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## Our Children, Our Future

As we look ahead, it is good to remind ourselves that our children are the face of our future. They are the ones who will shape our society and nation. Therefore, it is important for us to give the best to them and address the various concerns that can have effects on our society.

One concern that needs to be given attention is teenage pregnancies and the importance of sexual and reproductive health education. For our Feature in this issue, we discuss the circumstances behind teenage pregnancies and the health complications affecting the young mother and her baby. We also talked about what parents can do to educate children about this topic. We hope parents will realise the crucial need to talk to their children about this matter. In such a short feature, we cannot hope to cover every aspect needed.

Other relevant topics covered are the approach to giving pocket money and assigning chores to kids, prevention of iron deficiency during pregnancy, the problem of self-esteem in teenagers, as well as the dangers of baby walkers, among others.

The new year brings new challenges to parents, as we strive to raise our children so that they will achieve their full potential. To do that, we need to continue to learn and stay updated on current issues that can affect our children and us. By providing a platform for experts to communicate with the public, Positive Parenting hopes this effort will be beneficial for your parenting journey.

All our previous issues and articles can be accessed from our website at [www.mypositiveparenting.org](http://www.mypositiveparenting.org).

The articles contained in this magazine are not in any way intended as substitutes for medical attention. When in doubt, consult your doctor. Malaysian Paediatric Association, the experts and their respective organisations do not endorse any brands and are not responsible or liable for any advertisement or advertorial by sponsors.

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“ Adolescent pregnancy remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty. ”

~ World Health Organization

# Teen Pregnancy and Sex Education

With **En Hairil Fadzly Md Akir**, Deputy Director-General (Policy), LPPKN;  
**Dr Mary Joseph Marret**, Consultant Paediatrician; **Datuk Dr Zulkifli Ismail**,  
Consultant Paediatrician & Paediatric Cardiologist

Teenage pregnancy refers to any pregnancy in women or girls aged 19 years or younger. In 2016, the Ministry of Health recorded more than 12,000 teenage pregnancies in Malaysia. The National Registration Department reported that 4,992 children were born out of wedlock to girls aged 18 years and below. Teenage pregnancy is associated with immediate as well as long-term health risks.

It is also accompanied by a number of negative consequences that are detrimental to the well-being of young mothers – disruption of education, limitation of opportunities for self-development and employment, social stigma and increased exposure to violence and exploitation. This article examines some circumstances resulting in teenage pregnancy and explores ways to support teenagers who face difficulties resulting from unintended pregnancy.



## Contributing factors

**En Hairil Fadzly Md Akir**, the Deputy Director-General of Policy for the National Population and Family Development Board (LPPKN) throws light on some of the findings which have emerged from the 5th Malaysian Population and Family Survey (MPFS-5), conducted by LPPKN in 2014.

According to En Hairil, the survey revealed that there is a lack of awareness and knowledge about sexual and reproductive health among teenagers (see Table 1). The proportion of teenagers who are sexually active is small but gradually increasing. Among teenagers who are sexually active, ignorance results in

the practice of unsafe sex that can have devastating consequences such as unintended pregnancy. The MPFS-5 revealed that 2.3% of teens between 13 and 17 had engaged in sexual intercourse, while findings from the National Health and Morbidity Survey in 2017 found that this percentage had risen to 7.3%.

**Table 1: Knowledge of sexual intercourse among teens aged 13-17 years** (Source: MPFS-5)

A girl can become pregnant the first time she has sexual intercourse	<b>32.5%</b>
A girl may become pregnant even though her partner ejaculates outside her vagina during sex	<b>17.7%</b>
Use of condoms may prevent sexually transmitted diseases	<b>28.6%</b>
General knowledge of contraception methods	<b>38.4%</b>

### Trust does not ensure safety!

25% of youths in Malaysia believed that protection is not required, if there is mutual trust between partners.

(Source: Malaysian Youth Sexual and Reproductive Health Survey by Perspective Strategies, 2015)

## Circumstances resulting in teenage pregnancy

**Dr Mary Joseph Marret**, a consultant paediatrician, explains that there are many different types of circumstances which could lead to teenage pregnancy (see Box 1). Some of these involve situations in which young girls may be forced into having sex with the use of violence. At times, they may agree to sexual activity without taking steps to prevent pregnancy because they are ignorant, unprepared or unable to ensure that their partner uses a condom. Teens with poor academic achievements and those who do not have close, supportive relationships with their own family are at higher risk of early sexual activity and unsafe sex. This occurs when they lose interest in school, form social relationships with other peers or older youth who do not attend school and participate in activities at venues without monitoring or regulation by responsible adults. Some teenage mothers are those who married at an early age, before they have a chance to complete their education and become independent adults.

### Box 1: Case

\*Julie was eighteen and studying in college, far from her hometown. She met Sam, who helped her to forget that she was homesick and lonely. They made plans to get married after graduation. They became physically intimate but Sam did not always use a condom. Neither of them planned or expected that Julie would become pregnant.

No one knew that \*Emma was pregnant until she was taken to hospital for severe abdominal pains and delivered a baby. She was only thirteen. Over the next few days, she was quiet and withdrawn. Eventually, she opened up to a social worker who spoke to her kindly and revealed that her father had been raping her for the past year. He did not have a regular job, while her mother worked overtime to cover basic expenses.

## Health concerns

According to Dr Marret, teenage mothers have a higher risk of complications during pregnancy and labour, as they are physically and biologically immature. Their babies may also have a higher risk of complications, including low birth weight or premature birth.

"Normally, mothers with high risk pregnancies should be more closely monitored and receive a higher standard of medical care throughout their pregnancy. Unfortunately, the opposite is true of most teenage mothers who are less likely to receive proper antenatal care, especially if they are unmarried. In many cases, families may be unaware of the early stages of pregnancy. The girls may not realise that they are pregnant or afraid to tell their parents. Societal prejudice against unwed mothers is also a barrier

to attending antenatal check-ups. Even teenage mothers who are married may face difficulties accessing antenatal treatment due to a lack of education, inability to make decisions for themselves and financial dependence on their husbands and in-laws," she added.

Under these circumstances, there is a higher risk that deliveries may take place outside a hospital or clinic, putting the lives of both the mother and child at risk. In some instances, a young mother who is alone and desperate may try to conceal the delivery and abandon the baby.

Expectant mothers of all ages need emotional and social support from family and friends, as their body undergoes changes related to pregnancy.

Continued support is also crucial after delivery, especially for those prone to post-partum depression. Unwed teenage mothers may not receive this support if they are ostracised by their families. Even when families are supportive, girls may be sent to stay in shelter homes to safeguard their privacy. While this may protect them from inquisitive neighbours and unpleasant gossip, separation from their mothers and immediate family can cause these teens to feel alone, scared and isolated.



## Illustrations of circumstances leading to teenage pregnancy

Fifteen-year-old \*Liza hated school. Teachers scolded and criticised her non-stop. Classmates made fun of her. She was always behind in her assignments with no one in the family to help. Everyone was busy with the family business. Her parents usually returned home at 1.00am. They never noticed she sometimes skipped school and stayed out late. She liked to hang out with a group at the mall. One evening, a young man who gave her a ride home stopped by a park and forced her to have sex. He punched her once and threatened to leave her stranded if she refused. She never told anyone. After that incident, her period was delayed and she discovered that she was pregnant.

\*Lina grew up in a remote village. She was second of nine children. She attended school until Standard 4. When she was eleven years old, her parents asked her to stay at home to look after her younger siblings. At fifteen, she was married in a traditional ceremony to a seventeen-year-old boy from the same village. A few months later, she was pregnant with her first child.

*\*Names are for illustration purposes and not in reference to any specific individual*



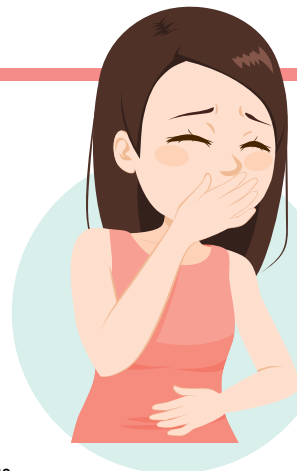
## Looking for signs

**Datuk Dr Zulkifli Ismail**, a consultant paediatrician, said noticeable physical symptoms such as morning sickness, frequent vomiting, changes in appetite, increased fatigue, weight gain, as well as frequent urination are signs a teenager may be pregnant.

Other changes in her behaviour and appearance can also

be a sign of pregnancy. A pregnant teen may be more moody and irritable than usual. She may also behave secretly and stay in her room more often than usual. She may start to prefer loose, bulky, or dark clothing, probably to hide her figure. However in some cases, pregnancy may not be recognised by the teenager herself or be missed by her

family. This happens in those who have very mild or absent pregnancy symptoms, as well as those who have irregular periods or are overweight. A pregnancy test should always be done if there is doubt!



## What should you do?

Dr Marret has the following advice: In general, the best way to assist a teenager who may be pregnant is to attend to her health needs, as well as ensuring her well-being and safety. Do not jump to conclusions or pass judgement. It is important to bear in mind that a teenager may not be responsible for the circumstances leading to pregnancy (see Box 1) and may be experiencing severe psychological stress.

If your daughter informs you she is pregnant or you suspect that she may be pregnant, stay calm and assure her of your support. It is important for parents to be understanding and reassuring as these responses will make it easier for her to open up and share her problems.

Next, confirm the pregnancy. It is important to get a proper medical check-up to be sure, even if you have checked with a pregnancy test kit. Once confirmed, seek antenatal care as soon as possible. This is important to find out the stage of the pregnancy, as well as

to ensure the well-being of the mother and baby. Consultation with a specialist is also necessary to seek advice for making decisions about the best way to deal with the pregnancy, depending on the stage and any medical complications.

If the case involves possible sexual abuse or rape, make a police report. Doctors can work together with the police and welfare services to address the safety and protection of girls who are sexually abused.

Make arrangements for your daughter to receive antenatal care until delivery. Discuss with her and decide whether it would be in her best interests to stay at home or move to a shelter home until her delivery. If she stays at a shelter home, ensure communication with supportive family members is maintained. Taking into consideration the family's circumstances, discuss with her whether it would be best to keep the baby or give the baby up for adoption. Doctors



can recommend welfare organisations that can help with the adoption process.

A teenager who has become pregnant as a result of sexual abuse can sometimes experience severe emotional and psychological distress. Seek professional advice from doctors to treat and support her. If continuing the pregnancy endangers her physical or mental health, an abortion can be carried out legally if she is willing. This should only be done by qualified specialists in a hospital setting to monitor her and handle complications such as severe bleeding or infection.



## Educate to prevent

Education plays a major role in preventing teenage pregnancies. En Hairil shared several government initiatives, such as the PEERS (Reproductive and Social Health Education) component in several subjects in school. "There is also KafeTEEN, a number of peer group centres for teenagers, which help them to practise positive lifestyle through teen talks and counselling services by

Seeking an abortion in an outpatient clinic by inexperienced doctors without proper training and back-up facilities places your child's life at risk. It could result in serious injury to her womb that may interfere with child-bearing later on. A girl should never be forced to undergo an abortion against her will as this is a violation of her body, as well as detrimental to her immediate and long-term psychological well-being.

It is also important to provide your child with the necessary support to build her life for the future. Letting her know that you are concerned and want the best for her is important. She should receive information and counselling from doctors about how to prevent another unplanned pregnancy and avoid exposure to sexually transmitted diseases. Encourage her to complete her education. If she is not interested or cannot cope with school, look for opportunities for her to receive skills training according to her interests and talents.

professionals. LPPKN has also introduced PEKERTI modules in schools to educate and create awareness about social and reproductive health," he added.

On the role of parents, Datuk Dr Zulkifli, as Chairman of Positive Parenting Management Committee, advised, "Parents are the best teachers to introduce this sensitive and intimate subject to their children. Start with simple lessons at a young age and continue in stages as they mature. If your children know that it is okay to discuss this topic with you, they are more likely to seek your help and advice when they encounter difficult or confusing situations."

He explained, "Parents can start by teaching pre-schoolers the correct terms for their genitals and how to differentiate safe and bad touch. As they mature, explain that the physical changes to their bodies are a normal part of growing up. Teach them how to handle their feelings and interest in the opposite sex, emphasising the importance of mutual respect. Acknowledge their need to have supportive friends and encourage them to participate in healthy sports and social activities. Set clear boundaries for their behaviour towards others according to your cultural and religious values. Advise them how to avoid situations in which they may be pressured into sexual activity. Caution them that being in environments where alcohol and drugs are consumed increases this risk. Remind them that they have rights over their own bodies and the right to refuse any

sexual request. Boys should be taught to respect women and their right to say "no". They should be told that it is irresponsible and unacceptable if their actions cause a girl to become pregnant before marriage. They should also be reminded that sexual intercourse with a girl under sixteen years is illegal and could result in prosecution."

Teenagers should be guided to seek proper advice regarding contraception to prevent pregnancy and sexually transmitted diseases. Girls should be advised about the importance of seeking help to receive immediate medical treatment to avoid pregnancy, if they have been sexually assaulted or exposed to unprotected sex.

Apart from education, being part of a caring, supportive family is also important in preventing risky sexual behaviour among teens. He stressed that families should build a close relationship with children from early childhood and continue to communicate with them in their teens, be involved in their lives, encourage them to develop their talents and build healthy relationships with their peers. To conclude, "Be attentive when they express difficulties or problems and help them to work out solutions. Remember that teens who feel supported by their families and are focused on educational and career goals are less likely to engage in sexual intimacy at an early age." **PP**



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# Preventing Iron Deficiency during Pregnancy

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

*Iron is an essential mineral needed for a wide variety of metabolic processes. It is also a crucial component of haemoglobin. A lack of iron can cause a condition known as iron-deficiency anaemia, which leads to insufficient oxygen supply to your body.*

Both iron deficiency and anaemia among pregnant Malaysian women remains a significant and challenging health problem with a prevalence of 37%. A possible effect of severe iron deficiency in pregnant women is an increased risk of having a premature baby, or one that is smaller than normal. Iron-deficiency anaemia may be confused with thalassaemia, which is an inherited genetic blood disorder. Be sure to inform your doctor if you have a family history of thalassaemia.

## How much iron does your body need?

Your body needs at least 27mg of iron every day during

your pregnancy. However, the actual amount required depends on your age and overall health. It is advisable to build up your body's store of iron (and other nutrients) before getting pregnant. You will need roughly twice the normal amount of iron during pregnancy. During your doctor's appointment, you will probably be asked to start taking prenatal vitamins that include a low-dose iron supplement.

Do include iron-rich foods in your diet, such as meat and poultry, e.g. lean beef, chicken, egg, boiled cockles, chickpeas, bitter melon, fried soya bean curd, and ready-to-eat-cereals fortified with iron.

## Symptoms of iron deficiency

Iron deficiency is common among pregnant and lactating women. However, symptoms of iron deficiency can be vague and non-specific, such as:



**fatigue**



**shortness of breath**



**fast heartbeat**



**cold hands and feet**

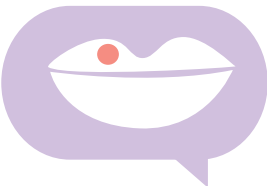
**cravings for strange substances (e.g. dirt or clay)**



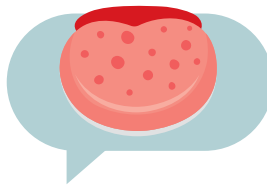
**hair loss**



**brittle, spoon-shaped nails**



**sores at the corner of the mouth**



**sore tongue**

**difficulty swallowing, which may indicate severe iron deficiency**

**Remember to check with your doctor if you think you may be having iron deficiency issues.**



## Don't make assumptions

Whether you are planning for a pregnancy or in the midst of one, make it a point to check if you are iron-deficient. The risk of anaemia increases as your pregnancy progresses and dietary iron intake alone is insufficient to fulfil your body's iron requirement.

Your doctor can do a simple blood test to check and

diagnose its severity. He can then prescribe the right amount of iron supplements you need. However, as with other medications, keep your iron supplements in a safe location, away from children.

Inform your doctor if you experience symptoms, such as nausea, vomiting, diarrhoea, dark stools, or constipation. These are symptoms of excessive iron in your body. Do not take iron

supplements on your own. If your doctor determines that oral supplements do not work, injectables may be an option.

**PP**

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





# Siblings and Rivalry

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

*Siblings play a major part in our growing-up years and we share many memories with them. Siblings are usually our first friends, but they can also be our first rivals. In fact, this rivalry may start as early as their birth. First-borns may feel threatened or abandoned as their parents shift their focus to the newborn.*

## Welcoming the newcomer

It is good to prepare your child for the new arrival, so that he will be more accepting of his new sibling.

- Tell him about the baby in advance and share your excitement with him.
- Get him involved, e.g. bring him during pregnancy check-ups or let him hold the baby.
- Let him help you, e.g. ask him to hand you diapers while cleaning the baby.
- Don't forget to talk and listen to him, so that he knows he still has your attention.

## Positive rivalry

This sense of competition is natural as children seek for their parents' attention and acknowledgement. Competition or quarrels between siblings are common due to differences in characters and evolving needs, which can be seen in sports, games, their studies, and other activities as they grow older.

Depending on how parents nurture their children, sibling rivalry can be a positive thing and actually help each

other to develop better skills. Healthy competition can help children to develop emotionally and enhance social skills, while the opposite may lead to household problems, such as aggression and mental health issues.

To cultivate positive sibling rivalry, parents should emphasise on problem-solving competency and mastery of the subject of competition. Focusing solely on winning or losing may create an unhealthy competition and nurture selfish behaviour and self-entitlement in a child. Conflicts such as fighting



for TV channels should be treated as a problem to be solved and a way to learn to compromise. At school, focus more on their personal improvements than their class ranking.

Parents should foster the spirit of cooperation, mutual support, being a good sport, and fair play in their children, even when they are competing with each other. While preparing for the final exam or sports day, let them encourage each other to do the best. Teach them the ethics of competition: be humble when winning, accept defeat with grace, and strive harder the next time.

## Resolving conflicts

A clash of interest usually leads to conflict. The way parents handle conflicts can affect the relationship between their children. Here are some tips to resolve conflicts between siblings.

- **Set ground rules and agree on consequences of breaking them.** While you set rules that say, "Do not", remember to also emphasise the "Do".
- **Don't choose sides.** If they can calm down, let them settle it on their own. Do not focus too much on figuring out who is at fault.
- **Reinforce good behaviours.** Reward them when they follow rules, cooperate, and agree to share. A simple 'thank you' and hug can make a difference.
- **Enforce consequences.** Reprimand them with warnings or take away their privileges if they continue to break any rule. Time-outs can give them a little space and time away from each other to cool down.
- **Teach them to compromise.** Ask them to find a 'win-win' solution,

where both sides can be satisfied. If they cannot reach an agreement, offer your solution, otherwise leave it and move on to other activities for the time being and revisit the problem later.

- **Fair does not mean equal.** Children of different ages or conditions may have more privileges or require more attention. Make sure that other siblings understand this and acknowledge them for their understanding and cooperation.

Positive rivalry or competition between siblings can teach children about self-understanding, empathy, ethics as well as respect, resulting in a well-rounded individual. All family members have a role in creating an adaptive atmosphere and building a healthy relationship environment. All children are unique in their own way; see them for who they are, not for whatever number they get in a class or contest. **PP**



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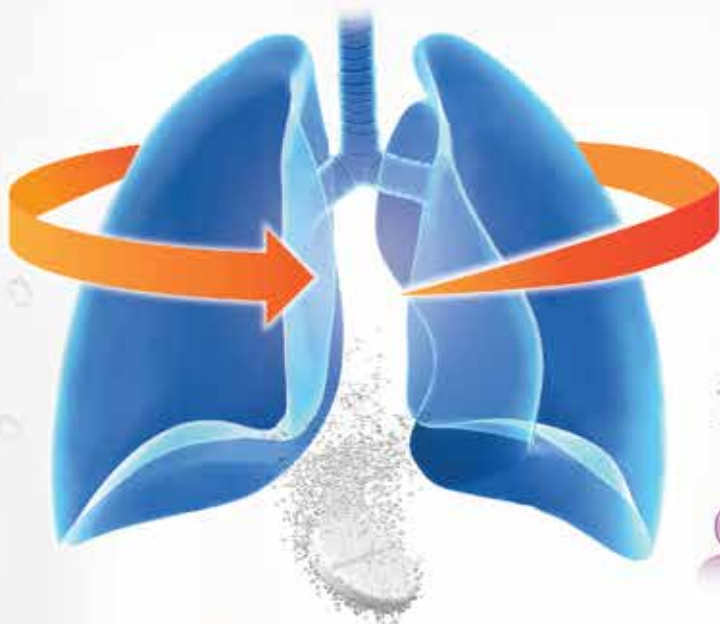


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**COMPOSITION:** Each effervescent tablet contains 200mg or 600mg of acetylcysteine. **INDICATIONS:** Treatment of respiratory affections characterized by thick & viscous hypersecretions: Acute or chronic bronchitis & its exacerbations, pulmonary emphysema, mucoviscidosis & bronchiectasis. **DOSAGE:** Acetylcysteine Sandoz Effervescent Tablet 200mg: 1. Adults: 200mg, 3 times a day. 2. Children > 2 years: 100-200mg, 2 times a day. Acetylcysteine Sandoz Effervescent Tablet 600mg: 1. Adult: 1 tablet daily. Duration of treatment: 5-10 days for acute cases. **SIDE EFFECTS:** 1. Uncommon: hypersensitivity reactions, headache, tachycardia, hypotension, stomatitis, abdominal pain, nausea, vomiting, diarrhoea, urticaria, rash, angioedema, itching, rash, trinitus, fever. 2. Rare: Dyspnoea, bronchospasm, dyspnoea. 3. Very rare: Anaphylactic shock, anaphylactoid reactions, hemoptysis. 4. Not known: Facial edema. **CONTRAINDICATIONS:** It is contraindicated in patients with hypersensitivity to acetylcysteine, or any of the excipients. Contraindicated in children under 2 years of age. **WARNINGS AND PRECAUTIONS:** The occurrence of severe skin reactions such as Stevens-Johnson syndrome and Lyell's syndrome has very rarely been reported in temporal connection with the use of acetylcysteine. If cutaneous and mucosal changes heavily occur, medical advice should be sought without delay and use of acetylcysteine be terminated. Care during use in patients with bronchial asthma and in patients with anaesthetic ulcers. Caution is advised in patients with histamine intolerance. Long-term therapy should be avoided in these patients, as acetylcysteine has an effect on histamine metabolism and may lead to symptoms of intolerance (e.g. headache, vasomotor rhinitis, itching). To be taken into consideration by patients on a controlled sodium (low-sodium/low-salt) diet. **INTERACTIONS:** Interaction studies have only been performed in adults. Combined use of acetylcysteine with antidiabetic (cough-relieving agents) may cause a dangerous respiratory congestion due to the reduced cough reflex, so an especially careful diagnosis is required for this combination treatment. Reports to date on an inactivation of antibiotics (tetracyclines, aminoglycosides, penicillins) due to acetylcysteine exclusively refer to in vitro experiments in which the relevant substances were mixed directly. Nevertheless for safety reasons, oral antibiotics should be administered separately and at an interval of at least 2 hours. This does not apply to cefixime and lorazepam. The use of activated charcoal may reduce the effect of acetylcysteine. Co-administration of acetylcysteine can result in an enhancement of vasodilator and antiproliferative effects of glyceryl trinitrate (nitroglycerin). If a common treatment with nitroglycerin and acetylcysteine is considered necessary, the patient should be monitored for potential hypotension, which could be serious and may be indicated by headache. Changes in the determination of laboratory parameters: 1. Acetylcysteine may affect the colorimetric assay of salicylate. 2. In urine tests, acetylcysteine may influence the results of the determination of ketone bodies. (Based on PI dated Aug 2017).

**References:** 1. Helini S, Miller AL. Natural Treatment of Chronic Rhinosinusitis. *Alternative Medicine Review* 2005; 11(3): 196-207. 2. Sedowska AM, Verbracken J, Derouwen K, De Backer WA. Role of N-acetylcysteine in the management of COPD. *Therapeutics and Clinical Risk Management* 2006; 2(1): 3-18. 3. Acetylcysteine Sandoz Effervescent Tablet 200mg and 600mg package insert (dated Aug 2017).

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# Keeping Your

# COOL



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

*Staying calm is an essential yet challenging skill that parents should learn, but don't be too hard on yourself if you do lose your temper. Accept your own shortcomings first before finding ways to regulate your emotions. Having too much internal conflict can take your attention away from connecting with your child.*

## Keeping a lid on things

Do your best to cope with anger and learn your main triggers. It's easy to yell when you lose your cool. Your tone speaks volumes – a harsh tone and/or language can worsen the situation. However, yelling is useful to quickly get attention, especially in urgent situations (e.g. you may shout "STOP THAT!" followed by a stern warning not to play with the kitchen knife).

Use a firm and commanding tone – do not scream at your kids in anger or frustration as this aggravates their emotions. He may think that you don't love him anymore, which may lower his self-esteem, or increasing the risk of him modelling after you, or developing aggressive or disruptive behaviours.

## Be the model

It is important that you be the model for how you want your child to grow up. So if you prefer manageable emotions in him, you need to be that model for management. As such, any mistake on your part should be pointed out along with a better model as the replacement for that mistake. This will help him to differentiate the preferred behaviours from the less appropriate ones.

If you do yell at your child, try to apologise to him when you realise that it might have contributed to more problems (e.g. your child crying, leading to further disruptions). When you have calmed down, let him know you were inappropriate in shouting and that you are sorry. This helps him understand that what you did was unacceptable and that it would be better to find more constructive ways of dealing with problems.

## Defusing your anger

Calmness is being free of agitation or strong emotions, so find constructive ways to manage stress and frustration. It's easier to prevent anger from building up rather than controlling it later. While breathing techniques prevent anger from escalating (it works by helping your body calm itself), it's less effective after you've lost your temper.

Take short pauses between breaths repeatedly to lower your heart rate and promote calmness. Imagine a cool refreshing energy flowing in with each breath and anger/frustration flowing out when exhaling. Constant practice will help you become more proficient at calming yourself.

While your child's actions or reactions are not under your direct control, how you respond is. Deal with your temper first before dealing with him. There are three steps you can use:

- **Pay attention:** learn to recognise triggers, patterns or habits that do not help and address them. Don't blame yourself whenever you fail – you will eventually realise what sets you off!
- **Hit pause:** recognise your emotions. Before losing your temper, drop whatever you are doing and take steps to calm yourself down. Remind yourself this is also an opportunity to teach your child to manage his emotions.
- **Give each other space:** take a short breather to give everyone

time to calm down. Deal with the issue when tempers have cooled. Give him a chance to speak his piece if he is also calm.

Try your best to be your child's role model for keeping your cool – children have a natural tendency to emulate their parents.

## Other points to ponder

Managing your child's behaviour is not about winning. If you think it is a competition, you have already lost. What's more important is to focus on the learning objective of what you are trying to achieve with your child. Take a stand on important issues (e.g. finishing their homework on time) but let the small stuff slide for the time being (e.g. leaving cluttered footwear at the door) otherwise, you may end up wasting time and energy over less important things, which may take attention away from the more important bits.

A child's bad behaviours are not personal attacks directed at you – they are due to the lack of skills in managing challenges around them. Your child is still unable to handle himself in a mature manner, especially when he does not get his way. Empathising with him and directing him toward empowerment in addressing problems will go a long way towards defusing potentially explosive situations.

## Take care of yourself

Good physical health makes it easier to stay positive. So eat healthily and get enough physical activity. Sufficient rest and sleep can be challenging, but grab as much as you can – being well-rested will improve your tolerance level and buffer you against stress.

Taking care of the family can wear you out, so don't neglect yourself. Include "me time" in your schedule to do simple things you enjoy – gardening, listening to music, a quiet meal, etc.

Talk to a professional if you have difficulties managing your anger. Frequently losing one's temper, accompanied by outbursts, can be a symptom of functional depression, especially in people who are normally patient. Don't be afraid to seek help in addressing the issues that you face. It is much better (and cheaper) to address emotional problems early, before they get any worse. **PP**

An educational collaboration with



Malaysian Society of Clinical Psychology





# Pneumococcal Diseases & Your Body

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

*Pneumococcal disease refers to an array of illnesses caused when the *Streptococcus pneumoniae* bacteria, also known as pneumococcus, infects various parts of the body. The disease ranges from mild non-invasive infections that affect the nose and ear, to more severe and invasive infections that affect body parts which are usually free from germs, such as the bloodstream.*

## How it spreads

**Carriers of pneumococcus in nose/throat (no symptoms)**



**Vulnerable individuals get infected via saliva/mucus**



**Pneumococcus spread from throat to other parts of body**

### Sinus (cavities around the nose)

#### **Sinusitis**

**Symptoms:** Aching face, blocked nose, yellow-green nasal mucus, headache.

**Complications:** Usually mild, rarely causes severe complications.

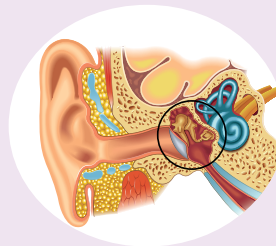


### Middle ear

#### **Otitis media**

**Symptoms:** Ear pain, a red, swollen ear drum, fever, sleepiness.

**Complications:** Usually mild, but may cause hearing loss resulting in speech delay.



### Lungs

#### **Pneumonia**

**Symptoms:** Fever and chills, cough, rapid or difficulty in breathing, chest pain.

**Complications:** Empyema (infection of the space between the lungs and chest cavity), pericarditis (inflammation of the sac surrounding the heart), lung abscess (build-up of pus in lungs).

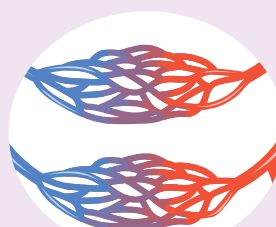


### Bloodstream

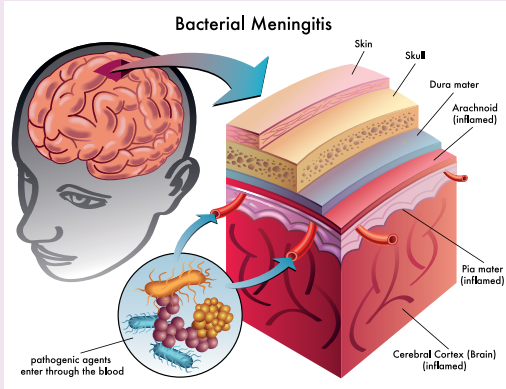
#### **Bacteraemia**

**Symptoms:** Fever, chills, low alertness, confusion, shortness of breath, high heart rate, extreme pain or discomfort, clammy or sweaty skin.

**Complications:** Can lead to organ failure, septic shock (blood pressure drops to a dangerously low level), endocarditis (inflammation of the inner lining of the heart), meningitis, and possibly death.



## Meninges (membrane covering the brain and spinal cord)



### Meningitis

**Symptoms:** Stiff neck, fever, headache, photophobia (eyes being more sensitive to light), confusion; **In babies:** Poor eating and drinking, low alertness, vomiting.

**Complications:** Hearing loss, recurrent seizures (epilepsy), problems with memory and concentration, problems with co-ordination, movement and balance, learning difficulties and behavioural problems, and possibly death.

## Fighting pneumococcus

More than 90 strains of pneumococcus have been identified, making it a challenge to control this global pathogen. The best way to prevent pneumococcal disease is by vaccination. Two types of vaccines are currently available to prevent pneumococcal disease.

### **Pneumococcal Conjugate Vaccine (PCV)**

- Protect against 10 or 13 strains.
- Recommended for children from 6 weeks old, adults over 50, and other groups at increased risk, including people with certain medical conditions or compromised immune systems.
- Eliminates pneumococcus from the upper airway.
- Confers community immunity.

### **Pneumococcal Polysaccharide Vaccine (PPSV23)**

- Protect against 23 strains.
- Not effective for children below 2 years old.
- Shorter duration and quality of protection.
- May still carry pneumococcus in airway after vaccination.
- Therefore no herd protection.



Non-invasive pneumococcal diseases, such as otitis media, are common and usually manageable, but they can deteriorate, becoming more severe and lead to invasive pneumococcal diseases, such as meningitis, which can be devastating and fatal. Protect your loved ones from pneumococcal infection and consult your doctor for more information. **PP**

An educational contribution by



Malaysian Paediatric Association

# PNEUMOCOCCAL DISEASE



**HANDS UP  
IF YOU'VE BEEN  
VACCINATED.**



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

Pneumococcal Disease is a major health concern for adults aged 60 and over worldwide<sup>1</sup>. It is estimated that approximately 25% of adults with Pneumococcal Disease die every year<sup>2</sup>. If you are over 60 years old, or know someone over 60, get yourself and your loved ones protected now.

**Visit your doctor and protect yourself and your loved ones today.**

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

A community health message brought to you by:



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# Say **No!** to Baby Walkers

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



A study conducted on incidents involving baby walkers in the Middle East found that the average risk was around:

- 1** incident **per user**
- 1** injury out of **4 users**
- 1** Emergency Room visit out of **20 users**
- 1** hospitalisation out of **55 users**
- 1** disability out of **200 users**
- 1** death out of **1 000 users**

The recorded incidents included hitting objects, overturning, accessing hazardous objects, and falling into swimming pools and down the stairs. Incidents were recorded in almost every family surveyed and around 49% included injuries.

*Walkers do not provide any advantage to a child's development. Babies need opportunities to build and develop their muscles by engaging in activities that involve pulling up, creeping, and crawling, which they can't do in a walker (which actually delays their walking development). Even worse, baby walkers are a safety hazard and a leading cause of injuries in babies.*

## Did you know?

Baby walkers have been banned in Canada since April 2004, due to the high number of injuries caused. The American Academy of Pediatrics (AAP) has been actively calling for baby walkers to be banned.

## Potential Injuries

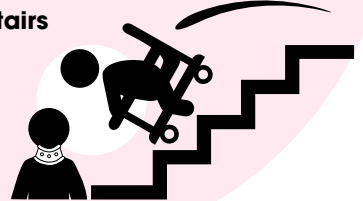
- **Roll into hot stoves, heaters, or pools**  
Burns, scalds, drowning
- **Reach/grab/pull objects on tables/counters/shelf**  
(e.g. stovetop, tablecloth, power cables, appliances, hot drinks, kitchen knives, etc)



Head/neck injury caused by falling objects, cuts, access to hazardous materials (cleaning supplies or other poisonous items)



- **Fall/roll down the stairs**  
Head/neck or other injury caused by falling **PP**



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This information is helpful for children who are concerned growing up milk.  
Please consult your doctor for a proper diagnosis.



# Constipation: A Painful Toilet Time

By **Prof Dr Raja Affendi Raja Ali**, Consultant Physician and Gastroenterologist

*Lately, your child seems to use the toilet less frequently and complains of pain every time he passes stools. Could he be having constipation?*



## Is my child constipated?

Typically, your child may be constipated if he has less than three bowel movements a week, or less often than he usually does. His bowel movements are usually hard, dry, difficult and painful to pass. If you suspect that he is constipated, check whether his stools are larger than usual. There may also be traces of stool in his underwear.

He would likely avoid doing his 'big business' as it would be painful. As he tries to hold his bowel movement, he may be making faces, twisting his body, or crossing his legs. Other signs include stomach-ache, bloating, loss of appetite, and general crankiness.

## Not 'hard' causes

Constipation happens when waste material moves too slowly through the large intestines, causing stools to become large, hard and dry. Common causes include:

- **Diet:** Your child may not be consuming enough fibre from fruits, vegetables or whole grains. He may not be drinking enough water (the job of large intestines is to absorb water from waste causing stools to harden). Dietary changes (e.g. transition from breast milk to cow's milk) can potentially be a factor leading to constipation.
- **Withholding:** Your child may ignore the urge to go to the toilet for many reasons. He may simply want

more time to play or watch television, or dislike using toilets that are unfamiliar to him. He may also have had a painful experience during toilet time due to difficulty passing out the hard stool, causing him to withhold his bowel movement.

- **Routine changes:**

Your child may feel uncomfortable in a new environment or with a new routine (e.g. travelling, moving to a new home, starting school) and this can affect his bowel movement.

## Relieving constipation

Consider these measures for a smooth and less painful time when your child passes motion:

- **Offer high-fibre foods.**

Fibre in fruits, vegetables, beans, and whole grains helps to retain water and provide the bulk in stool, stimulating it to move forward and pass easier. Introduce high-fibre diet gradually if your child is not used to it.

- **Increase fluid intake.**

Water helps to soften stool. Make sure your child drinks enough water daily, especially if he is active or unwell.

- **Good toilet habit.**

Encourage your child to keep a regular toilet schedule. Set a time after each meal for him to use the toilet. Putting a footstool

under his feet can help him push. Let him wait for at least 10 minutes and praise him if he manages to pass stools. Also, remind him to never delay going to the toilet whenever an urge comes.

- **Regular physical activity.**

Keep the bowels moving by staying active. Get your child to play sports or exercise at least 30-60 minutes a day.

- **Keep the gut healthy.**

A good balance of good and bad

**Reminder:** Do not give laxatives or administer an enema to your child unless prescribed by the doctor. Laxatives can sometimes impair the normal function of the large intestine.

Constipation in children is common and usually not serious, but can lead to complications, such as encopresis (leaky stools) and anal fissures (skin tears around anus due to hard stool) if it lasts longer than 2 weeks. Take your child to a doctor if the condition persists or is accompanied with fever, vomiting, blood in the stool or other worrying symptoms such as significant weight lost and persistent abdominal pain. **PP**



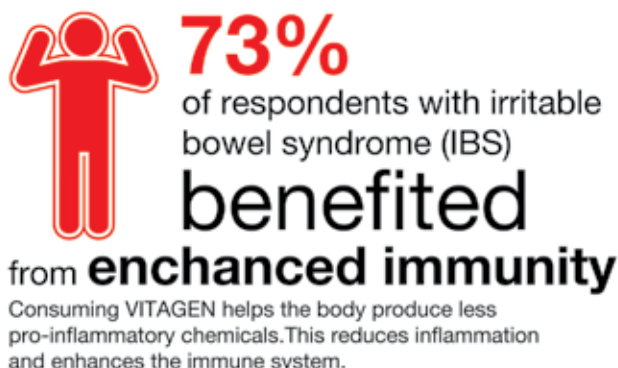
bacteria in the gut is key to a good gut health. Apart from healthy diet and lifestyle, maintain the gut balance by consuming food containing probiotics (good bacteria) such as yoghurt and cultured milk.



# 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\*.



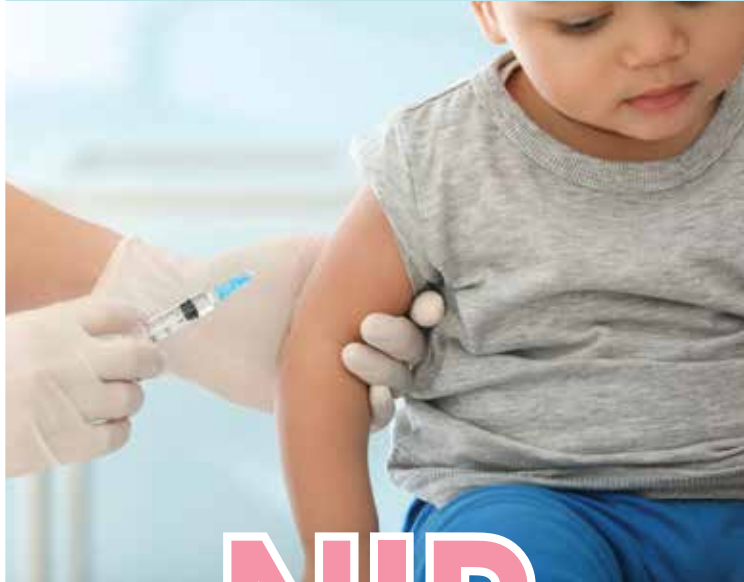
The time food enters the mouth until it was passed out as stool  
was reduced by 5-15 hours (from 20-45 hours).



\* 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. IDDF2019-ABS-0203 Modulation of intestinal  
dysbiosis in patients with  
constipation-predominant irritable bowel  
syndrome using lactobacillus-containing  
cultured milk drink. Gut 2018;67:A70.  
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*Do you know what vaccines are covered under the National Immunisation Programme (NIP)? The NIP is intended to protect Malaysian children against 12 childhood diseases below. Government clinics or hospitals provide these vaccinations for free. They are available at private clinics or hospitals for a fee.*

# NIP it in the bud!

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

## NIP protects against:

### **Tuberculosis**

A disease that commonly infects the lungs, and can be fatal if left untreated. Can also affect other organs.

### **Diphtheria**

It affects the throat and complications include difficulty breathing, heart failure, paralysis, and even death.

### **Tetanus**

Also known as lockjaw, this bacteria causes painful muscle contractions (often the neck and jaw muscles), which makes it hard to open the mouth or swallow.

### **Pertussis**

Also called whooping cough because of the sound made during bouts of uncontrollable, violent coughing. Pertussis can be deadly, especially for babies less than a year old.

### **Hepatitis B**

If infected during childhood, the risk of it becoming a chronic illness is high, and may lead to cirrhosis or liver cancer.

### **Haemophilus influenzae type B**

It can cause severe infections of both the tissue covering the brain and spinal cord (meningitis) and the bloodstream

### **Polio**

An incurable viral disease that attacks the brain and spinal cord, leading to paralysis.

### **Measles**

It can be a lot more serious than just a fever and skin rashes. In children under 5 years of age, it can lead to hospitalisation, brain swelling, and even death.

### **Mumps**

A contagious disease that can cause inflammation of the brain or the tissues surrounding the brain/spinal cord.

### **Rubella**

Poses a danger to the foetus if a pregnant woman is infected. It can cause miscarriage or serious birth defects.

### **Human papillomavirus (HPV)**

Most common sexually transmitted infection (STI) that causes cervical cancer which is the third most common cancer in women.

### **Japanese encephalitis (JE)**

May lead to brain inflammation (encephalitis), with symptoms such as sudden headaches, high fever, disorientation, coma, tremors and convulsions.

## Recommended Immunizations for Children from Birth Through 16 Years Old (updated)

National Immunisation Programme (Ministry of Health)	Vaccine	BIRTH	1 month	2 months	3 months	4 months	5 months	6 months	9 months	10 months	12 months	18* months	7 years	9 years	11 years	13 years	16 years
	BCG												 (if no scar)				
	Hepatitis B																
	DTaP											*	 (dT/Tdap)				
	Polio											*					
	Hib											*					
	Measles (Sabah only)																
	MMR												MR				
	Japanese Encephalitis (available in Sarawak only)								9 & 21 months & booster at 7 years								
	Human papillomavirus (HPV)															 (2 doses 6 months apart)	
Additional Recommended Vaccines	Rotavirus			2 or 3 doses before 6-8 months													
	Pneumococcal											booster at 12-18 months					
	Influenza (annually)												from 6 months & above				
	Hepatitis A												from 1 year & above (2 doses at least 6 months apart)				
	Varicella (for Chickenpox)												2 doses given 3 months apart				
	Meningococcal												from 2 years depending on brand				
	Tdap															from 4 years and above	

### Combination vaccines

These refer to vaccines that target several diseases at once, meaning that your child would only need to be vaccinated once instead of multiple times. This also means fewer hospital visits will be required.

Combination vaccines are just as safe and effective as the individual vaccine. Examples include 6-in-1 vaccination (diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type B, hepatitis B) or 3-in-1 vaccines (measles, mumps, rubella).

### Don't skip it

Refusing vaccinations can lead to dire consequences, with possible complications to pregnancy and unvaccinated kids will be more susceptible to the diseases that the NIP protects against (not to mention the possibility of life-threatening complications). There is the risk of your child becoming a carrier, spreading the disease to others.

Recent news reports have highlighted outbreaks of measles, diphtheria and pertussis in Malaysia, with several deaths reported among unvaccinated infants. These outbreaks have coincided with the growing anti-vaccination movement. Vaccination can help prevent these dangerous childhood diseases or at the very least reduce the severity of symptoms, so make it a point to comply with the NIP.

Remember, vaccination saves lives! **PP**

An educational contribution by



Malaysian Paediatric Association



Protect your child

# against 6 major diseases with 1 vaccine



- Diphtheria<sup>1</sup>
- Tetanus<sup>1</sup>
- Pertussis (whooping cough)<sup>1</sup>
- *Haemophilus influenzae* type b<sup>1</sup>
- Polio<sup>1</sup>
- Hepatitis B<sup>1</sup>

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

## FEWER SHOTS

- Less pain for your child and less stress for you.<sup>3,4</sup>
- Reduces cost of extra healthcare visits.<sup>5</sup>

## ON-TIME PROTECTION

- Helps you and your child's healthcare provider keep your child's vaccinations **up-to-date** and reduces the likelihood of missing a vaccination.<sup>3,4</sup>

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



A community message brought to you by

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*Influenza is a highly contagious viral infection that is similar to the common cold. The flu virus affects the respiratory system, i.e. the nose, throat and lungs. Common signs and symptoms include fatigue, body aches and chills, cough, sore throat, fever, and gastrointestinal problems.*



# Influenza – Are YOU at Risk?

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

## Who's at risk?

Influenza can sometimes lead to serious complications such as pneumonia, meningitis/encephalitis, and even muscle inflammation. Young kids face the possibility of complications such as febrile convulsions and inflammation of the middle ear. The highest risk groups include:

- **Kids** below five years old, especially toddlers below two years old, are vulnerable as their immune system is not fully developed yet. Even during a mild season of flu, up to 7,000 kids are hospitalised and this can rise to 26,000 during an epidemic.



- **Pregnant women** have been shown to be at increased risk of influenza. A fever can harm the developing foetus, so pregnant women may need to be hospitalised due to the increased risk of complications. Newborns with mothers who had influenza during pregnancy (especially if it was a severe case) face increased risk of adverse outcomes, such as premature birth or low birthweight.



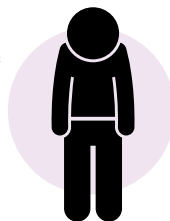
- The immune system weakens with age, thus **the elderly** (>65 years old) are more susceptible to influenza. In this group, flu related hospitalisation can be as high as 70%, while deaths are estimated at 70-90%.



- **Long term residents** of student dormitories or nursing homes. Living in close proximity leads to frequent close social interactions (e.g. sharing utensils, straws, cups or glasses, shaking hands, hugging, kissing, and touching contaminated surfaces such as doorknobs or shared gym equipment) that make it easier for the virus to spread.



- Any person, regardless of age, who suffers from **chronic health conditions** such as asthma, cerebral palsy, seizure disorders, intellectual disabilities, diabetes, heart disease, lung disease, liver disorders, or an immune system weakened due to cancer or HIV/AIDS, etc. Flu can lead to the worsening of those conditions. Extreme obesity also increases one's risk.



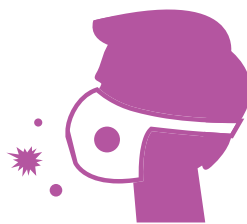
## Steps to reduce your flu risk



- **Stay vaccinated** by getting the annual flu shot.



- **Maintain hygiene** by washing your hands properly.



- **Wear a facemask** and keep your distance if you are sick.



- **Use tissues to cover a cough/sneeze.** If you used your hands, wash or sanitise them immediately.



- **Get prompt medical attention** if you suspect you have the flu. Don't wait for complications to develop.



- **Wash/sanitise surfaces** that are frequently touched.

## Preventing influenza

Getting the annual flu vaccine is the most effective method of preventing influenza and its complications. Influenza vaccines are updated annually to target the specific influenza strains that are currently circulating. This is because of changes in circulating strains, mutations in the influenza virus, and waning immunity from earlier vaccinations.

Vaccination also helps protect infants below 6 months old (who are too young for flu vaccinations) via 'herd immunity', i.e. when the people around your infant are vaccinated, there is a lower risk of him catching the flu. To learn more about vaccination and other things you can do to minimise the risk of flu, talk to your doctor. **PP**

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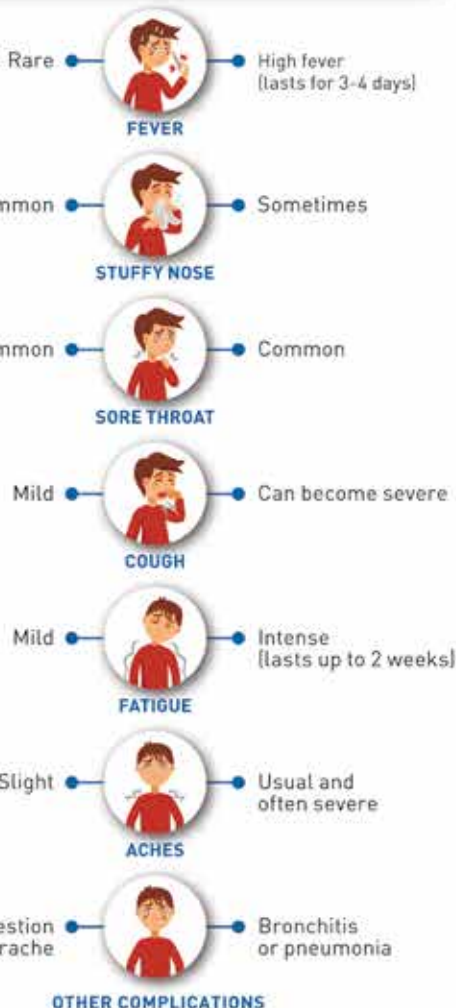


# INFLUENZA PROTECTION BEGINS WITH VACCINATION



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

## COLD vs INFLUENZA



## WHO SHOULD BE VACCINATED?



Children aged 6 - 59 months<sup>4</sup>



People aged 50 years and above<sup>4</sup>



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



Hajj pilgrims<sup>6</sup>



Travellers<sup>7</sup>



A/H1N1



A/H3N2



B/VICTORIA



B/YAMAGATA

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

**ASK YOUR DOCTOR  
TODAY ABOUT  
INFLUENZA  
AND ITS  
VACCINE.**



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# Smart Feeding Tips for Busy Parents

By **Dr Tan Sue Yee**, Nutritionist

*Modern parents are busy with work and chores at home and office, and their children are sent to nurseries or baby sitters during the day. Thus, it can be tough for parents to monitor what their children eat, or if they receive proper nutrition and practise good eating habits.*



## Poor eating habits

Young children and pre-schoolers are at a rapid phase of growth and development, and need to receive sufficient nutrition for optimal growth. Some nurseries or baby sitters serve easy-to-eat and convenient foods, which may lack certain nutrients. Sometimes, you may have to opt for outside food (which you have no control on the nutritional value) for your family's dinner after a busy day at the office. And if your child is a picky eater, he may be missing out on some important nutrients needed for his growth.

Over time, these poor eating habits may cause an imbalanced intake of energy and nutrients, thus affecting your children's growth and development, possibly leading to malnutrition (e.g. overweight or underweight). Therefore, parents need to make time to nurture healthy eating habits in the family.

## Develop healthy eating habits from young

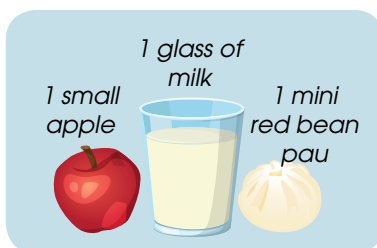
It is important that basic principles of healthy eating are observed to develop healthy habits from young.

1. Ensure diet is **balanced** with all foods from the five food groups, as this will help your child's body gets all the nutrients needed.
2. Serve foods in appropriate and **moderate** amounts to avoid over- or under-consumption of each food.
3. Provide **variety** of food choices within each food group during meal times throughout the day as different foods provide different nutrients (e.g. protein variety – breakfast: milk; lunch: fish; dinner: chicken).
4. Serve 3 regular healthy main meals, and provide 1-2 servings of healthy snacks between meals when necessary.
5. Provide more fruits and vegetables and whole grains, and ensure your child gets milk daily.

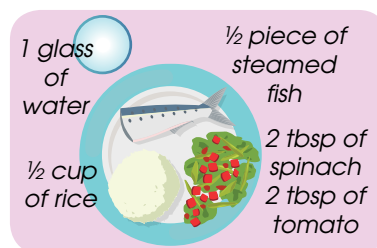
An example of a balanced healthy meal plan for your child:



**Breakfast**



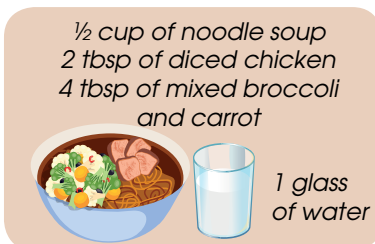
**Mid-morning snack**



**Lunch**



**Evening snack**



**Dinner**



**Supper**

(Reference: Garis Panduan Menu di Pusat Jagaan, Nutrition Division MOH & Department of Social Welfare Malaysia)

## Smart tips to ensure healthy eating is practised

Tips to incorporate healthier eating options for the children (and family) whenever possible:

- Shop smart:** Prepare a shopping list to save time and avoid buying unnecessary things. If you know your child needs more of certain nutrients like iron, ensure you buy milk or meat. Compare nutritional values of different packaged foods to know how much each product provides. Opt for the one higher in fibre, vitamins and minerals, but watch out for fat, sodium and sugar content.
- Plan in advance:** Look at your schedule for time to cook, and plan nutritious meals on a weekly basis. Prepare the ingredients in advance during the weekends. You can also pre-cook meals, freeze in batches, and reheat at mealtimes.
- Quick and easy recipes:** Save time with one-pot meal recipes or all-in-one dishes, like pasta with
  - diced meat & mix veggies, that contains all food groups in a dish. Some supermarkets also have ready-to-cook foods, with pre-packed ingredients, which can be incorporated as part of your healthy meals.
- Nutritious take-outs:** Choose more nutritious options when eating outside or ordering take-outs. Have steamed fish instead of fried chicken, more veggies and less rice, and milk or fresh juice instead of soda. Also request for less salt, sugar and fat in the preparation of dishes, if possible.
- Bring food from home:** Prepare healthy lunchboxes with appropriate portions for your child to bring to the nursery/day-care centre. Instruct the baby sitter to ensure your child eats on time and encourage him to finish it to meet his nutritional requirement.
- In case of picky eating:** Be creative with colours, design and arrangement when preparing your child's food. For extreme picky eaters, consult a nutritionist or paediatrician to work out a tailored meal plan for your child so that he gets optimum nutrition for his growth and development.

By following these tips and ideas, your child will receive proper nutrition and develop good eating habits. Give more focus to the nutritional needs of young children during this important rapid growing phase. **Balance, moderation and variety** in their meals are key for their optimal growth and development. **PP**

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*In general, the gut functions to digest and absorb nutrients from food. However, do you know that it also plays a major role in defending your child against harmful pathogens? Indeed, around 70 to 80 per cent of his immune system is actually located in the gut!*



# Healthy Gut for a Stronger Child

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

Thus, keeping the gut healthy is vital for the immunity and overall health of your child. And the key to a healthy gut is a well-balanced gut microbiota, which is a 'population' of microorganisms living in the digestive system. Several dietary factors play key roles in maintaining gut microbiota. Sounds complicated? Not at all. Just remember that proper nutrition is important for your child to have a healthy gut to enable him to grow strong and resilient.

## How the gut protects

Pathogens, which are harmful bacteria and viruses, can enter the body in several ways, including through the gut. The immune system reacts immediately to ensure that these 'invaders' are stopped before they can cause any illnesses to your child. A healthy gut plays a major role in this immune reaction, capable of breaking down potentially

toxic compounds or blocking pathogens from entering the body.

A community of 100 trillion microorganisms in the gut, called the gut microbiota, plays a crucial role in defining a healthy gut. Among these microorganisms are 1000 different types of bacteria, consisting of 'good' and 'bad' bacteria. Yes, there are 'good' bacteria! A healthy gut should have a balance of about 85% of 'good' bacteria to enable

it to function optimally and develop a healthy immune system.

When an imbalance in gut microbiota (dysbiosis) occurs (e.g. during inappropriate antibiotic use), the number of 'bad' bacteria overpowers the beneficial ones. This can have a negative impact on child health, and has been linked to an increase in gastrointestinal disorders (e.g. diarrhoea, constipation, abdominal discomfort), infections, or even excessive fatigue or tiredness.

## How nutrition helps

Having recognised the vital role that the gut microbiota plays in maintaining a healthy gut, you will certainly be asking how you can improve your child's gut health. Healthy nutrition is the answer. For infants, breastfeeding colonises the baby's gut with good bacteria from the mother, thereby providing the initial seeding of gut microbiota.

As your child grows up, a number of dietary factors are vital in keeping his gut microbiota in balance. This includes a diet that is balanced, moderate, and varied. You can provide a balanced meal by including all food groups according to the food pyramid, feeding him with appropriate and moderate amounts, and ensuring a variety in diet to get different nutrients needed by the body.

Besides these general healthy nutrition practices, it is also important to pay attention to specific dietary factors that are important in keeping the gut healthy. One direct way to increase the number of good bacteria in the gut is to provide your child with foods containing these microorganisms. Known as probiotics, these are live microorganisms (mostly beneficial bacteria) that are able to nourish the gut microbiota and maintain its balance when consumed in adequate amounts. Foods

serve as 'food' for the good bacteria and promote their growth. Several foods and beverages, including milk powder, may contain added prebiotics. Providing your child with foods containing probiotics and prebiotics can potentially have positive effects on his gut health. To look out for these foods, read the label and identify foods containing these ingredients.

The immune system is intricately linked to digestive health.

Taking care of your child's gut health is important for him to stay healthy and strong, so that he can explore and learn from his surroundings and develop greater resilience. This in turn requires that the child adopts healthy dietary practices to promote and maintain a balanced gut microbiota. Do not ignore the gut! **PP**



with added probiotics include cultured or fermented milk products and milk powder.

Dietary fibres found in whole grains, legumes, fruits and vegetables are also helpful in keeping the gut healthy. Some dietary fibres are able to function as prebiotics, i.e.

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<sup>22</sup> Danisco Nutritional Dairy Life Nutrition calculation based in part on information reported by Nielsen through its Scan Track, Market Track and Retail Index Services for the Children nutrition milk formula for children aged between 12 and 36 months segment (child defined) in the Children nutrition milk formula category (child defined) for the 52-week period December 2017, for the total grocery channel in Belgium, Czech, Estonia, France, Hungary, Ireland, Italy, Latvia, Lithuania, Poland, Portugal, Romania, Slovak Republic, and Switzerland (Glossybox in 2017, The Nielsen Company).

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# Pocket Money for Kids

By **Mr Alexius Cheang**, Behavioural Psychologist

*How much allowances/ pocket money do you give your kids and when do you give it?*

Having allowances is an opportunity for kids to learn about financial responsibility and money management. It is a great way to teach them independence, patience, charity, and gratitude.

Allocating allowances for kids is a significant step in the process of growing up.

## Money matters

So how much should they get? As a guide, give them RM1 per year of age every week – a 10 year-old will get RM10 per week. But this is personal and depends on your financial situation. The idea is to increase the amount appropriately as they grow up, according to their needs. This amount should cover more than the basics (e.g. lunch and bus fare) so they can save. Hence, it is important to discuss how you expect your kid to spend the money.

You can start giving them allowances as early as preschool or primary school, to spend at the canteen or the stationery shop. Starting from young is important, as letting them handle cash will teach them to distinguish the value of different bills and coins, and dealing with transactions help them enhance their mathematic ability.

There are different approaches to allotting allowances. It can be given on a regular basis depending on your preference. You can start giving allowances daily when they are young, and switch to weekly or monthly as they grow older and learn to handle larger amounts of money.

A regular allowance will be easier for them to plan their budget.

Allowances can also be given based on needs. Your kids will have to ask you whenever they run out of money. Discuss their request and teach them about the differences between wants and needs, as well as appropriate budget strategies. If they want to buy something that costs more than their allocated budget, they have to save up and put aside immediate wants, thereby teaching them self-control.

## Learn to earn

When talking about chores and allowances, one opinion states that kids have to earn their allowances by doing chores, and another says kids are expected to be responsible for chores without being paid.

Linking chores to allowances can teach them to work to get what they want, but they may ditch the chores if they do not feel the need for extra money. On the other hand, separating chores and allowances can teach them to be responsible as a family member, but they may take the allowance for granted if they do not have to work for it.

As a solution, separate regular allowances and chores (e.g. throwing out trash, washing the dishes, etc.), and offer to pay them extra for doing additional chores that are bigger and



tougher (e.g. washing the car), as long as the chores are suitable for their age. After all, doing household chores teaches them life skills and to be responsible without expecting rewards.

## Allowances: a handy guide

- **Help them budget.** Teach them to allocate how much they are going to spend for immediate purchases and how much to set aside for savings.
- **Let them spend, but set a limit.** Do not micro-manage how they spend their allowances, but step in if it breaks your rule, e.g. spending all their money on junk foods.
- **Be firm with the allowance schedule.** If they ask for an advance because their funds ran out, do not simply bail them out.
- **Don't punish by cutting allowances.** If they misbehave, take away their privileges instead, such as limiting TV or internet access.
- **Practise what you preach.** Your financial habit will influence your kids. If you usually overspend on unnecessary things, they will think that it is an acceptable behaviour.

Different parents may have different preferences of giving allowances. But one thing is certain, financial education should start from young, and letting kids manage their own money is a good way to start. **PP**





*As a family grows larger, the amount of housework will increase. Some families may have helpers, but assigning chores to kids teaches them that they have to contribute in maintaining a clean and liveable home. Chores are also important for their development and transition into adulthood when they start living on their own.*

# Your Little Housekeeper

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

## Developing character

Apart from equipping them with skills necessary to be independent adults, chores can help shape and develop their character too. By learning to do chores, they learn the significance of cleanliness, time management, as well as respect for property.

Doing chores can also improve social skills. Kids learn to communicate clearly, negotiate, and cooperate with others, especially when chores are done together as a family. When every member contributes, chores are completed sooner, and the whole family can spend more time doing fun activities together. Completing their task will also develop their self-confidence, competence, as well as sense of responsibility.



# Getting started

Kids may complain or make a fuss to escape chores duty, especially when they grow older. Start them young with these tips.

- **Age-appropriate.** Chores assigned have to be age appropriate, taking into account their mental and physical abilities.

Pre-school (4-6 years old)	Primary (7-12 years old)	Secondary (>13 years old)
<p>Chores related to their own daily routines:</p> <ul style="list-style-type: none"> <li>• Put away toys and books in place</li> <li>• Put dirty laundry in basket and bring in laundry that is dry</li> <li>• Make the bed</li> <li>• Fold clothes</li> <li>• Putting utensils in sink after meals</li> </ul>	<p>Chores related to their own routines and some common household chores:</p> <ul style="list-style-type: none"> <li>• Sweep and mop floor</li> <li>• Vacuum floor and carpets</li> <li>• Weeding the garden</li> <li>• Help in kitchen</li> <li>• Wash dishes</li> <li>• Clear dinner table</li> <li>• Take out trash</li> </ul>	<p>Chores with bigger responsibilities:</p> <ul style="list-style-type: none"> <li>• Scrub bathroom</li> <li>• Iron clothes</li> <li>• Do laundry</li> <li>• Wash car</li> <li>• Cook simple meals</li> <li>• Baby-sit younger siblings</li> <li>• Buying groceries</li> </ul>



- **Be specific with instructions.** General and vague instruction can lead to misunderstanding and wrong expectations. For example, be clear and detailed when you say "Please clean your room". They may think it is just making their bed, but you may also mean keeping the clothes, arranging the books, and emptying the wastebasket.

- **Make a schedule.** Prepare a list of chores to be done on a regular basis (daily or weekly), divide them fairly among the kids, and rotate the chores. Put the schedule where everyone can see it and allow them the satisfaction of ticking off each completed task. Make the schedule fun!



- **Do it together.** Start by demonstrating how to do the chore. Then, do it together and eventually let them do it on their own. It is also more fun to do big tasks, such as washing the car, cleaning the garden, or folding clean laundry, together with the whole family.

- **Praise their efforts.** Kids are more encouraged and inclined to help when parents acknowledge and appreciate their efforts. Thank them and give them a hug.

- **Take it easy.** Avoid being too pushy or strict. Use the 'when/then' method instead, i.e. "When you've finished folding the clothes, then you can watch TV." Do not expect perfection or redo the chores for them unless necessary; if you do, they will just leave the chores for you to complete.



## Linking chores with allowances?

Most parenting experts do not recommend giving kids allowances for doing chores, especially when they are still young. Chores should be about learning responsibility and life skills. As kids grow older, encourage them to take up extra chores beyond their routine ones by positive reinforcement and occasional treats, but avoid material rewards. **PP**

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# Imperfections and Self Esteem

By **Dr Cindy Chan Su Huay**, Developmental & Behavioural Paediatrician

*Teenage years can be very challenging as it is a time of significant changes. Puberty, with its hormonal changes, self-consciousness, worries and anxieties, can all contribute to the chaos of growing up.*

Teens also have to deal with increased social pressure caused by peer attention to their appearances. A teen's physical appearance may even lead to unwanted attention from peers, leading to teens becoming preoccupied with their looks and sensitive to how they are perceived.

## Importance of a positive body image

The mass and social media often showcase the male or female body in a very unrealistic manner. Social expectations and attitudes can also negatively affect body image and undermine

self-esteem. Teens with more pronounced or rapid physical developments may also be treated differently by their peers or adults. All these factors may lead to anxiety to conform.

Having a positive body image as they grow will help teens cope with physical imperfections, whether real or perceived. Whilst there is nothing wrong with having physical standards to strive for (e.g. dressing a certain way or working out to build muscles), it does become a problem if it negatively affects his or her physical or mental health.

## What you can do

You can be proactive to offset the negative effects by taking some appropriate steps. Having a close and supportive relationship with your teen is essential so you can be there for him or her.

In dealing with teens, here are some key points to keep in mind:

- Puberty leads to physical changes, so **explain what they should expect** before it happens.
- **Respect their need for privacy** while encouraging an open channel for them to communicate with you.
- **Be more understanding of their need** to follow fashion trends as looks do matter among their peers. At the same time, you can discuss with your teen any ideas or strategies he or she may come up with to improve their physical self, while guiding them to make good decisions (e.g. personal hygiene issues). If possible, share your own experiences.
- **Never tease or criticise them about their looks** as they can be exceptionally sensitive; it may also affect their self-esteem.
- **Be alert of attempts at extreme bodily changes** (e.g. extreme dieting) as these will damage their health.
- **Support them in accepting any physical flaws** they may have instead of chasing after ideals of physical perfection. When you accept and embrace your child for what he

**Two-way communication is crucial so don't wait until there are problems before you start working on this.**



or she is, there is a good likelihood that the child will grow into a teen and thereafter, an adult, feeling comfortable with themselves.

## Tackle it head on

Some teens may equate their looks with personal worth, and this can lead to them feeling especially vulnerable to comments about their physical appearance. You can better gauge your teen's view of him or herself by spending quality time with your child.

By taking the time to get to **know** your growing teenage child, you can encourage him or her to develop a better appreciation of his or her own self-worth in other ways, that are not linked only to looks. We want our teens to feel empowered by their personal and unique strengths, and for them to be able to make real connections with peers and other people.

This will no doubt be challenging, as some adults also link physical looks with a person's self-worth. The key is in how your teen regulates his emotions, in response to his or her looks, so you will need to pay close attention to these cues. Of course, this does not mean that he or she should neglect personal grooming! **PP**



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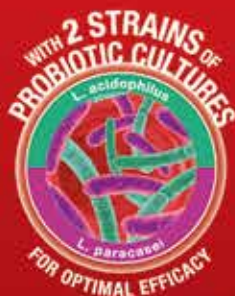
# BE GOOD TO YOUR GUT



## YOUR IMMUNITY DEPENDS ON IT

Housing 70% of our immune system, our gut is central to our wellbeing. VITAGEN contains 2 strains of live probiotic cultures of *Lactobacillus acidophilus* and *paracasei* for better digestion and a stronger immune system.

**VITAGEN, CLINICALLY PROVEN FOR A BETTER GUT\***



**LESS SUGAR**

\* Reference: Makhtar N, Jassier NM, Chua S, et al. IDDP2018-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/A70.3](https://gut.bmj.com/content/67/Suppl_2/A70.3)

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