is also a source of potential problems, especially cyberbullying. Be sure to educate your child about this to prevent him from becoming a victim, or equally as important, not be a cyberbully.
- **Multi-tasking.** A lot of kids (and even adults) think they can multi-task, but multi-tasking means that one is not paying full attention to what they are supposed to be doing in the first place. If he is walking or cycling, he should remain focused and pay full attention to his surroundings. Texting or fiddling with the phone, especially when near or on the road is dangerous! Moreover, research in cognitive psychology has evidence that we actually do NOT multitask – we only switch our attention from one task to another really quickly.



## Monitor him

Be sure to monitor his usage. However, there is a fine distinction between monitoring

and 'snooping' as he would undoubtedly want some privacy as well. That is why it is important to establish trust, a close parent-child bond, and open lines of communication with each other.

Encourage him to confide in you, especially if he receives weird texts, chats, or calls that make him feel uncomfortable. Should you want to install a GPS locator service, do so with his knowledge. Be careful not to abuse it by demanding for an account of every location he was at, as it would indicate a lack of trust in him.

## Guide him

The bigger issue here is to educate him on how to use a smartphone appropriately. Some guidelines you may follow include:

### 1) Start them off with a basic phone.

If your purpose is to stay in touch via text/calls, a basic phone would suffice. It would also serve to teach him that phones are tools and not toys. You may then 'upgrade' it to a smartphone at a later date, if he is able to comply with all your rules.

### 2) Set limits.

No phones during family time, e.g. when eating together, at family gatherings, etc. If he has a hard time complying, you may have to set harder limits:

- Use a plan with a fixed amount and make him pay for the extra charges
- Limit or block his Internet access except for designated times

### 3) Do not answer if unknown.

Teach him to ignore calls, texts, or chats from people that he does not know.

### 4) Do as you say.

Most important of all, follow your own rules! Be a shining

example of how you want him to behave, otherwise your message will be undermined and you will lose trust that is very difficult to rebuild.

## 5) Teach him social skills.

Social etiquette, conflict resolution and emotional management skills are very important especially with the use of social media. As he is still a dependent minor, you should regularly monitor his usage/activities. Make it a point to let him know that he can seek your help and advice whenever he is unsure of what to do.

## Safety is paramount

Safety should be a prime consideration at all times, so do not neglect to teach him how to use his smartphone responsibly and safely. This encompasses things such as safety near/on the road, sexual predators (online safety), and also cyberbullying (both to prevent him from being a victim or the perpetrator).

Lastly, bear in mind that a smartphone is not a necessity but a privilege – if your child is not ready for it, then he might be better off without one at all. Before he can have one, you as a parent should feel confident that your child knows how to independently handle a smartphone responsibly and safely. Let him prove his claim to ownership by showing adequate maturity and trustworthiness to handle the responsibility of owning a smartphone. **PP**

*An educational collaboration with*



**Malaysian Society of Clinical Psychology**

# Speech and Language Problems

*Have you noticed that your 3-month old baby recognised your voice and smiled whenever he saw you? By 4-6 months, he started to babble, laugh, follow sounds with his eyes, and pay attention to music. On his first birthday, he finally uttered 'Ma' or 'Ba' to refer specifically to you, and this painted a sweet and unforgettable memory in your journey of child upbringing.*

ba ba...  
ma...



## What are speech and language?

**Speech:** How we say sounds and words, including articulation, voice, and fluency

**Language:** How we use words to exchange information, including verbal, nonverbal and written communication

## What can go wrong?

While all children reach developmental milestones at their own pace, it is cause for concern if they significantly miss their milestones. A child is said to have a speech and language delay (sometimes called speech delay or language delay) when he does not acquire speech and language skills appropriate for age during early childhood.

Speech and language delays are different from, but closely linked to speech and language disorders. Generally, a delay is a description for a younger child during early developmental period; however, it is said to be a disorder if it persists beyond early childhood and affects the child's function.

## Speech and language disorders

A **speech (sound) disorder** is when a child has problems producing speech sounds properly at the expected age, making speech difficult to understand. Meanwhile, **stuttering** (Childhood Onset Fluency Disorder) refers to a condition when sounds, syllables, or words are repeated or prolonged, disrupting the normal speech flow. In

both conditions, the child can understand or express ideas in words and phrases, but his utterance may sound incomprehensible, especially to strangers.

Meanwhile, a **language disorder** is when the earlier speech and language delays does not go away as the child grows up (some children with these delays do catch up and are known as 'late talkers'). He struggles to understand what others are saying (receptive language) or has trouble sharing his thoughts (expressive language). For example, he can pronounce words well, but is unable to make two-word phrases by 2 ½ years old. It is not uncommon to see a child with a language disorder also have speech sound problems.

By **Dr Lim Boon Chuan**, Developmental Paediatrician

## Early detection is crucial

It can be hard for parents to distinguish if their child is just a little slow to reach a speech or language milestone, or if there is a problem that needs medical attention.

Refer to your child's paediatrician immediately if you are concerned or see the following signs:

Red flags for speech and language delay / language disorder (later on)	
<b>Around 12 - 15 months</b>	<ul style="list-style-type: none"> <li>Does not understand the name of certain common objects, e.g. 'bottle', '(toy) car'</li> <li>Does not refer to you specifically using 'ma' or 'ba'</li> <li>Does not have any meaningful utterance</li> </ul>
<b>Around 18 - 21 months</b>	<ul style="list-style-type: none"> <li>Does not understand familiar phrases, e.g. 'give me a kiss', 'hug daddy', 'stop that'</li> <li>Does not point to body parts</li> <li>Does not have or has very limited vocabulary, e.g. 'cat', 'car'</li> </ul>
<b>Around 24 months</b>	<ul style="list-style-type: none"> <li>Does not seem to understand simple instructions or questions, e.g. 'Get your shoes', 'Want a drink?' or 'Where's Daddy?'</li> <li>Does not say at least 25 different words</li> <li>Does not combine two words together, e.g. 'drink milk', 'go out'</li> <li>Can only imitate speech and action, does not say words spontaneously</li> </ul>
<b>Around 36 months</b>	<ul style="list-style-type: none"> <li>Does not seem to understand longer instructions or questions, e.g. 'Get your shoes and put them in the box' or 'What do you want to eat for lunch today?'</li> <li>Does not combine words into longer phrases, e.g. 'want eat biscuit', 'help me mummy'</li> </ul>
Red flags for speech disorder	
<ul style="list-style-type: none"> <li>Sounds very immature for his age, i.e. he uses only a few speech sounds or patterns</li> <li>Does not pronounce words the way you would expect for his age</li> </ul>	
Red flags for stuttering	
<ul style="list-style-type: none"> <li>A sound, part of a word, word or phrase is repeated over and over, e.g. 'A a a and I want that one', 'And and and I want that one'</li> <li>A sound is stretched out, e.g. 'Aaaaaaaaand I want that one'</li> <li>He tries to speak and no sound comes out</li> <li>Eye blinking and grimacing while talking</li> </ul>	

## What happened?

A speech-related problem may be caused by oral impairment like problems with the tongue or palate. It can also be caused by oral-motor problems whereby there is a problem in the brain area linked to speech, making it hard to coordinate the lips, tongue, and jaw to produce sounds. For language delay or disorder, it may be associated with other conditions such as brain injury and autism spectrum disorder.

In addition, speech and language problems may also be caused by hearing problems (commonly due to congenital hearing impairment, chronic ear infections or glue ear). There is also strong evidence that excessive screen time (time spent on watching TV or gadgets) and lack of stimulation can lead to these delays. Furthermore, they may be part of more global problem – developmental delay or intellectual impairment.

**Early detection and early intervention** is the utmost priority for speech and language delays. **The wait-and-see attitude can be detrimental to the child's future.** Parents should be aware and consult a paediatrician immediately if they have any concerns as these could impact their child's growth and development. **PP**

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Probiotic category in Central and Eastern Europe in 2013.<sup>9,10</sup>

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# Hobby Time is Bonding Time!

by Positive Parenting

*In this age of social media, more people prefer to spend their free time with passive leisure activities, such as watching TV and surfing the internet. Active leisure activities like sports and hobbies are getting less popular, especially among youngsters nowadays. This is such a loss as sports and hobbies are great ways to foster bonding between your family members. When family members have a shared interest or hobby, they can do what they love together.*

## Let's do this together!

When we talk about bonding through hobbies, it does not mean merely driving your kids to a dancing class or cheering them on the sidelines of the football field. It means doing something together that both you and your kids are passionate about. Working towards the same objective will encourage your kids to open up to you and this will create a strong bond with them. So, how can you do this?

- **Generate interest:** Make them interested in your hobby by letting them hang around and watch you do your thing. Describe what you are doing and share your excitement when pursuing your hobby. Get them involved by asking for their opinion or simple help. Entertain his question using kid-friendly language.

- **Make time:** Set aside a time in your schedule to commit to the hobby. For example, you can reserve every other Saturday evening for a session of badminton with your kids. It is important that the hobby is done in your free time so that it does not feel rushed; make sure that your kids do not feel forced.

- **Start simple:** Start involving them with something easy and appropriate first. You can teach them the advanced part of the hobby, when they had shown greater interest and are more capable. If they show an interest in photography, let them use the auto setting on an easy-to-use camera first, instead of teaching them the manual setting on a professional DSLR camera.

- **Be patient:** For your kids to enjoy the hobby, it has to be a fun, relaxed, and special activity. Understand that your kids may be slowing you down and you will not be able to perform at the same level you are used to. Keep your cool when they mess up your stuff. Remember that the purpose is to enjoy quality time with them.

- **Be supportive:** If your kids are getting discouraged with the hobby (e.g. they keep failing to ride a bicycle without training wheels), compliment their effort and offer them advice. Give constructive feedback and encouragement, not criticism. When they have mastered a new skill, motivate them by giving a related tool, or visiting a place of interest.

# What can we do?

There are many activities and hobbies that you can enjoy with your kids. Here are some examples.

## Sports

This is a great way for kids to be physically active, learn how to cooperate, and develop body coordination. It is one of the most common hobbies, but make sure the type of sport is appropriate to their age and capabilities. Try: Football, badminton, basketball, swimming, wall climbing, running.



## Outdoor

Spending time outside is a good way to exercise, reduce stress, and get some vitamin D from sunlight. It can also be a good learning opportunity for kids to appreciate nature. Try: Nature walks, stargazing, fishing, cycling, camping.



## Arts & craft

Kids can develop their creative side with arts and crafts. It is also a fun activity that can improve their hand-eye coordination. Try: Painting, origami, scrapbooking, model building.

## Collection

Collecting a group of items can teach sorting and counting skills to kids. They will also learn to appreciate the beauty and uniqueness of each item in their collection. Try: Stamps, coins, postcards, seashells, or even bottle caps!

## Games & puzzles

This will teach kids critical thinking and problem-solving skills. They will also learn how to plan strategies. Try: Jigsaw puzzles, Rubik's cube, chess, checkers, sudoku.



## Performing arts

Learning how to perform can boost your kids' confidence. It can also be a creative outlet to express themselves. Try: Singing, playing guitar or piano, dancing, magic tricks.

## Life skills

Teaching them life skills from young will equip them with useful skills for the future. They will also learn to enjoy doing household tasks. Try: Cooking, baking, gardening, sewing, woodwork, engine works.

There are so many different hobbies that you and your kids can try. A hobby is a way to spend your time together in a meaningful way, hence creating a lasting bond and cherished memories in your family. Apart from that, having hobbies can help you create new connections, cope with stress from work or school, and develop your character. If you already have a hobby, try to include your kids as well; if not, find a new hobby together with your kids today! **PP**



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# Mutual Respect

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

*Your teenage son started coming home late from school. When you asked why, he snapped, "It's none of your business. I can take care of myself!" Is he becoming less respectful? He argued you did not respect his privacy, saying he deserved more independence and respect from you. But as his parent, you feel you have the right to know. This situation can lead to a clash of interest between you and your son. In this case, mutual respect is important. So, what is respect?*

**Respect simply means acknowledging one's abilities and inner qualities.** To respect someone is to have a high regard or admiration for one's views and feelings. Your teen wants to be acknowledged as an equal individual, but he also needs to respect your authority as his parent. Both parties have to realise that respect is a two-way street and needs to be earned.

## Earning respect

Mutual respect can be achieved when parents and teens make the effort to understand each other's point of view. It should start with you as the parent, as a way of teaching about respect to your teen. The following are some ways to gain respect from your teen, while at the same time, treating him respectfully.

- **Empathy and compassion.** Empathy is the ability to understand and share the feelings of others, while compassion is the desire to alleviate the other's suffering. Both are important precursors to respect. Try to empathise and be compassionate to your teen by remembering your own experience as a teenager. Put yourself in his shoes to see his point of view. Make an effort to understand his situation, perspective and emotion.



- **Lend your ear.** Listen to what he has to say until the end before making any decisions or conclusions. Let him justify his choice and action. Realise that 'listening' does not mean 'agreeing'; it is a way to show your respect to him. You may or may not agree with his explanation, but always listen first.

- **Give him your trust.** Trust him when he has proven himself trustworthy. Give him some freedom and let him make his own decision, if he has shown that he is responsible. For example, when letting him go out with his friends to the mall, set a rule for him to return before dusk. If he did as instructed, you can trust him when he asks to go out again.

- **Reasonable rules.**

Your teen is still bound to your authority and has to follow your rules as long as he is living under your roof. However, ensure that the rules are fair, logical, and suitable for him as a teenager. Negotiate with him and listen to his feedback. Do not treat him like a small child. Avoid making rules for your own convenience or to impose unnecessary control on him.



- **Walk the talk.** Be consistent with your words, actions, rules, and decisions. Do not contradict what you have told him. Someone who is inconsistent or hypocritical will be regarded as less credible and thus, less respectable. A classic case is when a father scolds his teenage son for smoking, while he is a smoker himself.

- **Never embarrass him.**

Do not belittle or humiliate him, either in private or public, despite how strongly you might feel about the mistake he had committed. Avoid name-calling even when you are fuming with anger. Be careful not to say or do things that you might think as acceptable, but can be viewed as embarrassing to your teen. Parents' words can have a deep impact on their child's psyche.

- **Behaviour vs. character.**

Distinguish his character or identity from his behaviour. When reprimanding him, be sure to direct it to his bad behaviour or action instead of his character. Attacking his character can make him lose respect for you.

- **Be honest.** Admit your mistake and acknowledge when he is right. Being honest and open with him shows that you respect him as a person. This will also encourage him to be honest with you and nurture mutual respect.

## Building a healthy relationship

Parental communication methods should evolve as children grow. Teenagers do not want to be treated as a small child – they want to be independent and seen as a young adult. Nevertheless, parents are still mandated to be responsible for their teens. Both parents and teens have to understand their respective roles in order to develop mutual respect, as it is an important element of a healthy family relationship. **PP**

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