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Positive Parenting



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Protect Our Kids from Infection!

Infectious disease is a constant threat to our children. In mid-2018, there was the widespread HFMD outbreak that caused schools and kindergartens to be closed. Just recently in October, a child who was not vaccinated died from diphtheria in Johor Bahru.

One of the main factors leading to these incidents is the lack of awareness or concern among parents on infectious diseases, particularly how some parents refuse to vaccinate their child. Educating parents and the public has always been one of the objectives of Positive Parenting, and in this issue's *Feature*, we focus on the importance of preventing infections through hygiene and vaccination.

In our *Real Life, Real People* section, we welcomed Daphne Iking, TV host and actress, to share her experience as a working mum. Find out more about her upbringing, approach to parenting, and the challenges of raising children in the digital age.

Our experts also discussed how couples nowadays delay in conceiving their first child, and the importance of teaching teenagers about sexually transmitted diseases (STDs). We also talked about encopresis/faecal incontinence, and managing emotional eating.

Different times bring different challenges in parenting. By continuing to educate ourselves about modern world issues, we can try to keep up and ensure we give the best to our kids. Positive Parenting is a channel for experts to reach out to young parents, in the hope that you as parents will benefit from this. All of our articles are available on our website at www.mypositiveparenting.org.

Happy reading!

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contents



18

Feature

5 Keeping Your Kids Safe from Infections

Family Planning & Pregnancy

11 The Age Factor in Pregnancy

Family Wellness

14 Mindful Parenting: Responding to Inappropriateness in Children

17 Protect Children from Sexual Abuse

18 Back to School (for Parents!)

Real Life Real People

21 Daphne's Style of Modern Parenting

Child Health

25 The Hard Facts of Meningitis

29 My Child Poops in His Pants

32 Kawasaki Disease 101

34 Why the Annual Flu Shot is Necessary

37 Antibiotic-Associated Diarrhoea

Nutrition & Healthy Living

41 Do You Have a Skinny Child?

44 In the Mood for Food

Child Development

46 Building a Resilient and Strong Child

My Positive Teen

49 STDs and Your Teen



25



44



11

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Keeping Your Kids Safe from Infections

By **Dato' Dr Musa Mohd Nordin**, Consultant Paediatrician & Neonatologist; **Dr Mary Joseph Marret**, Consultant Paediatrician; **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

The country was alarmed when there was a steep rise in hand, foot and mouth disease (HFMD) among children in July and August this year. More than 50,000 cases were reported, a 120% increase compared to last year.

In Europe this year, measles cases have reached a record high. The World Health Organization (WHO) reported that more cases were recorded in the first half of 2018 than any other 12-month period this decade.

Both outbreaks severely affected children, causing hospitalisation and deaths. Schools and kindergartens in Malaysia were forced to close after many students were infected with HFMD. Kids are vulnerable as their immune system is still developing. They are very curious and love

to explore their surroundings, exposing them to germs that can cause infections. Serious complications can result from infectious diseases, so it is crucial for parents to ensure the well-being of their children by taking steps to prevent infections.

Infectious disease 101

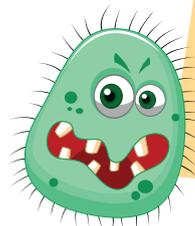
It is a question that arises whenever an outbreak occurs: why does it keep happening every year? Last year, diphtheria was on the rise, while this year, it was HFMD. Dengue fever, on the other hand, is a constant threat in many hot spots in Malaysia. Who knows which infectious disease will be in the headlines next year?

According to **Dato' Dr Musa Mohd Nordin, a consultant paediatrician and neonatologist**, the key to answering this question is to know what infectious diseases are. "Infection happens when germs invade the body and start to multiply, causing the body to react. Illnesses that result from infections are called infectious diseases," he said. Non-infectious diseases, such as cancer or diabetes, are caused by other factors like genetics, lifestyle and environment.

Infections can be caused by different kinds of infectious agents or pathogens. "The usual culprits include bacteria, which cause diseases like strep throat

and urinary tract infections, and viruses, which result in diseases like HIV/AIDS and influenza," he said. Other microbes such as fungi, protozoa, and various parasites can also cause infectious diseases.

"There are many types of infectious diseases and each has its own symptoms. But generally, when you are infected, symptoms such as fever, diarrhoea, cough and lethargy are common," he explained. However, an infection does not necessarily lead to illness. "A person may be infected without showing any symptoms. In this case he is considered an asymptomatic carrier," he added. There may also be cases whereby the symptom is latent and will only appear in later stages of the disease.



Spread awareness, not germs

Infectious diseases, also known as transmissible or communicable diseases, can spread widely and turn into outbreaks mainly due to a lack of awareness or concern among the public. "There are still many people who are not aware of the different ways infectious diseases can spread," said **Dr Mary Joseph Marret, a consultant paediatrician**. "Some parents still send their kids to school even when they are sick. They may say that there is no one to take care of their sick child, but doing this will expose other kids to infection," she added.

Germs can spread in a number of different ways. Different pathogens have different mechanisms of spreading infection. "Infectious diseases that spread from person to person are called contagious diseases. These include transmission via direct physical contact, like kissing and touching, and droplet contact when someone coughs or sneezes," she explained. "Using or touching something that was used by an infected person, like sharing a straw or toothbrush, may also spread infection," she added. This happens because body fluids of an infected person such as saliva and nasal discharge contain the virus or bacteria causing the infection.

"Infectious diseases can also spread from animal to human. For example, you may get a toxoplasmosis infection if you are not careful when handling your cat's litter," she said. Some diseases such as dengue or malaria are spread by vectors such as mosquitoes. "The vector does not cause the disease but passes the pathogens from one host to another," she added. Foods or drinks, which are not properly cooked or contaminated,



are also potential sources of infection, as many pathogens such as *E. coli* may be present in the food.

Being aware of the risk factors is also crucial in stopping infection. "You are more likely to get sick if your immune system is not functioning well or is still not fully developed, like in young children," she commented. "Older people have a higher risk of getting infected due to pre-existing diseases. Individuals with diseases that affect the immune system such as HIV/AIDs may be more prone to infection. Another group of people at risk are those receiving treatments that can suppress the immune system, e.g. patients undergoing chemotherapy or radiation for cancer."



Prevention is key

Knowing how infectious diseases are transmitted and who are most likely to be affected are helpful in planning strategies to stop infectious diseases, and consequently, control outbreaks. Better care can be given to people at risk, and appropriate steps can be taken to prevent infection. One essential and obvious way of preventing infection is to practise proper hygiene.

Hand-washing may seem trivial, but it is the best form of protection from germs. "Germs on your hands can infect you when touching your nose, eyes, or mouth. Teach your kids to wash their hands with soap and water thoroughly for 10 to 15 seconds before and after preparing and eating food, after coughing, sneezing or using the toilet, and after playing outside or touching a pet," advised **Datuk Dr Zulkifli Ismail, a consultant paediatrician and paediatric cardiologist.** But are antibacterial soaps necessary? "Studies have shown that antibacterial soaps are no better at cleaning dirt than regular soaps. In fact, the overuse of antibacterial soap may contribute to the rise of antibiotic-resistant bacteria," he explained.

Another aspect of hygiene is to practice sick-day etiquette. "If your child is sick, let him stay at home. Encourage him to cough or sneeze into a tissue



or handkerchief, instead of with his bare hands. Germs are more likely to spread by hands than through the air. Remind him not to share his personal items, like water bottle, eating utensils, toothbrush or towel. If it is necessary for him to go out, he should wear a face mask if he is unwell," he advised.

"As the consumption of contaminated food is another way to become infected, safe food preparation and storage is a vital part of prevention," said Dr Mary. She shared some tips:

- Wash your hands and make sure the kitchen surfaces are clean when cooking.
- Before eating raw fruits and vegetables, wash them thoroughly.
- Make sure meat, poultry, and seafood are well cooked.
- Never eat raw or undercooked eggs.
- Cook frozen food right after it is defrosted.

- Do not leave leftovers at room temperature for extended periods of time.
- Utensils and surfaces used in the preparation of raw meat, poultry and seafood should never come into contact with cooked food.

It is also good to schedule some time to do housecleaning. "Regularly clean floors, bathrooms, carpets, and windows with water and detergent. If someone got sick recently in your house, use disinfectants to remove germs on surfaces and items like kitchen counters, tables, toys, dishes and utensils," she said. When travelling out of the country, take extra precautions. She added, "Consult your doctor if you need any special vaccinations like yellow fever, cholera, or typhoid for the country you are visiting. Find out about food and water safety in the country, and take steps to prevent insect bites."

On vaccines and antibiotics

When diphtheria cases re-emerged in recent years, there were concerns that it might be due to the increasing popularity of the anti-vaccination movement in the country. Misinformation and lack of education might have led to this situation, causing a drop in immunisation uptake. Thus, the protection provided by herd immunity against vaccine-preventable diseases may be compromised, leading to possible outbreaks. "The best line

of defence for these infectious diseases is vaccination. It is mandatory for parents to ensure their kids are vaccinated according to the National Immunisation Programme," Dr Musa said.

Apart from the anti-vaccination movement, the prevalent misuse of antibiotics can also ultimately lead to more frequent outbreaks. "Antibiotics have been very beneficial in fighting bacterial infection since the

development of penicillin. But the overuse and misuse of antibiotics have contributed to antibiotic resistance in some bacterial strains," Dr Musa explained. "Antibiotics should not be used as a treatment for viral infections like the flu. Take antibiotics as prescribed, and always complete the treatment. And never use leftover antibiotics or ones prescribed to others," he advised.

National Immunisation Programme (NIP)

Vaccines covered by NIP	Recommended vaccines that are not in NIP
<ul style="list-style-type: none"> • BCG (Tuberculosis) • DTaP (Diphtheria, Tetanus, Pertussis) • Hepatitis B • <i>Haemophilus Influenzae</i> type B • IPV (Polio) • MMR (Measles, Mumps, Rubella) • Human Papillomavirus, HPV (girls only) • Japanese Encephalitis (Sarawak only) 	<ul style="list-style-type: none"> • Pneumococcal • Meningococcal • Rotavirus • Chicken Pox • Hepatitis A • Influenza

A final word

Children are prone to infectious diseases since their immune system is still developing. Some infectious diseases may be mild and resolve on their own, but some can be devastating and even fatal. "Keep your kids safe from infection by practising hygiene as a habit in your family. Protect them from vaccine-preventable diseases by following the National Immunisation Programme accordingly. Practise healthy living by doing regular exercise and having a balanced diet to boost the immune system," Dr Zulkifli concluded. **PP**



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The Age Factor in Pregnancy

By **Datin Dr Kamaljit Kaur**, Consultant Obstetrician & Gynaecologist

People say that age is just a number, but in the case of getting pregnant, it is a significant factor. More couples are deciding to have children at a later age nowadays. The current trend among couples is to focus on career development and financial security first, before taking this huge step in their lives.

Pregnancy in numbers

Mean age of first-time mothers

– **27.7 years** (Vital Statistics Malaysia 2017)

Mean age of childbearing in Malaysia

– **increased from 29.42 years (1970) to 30.74 years (2015) at an average annual rate of 0.49%** (Knoema database)



Health: Risks and concerns

Many women over the age of 35 have had a healthy pregnancy and given birth to healthy babies, so it is possible and safe for you to start your family later. However, it is still important to understand the risks of getting pregnant when you are older.

Mother: The Royal College of Obstetricians and Gynaecologists (RCOG) recommend 20 to 35 as

the optimal age for childbearing. A woman's fertility decreases as she reaches mid- to late-30s, as her eggs decline in quantity and quality. Thus, it may be harder for you to get pregnant.

Older mothers have higher risks of gestational diabetes and pre-eclampsia during pregnancy, which can lead to labour complications as well as future health problems in mothers and babies. You are also more likely to get pregnant with twins or triplets

as you age, as multiple eggs may be released at the same time due to hormonal changes.

Difficult labour: There is also a higher risk of pregnancy loss. Miscarriage and stillbirth are more common, due to pre-existing medical conditions and decrease in egg quality. When giving birth, a C-section delivery is not uncommon as there are higher possibilities of breech birth, foetal distress, prolonged labour, placenta praevia (placenta blocking the cervix) and other complications.

Baby: If you get pregnant when older, there is a higher probability of a preterm baby, or a low birth weight baby due to foetal growth restriction. The baby also has higher risks of chromosomal abnormalities (e.g. Down's syndrome) or some non-chromosomal birth defects (e.g. abnormal heart).

Father: It will be harder for an older man to get his partner pregnant as testosterone levels and sperm quality tend to decrease with age. Some studies show that older fathers may slightly increase the risk of adverse pregnancy outcomes and health issues in the baby.

However, there is no need to be distressed, as mothers over 35 are still more likely to have a healthy pregnancy despite the increased risks. As long as you are living a healthy lifestyle and taking the necessary steps for the pregnancy, you will be fine. You may have to go for more frequent prenatal visits and



tests. Remember to watch your gestational weight gain and avoid harmful substances.

Benefits and challenges

Apart from the health risks, you have to consider other pros and cons of being parents at a later age. Being older, you would be more financially secure and emotionally mature to offer the best nurturing and upbringing to your child.

Your relationship with your partner would also be more stable and settled, hence providing better support for each other in this new journey. The extra life experiences will also prepare you for various challenges ahead.

On the other hand, being late parents presents unique challenges such as being the sandwich generation. You have to divide your time between taking care of your aging parents and your young children. If you have a child earlier, your parents may still be able to help with their grandchildren.

There will also be a much wider generational gap between you and your child due to bigger age differences. It may be tricky to relate to him, especially when he turns into a teenager. Caring for infants and toddlers also takes a lot of energy, and being older may result in exhaustion.

It's your decision!

Becoming parents is a critical decision in your life. As long as you have done your homework, understand its challenges and are taking steps to ensure a healthy and safe pregnancy, becoming late parents should not be an issue. Consult a health care professional if you are planning for pregnancy and have any concerns. Taking good care of yourself is the best way to take care of your baby. **PP**

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Mindful Parenting: Responding to Inappropriateness in Children

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

The parental journey is a deeply emotional experience with wide-ranging emotions. Positive emotions and appropriate behaviours are celebrated but inappropriate ones are usually and automatically met with harsh reactions by parents who react, instead of responding constructively.



Reactions are instant and without much thought. When parents react, it may lead to escalating situations, especially when the child reacts badly, thus leading to a vicious cycle that spins out of control. Responses involve thinking through, and arriving at rational solutions that often defuses conflicts.

However, to respond is easier said than done as most of us were not brought up this way. It is a skill developed by focusing on compassion, empathy and the present needs of the child. As such, responding must be practised for it to occur automatically. You will face many challenges in trying to

respond, and you will make mistakes. It is important to realise this as the key to responding appropriately begins with self-awareness and compassion towards yourself.

Adapt & respond

Harsh reactions that are emotionally charged or prolonged (e.g. nagging) create unnecessary stress for your child and you. Often, it leaves the actual problem unresolved, and repeating the cycle. This results in more frustration and helplessness in both parties.

If you feel trapped in this vicious cycle, change your approach. Start by being a role model and

manage your own reactions. This helps to bring actual long-term solutions to current problems and encourages better adaptive skills in your children as well, strengthening their sense of resilience and emotional management.

Avoid reacting with strong negative expressions towards your child's inappropriate behaviours – instead, adaptively respond to his behaviour in ways that help him understand why his behaviour is unacceptable. This defuses potential showdowns and also shows him of how to handle his emotions.

For instance, reacting to a 2-year-old's tantrum by shouting

at him will distress him further. Think about your objectives first – if it is to reduce his tantrum, then understanding why he is distressed allows you to use an approach that reduces his distress. This can be accomplished not by giving in to him, but by helping him to understand how to manage himself appropriately.

Misbehaviours are a form of communication and tantrums indicate distress due to rejection or frustration. Understanding the cause allows you to acknowledge it and to suggest a more appropriate way of expressing frustration to your child.

It's up to you to set the tone when handling situations, so do not react based on your own emotions – instead, take the time to respond calmly. Focus on the goal and not the current situation. Consider whether your responses help facilitate or hinder the goal – if it is the latter, change your methods.

To positively deal with your child:

- **Respond to the situation not his reaction.**

Stay calm and speak to him in a firm but gentle manner, even if he shouts or screams. If he is too distraught, resume your conversation later.



- **Acknowledge your feelings.** If you are also feeling distressed and have difficulties being calm, it can be helpful to acknowledge how you feel to your child and show that you would like to work with him. This way you are modelling how he can

also express himself when in distress and ask for help.

- **Take a breather.** Suppress any knee-jerk reactions when faced with behaviours that rub you the wrong way. You can take a few deep breaths or a quick time away.

- **You're the role-model.**

Handle situations by keeping your cool. Refrain from scolding or shouting threats at him. Speak calmly and provide support where needed.



Keep calm and carry on

The tough part is to learn to manage your own emotions and control your reactions. On your bad days, address this first to avoid unintentionally taking out your frustrations on your child. Find a method that works for you (e.g., speaking to someone, going for a walk, or gardening, etc).

Intense reactions based on frustration will escalate the situation. Remember that you are dealing with an immature child who still can't handle his emotions. Aim for responses that are calming, and avoid getting overly emotional as it may scare him.

Using empathy and compassion will more likely calm him down. It also shows an example of how he can cope with these situations and that you care about his distress, providing a better sense of safety and feeling cared for.

Dealing with misbehaving children will tax your patience but hang in there. To retain your sanity:

- **Tailor your expectations.** His behaviour varies depending on his developmental stage and temperament. Understanding this helps you be better prepared for his behaviour.

- **Give him time to calm down.** Sometimes he just needs a little time to calm down. It never hurts to give him a hug, ask him to wash his face if he has been crying, or take him away from where he had his breakdown for a quick walk, or to a safer place.



- **Self-compassion.** Go easy on yourself. It is easy for parents to be hard on themselves for not being able to contain their children's behaviour and emotions. Calm down and be kind to yourself. Take regular breaks to relax and rejuvenate where possible.

- **Address stress with serenity.** Changes in your behaviour will be noticed. Be prepared to handle worse behaviour from your child before seeing any improvements as children tend to test their boundaries with a calmer parent. You need to persist with calmness and let them learn to accept you this way. **PP**

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PROTECT CHILDREN FROM SEXUAL ABUSE



Types of child sexual abuse

- **Contact abuse:** sexual touch of a child's body or making a child touch someone else's genitals, penetration of mouth, vagina, anus with sexual organs, fingers or other objects
- **Non-contact abuse:** getting a child to watch live sexual acts or view them in photos or video, making sexually suggestive remarks either verbally or online, exploitation by creating sexual images of children and distributing them online



Behaviour that should raise concern

- Avoidance of certain people
- Becoming withdrawn, anxious or fearful
- Sudden falling grades at school
- Self-harming and suicidal thoughts
- Returning to previous childish habits (e.g. thumb sucking)
- Recurrent nightmares or bed-wetting
- Runs away from home or school
- Inappropriate sexual knowledge or behaviours



Physical symptoms

- Difficulty walking or sitting
- Bloody, torn, or stained underclothes
- Pain, injury or discharge in genital area
- Frequent urinary or yeast infections
- Signs of pregnancy in a teenager



Warn your child of adults who:



- Find ways to be alone with the child i.e. suggesting outings alone, offering to "look after" or babysit child alone
- Ignore the child's needs for privacy e.g. bathroom
- Give gifts or money for no particular reason
- Communicate excessively with the child – text messages, calling, etc.



Never ignore a child who reports sexual abuse or has any of the above physical symptoms. Listen carefully to what he/she has to say and seek medical advice. If a child displays behaviour that raises concern, take him/her aside and ask if something is bothering him/her. Do not shout or threaten them because you are anxious. They will be more likely to share

problems if you are calm and gentle. If they reveal something suspicious or display behaviour which suggests possible sexual abuse, consult a doctor for advice. Always remember that both boys and girls can become victims of child sexual abuse. To lodge a report, contact the police or call Talian Kasih at 15999 (24-hour hotline).

Back to School (for Parents!)

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

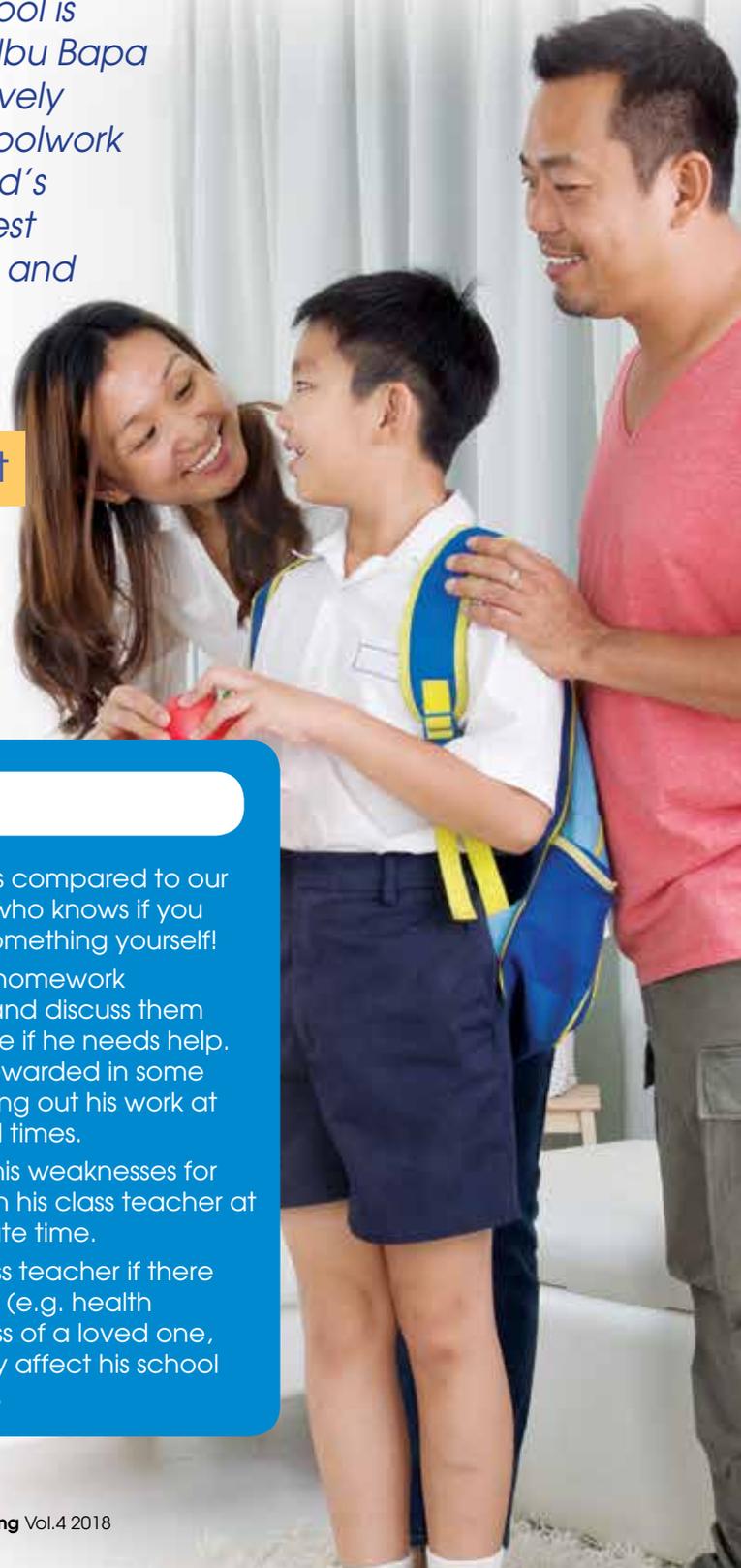
Parental involvement with your child's school is more than just attending PIBG (Persatuan Ibu Bapa dan Guru) meetings. Parents who are actively engaged with their child's school and schoolwork can make a crucial difference to their child's success academically, social and in life. Best of all, you will also feel a sense of fulfilment and satisfaction in making a difference in his education by using a hands-on approach.

The power of parental involvement

Little things such as getting him ready for school or attending school events show him that you value his education. Being involved helps improve his school attendance, have a positive attitude about school, make more friends, learn lessons better, have adaptive behaviour, and form a stronger relationship with you.

How to get involved?

- Be curious about his interests and ideas about the world around him.
- Set goals with him based on his ability and work together to achieve them. They can be both short- and long-term goals.
- Spend quality one-on-one time with him to talk about his day at school, who his friends and teachers are, even if it's just 5-10 minutes but be sure to give him 100% of your attention.
- Revise his lessons together by asking him to teach you – this helps solidify his own understanding. With new changes to the syllabus compared to our school days, who knows if you might learn something yourself!
- Fix a time for homework assignments and discuss them with him to see if he needs help. Ensure he is rewarded in some way for carrying out his work at the purported times.
- Take note of his weaknesses for discussion with his class teacher at the appropriate time.
- Inform his class teacher if there are any issues (e.g. health conditions, loss of a loved one, etc.) that may affect his school performance.



Be more active @ school

Some schools even offer opportunities for parents to be more actively involved. This includes turning up to support your child at school performances, sports day, canteen day, etc. Some schools encourage parents to volunteer for certain tasks, e.g. recycle day, canteen day, sports day, etc. Do check with the teachers to see how you can contribute your time.

One more important aspect that should not be neglected is the parent-teacher relationship. Focus on building a positive relationship with your child's teacher. The relationship with his teacher is very important, so strive for a problem-solving partnership, even if you disagree with the teacher's methods. When meeting his teacher, do so with the intention to collaborate to help your child. It is important to be consistent with the teacher at school in managing your child's learning and behaviour. Getting confrontational and scolding/lecturing the teacher would only sour the relationship and may make things awkward for your child, especially if it was done in his presence.

Don't become over-involved

Remember, you are your child's most important partner in his education, so give him all the



support he needs but not to the extent of doing everything for him. The goal is to encourage him to be more independent and learn how to do things on his own, not have him depend on you for everything, so let him pack his own school bag, do his homework or assignments (e.g. art or projects) on his own, etc.

Doing his homework or assignments with him may help in the short term with his grades, but in the long term, it will impede his resilience, as well as independent learning skills and experience as he is not the one doing them. Instead, he is likely to become dependent and helpless with low self-efficacy when he reaches late adolescence. Avoid helicopter

parenting and give him the space he needs in order to flourish and grow. With the right encouragement, he will be able to go far as an adult. Make the extra effort to be involved now to reap the rewards in the long term. You are also a model for independence. So rather than do things for him, you show him how it's done and let him go through the trials and errors where learning becomes more personalised to him. **PP**

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BE SO MUCH MORE

In this issue, Positive Parenting approached Daphne Iking, Malaysia's beloved TV personality, emcee and actress, to find out about her personal experience growing up, her journey as a mother, and her view of different aspects of parenting in the modern age.



Hari Raya family photo

Daphne's *Style of Modern Parenting*

A vocal advocate of issues related to children and parenting, Daphne grew up in Keningau, Sabah and is the second eldest of four siblings. She has hosted many popular TV shows, such as *Say Yes To The Dress Asia*, *Bella*, *The Breakfast Show* and *Explorace*. She also starred in movies, among them *Sindiket* (2017) and *Relationship Status* (2012). Daphne lives with her husband, Azmi Abdul Rahman, a successful businessman, and their beautiful kids, Isidore Daniel Iking Azmi, 2, Iman Daniella Iking Azmi, 7, Isobel Daniella Iking, 11, and Ariff Jazzmi Azmi, 23.

Can you tell us a bit about your upbringing?

I remember my childhood being spent keeping ourselves entertained. In my earlier years, my father was reading law in the UK and my mother was working part-time. After school, my siblings and I would basically look after each other. Back in Malaysia, we grew up in a community where everyone looked after each other's children.

I wanted to get my own rollerblades and more jeans when I was younger. My

father refused to buy us these "unnecessary" things but got us books instead. So, I went to great lengths to get extra pocket money to buy my own things. I sold my mother's tomatoes by the roadside when I was 11. I also did part-time waitressing at Shangri-La Hotel at 15 and other jobs. I managed to keep this from my father as he wanted us to focus on our studies.

Can you tell us about your parents' parenting style?

My father was strict. He found out I had performed in a band



5-year old Daphne (left) with her sister, Michelle



Family trip to the US

for an event. He hit me with a broom and I refused to talk to him for a month. He said, "You are 15! Focus on your exam!", but I continued to work during school breaks and managed to score all A's for my PMR (*Penilaian Menengah Rendah*). I was eligible to enter Science stream, but I wanted to be with my friends in Commerce instead. My father forced me to take Science for better options for a degree. I was a rebel, but I was still scared of my father, so I obeyed. Eventually, I chose my own path in university and paid for both my degree and master's degree by teaching English and Maths on the side.

My mother is more practical. She told us to our faces that if we got pregnant by accident, we would have to figure it out ourselves, as she still needed to work and won't be able to look after our children. I will always remember how she made us respect our bodies, advising us, "You can't go back to holding hands when you start kissing a boy."

What about you as a parent? What is your approach to parenting?

I am practical and firm, like my mother. I don't believe in being too strict, but you have to set the tone right from the beginning. Most importantly, you must set a good example to the children. I will not hesitate to admit my mistake and apologise. All my four children are different, and my husband and I have different approaches to all of them. One thing for sure, we try to be on the same page when it comes to the children. For instance, when Isobel wants to go for a sleepover, Azmi and I will discuss it before checking with her to gauge whether she can behave and look after herself when we aren't around.

I am also an advocate for sticking to your commitments. Iman was selected for a gymnastic competition and because it would require

more money for extra training, transport and attire, and also more hours on rehearsals, I wanted her to be fully certain of this pursuit before I agreed. Two weeks before the competition, back-to-back rehearsals were taking a toll on her. She wanted to quit. I did not allow that, explaining that she had made a commitment, so she must stick by her decision. It was hard watching her cry, but after she came up in a podium finish, she was so happy I pushed her through it.

As a successful career woman and a mother, what are your biggest parenting challenges?

I work from home, so sometimes it's hard to fully focus on either work or kids. For instance, a client may drop by to preview a video, but suddenly, my 7-year-old walks in with her unfinished homework! But I think this is still manageable. Another recent challenge is telling my children

not to be too dependent on their devices, but here, my work revolves around my gadgets. So how do I set a good example without compromising on work and my integrity as a parent?

How do you juggle your work and family time?

I have a schedule. If I don't schedule and manage my time, I won't be focused on what I'm supposed to do. I go for quality, not quantity. If I have an hour slot with the kids, I spend 100% with them and ditch work completely. That way, I won't feel so guilty because I've focused 100% on work earlier.

As a public figure, do you foresee it affecting your children as they grow?

We try our best to make sure they stay safe. I know my children

have been approached for pictures by random strangers. I tell them to be polite but if anyone makes them feel uncomfortable, say no or come to us. My children are exposed to what I do and it seems to rub off a bit on them. Iman wants her own YouTube channel, and Isobel is keen in arts and debates. I let them decide what they want to do and to explore their interests.

What are your thoughts on the use of digital gadgets and social media among children?

I embrace technology and I don't stop my children from using it. We educate them on safe surfing and about the dangers lurking there, such as sexual predators and child grooming. I allow them to watch movies, video clips, and play games, but only for a limited time and after they have completed their

homework or chores. They need to learn how to be responsible, so I don't deprive them. I choose to educate and to lead by example.

What do you think about parenting by proxy, i.e. children being raised by grandparents or bibik?

I was raised by the community because both my parents worked. So I have no qualms having my mother or my maid to help me. In fact, I love that I have someone reliable to assist me so I can focus at work. Then, when it's family time, I give all my attention to them. Since I work from home, I am lucky as I can still be there for the children.

Do you have any last words of wisdom that you would like to share with other working mothers out there?

Take time out to love yourself too. I used to give all my time and commitment to my family, because "that's what a good mother would do", but I started feeling the resentment. I shared my frustrations with my husband, and we found some ways to compromise. Now I am back running marathons and doing yoga; I teach the prenatal mums in the shelter; and I have occasional time-outs with my girlfriends. I come home rejuvenated and feeling better.

PP



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The Hard Facts of Meningitis

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

*Meningitis is an acute inflammation of meninges, the protective membrane surrounding the brain and spinal cord. Meningitis may be caused by infection with bacteria or viruses, and other non-infectious causes. Bacterial meningitis can be life-threatening especially when caused by several common strains, e.g. *S. pneumoniae*, *N. meningitidis*, *H. influenzae*.*

Fact or fiction?

You may have heard about meningitis and how dangerous it can be. However, there are misconceptions to set straight.

1 Meningitis is easy to recognise and diagnose, I would know immediately if my child is infected.

Meningitis is easy to **misdiagnose** as its early symptoms, such as high fever and headache, are similar to flu and other common illnesses. Children may exhibit slightly different symptoms than adults. Symptoms may develop over several hours or up to a few days. If any of the following symptoms manifest in a sudden or severe way, seek immediate medical attention. Early treatment is vital.

Those older than 2 years old:

- High fever
- Severe headache
- Stiff neck
- Confusion
- Nausea or vomiting
- Sleepiness and lethargy
- No appetite
- Sensitive to light
- Purplish rash



Newborns and infants:

- High fever
- High-pitched crying
- Poor feeding
- Stiff body and neck
- Excessive sleepiness and irritability
- Bulging fontanelle (soft spot on top of the head)



2 Only babies and young children can get meningitis, so my teenagers are safe.

Meningitis is most common in infants below the age of 1, but meningitis can affect all ages. The higher-risk population include those who skipped mandatory vaccinations, young children, adolescents, older adults, pregnant women, people living in close quarters (students in dormitories, children in boarding schools or child care centres), and people with a compromised immune system (e.g. people with AIDS/diabetes).



3 Meningococcal vaccines can cause meningitis.

Vaccines that prevent meningitis are proven safe and do not cause meningitis. Similarly with all vaccines, there may be mild side effects such as redness/swelling at the injection site or fever, but these are rare.

4 Meningitis is not contagious.

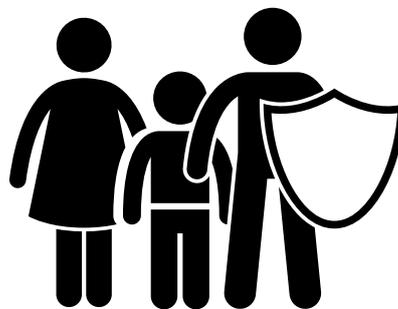
Meningitis-causing bacteria cannot live long outside the human body, but it can still spread through air droplets and direct contact with an infected person. Being exposed to a patient's secretions (e.g. coughing, sneezing, kissing, sharing utensils, cigarettes or toothbrushes), can get you infected. However, a casual contact such as shaking hands or being in the same room does not spread meningitis.

5 My family members and I have taken the meningitis vaccine, so we are completely protected.

One vaccine cannot give full protection against all meningitis-causing bacteria. Different vaccines protect against different bacteria strains, such as the quadrivalent meningococcal conjugate vaccine (MCV-4), 13-valent pneumococcal conjugate vaccine (PCV10 and 13), or *Haemophilus influenzae* type B vaccine (HIB). The HIB vaccine is included in our National Immunisation Programme (NIP) and given free to all Malaysian infants in 4 doses. Meningococcal vaccine is mandatory for Muslims going for Hajj or Umrah. The government is currently working on making PCV vaccine mandatory and to be included into the NIP. For now, the vaccine is available at private hospitals and clinics.

6 A way to confirm meningitis is by looking for the presence of rashes.

The infamous purplish rash is not always present in meningitis and usually shows up late. It indicates the infection has spread to the blood. Symptoms can develop very quickly and cause death in less than 24 hours. Never wait for the rash to appear before seeking medical attention.



Meningitis may not be a common disease but should not be taken lightly, as it can result in devastating consequences. Complications include hearing loss, learning disabilities, seizures, amputation, and worse of all, death. The fatal nature of meningitis means that prevention by vaccination and by practising good hygiene is the best choice for parents and their children. **PP**

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

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My Child Poops in His Pants

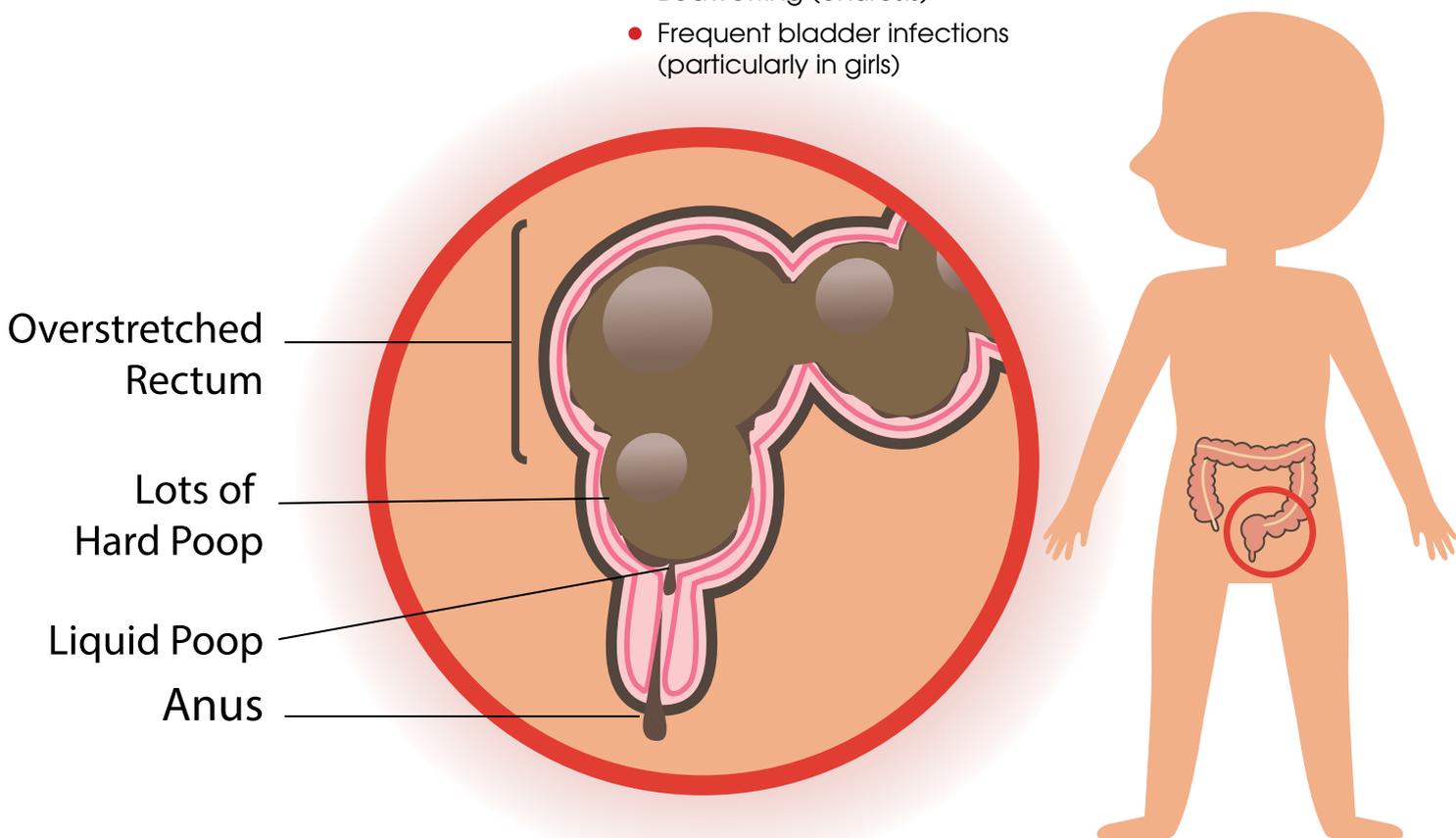
By **Assoc Prof Dr Raja Affendi Raja Ali**, Consultant Physician & Gastroenterologist

Faecal incontinence or soiling (also called encopresis), is the involuntary repeated passing of stool into clothing. It occurs among toilet-trained children aged 4 years and above.

Encopresis is related to continued constipation which clogs the rectum. Newer stool is more liquid and can leak past the weakened, over-stretched rectum and stain the child's clothing.

Signs & symptoms

- Evidence of stool or liquid stool on underwear/clothing
- Constipation with dry/hard and pellet-type stool
- Large stools that are difficult to flush down the toilet
- Child avoids bowel movements
- Long periods of time between bowel movements
- Lack of appetite
- Abdominal pain
- Bedwetting (enuresis)
- Frequent bladder infections (particularly in girls)





Preventing the problem

A well-balanced diet high in fibre and water is a good way to prevent encopresis. Pre- and probiotics are potentially helpful. Prebiotics are dietary fibres found in fruits, vegetables, whole grains and legumes. Probiotics help replenish the 'good' bacteria in the gut, which are beneficial to digestive health and overall wellbeing. Fermented food products are rich in probiotics, e.g. cultured milk drinks, *tempeh*, kimchi, home-made yoghurt (*tairu*), and *tapai pulut*.

Research has also demonstrated that probiotics can help increase stool movement and prevent constipation. Other basic healthy lifestyle factors include getting enough sleep and exercise, drinking enough water, managing stress levels, and eating healthily. Making changes to your lifestyle will need some work but the results are worth it.

If dietary changes are not helping, there are other possible causes of continued constipation, such as:

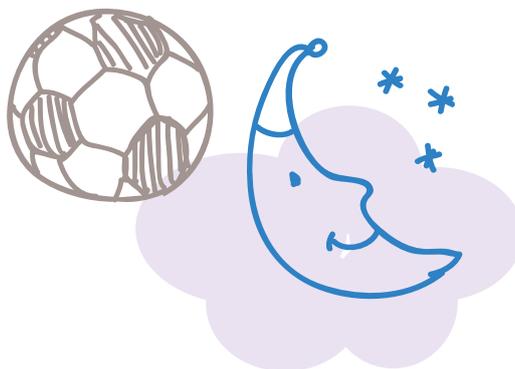
- Tension/anxiety triggered by problems during toilet training
- A low fibre diet that leads to constipation
- Drinking insufficient water
- Inactive lifestyle (e.g. insufficient physical activity)
- Fear/anxiety/dislike of using toilets outside the house (e.g. at daycare or school)
- Ignoring the urge to have bowel movements
- Fear of defaecation (a constipated child may experience a painful injury to his rectum, thus leading to a fear of bowel movements because of the pain)

When to see a doctor



Check with your child's paediatrician if he:

- Is older than four and consistently soils his pants
- Resumes soiling his pants after being 'clean' for months or years
- Frequently has constipation (even without encopresis)



In rarer cases, some neurological or developmental disorders of the digestive tract may also cause encopresis.

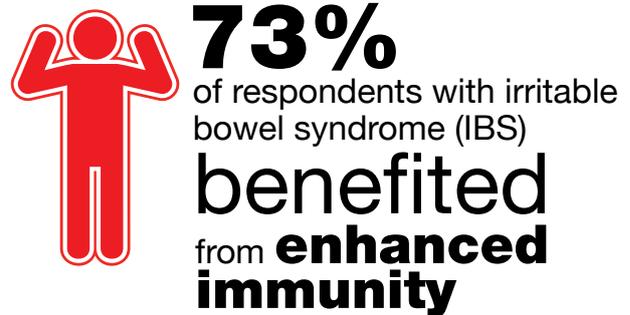
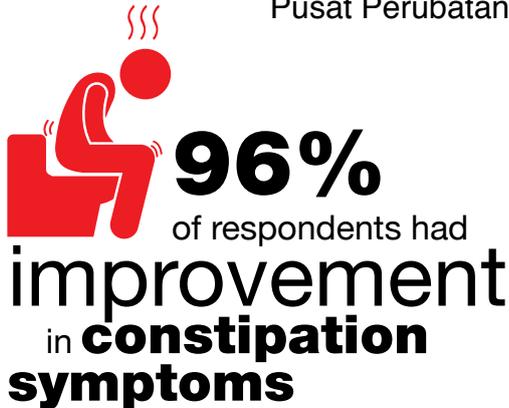
Before seeing a doctor, take note of unusual stresses, diet, water intake, physical activity, and bowel movements for the past few weeks. The cycle of constipation and encopresis can be broken only by clearing the clogged stool from the bowel and ensuring that your child adheres to regular bowel movements. This allows his bowel to return to its normal size, which may take weeks or months.

To achieve this, his doctor may prescribe medication (laxatives), enemas, or rectal suppositories. Avoid using these methods (especially on a frequent basis) on your own unless prescribed by the doctor. After your child's bowels have been cleared, motivate him to adhere to regular bowel movements. Check with the doctor to see if the child needs a stool softener (e.g. lactulose and mineral oil) to help with bowel movements.

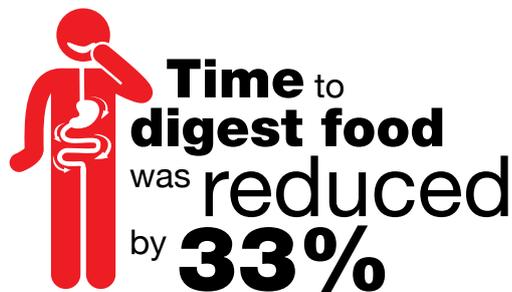
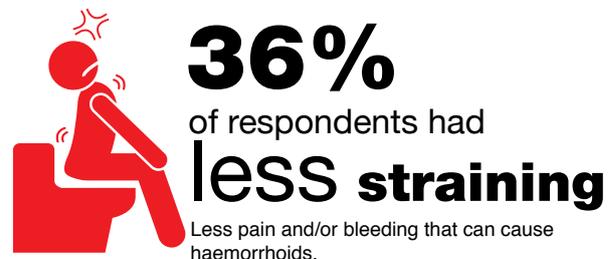
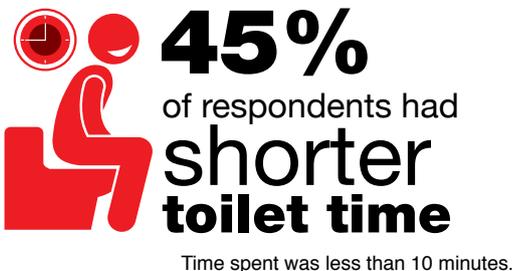
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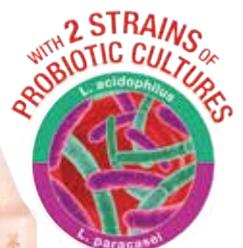
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*Based on 2017 research conducted by Gastroenterology & Hepatology Unit, Pusat Perubatan Universiti Kebangsaan Malaysia on 165 healthy adults, and adults with IBS from Klang Valley. Results were based on consumption of 3 bottles of VITAGEN a day.

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

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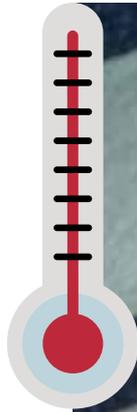
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Kawasaki Disease 101

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

Kawasaki disease was first described in 1967 by a Japanese paediatrician, Dr Tomisaku Kawasaki. The first cases outside Japan were reported in Hawaii in 1976. Approximately 75% of Kawasaki disease patients are children below the age of 5, more often in boys than girls, and it is the most common cause of acquired heart disease in children. If treated early, most children recover within a few days. The exact cause is still unknown but it is not directly contagious.

Kawasaki disease typically causes prolonged fever with enlarged lymph nodes, redness of mouth, hands and feet, and occasional rash. It causes inflammation of the blood vessel walls, especially the coronary arteries supplying blood to the heart muscles.



Signs and symptoms

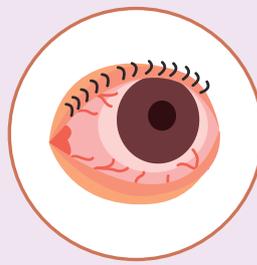
The most common symptom is a high fever, between 38.3-39.4°C which lasts more than 4 days and has little to no response to common over-the-counter medication. Other symptoms that also occur within 14 days from the fever include:



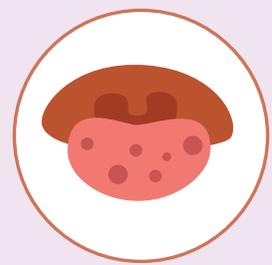
- Enlarged glands (especially the neck)



- Red and swollen hands and feet



- Conjunctivitis, red, non-watery eyes



- Red and swollen tongue



- Non-specific rash



- Redness of the BCG injection site



- Peeling skin on tips of fingers and toes after 2 weeks

Its symptoms appear in three stages. It can cause problems with the heart between 10-14 days after the onset of the first symptoms. Some patients may have inflamed or sore joints between the end of the fever up to around the 25th day of the disease. The entire course of the disease may last up to eight weeks.

Diagnosis

The diagnosis of Kawasaki disease needs to have a high degree of suspicion. Your child's paediatrician will have to decide based on the combination of symptoms and signs if your child really has Kawasaki disease.

Treatment

You can give paracetamol for the fever but he has to be

examined to diagnose Kawasaki disease. Due to the high risk of complications, your child will likely be hospitalised while receiving initial treatment. This may include an IV (intravenous) infusion of immunoglobulin along with other medications. Affected patients require plenty of fluid to avoid dehydration. He may also be given aspirin for a few weeks.

Risk of complications

This disease can affect the heart. While most children do recover completely, there are rare cases where complications occur due to inflammation of the blood vessels leading to weakening of the artery walls causing bulging (aneurysm). Other parts of the heart that can be involved are the membrane covering the heart, the valves and the heart muscles. Kawasaki disease during

childhood has also been linked with an increased risk of heart disease in adulthood.

Infants face a higher risk of serious complications. Early treatment will reduce the chances of permanent effects. There are no official support groups, but there is an unofficial Malaysian support group on Facebook (search: Kawasaki Disease Support Group Malaysia).

PP

An educational contribution by



Malaysian Paediatric Association

Why the Annual Flu Shot is Necessary

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



When your child has a sore throat, body aches, and fever, it may not be just a common cold - it could be influenza. Influenza is dangerous and can cause serious complications, such as pneumonia, bronchitis, bacteraemia, otitis media, encephalopathy, and prolonged hospitalisation.

A common misperception is that flu happens only in countries which have winter. Flu outbreaks can occur in Malaysia all year round, as they are spread by travellers from the northern and southern hemispheres. To avoid winter, travellers head towards a tropical country and may bring the influenza virus along. Malaysians who travel to these destinations during the respective hemisphere's winter season may also act as carriers.

ABCs of influenza

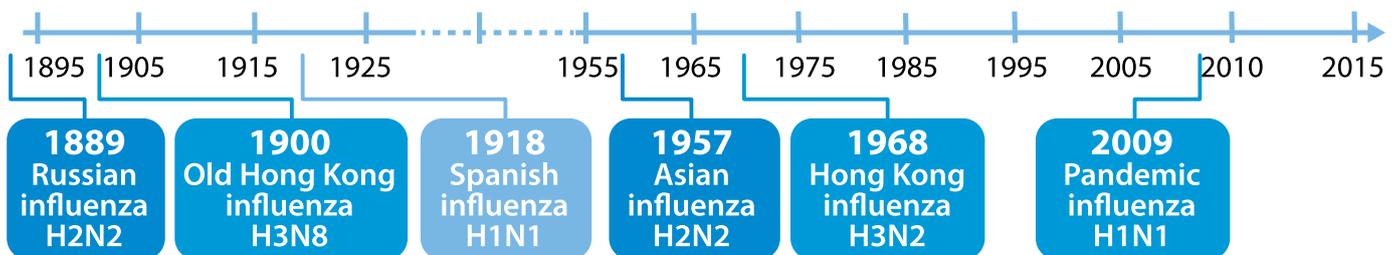
It is a virus that attacks the respiratory system. There are four strains of influenza viruses, i.e. A, B, C and D viruses. Influenza A & B are more dangerous as they can cause seasonal epidemics. Influenza C causes milder infections, while influenza D does not appear to affect people. Well-known influenza viruses include type-A, e.g. H1N1 bird flu and swine flu, and type-B, e.g. Yamagata and Victoria strains.

Epidemic vs pandemic

Epidemic = The disease affects a greater number of people than normal in a specific area or locality not normally linked with the disease.

Pandemic = The disease has an effect on a global scale.

Past pandemics at a glance



1918-1919 - the Spanish Flu caused widespread illness and up to 50 million deaths worldwide.

2009 - H1N1 pandemic was caused by a new strain (influenza A, H1N1).

2012 - H1N1 caused an estimated 575,400 deaths worldwide in its first year of circulation.

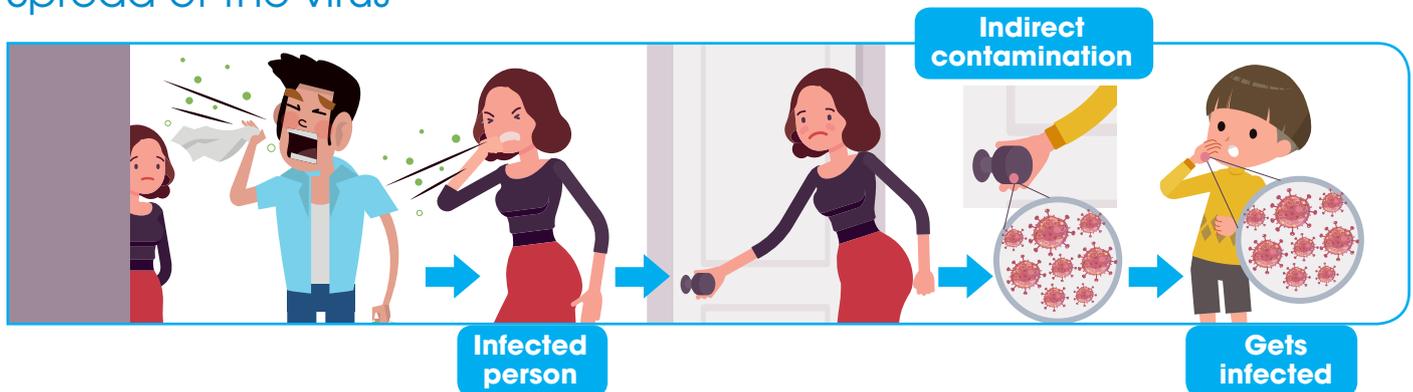
How it starts

Influenza usually affects the respiratory system - nose, throat and lungs. Despite similar symptoms with common cold, it is more severe. Symptoms include:



The virus is mainly transmitted via droplets when patients sneeze or cough. However, it can linger on hard surfaces (e.g. doorknobs, tables, toys, etc.) for up to a day and can also be transmitted by touch. These characteristics allow the virus to spread easily and quickly.

Spread of the virus



The 'hidden' costs

If your child develops complications such as sinusitis (sinus infections), bronchitis, or pneumonia, you will have hospital bills on top of the doctor's bill to bear. He may also be quarantined to prevent spreading the flu to others, leading to missed classes. Parents also may have to take leave to care for their sick child, which increases parents' risk of being infected (thus adding to the financial, emotional, and physical burden).

Who's at risk of complications?



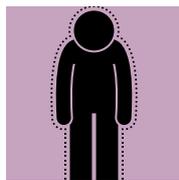
Babies, toddlers, young children



The elderly



Pregnant women



People with compromised immune system or illnesses such as chronic obstructive pulmonary disease, diabetes, heart disease or asthma.

** While the annual flu vaccine is not a mandatory immunisation for Hajj pilgrims, the Ministry of Health strongly recommends pilgrims to get vaccinated.*

Prevention is best

Apart from avoiding high-risk flu areas and large crowds, the best thing you can do is to get yourself and your family vaccinated yearly. The vaccine is 'updated' yearly to target the flu strain for the year based on recommendations by the World Health Organization (WHO). As influenza mutates quickly, the yearly vaccine is necessary in order to protect those at high risk of complications.

Without routine screening for influenza in Malaysia, there is no data on how widespread influenza is or how many lives it has claimed. The annual influenza vaccination remains the best method to prevent influenza and its complications. **PP**

An educational contribution by



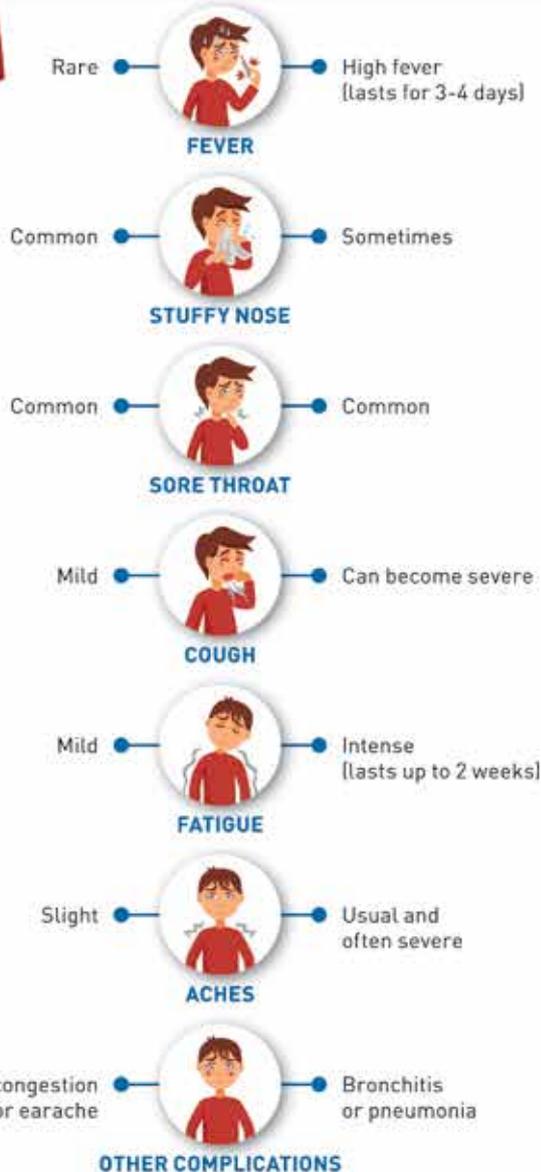
Malaysian Paediatric Association

INFLUENZA PROTECTION BEGINS WITH VACCINATION



Influenza is a serious contagious disease that can lead to hospitalisation or even death.¹ Unfortunately, most often mistake influenza for the common cold. So it's important that you know the difference between both.²

COLD vs INFLUENZA



WHO SHOULD BE VACCINATED?



Children aged 6 - 59 months⁴



People aged 50 years and above⁴



People with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)⁴



Hajj pilgrims⁶



Travellers⁷



There are 4 types of influenza viruses and they change every year.⁵ Which is why, taking the vaccine ANNUALLY as recommended by WHO⁴ is an effective way to prevent you from coming down with influenza and its complications.³

ASK YOUR DOCTOR TODAY ABOUT INFLUENZA AND ITS VACCINE.



A community message brought to you by

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REFERENCES: 1. Key Facts About Seasonal Flu Vaccine. Available at <https://www.cdc.gov/flu/protect/keyfacts.htm>. Last accessed Mar 2018. 2. Is It Cold or Is It the Flu? Available at <https://www.webmd.com/a-to-z-guides/discomfort-15/cold-flu-season-is-it-a-cold-or-flu>. Last accessed Mar 2018. 3. Flu Shot: Your best bet for avoiding influenza. Available at <https://www.mayoclinic.org/diseases-conditions/flu/in-depth/flu-hot/ert-20248000>. Last accessed Mar 2018. 4. Vaccination: Who Should Do It, Who Should Not and Who Should Take Precautions. Available at <https://www.cdc.gov/flu/protect/whoshouldvax.htm>. Last accessed Mar 2018. 5. Quadrivalent Influenza Vaccine. Available at <https://www.cdc.gov/flu/protect/vaccine/quadrivalent.htm>. Last accessed Mar 2018. 6. Mandating influenza vaccine for Hajj pilgrims. Available at [http://www.thelancet.com/journal/laninf/article/PIIS1473-3099\(14\)30564-0/abstract](http://www.thelancet.com/journal/laninf/article/PIIS1473-3099(14)30564-0/abstract). Last accessed Mar 2018. 7. Influenza Prevention: Information for Travellers. Available at <https://www.cdc.gov/flu/travelers/travelersfacts.htm>. Last accessed Mar 2018.



Antibiotic-associated diarrhoea (AAD) is the passing of loose, watery stools three or more times a day after taking antibiotics. Mild cases of AAD will spontaneously clear up on its own once the antibiotic course is completed. The leading cause of AAD is an infection by the bacterium Clostridium difficile (C. difficile), that is a toxin-producing bacteria which accounts for around 1 in 5 cases, and can be serious enough to lead to hospitalisation.

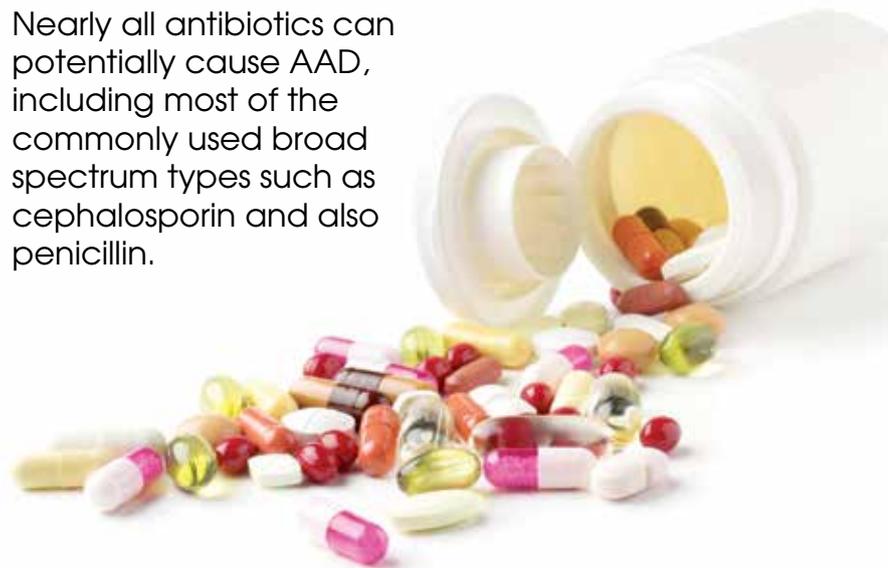
Antibiotic-Associated Diarrhoea

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

How AAD occurs

Antibiotics (which are anti-bacterial) are medications that affect the bacterial cell structure and hence, have the ability to kill bacteria. However, antibiotics are not able to differentiate between the 'bad' and 'good' bacteria. AAD occurs because of dysbiosis, i.e. a disruption of the balance of 'bad' versus 'good' bacteria in the gut that leads to overgrowth of 'bad' bacteria.

Nearly all antibiotics can potentially cause AAD, including most of the commonly used broad spectrum types such as cephalosporin and also penicillin.



Severe dehydration as a result of AAD is the most serious complication in children. Therefore, always keep your child well-hydrated as severe dehydration can lead to seizures, brain damage, or even death. Mild cases of AAD will not cause significant loss of fluids, but visit the doctor immediately if any of the following symptoms/signs apply:

Child is **below 6 months old**

Vomiting
(bloody, green, or yellow fluids)

Cannot keep liquids down or **vomits more than twice**

Fever or **bloody stools**

Diarrhoea lasts **more than 3 days**

Dry mucous membrane or **mouth**

Dark yellow urine
(or very little)

More than 4 episodes of diarrhoea within 8 hours and not drinking sufficient liquids to replenish

No urination for 6 hours (for babies) or 12 hours (for children)

Dizzy, confused or **light-headed**

Persistent stomach pain

Too weak to stand up

Cold and **dry skin**

Little to no tears when crying

Lack of energy



Preventing AAD

There is some evidence to show that certain probiotics (good bacteria that when consumed in sufficient amounts leads to beneficial results) can help minimise AAD. Each probiotic strain is unique, just like each individual can be uniquely identified by their fingerprints. Thus, certain strains are more effective for treating certain conditions.

When it comes to AAD, bacterial probiotics such as *Lactobacillus reuteri*, *Lactobacillus rhamnosus*, and yeast-based probiotics such as *Saccharomyces boulardii* have been shown to be useful.

Unlike the bacterial probiotics, *Saccharomyces boulardii* is highly recommended in the event of AAD with *C. difficile* infection as it has a proven track record. Moreover it is a type of yeast and will not be affected by antibiotics.

Avoid AAD

Not every illness is caused by bacteria, so if your child is sick and his paediatrician does not prescribe any antibiotics, do not insist on antibiotics. Antibiotics are not effective against viral infections.

Another reason not to demand antibiotics is the rise of 'super-

bugs', or antibiotic-resistant microorganisms. Using antibiotics when they are not needed would only worsen antibiotic resistance. Another factor that increases the rise of super-bugs is antibiotic misuse, e.g. not completing your antibiotic course, or not following the antibiotic dosage.

On the other hand, if your child develops any complications (e.g. AAD) while taking antibiotics, do consult his paediatrician immediately, to see whether you should stop the antibiotic course or switch to a different antibiotic. **PP**

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- ✓ For treatment of acute diarrhea³
- ✓ Prevention of antibiotic-associated diarrhea⁴

For more information, consult your health care professional
For complete information, please refer to the Summary of Product Characteristics in Malaysia

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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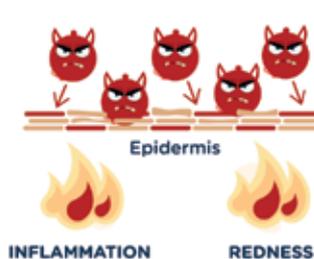
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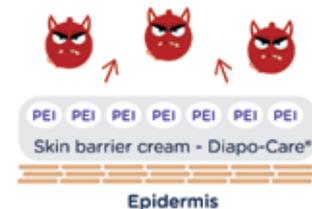


Protease enzymes in feces
The root cause of skin inflammation/redness in the diaper area



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Things to consider when buying other products:

1. Zinc-oxide may provide a barrier but it's difficult to remove and may cause skin abrasion.
2. Creams containing antiseptics (e.g. cetrimide) should not be routinely used as the normal skin microflora of babies should be preserved.

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LABORATORIES

Do You Have a Skinny Child?

By **Dr Roseline Yap**, Nutritionist & Honorary Treasurer, Nutrition Society of Malaysia

You often receive remarks from your peers and family members that your child looks skinny. Could this be true? Globally, even with the rising prevalence of childhood obesity, undernutrition still persists as a problem including in Malaysia.

Undernutrition in children is divided into four (4) broad sub-forms: stunting; underweight and thinness; wasting; and deficiencies in vitamins and minerals. However, 'skinny' is often referred to as thinness (low BMI-for-age), underweight (low weight-for-age) and wasting (low weight-for-height).

The National Health and Morbidity Survey (NHMS) 2015 found that for children under 18, there is an 8% prevalence for both thinness and wasting, with underweight at 13%. Boys and children aged 5-9 years were found to be highest in the prevalence of both thinness and underweight.

Should you be concerned?

It is recommended to monitor your child's growth and development regularly, by measuring the weight and height to calculate the body mass index (BMI). Then, use the appropriate growth reference chart (BMI-for-age chart) to find out if the BMI falls in the normal, underweight, or overweight range. You can refer to the 'BMI-for-age Growth Chart for Children' infographic in the Resources section on our website (www.mypositiveparenting.org). Consult with your healthcare professional if your child's BMI-for-age does not fall within the normal range, and if there are other worrying signs such as poor appetite or severe weight loss.



What can you do if your child is skinny?



- **Make food appealing.** Entice him with visually attractive food. Be creative by experimenting with various shapes, colours and textures of food.
- **Small but frequent.** Provide meals in small portions throughout the day. This can

encourage your child to eat more. Remember to have a balanced, moderate and varied diet.

- **Dine together.** Make it a norm to have meals together. Even if he lacks appetite, make him stay by having conversations with him. Do not watch TV or use any gadgets during mealtimes.



- **Shop and prepare food together.** Bring your child along when you go grocery shopping. Get him involved

in making decisions on items to be included in family meals. Children tend to be more interested in food when they are involved in food preparation. Get them to help out by washing vegetables or even arranging the plates and utensils on the dining table.

- **Encourage exercise.** Balance his food intake with regular physical activity. Apart from building his appetite, exercise can also strengthen his bones, build his muscles, and improve his heart health.
- **Monitoring and consultation.** Keep track of your child's growth (i.e. his height and weight) every 6 months, as well as his developmental milestones. If you have any concerns with his growth, consult the doctor immediately.

Calorie-dense food

Doctors may prescribe undernourished children with high calorie milk to supplement their diet. However, be sure to clarify with your doctor/dietician on the duration and quantity of the supplement as over-feeding of high calorie milk may lead to obesity. Calorie-dense food such as potatoes, wholegrain cereals, eggs and nuts can also be included to meet the growth demands of the child.

Undernutrition: a cause for concern

Underweight can contribute to mortality risk in children, especially when they are severely underweight. Wasting, on the other hand, can lead to poor functioning of the immune system; therefore children may be more susceptible to infectious diseases. In addition, deficiencies in vitamins and minerals due to underweight and wasting can also affect the normal growth of the child.

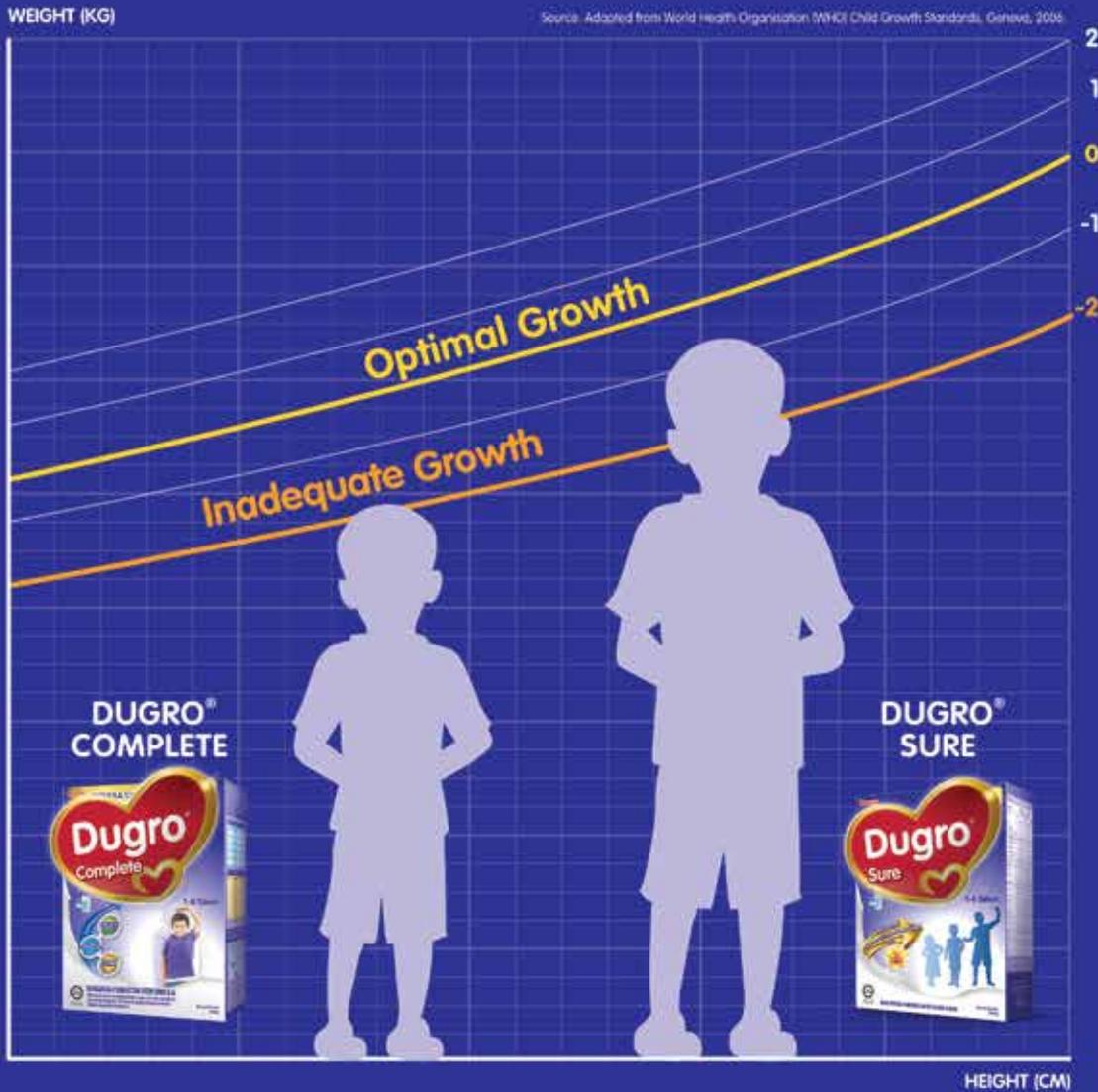
Steady but continuous growth in your child is important, so make sure you always inculcate healthy eating and active living in the family. You can also consult a nutritionist to plan his calorie and nutrient intake accordingly to achieve optimum growth. A close collaboration between parents and experts, starting from growth tracking and diagnosis to diet management is crucial for the child's well-being. **PP**

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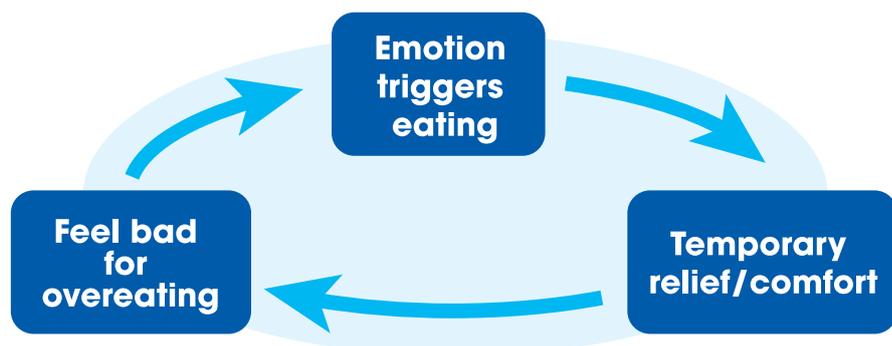


In the Mood for Food

By **Dr Gan Wan Ying**, Nutritionist

Your teenage daughter, who had been working very hard for a major exam, received her result and was very disappointed with it. Later that day, she brought several packs of potato chips into her room. "I feel so bad about my result. I want to eat all these." Sound familiar?

It may be a case of **emotional eating**, whereby a person increases food intake in response to or as a way to soothe certain feelings, especially negative ones such as stress, tension, sadness, boredom, loneliness or anxiety. Emotional eating behaviour happens when people eat not to satisfy hunger, but for comfort; hence the term 'comfort food'. This can lead to an unhealthy cycle, becoming a habit that continues into adulthood, which increases risks for health-related problems such as obesity, diabetes, and hypertension. There are also studies linking emotional eating with poor cognitive performance, particularly in obese adolescents.



Is it physical or emotional hunger?

When you are under stress, your body produces more cortisol leading to increased appetite, causing emotional hunger. Eating sugar and carbohydrates can also trigger the release of dopamine, which is why you feel 'comforted' by binge-eating. It can be difficult to differentiate emotional hunger from actual physical hunger. Here are a few pointers:

Physical hunger

- Comes on gradually and can be postponed.
- Can be satisfied with any type or quantity of food.
- Likely to stop eating when full.
- Doesn't cause feelings of guilt.

Emotional hunger

- Feels sudden and urgent.
- Causes very specific cravings (e.g. for pizza, ice cream, fries etc.).
- Tend to eat more than normal.
- Can cause guilt afterwards.

Curbing emotional eating

No one is 100% free from emotional eating. There are times when even you will succumb to your cravings after a hard day at work. Your teenager tends to give in easier to their emotional hunger due to their hormonal changes. However, there are ways we can control this tendency from becoming a habit.

- **Check hunger.** Ask if she is really hungry or if it is just emotional hunger? If she just had lunch an hour ago and her stomach is not rumbling, it may be just a craving. Give it time to pass by doing other activities or drinking water.
 - **Manage stress.** Emotional eating is mainly caused by stress. Find the source and solve it. Manage stress by meditating, exercising regularly, and getting enough sleep.
 - **Tackle boredom.** Simply being bored can also lead to munching. Instead of grabbing a snack when bored, advise her to go for a walk, listen to music, read a book or indulge in a hobby. Find a replacement activity to escape emotional eating.
- **Avoid temptation.** Do not keep her favourite comfort food at home. Delay the trip to the grocery store if she is feeling angry, sad, or frustrated.
 - **Choose healthy snacks.** Replace her usual comfort food with low-calorie snacks, or pick healthier options such as fruits or whole-grain unsalted chips.
 - **Food journal.** Ask her to keep a record of her eating habits, i.e. what, when, and how much she eats, as well as her mood when eating. Over time, she will start to see links between food and mood, and this can help her make better choices.
 - **Be an example.** You are your children's role model. They learn your habits through observation. If they see you eating ice cream whenever you are sad, they may develop the same habit when they are older.
 - **Don't reward with food.** If you give cookies to stop your children from crying, they may start to associate cookies with comfort. Avoid rewarding or disciplining them using food as they may 'learn' emotional eating as they grow up.

The trouble with emotional eating is that once the pleasure of eating is gone, the underlying feelings that cause it remain. Don't be afraid to seek expert's help if the problem worsens. Nutritionists can help identify unhealthy eating patterns, and therapists can help her deal with the sources of stress or depression. Take control of your family's diet today! **PP**



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The world we live in is one of constant evolution and change. As parents, wanting to protect our children from the ups and downs of life is normal. However, in order to prepare them for life as an adult, we need to raise them to be resilient. This is crucial as it allows them to bounce back from failures and face any uncertainties with equanimity. Resilience is not an innate trait and much of it comes from external factors, starting with a child's parents and caregivers.



Building a Resilient and Strong Child

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

Experience is the best teacher

Every experience in life helps build resilience. Be supportive and encourage them to explore their environment on their own. Some parents may have fond memories of catching fish in drains near their house, hunting for frogs or tadpoles, or even just splashing in a muddy field while playing football after it rains. Don't deny your child the chance to have such experiences and memories of their own!

Children of all ages should spend at least one hour to play outdoors every day:

- Cycle around your *taman*
- Walk, run, or play at a nearby park
- Fly a kite in the park
- Play a quick round of badminton or football



Weekends are also a great time to have fun together as a family:

- Go for family picnics at parks or other outdoor places
- Enjoy a day at the beach
- Take a hike through nature trails
- Go camping during weekends

Outdoor play is important for us all to get our daily dose of Vitamin D from the sun. It also gives your child the chance to find their strengths, abilities and fears through considered risk. Simple playground activities such as the monkey bar can actually challenge your child to be more daring, self-reliant, and to persevere to reach the end. Playing hide-and-seek can challenge him to be more resourceful and to learn to adapt to situations or conditions. Playing with other children also helps build stamina and healthy competition.

There are also other fun activity options such as indoor rock climbing, ice skating and trampoline parks. On days when you cannot go out (due to rain or haze), be creative and let him play indoors with old-style games, e.g. teng-teng or hopscotch.

A strong body is important

While building emotional resilience is important, parents should also remember to nurture their child's physical health. A strong body means he will be less prone to illness, so you will have less to worry when he plays outdoors.



While this does mean that he will be exposed to more germs and such, keep in mind that such exposures will ultimately lead to a stronger

body. Some scientists subscribe to the 'hygiene hypothesis', which simply means that a highly sheltered early childhood with little to no exposure to germs, bacteria, and other microorganisms prevents the immune system from reaching its full potential, i.e. the child may grow into an adult who is more prone to illness or allergy.

So don't be too worried about a little dirt, scratches, tumbles or falls. It's a part and parcel of growing up and experiencing the joy of playing, the pain from a skinned knee if he falls, and the courage and tenacity to pick himself up to continue playing.



Being exposed to the outdoors will not only build his character, but also strengthen his body physically.

In addition to that, his nutritional needs should be met also in order for him to grow and develop properly. Having a strong and healthy body means fewer missed opportunities or experiences. In short, the basics for a strong and healthy body are:

- Ensure that he is physically active daily.
- Provide him with good nutrition via a balanced and healthy diet.
- Ensure he gets enough rest or sleep every day.
- Stay well hydrated by drinking enough water daily.

The goal to building your child's resilience should be a strong and healthy body and mind. However, tailor the approach that you use to his developmental stage. Also, remember that every child is different, so be prepared to use a different strategy or approach with each individual child to get the results that you want. **PP**

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^{*} Danone Dumex is part of Danone Nutricia Early Life Nutrition

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¹ Kosuwon, P., Lao-Araya, M., Uthaisangsook, S., Lay, C., Bindels, J., Knol, J., & Chatchatee, P. (2018). A synbiotic mixture of scGOS/lcFOS and Bifidobacterium breve M-16V increases faecal Bifidobacterium in healthy young children. *Beneficial Microbes*, 9(4), 541-552. doi:10.3920/bm2017.0110



#RaiseThemResilient



STDs and Your Teen

By **Dr Nazeli Hamzah**, Consultant Paediatrician and Past President of Malaysian Association for Adolescent Health

Teenagers are at a phase where they are curious about their bodies. Raging hormones may lead them to engage in sexual activities, leaving them vulnerable to sexually transmitted diseases (STDs) and not to mention, unwanted pregnancies.

STDs are diseases transmitted from one person to another through unsafe sexual contact (via vaginal, anal or oral sex). Teaching your teens about STDs should be a part of their sex education. Start educating them as early as possible about the risk of STDs.

How to identify?

More than 25 STDs that are caused by bacteria or viruses have been identified. In the early stages, most STDs may show no symptoms. Hence, the best way to be sure that one is free from STDs is by getting tested.

Symptoms for each STD vary. In general, your teens should see a doctor right away if there is

an unusual discharge from their genitals that is yellow, grey or green, and has smelly odour. Sores or rashes, as well as genital or abdominal pain are other early signs of STDs that your teens have to look out for.

Some STDs have distinct symptoms. For example, syphilis comes with swollen lymph glands, and painless sores in

the genital area that spreads to palms or soles in later stages. Meanwhile, gonorrhoeal infection can also happen in other parts of the body, causing sore throat, anal discharge or painful bowel movement.

HPV (human papillomavirus) causes itchy warts on the genital area (including vagina, anus and cervix). Most HPV infections do

Incidence and mortality rate of STDs in 2016

STDs	Incidence Rate*	Mortality Rate*
Gonorrhoea	9.12	-
Syphilis	6.50	0.04
HIV	10.73	0.53

*Per 100,000 population

Source: Health Facts 2017, Ministry of Health Malaysia

not show any symptoms, but are linked to cervical cancer in the long term.

For HIV (human immunodeficiency virus), some people may have flu-like symptoms the first time they get infected with it, but after several years, it will develop into AIDS (acquired immunodeficiency syndrome).

How bad can it be?

Some STDs like chlamydia and gonorrhoea can be cured, but viral STDs like herpes and HIV cannot be fully cured; medicines can be taken to mediate the symptoms but precaution should be taken during sex. For women, some STDs that are untreated can lead to pelvic inflammatory disease, which causes chronic pain in the pelvic area and the inability to conceive. Untreated syphilis and HIV can be fatal at later stages.

How can we prevent?

Sex education is the first necessary step in prevention. Parents can introduce this

topic gradually to their children. Start from as early as preschool age by teaching about private parts and safe touch. As they grow up, discuss more advanced topics appropriate to their ages. This may be a sensitive topic in our society, but parents have to break the taboo and be open to their children.

The surest way of prevention is to practice abstinence: no sexual intercourse, no intimate sexual contact. Teach your teens to say 'no' to harmful activities, such as using drugs and alcohol, which can lead to unsafe sex. Educate them about honour, consent and respecting others' right to refuse. In a relationship, there is no such thing as "If you love me, you'll do it with me." Partners should not have to prove their love by doing something that they are not comfortable with, including having sex.

Other ways to reduce the risk of STDs are by using condoms correctly (e.g. never use expired condoms and use it from start to finish), ensuring that you and your partner are STD-free, and avoid having multiple partners.

Vaccines can also help prevent two STDs, Hepatitis B and HPV, which are included in our National Immunisation Programme. HepB vaccine

shots are given during infancy, while HPV vaccine shots are given to girls when they are 13 years old. Boys may also get the HPV vaccine at their own request. However, vaccines to prevent other STDs are yet to be developed.

Be responsible!

Empower your teens to be responsible for their bodies. Sexual health is an important knowledge, not just for preventing unwanted pregnancies but also STDs. Begin sexual education from young to prevent bad consequences when they are older. Having an STD can be a traumatic experience. Remember that not all STDs can be treated and the effects can be fatal. Prevention is better than cure. **PP**



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Malaysian Mental Health Association



Positive Parenting Activities 2018



Group picture of panelists (L-R) Datuk Dr Zulkifli Ismail, Dr Alvin Ng, Dr Rajini, Mr Alexis



Datuk Dr Zulkifli as moderator fielding the first of many questions and discussion points



Question from the audience

Media Dialogue

Positive Parenting organised a media dialogue at Eastin Hotel, Petaling Jaya, on 19 September. Moderated by Datuk Dr Zulkifli Ismail, Chairman of Positive Parenting, the session "Raising Emotionally Strong and Resilient Children through Positive Parenting" had good turnout from the media and invited guests. Panelists were Assoc Prof Dr Alvin Ng (Clinical Psychologist), Dr Rajini Sarvananthan (Developmental Paediatrician) and Mr Alexis Cheang (Behavioural Psychologist). The panelists shared their expertise, opinions and

personal growing up and parenting experiences with the audience. AAP's 7Cs Model of Resilience was also discussed, in which Dr Alvin added two more C's which can be inculcated in children to be more resilient – Compassion and Comedy (of not dramatising embarrassing moments).

Some take-home messages highlighted at the session include getting children to be comfortable with being uncomfortable; communication between parent-

child with devoted attention (no distraction) even for 5 minutes, and parents to be aware of their emotions and helping children to process their emotion.

Footage of the media dialogue has been uploaded onto the Facebook page. Do check it out to know more and what our panelists have to say! There was also a flurry of mainstream media coverage.

Parenting Talks in Kindergartens

Parenting Talks were held at Peter & Jane Kindergarten, Baby Sensory Puchong and Q-Dees Bandar Manjalara. Topics were on Learning Difficulties, and Importance of Emotional Intelligence vs IQ. Mr Alexis, Dr Rajini, Dr Norazlin Akmal Nor (Paediatrician), Ms Loh Sit Fong (Clinical Psychologist) and Dr Cindy Chan (Developmental & Behavioural Paediatrician) delivered the talks to the parents and teachers. In addition to that, Witty Peas Child Care Centre Subang Jaya focused on Dealing with Separation Anxiety, presented by Ms Loh.



(L-R) PP Secretariat with Mr Alexis, Dr Norazlin and Baby Sensory staff



Q&A session with Mr Alexis and Dr Rajini at Peter & Jane kindergarten



Ms Loh and Dr Cindy at Q-Dees Bandar Manjalara

Website: New Look

Positive Parenting website is working on a fresh new look and improvements in browsing and reading articles by age group and updated categories. We will also be uploading the media dialogue videos and more infographics, in addition to our regular articles in due time.

Contact the Positive Parenting Secretariat

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