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# Positive Parenting Malaysia

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

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## Addressing the 'Hidden Hunger'

In recent years, Malaysia has become the most obese country in Southeast Asia. But there is another underlying problem that is rarely addressed. The hidden hunger refers to the 'hidden' problem of micronutrient deficiencies, as it is difficult to identify. In fact, even an overweight child may actually be deficient in certain micronutrients, such as minerals like iron. Our experts explore the details of the problem in this issue's Feature. The consequences of this problem can be devastating and parents need to be aware of the importance of getting sufficient micronutrients for their children.

For our *Real Life, Real People* section, we talked to a consultant paediatrician, who is also a passionate advocate of the 'green' lifestyle. Prof Dr Lucy Lum shared how she raised her kids to be environmentally conscious, and some helpful tips on what we can do, as individuals in our effort to preserve the Earth.

This issue also includes various topics relevant to modern parents such as a guide on baby's skin care, hygiene hypothesis, confinement centres, and cyber-security for kids.

We understand that parenting is challenging, especially in this smartphone age, where we might not even have time for ourselves. Despite that, we have to try our best in raising our children to be contributing members of society. We hope our efforts with this publication will be helpful as you go along in this challenging yet rewarding journey.

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

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# Micronutrient Deficiencies:

## What Parents Should Know & Can Do

With **Dr Tee E Siong**, Nutritionist and President of the Nutrition Society of Malaysia (NSM), **Dr Roseline Yap**, Nutritionist and NSM Hon. Treasurer, **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician, Paediatric Cardiologist, and Chairman of the Positive Parenting Programme

Malaysia is regarded as a food haven by many, yet would you believe that micronutrient deficiencies exist? Yes, micronutrient deficiencies, which is a form of malnutrition, persists especially among women and children. Hence, it is very important to recognise these deficiencies and take steps to prevent them.

Malnutrition refers to either overnutrition or undernutrition. Overnutrition can easily happen due to overeating, leading to excessive energy intake and paving the way to obesity. Undernutrition generally refers to an insufficient intake of food, leading to insufficient intake of energy, protein and micronutrients. As a consequence, the child can suffer from impaired growth and development (reflected as underweight, stunting, or wasting) as well as micronutrient deficiencies.

According to **Dr Tee E Siong**, a nutritionist, **micronutrient deficiencies, caused by insufficient intake of vitamins and/or minerals, usually occur gradually.** Although these deficiencies happen more frequently among undernourished children, it is important to note that healthy

looking children may also be deficient in some micronutrients as well.

"This makes it tricky to pinpoint as anyone, even someone who is obese, could suffer from micronutrient deficiencies. The fact that your child has a full belly is meaningless if

you fail to provide him with a healthy diet, as it would mean that his body is still 'hungry' for nutrients – this is why micronutrient deficiency is often referred to as 'hidden hunger'," reveals the President of the Nutrition Society of Malaysia (NSM).

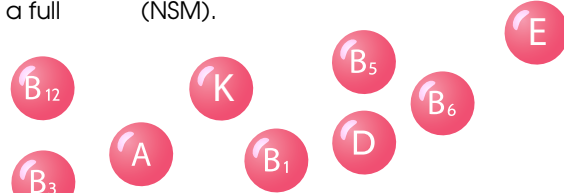
## What are micronutrients?

Micronutrients are nutrients that our bodies only require in small quantities, in milli- or microgramme amounts. They include:

- **major minerals** (i.e. calcium, sodium, potassium, phosphorus) and **trace minerals** (e.g. iron, iodine, zinc, selenium)
- **vitamins** (e.g. several B vitamins, C, A, D, E, K).

Nutritionist **Dr Roseline Yap** highlighted that the consequences of micronutrient deficiencies in children can be devastating, yet are often not picked up until irreversible damage has been done. This is because, by the time the effects become visible, the damage to the child's growth and development has already happened.

Research links micronutrient deficiencies with cognitive and motor development. A child's 'vulnerability' to micronutrient deficiency is not limited to early life, but also extends right up to adolescence. Thus, parents need to take extra care that their children do not suffer from 'hidden hunger'.



## The situation in Malaysia

Dr Roseline highlighted that **Malaysia has seen an increase in the prevalence of overweight and obesity over the years, including among children. However, the prevalence of undernutrition problems such as insufficient intake of energy and other nutrients, including micronutrients still occur among certain segments of the community, more specifically, the lower socio-economic tier.**

"The South East Asian Nutrition Survey (SEANUTS) Malaysia was a study on Malaysian children.

The results were worrying as it revealed that micronutrient deficiencies such as iron, vitamin D and calcium were detected in Malaysian children. In addition, as many as a third of the children failed to achieve the recommended intakes for these micronutrients," the NSM Hon. Treasurer discloses.

She added that although the prevalence of undernutrition is lower when compared to other Asian countries, but poor growth such as stunting and underweight are still prevalent among the Malaysian children, as well as micronutrient deficiencies namely anaemia, vitamin A deficiency, and vitamin D insufficiency. She

stressed that such findings should be taken seriously and specific interventions should be implemented to curb with these micronutrient deficiencies.





## Why micronutrients deficiencies occur?

So how and why do deficiencies occur in a land of regarded as a food haven?

There are several possible causes:

- **Lack of knowledge.**

Parents/caregivers are unaware of the importance of nutrition, hence failing to provide their children with nutritious foods.

- **Filling his stomach with unhealthy foods.**

High energy-dense foods, which are high in dietary fat or high in refined carbohydrates/sugars, are usually low in micronutrients. These foods will fill his tummy, but is a poor choice because it

only provides energy but will starve his body of the important nutrients especially micronutrients that he needs.

- **Frequently eating out.**

While home-cooked meals are the best option, busy parents may sometimes have to resort to eating out. Quite often, outside foods are unhealthy due to excessive use of fats/oils, salt, and sugar.

Results from the 2017 National Health and Morbidity Survey (NHMS) of Malaysia on adolescent health revealed that only 1 in 3 adolescents consumed breakfast, 6 out of 10 ate lunch away from home, and 1 in 5 ate home-cooked foods

during recess time in school. In addition, 1 in 3 adolescents have reported that their choices of foods are influenced by social media such as YouTube, Facebook, and Instagram. Hence, this behaviour or influence may lead in consuming unhealthy foods resulting to micronutrient deficiencies.

"The bottom line is that parents need to consistently examine what they are feeding their kids. There has to be more awareness of what goes into their childrens' bodies – a full belly does not mean that they are getting the nutrition they need, especially if unhealthy foods are provided," Dr Tee warns.

## The consequences of micronutrient deficiency

Insufficient intake of micronutrients can potentially have a big impact on a child's healthy growth and development, especially if it occurs during the crucial growing years. The effects of micronutrient deficiencies are not noticeable in the beginning

but consequences will gradually build up over time resulting in physical symptoms or clinical signs. Worst of all, by the time it becomes obvious, which are shown in the symptoms, the damage has already been done. Some of these effects/consequences are irreversible

such as stunting or under-developed cognitive functions of the child.

In Malaysia, the following are several micronutrient deficiencies that have been identified to affect children:

Micronutrient	Deficiencies can lead to
<b>Iron</b>	<ul style="list-style-type: none"> <li>• Iron-deficiency anaemia; associated with retardation in growth and cognitive development</li> </ul>
<b>Vitamin A</b>	<ul style="list-style-type: none"> <li>• Growth retardation of foetus/baby, along with various types of congenital malformations</li> <li>• Eye-related problems, e.g. night blindness, impaired vision (including blindness)</li> </ul>
<b>Iodine</b>	<ul style="list-style-type: none"> <li>• Abnormal growth and development that may cause mental retardation or brain damage</li> <li>• Prolonged deficiency can cause goitre or enlarged thyroid gland</li> </ul>
<b>Calcium &amp; Vitamin D</b>	<ul style="list-style-type: none"> <li>• Poor bone density, leading to skeletal deformations or easily fractured bones</li> <li>• Calcium deficiency may lead to stunting</li> </ul>
<b>Zinc</b>	<ul style="list-style-type: none"> <li>• Impaired growth &amp; development of infants, children and adolescents</li> <li>• Weakened immune system, leading to increased susceptibility to infections and higher risk of mortality</li> </ul>

Therefore, it is crucial for your child to receive the right nutrition from young, ensuring optimal physical and mental development, and long term health of your child.



## How can you prevent it?

Dr Tee cautions parents against making **a habit of providing their kids with unhealthy meals that have little to no nutrition or imbalanced in nutrients**. The usual suspects are sugar-rich foods/drinks, processed foods and snacks that contain a high content of fat, salt or flavouring (e.g. French fries, potato chips, various extruded snacks), deep fried snacks, hot dogs, burgers. He emphasised that it is imperative for parents to learn the basics of healthy nutrition – ignorance is certainly not bliss.

To start off, parents should look into the following:

- **Learn the basics of a healthy diet.** This can be achieved with simple guides such as the Malaysian Food Pyramid as a guide for your daily food intake. Another useful concept to follow is BMV, namely **balance** (include foods from all five food groups in the Malaysian

Food Pyramid in your daily diet), **moderation** (stick with moderate portions that follow the recommended number of servings per food group), and **variety** (include a variety of foods from each food group).

- Dr Tee suggested that parents:
  - Provide their child with **a balanced and varied diet** that includes fruits and vegetables, especially when eating out.
  - Use the Malaysian Healthy Plate as a guide to control his **meal portions**.
  - Keep him sufficiently **hydrated with water** while minimising the intake of sugary drinks.
  - Provide healthy snacks and minimise unhealthy options such as pizzas, pastries, cakes, French fries, sausages, hot dogs, etc.

- Make as much effort as possible to provide him with balanced **home-cooked meals** at least once a day.
- **Variety** is the name of the game, so try cooking or ordering **different dishes** every day.
- When eating out, **avoid foods high in fat, sugar or salt** and opt for



## Do it right from the start

**Datuk Dr Zulkifli Ismail**, Chairman of the Positive Parenting Programme, **warned parents against relying on supplements instead of a healthy diet to meet their child's nutritional needs**, saying "A proper diet should adequately meet a child's nutritional requirements, so channel your time and

efforts into making sure he eats properly. Supplements may be useful for short-term usage, particularly if his diet has been affected by an illness – however, do consult his doctor or paediatrician beforehand."

He then added that parents have the responsibility to ensure that their children get enough micronutrients from





steamed, braised, baked, boiled, or grilled foods.

By following these basics, you will be well on your way to provide your child the necessary nutrients he will need. Dr Tee also suggested providing nutrient-dense foods such as milk for growing children. Milk and dairy products are a rich source of various nutrients, especially calcium and protein. Allowing your child to play outdoors is also a great way to get Vitamin D, which his body can synthesise when exposed to sunlight.

#### • Address picky eating.

Find alternative ways of incorporating foods that he dislike into his meals.

Citing milk as an example, Dr Roseline commented that some kids may dislike the smell or the taste of milk. As long as your child is not allergic or intolerant

to it, you can incorporate it in his diet in many different ways. The simplest way is to make milk smoothies added with fruits for him. Milk can also be added to many recipes as a replacement or an extra ingredient, e.g. making scrambled eggs with milk, replacing coconut milk with dairy milk in recipes, using milk when making pancakes/pudding, or adding it to chicken/mutton stew.

If you suspect that your child is allergic to milk protein, consult a specialist in allergy and immunology to learn how to handle it while still providing him with the nutrients he needs.

#### • Ensure he takes more fruits and vegetables.

We all know about the health benefits yet

many kids refuse to eat vegetables. Dr Roseline suggested using the simple 'trick' of blending and combining vegetables with other ingredients to make meatballs or homemade burger patties.

These home-made options are a healthier option compared to store-bought nuggets, burgers, sausages, or meatballs. You can make your own concoction by mixing and blending poultry or meats with vegetables. Alternatively, vegetables can be finely chopped and combined with a little salad dressing to make it tastier.



their diet, saying "There should be some urgency for parents to take prompt action. After all, there is only a small window of opportunity to provide adequate nourishment that promotes a child's optimum growth and development. If this window is missed, it will ultimately lead to deficiencies which can become serious and irreversible."

So, parents take note of your child's nutritional needs. Start reading up on nutrition as much as possible in order to provide him with the right foods that he needs to grow up healthy and strong. **PP**



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# Concerns with Confinement Centres

By **Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist and Past President of Obstetrical and Gynaecological Society of Malaysia (OGSM); **En Hairil Fadly Md Akir**, Deputy Director-General (Policy) of National Population and Family Development Board (LPPKN)



*Confinement practices are traditional post-natal practices for mothers. They are said to be in confinement as there are a number of traditional rules and prohibitions for them to adhere to.*

These rules involve their diet and routine, and the confinement period may last from 30 to 44 days beginning from baby's birth. Different cultures have slight variations of confinement practices and some of them may seem out-dated, and with little scientific basis. However, the purpose is still relevant: to support new mothers, let them recuperate physically and emotionally after childbirth, and help their transition into motherhood, especially for first-time mothers.

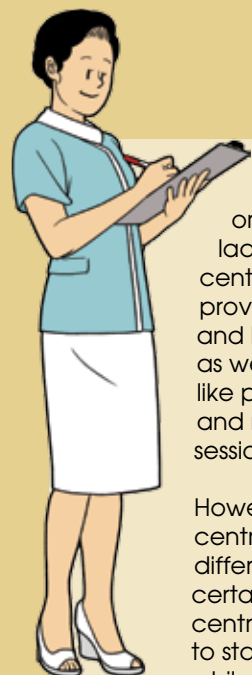
Traditionally, mothers of the new parents would be in charge of confinement care with help from confinement ladies (*pui yuet* or *bidan*) in taking care of the new moms and babies. *Pui*

*yuet* in the Chinese community would come to stay with new mothers during the confinement period, while *bidan* in the Malay community would visit new mothers to give massages and hot compressions, apply abdominal wrappings, and other practices.

## Confinement centres

Nowadays, mothers also have the option to check themselves into confinement centres that are growing in numbers and popularity. These centres usually provide lodgings and confinement meals for moms and babies, with laundry services and 24-hour support staff, including nurses, midwives





or confinement ladies. Some centres may also provide confinement and baby products, as well as activities like parenting classes and massage sessions.

However, these centres may have different policies on certain matters. Some centres allow fathers to stay at the centre, while others only let fathers visit during certain hours. The policy on breastfeeding may also vary – most centres usually support moms to breastfeed, but there are centres that do not discourage formula feeding. Each centre may also have its own policies on observing confinement practices.

## Concerns on regulation

The regulation of confinement centres has always been a grey area. Back in 2016, there was a statement by the then Deputy Minister of Women, Family and Community Development, Datin Paduka Chew Mei Fun, instructing confinement centres with no medical facilities to register with the Social Welfare Department under the Care Centre Act 1993. However, there is not much that the government can do against bad confinement centres, as there is no specific section on confinement centres in the law. They are also not covered by the Private Health Care Act. Hence, they are not bound

to any standards or minimum requirements.

As of now, most of these confinement centres are merely recognised as businesses like spas or hotels, not medical facilities. Thus, if any issues or problems arise during mothers' and babies' stay at these centres, they are usually resolved in private between the centres and mothers. There is no dedicated avenue for mothers to raise the issue in case of dispute. This is made worse with the lack of medical experts (i.e. gynaecologist, paediatrician) in most centres to detect and diagnose any signs of complication in mothers and babies.

## Government's role

To address this issue, our law-makers have to work towards drafting new laws or amending existing laws to regulate confinement centres, and protect the mother and baby from unwanted incidences. In the meantime, mothers who are looking for confinement care can opt for the post-natal care package that is provided for free by the Traditional and Complementary Unit in several government hospitals.

The Ministry of Health also provides post-natal care home visits by nurses. A nurse from the nearest health/community clinic will visit the mother's house on certain days after birth (Day 1, 2, 3, 4, 6, 8, 10, 15, and 20) to monitor the health status of both mother and baby.

Apart from that, there is also the MamaCare programme by LPPKN which trains elderly women and single mothers from low income households in holistic postnatal care services. Upon completion of the programme, they will receive the Certificate of Professional Massage Practice, which is recognised by the government. MamaCare practitioners can further improve their skills and knowledge in providing holistic postnatal care at Diploma level through LPPKN's MamaCare program with accreditation from Department of Skill Development, Malaysia.

It is fine for mothers to follow confinement practices, as long as they do not cause any harm to the body, and they are not missing out on any nutritional requirements. Refer to doctors if there is any doubt about any confinement practices and you experience of shortness of breath, rapid breathing, chest pain or coughing up blood during confinement care (this are among the symptom of pulmonary embolism). When choosing to stay at a confinement centre, do comprehensive research, make sure the staff are certified and experienced, and carefully review the contract before committing to the confinement centre. **PP**

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# Kids and Cyber-Security

By Mr Alexius Cheang, Behavioural Psychologist

*The Internet is a wonderful platform to learn and search for information, connect with friends, and create opportunities for ourselves and others. Yet, the internet is also a dangerous place.*

It is filled with online threats, e.g. cyberbullying, scams/fraud, identity theft, viruses/malware, harmful/illicit content, digital piracy, sexual predators, fake news, etc. However, instead of fearing this resource, we should teach our kids (and ourselves) the importance of cyber-security and being internet savvy.

Cyber-security is important as many things are now done online. But due to convenience, we may neglect our data/privacy security, and this can cost us financially, psychologically, and even physically.

## Safe surfing

Here are some useful tips to teach your kids and keep them safe online:

- **Educate yourself first.** Keep abreast with the latest news and alerts on internet safety. Update your digital devices with the latest security updates/patches and antivirus software regularly.
- Highlight and discuss the do's and don'ts of online behaviour with your kids. Emphasise that the online world mirrors the real world and remind them: **'If you wouldn't do it face to face, don't do it online'**.
- **Be their 'friend' online.** Know what social media sites your kids are using, and connect with them on these sites. This allows you to monitor their activities and what they share online.
- Remind them that everything they do online is **captured forever**, even after deleting it. Avoid posting revealing or embarrassing



pictures, and always remember to be respectful and responsible when posting comments.

- Many **employers and university admissions** offices look at social media profiles when considering candidates to get a truer picture of that person. It is therefore wise to showcase one's personality and character fairly through the use of social media.

- Do not put **sensitive or personally identifiable information** online or give it to strangers. Anyone can claim to be someone else online, so do not trust easily.

- Avoid posting or sharing locations (school, after-school activities, etc.) as this gives child predators ready access to their location. Better yet, **turn off location services**.

- Demonstrate how to use antivirus or detect suspicious phishing websites, which may steal account passwords or other confidential information (e.g. by offering free stuff or with a clone website). **'If it seems too good to be true, it probably is'**.

- Always verify the authenticity of information first before sharing it, as it may be **fake news**. Under the Anti-Fake News Act,

"knowingly" creating and spreading "fake news" is a crime in Malaysia.



- Nothing is private when using **public Wi-Fi**. You are vulnerable to cybercriminals viewing or stealing your information. It is safer to perform important transactions (e.g. online banking) on secured networks using your mobile data service.



- Be aware of **cyberbullies**. If your kids are bullied online, encourage them to ask for help. Only install or download applications or software from **trustworthy sources**. Read the privacy policy before installing to consider how much personal information and phone access the app requires.

- Help your kids create **sensible passwords** with a combination of upper and lower case letters, numbers and symbols. Never use easily-identifiable information. Ideally, use different passwords for each account.
- **Impose limits** on your kids' online access. You may install parental control apps to filter online content, set rules and time schedules on device usage, and block pornography and other unsuitable content. Websites such as YouTube and Netflix have specific settings to restrict kids' access.

## A final remark

To be safe online, equip your kid with internet literacy. We may not be there to guide them all the time. By empowering them with these guidelines, you can increase the safety and benefit of having the world at their fingertips. **PP**





*Prof Dr Lucy Lum, a consultant paediatrician, is very passionate about leading a sustainable lifestyle and has raised her children to be environmentally aware. Her enthusiasm and perseverance has led to her active involvement with a community-level recycling initiative by a local non-governmental organisation.*

*Positive Parenting recently interviewed her to find out how she raised 'green kids'.*



# Raising 'Green' Kids

The majority of people are not environmentally conscious. Instead of waiting for politicians to do something about it, we should start the ball rolling on our own. Much of it has to do with our personal habits.

It is always best to start educating your children from young. Prof Dr Lucy Lum points out that the pre-school years is the best time, and you can start by bringing your children to the recycling centre.

"Of course, the most important way to encourage them is to do it yourself! Make it a point to practise recycling and be a role model. Don't just tell your kids what to do, show them!"

**Prof Lucy's children still recall how she used to wash plastic bags and hang them up to dry, ready to be reused another day.**

She also revealed that she had to deal with strangers who accused her of child abuse. Despite this, she wished she could have introduced

community-level recycling to her children much earlier, as she only started her participation five years ago.

**If at first you don't succeed...**

Do not worry if your children do not appear interested at first. With a little perseverance, parents can always find an approach that works. An effective method is to give children action-oriented activities, as most children find separating recyclable materials boring. Let them crush plastic bottles or aluminium cans instead.

Parents can also turn it into a fun activity for their kids by putting on some music to let them dance while stomping away. It is a great way to combine some physical activity into your recycling efforts. This turns it into a fun activity and is a great stress-reliever, making them look forward to the next recycling session.





## Plastic does not degrade

Plastic waste is one of the biggest sources of pollution. While plastic can crumble or become powder, it has not degraded. It is now known as micro-plastics, i.e. it remains chemically unchanged and is still plastic, but has become physically smaller. The danger now is when it makes its way into the food chain. If a fish consumes it, the micro-plastics would accumulate in its body – what happens when we eat that fish?

Think again before reaching for plastic bags, especially the free ones for wet groceries. However it is common to see people double or triple bagging their wet groceries. The solution is to minimise, or better yet eliminate, our use of plastic.

Unfortunately, the 'tidak apa' attitude is not just a Malaysian thing but a global one – we are responsible for what happens to the environment.

## What you can do

"We bought cloth bags from WWF (World Wide Fund for Nature) in 1995 as a replacement for plastic bags, which we still use today. When

my son was younger, he would exclaim 'Auntie! How come you're still using plastic bags?!' whenever he saw my friends using plastic bags," jokes Prof Lucy.

For her shopping trips, she usually brings several boxes, plastic containers (recycled ice cream containers), and cloth bags, which she recommends as they are more durable and last for years – the newer bags made from plastic fibres tear easily. This way, one can completely eliminate the need to use any type of plastic bag, including the single-use type that comes in rolls.

## Convenient time-savers

Prof Lucy added that the beauty of reusing plastic ice cream containers is that you can immediately put your dry/wet food items away. Dry food items (e.g. garlic or ginger) can be left in the containers for storage while wet food items (e.g. fish or meat) can be

popped into the freezer. This saves a lot of time. Better still, plan ahead and pack wet food items into separate containers for easier thawing.

"Yes, you need to put in a bit of effort in terms of preparation, but once you get used to it, it becomes easier to do 'green' grocery shopping. Once you get the hang of it, just rinse and repeat!" she enthuses.

## Make it your routine

"My family has had years of practice doing this when we do our marketing every Saturday," she says. "Since we've been shopping at the same place for years, the people at the market already know what we want. We usually just pass them our containers to fill up while we walk around the market to shop for other groceries."





Some people that Prof Lucy meets in the marketplace would come up to her to say that it's a good idea to use recycled boxes or containers. Despite their interest, many of them don't practise it themselves. Prof Lucy estimates that only around 1 out of 200 of those who approached her would eventually do it.

## Persistence goes a long way

Prof Lucy explained that her success in balancing her career with going green and raising green kids did not depend on any 'secret technique'. She added that perseverance is critical, and to hang in there

until the family gets used to doing things the 'green' way.

It does require some organising skills, but once everyone gets used to the flow of things, everything will run smoothly. Her efforts have been so successful that she has managed to cut down her family's trash output, to the extent of reusing plastic bread bags for household garbage. Any food or garden waste goes into the compost heap.

Prof Lucy pointed out that the philosophy behind going green is not so much about saving money; rather it is about

teaching our children to respect life and living things. It is about caring for natural resources by not squandering or wasting them. Ultimately, it is about teaching them how to appreciate nature. This is why she advocates teaching children sustainable habits early in life and set them on a trajectory toward planet-sustainable living and eating. **PP**



**“All plastic should be washed and cleaned before sending it to the recycling station.”**





# ACETYL CYSTEINE SANDOZ

## HELPS TO



CLEAR PHLEGM<sup>1</sup>

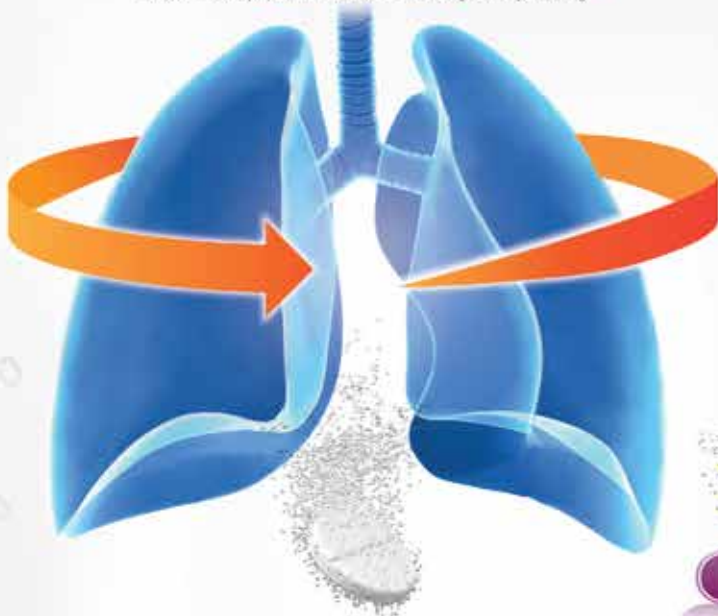


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**References:** 1. Helms S, Miller AL. Natural Treatment of Chronic Rhinosinuritis. *Alternative Medicine Review* 2006; 11(3): 195-207. 2. Sadowska AM, Verbruggen J, Danquah K, De Backer WA. Role of N-acetylcysteine in the management of COPD. *Thrombosis and Clinical Risk Management* 2006; 2(1): 3-18. 3. Acetylcysteine Sandoz Effervescent Tablet 200mg and 600mg package insert (dated Oct 2018).

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# Baby's Skin: Smooth but Sensitive!

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

*Skin is the first sensory organ to develop in foetus. The newborn skin is not fully mature at birth as it lacks sebaceous and sweat glands. Infant skin continues to undergo the maturation process during infancy.*

Some of skin functions include: (1) barrier to water loss, light, and irritants, (2) infection control, (3) protection from physical harm, (4) sense of touch, pain and temperature, and (5) regulating body temperature. Stratum corneum, the outermost part of epidermis, plays a vital role for the first function.

At birth, a newborn leaves the warm, wet, sterile, and safe womb to a cooler, dry, bacteria-laden environment. Newborn skin is critical to this transition. As it adapts to the new environment, there will be changes in skin hydration, water binding and acidity. The sense of touch also plays an important role in a

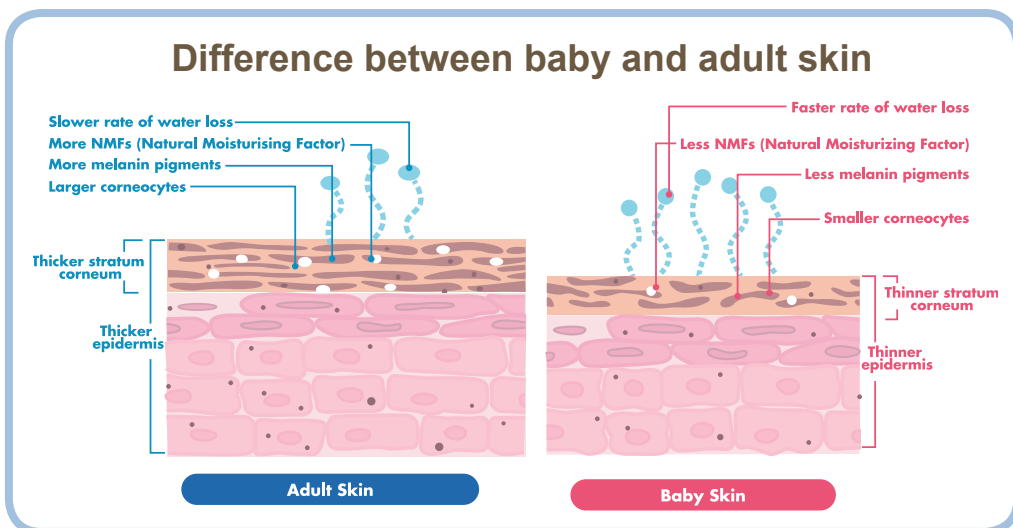
child's development. Mothers' touch, hugs and kisses provide warmth and affection to babies, signalling they are safe.

## Baby's and adult's skin: a comparison

Skin functions remain the same throughout life, but there are key structural differences between a baby's and an adult's skin. Baby's skin has a thinner stratum corneum and epidermis (approximately 30% thinner than an adult's). It also

tends to experience higher transepidermal water loss (it absorbs more water, but also loses excess water faster). Baby's skin also has less natural moisturising factors (NMFs), which bind water and keep the skin hydrated.

Other differences include baby's high ratio of skin surface area-to-body volume and their immature drug metabolism system. These factors can cause baby's skin to be dry, vulnerable to sunlight and heat, and more prone to allergy, irritation and infection.

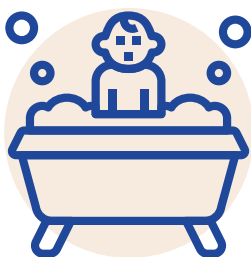




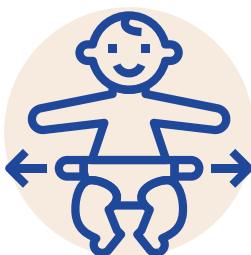
## Caring for baby's skin

A baby's sensitive skin needs extra care and attention.

- **Bath time:** It should be brief and not too often to avoid losing the natural oil protecting baby's skin. Use low-irritant bath products in minimal amounts, rinse well, and avoid "over-bathing" that can lead to dry skin. Make sure the water is lukewarm. Apply baby lotion to retain his skin's moisture after bath.



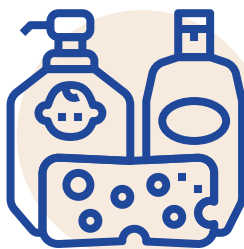
- **Diaper change:** The skin at diaper area is more irritable due to over-hydration, increased pH, friction and other factors. Check diapers frequently and change immediately if soiled, to avoid diaper rash. After cleaning, gently pat baby's bottom dry before putting on a new diaper. Apply barrier creams, if there is diaper rash. Use alcohol-free wipes and high-absorbency disposable diapers for safe, effective, and gentler care at sensitive diaper area.



- **Baby massage:** With physical and emotional benefits, massage helps baby to relax, sleep better, and ease crying. Apply baby oil or lotion and gently massage his face, abdomen and limbs, while talking or singing to bond with him.



- **Baby products:** Choose baby-specific products, such as tear-free and allergen-free shampoos or lotions, and products that preserve the mildly acidic pH of baby skin. Be mindful of allergic reactions. Products made for adults (i.e. antibacterial products, deodorant, etc.) may be too harsh for baby's skin.



## Concerns on chemicals

Parents should identify the chemicals used in skin care products to make informed choices for their babies. Two common concerns are fragrances and preservatives.

- **Fragrances** can influence our mood and are used to enhance our experience when using certain products.

They can stimulate the sense of smell, which is important in developing bonds between mothers and infants. However, fragrance allergies are quite common, so it's important to choose products that have undergone extensive research in ensuring they are safe for infants.

- **Preservatives** prevent the product from being spoiled by microbes and extend its shelf-life. Low levels of preservatives are generally considered as safe, whereas baby products contaminated with microbes can cause serious infections if applied to immature baby skin.

Parents need to understand product labels. If the baby has an allergy, look for allergen-free labels, not fragrance-free or unscented. Fragrance molecules are still present in the latter, but masked or neutralised with other chemicals. Parents also need to learn the correct product usage, in terms of the right dosage and application method.

When choosing baby products, be sure they are clinically proven and in strict compliance with standards regulations. Your baby's skin is more sensitive and still immature, but it is one of the first ways he interacts with you and the world. This interaction is important for his development, so take extra care of his skin! **PP**

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# Understanding Soy Formula

*Soy-based infant formula has been around for a century. It accounts for around 12-20% of the baby formula market. But do you know when its usage is appropriate?*

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

Soy formula was initially developed as an alternative for infants whose nutritional needs are not met with human milk, and who are intolerant or allergic to cow's milk formula. It was first made using soy flour, which contains other non-protein ingredients such as soy carbohydrates and fibres. Today, soy protein isolate is used as the main ingredient in soy formula for its higher protein digestibility and total protein content. Soy formula is also fortified with complementary nutrients to support the normal growth of infants.

## Using soy formula

Soy formula is generally recommended by paediatricians to infants with these conditions:

- **Galactosaemia:** A rare genetic disorder where the body is unable to metabolise galactose, a form of simple sugar. Since lactose in breast milk and cow's milk is broken down into glucose and galactose, soy formula is the alternative for infants with galactosaemia as it does not contain lactose.
- **Lactose intolerance:** The inability to metabolise lactose due to the lack of the enzyme lactase. These are three forms of lactose intolerance that may manifest in infants: 1) hereditary lactase intolerance, where infants are unable to metabolise lactose at all from birth, 2) transient/secondary lactose intolerance, due to small intestine injuries (e.g. acute gastroenteritis), and 3) developmental lactose intolerance in preterm infants. Meanwhile, primary lactose intolerance, which is the most common, manifests later in life (late childhood to adulthood).





- **Cow's milk protein allergy (CMPA):** Soy formula is only indicated for infants with CMPA who are 6 months or older, and are confirmed free of soy allergy.
- **Vegan diet:** Parents who prefer to raise their baby as a vegan/vegetarian, where the mother is not breastfeeding, can opt for a soy formula.



## But NOT for...

Paediatricians do not recommend soy formula for:

- **Preterm infants:** Soy formula is NOT suitable for preterm infants as it cannot fulfil their specific nutritional requirements.
- **Colic:** Parents tend to switch formulas to resolve their baby's colicky behaviour (intense crying with no clear reason). There is no evidence of soy formula's benefit in managing colic.
- **CMPA-induced enteropathy or enterocolitis:** Infants with digestive tract inflammation (enterocolitis) or disease (enteropathy) due to CMPA are also sensitive to soy protein due to their already-damaged gut lining. They should be given an extensively-hydrolysed formula or amino acid formula.

## Soy formula concerns?

There are concerns that isoflavones, a type of phytochemical in soy with similar structure to the hormone oestrogen, may have an effect on infant development. Current animal and human studies on modern soy formulas have not found conclusive evidences of any adverse effects on human growth, development or reproduction.

## Soy milk & cow's milk

For older children, cow's milk is a more complete and balanced source of protein, fat and carbohydrates, compared to plant-based milk. However, soy milk is the most comparable to cow's milk in terms of overall nutrient balance, with the highest protein content compared to other alternatives (e.g. almond, rice, coconut, etc.).



## A final advice

Breast milk remains the best source of nutrition for infants. Infants should be exclusively breastfed for 6 months and to continue breastfeeding with complementary feeding until 2 years old. However, mothers may need to supplement their breastfeeding with infant formula in some cases.



If the child is experiencing certain medical conditions (e.g. lactose intolerance, CMPA, etc.), soy formula is a good substitute to cow's milk formula, as it is considered to be safe and nutritionally equivalent to cow's milk formula. If you suspect that your child is experiencing conditions such as CMPA, consult your doctor as he will help you to determine the next step for your child and yourself as a mother. **PP**





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# Too Much Hygiene

## Are We Over-Protecting Our Kids?

By **Dr Nazrul Neezam**, Consultant Paediatrician and Paediatric Gastroenterologist & Hepatologist

*Compared to our generation, today's children face many substantial differences in upbringing, with the most obvious one being fewer chances for playing outdoors in natural environments.*

Fears of disease-causing microorganisms have led to parents striving to maintain a sterile environment that is as germ-free as possible. While there is no denying that cleanliness and hygiene are important, there are some who have taken things too far in their quest to be hygienic. This will limit or inhibit a child's chances of early exposure to a diverse range of 'friendly' microbes, which is necessary to train his immune system to react appropriately to stimuli.

Unfortunately, the term 'microorganism' is often associated with disease-causing germs and viruses, leading many to fear all

microorganisms. Scientists suggested that the reduction in the diversity of the human microbiome (i.e. microorganisms living in the human body) has led to a rise of allergic diseases and this came to be known as the 'hygiene hypothesis'.

### Beneficial little helpers

Not all microorganisms cause disease – our gut is home to a large collection of microorganisms called gut microbiota. The gut accounts for approximately 80% of the entire immune system, and is the first line of defence against infections.



To build a more resilient immune system, the key is to retain a healthy balance of good vs bad bacteria (85% vs 15% respectively). Good bacteria form a barrier on the intestinal wall, thus denying harmful microorganisms the chance to breed. They also help modulate the immune system's responses in how it responds to external threats, which is useful in minimising the risk of developing allergic diseases.

A stronger, more resilient immune system also allows your child to better enjoy the outdoors. You would have better peace of mind knowing that his immune system is strong enough and is continuously improving itself with every exposure.

## Building a stronger gut

For an ideal start, opt for natural childbirth (as opposed to C-section) as the vaginal passage contains bacteria that helps kickstart your child's gut microbiota, which is not colonised by any bacteria by default.

Don't worry if you miss this, as there are still other things that you can do to help improve your child's gut health, such as:

- **Back to nature.** Bring him to spend more time in natural environments (e.g. recreational parks, farm or forest). This allows increased exposure to more varieties of microorganisms, which helps prime his immune system, thus leading to a stronger body.

*The American Academy of Pediatricians (AAP) also recommends outdoor play as it provides children with the opportunity to improve their sensory skills and physical coordination.*

- **Play with pets.** Let him keep pets. If this is not an option, bring him to petting zoos instead.
- **Avoid antibiotics.** Use only if his paediatrician prescribes it. Antibiotics do not work against viral illnesses.
- **Balanced and healthy diet.** Provide him with plenty of dietary fibres. These are needed to keep the gut healthy, such as legumes, whole grains, fruits, vegetables, etc.
- **Eat foods rich in pre- and probiotics.** Certain dietary fibres act as prebiotics, i.e. food for the good bacteria in the gut. Maintaining a healthy gut microbiota balance requires a regular intake of both pre- and probiotics.

Other things you should do on a daily basis include ensuring that he is physically active, gets enough sleep, and drinks enough water.

## Don't neglect hygiene

Lastly, make it a point to maintain cleanliness and

hygiene without going overboard. The danger is when the idea behind the hygiene hypothesis is oversimplified and taken to extremes. Too much, or too little hygiene, is not recommended.



Outdoor exploration should be encouraged, provided the necessary precautions are taken. The two main points to keep in mind are that not all microorganisms are bad and that cleanliness and hygiene should still be practised. **PP**





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# Keeping JE at Bay

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

*Japanese Encephalitis (JE) is a type of viral brain infection that can affect both humans and animals.*

JE is an endemic disease (a disease that is present and occurs regularly, even without external influences) in Sarawak, which is why JE vaccination is mandatory there. Sporadic cases have occurred in other Malaysian states. JE is passed to humans through the bite of an infected *Culex* mosquito.

## Small but deadly

JE is a virus from the family *Flaviviridae*, which is related to dengue, yellow fever and West Nile viruses. This disease can cause severe symptoms and is potentially deadly, especially to babies and young children.



## Signs to be alert for:



- Rapid onset of high fever



- Headache



- Neck stiffness



- Disorientation



- Coma



- Seizures



- Spastic paralysis

JE is a disease that causes acute inflammation of the brain. The mortality rate can be as high as 3 in every 10 cases. There is a 50% possibility that the patient may suffer from permanent neurologic or psychiatric conditions. Survivors may face permanent intellectual, behavioural or neurological problems such as paralysis, recurrent seizures or the inability to speak.



## Prevention is key

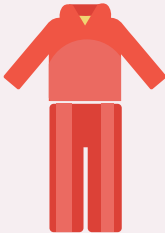
As JE is a dangerous disease, taking steps to prevent it is crucial. As it is transmitted by mosquitoes, the best thing is to avoid mosquito bites. Your options include:

- Use **mosquito repellents**

that contain 20%-30% DEET or 20% Picaridin on any exposed skin, especially at night. Re-apply as necessary according to the product's usage directions.

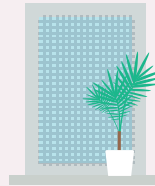


- Wear **neutral-colours and avoid dark clothing**. Stick with **long sleeves/pants** to lessen the amount of skin exposed to mosquito bites.



- You can **pre-soak/spray the outer layer of clothing with permethrin** (a type of insecticide) to deter mosquitoes.

- Install **door/window screens** to act as a barrier against mosquitoes.



- Consider sleeping under a **mosquito net**, if necessary.

- **Clean regularly and keep the house compound clear of any litter**, as these are potential mosquito breeding spots (i.e. piles of leaves, containers or items that may contain water, stagnant drains,

etc). Ornamental water features can be beautiful, but are potential breeding grounds for mosquitoes. Take steps to ensure that the water circulates (stagnant water is ideal for the growth of mosquito larvae) and consider stocking it with fish as they feed on the larvae. Alternatively, you can treat your water feature with larvicide.



## Vaccination works

There is currently no treatment or cure for JE, and treatment can only relieve the symptoms. In the 1999 outbreak, there were 154 reported cases and 56 deaths. In 2001, mandatory JE vaccination was then introduced in Sarawak, which greatly reduced JE cases. By 2017, only 10 cases were

reported, which also means that lives were saved (the mortality rate for JE is around 3 in 10).

The results speak for themselves – JE vaccination is the best defence against the virus, and should be seriously considered if you live near areas with a high mosquito population or plan to visit Sarawak or other

countries where JE is endemic. Vaccination is not only safe and effective; it could save your child's life. **PP**

An educational contribution by



Malaysian Paediatric Association





# Protect your family against the dangers of Japanese encephalitis



Japanese encephalitis (JE) is a potentially fatal disease transmitted by infected mosquitoes. It is endemic to Southeast Asia and the Western Pacific regions.<sup>1</sup>



**There is no cure for Japanese encephalitis.<sup>1</sup>**

**Reduce the risk of infection with vaccination<sup>1</sup>**



**Protect yourself and your loved ones against Japanese encephalitis.**

Ask your doctor about preventing Japanese encephalitis virus.

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REFERENCE: 1. WHO. Japanese encephalitis. Fact sheet No 398. December 2015. Available at <http://www.who.int/mediacentre/factsheets/fs398/en/>. Last accessed Feb 2016.



# All About RTIs

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

*Respiratory tract infections (RTIs) affect the throat, nasal passages, airways, lungs and sinuses. These infections may be caused by either virus or bacteria.*

RTIs can spread when other people are exposed to the coughs and sneezes (water droplets) of an infected person. RTIs in children are quite common, especially if they go to day-care centres/schools or have siblings, due to close contact with others.

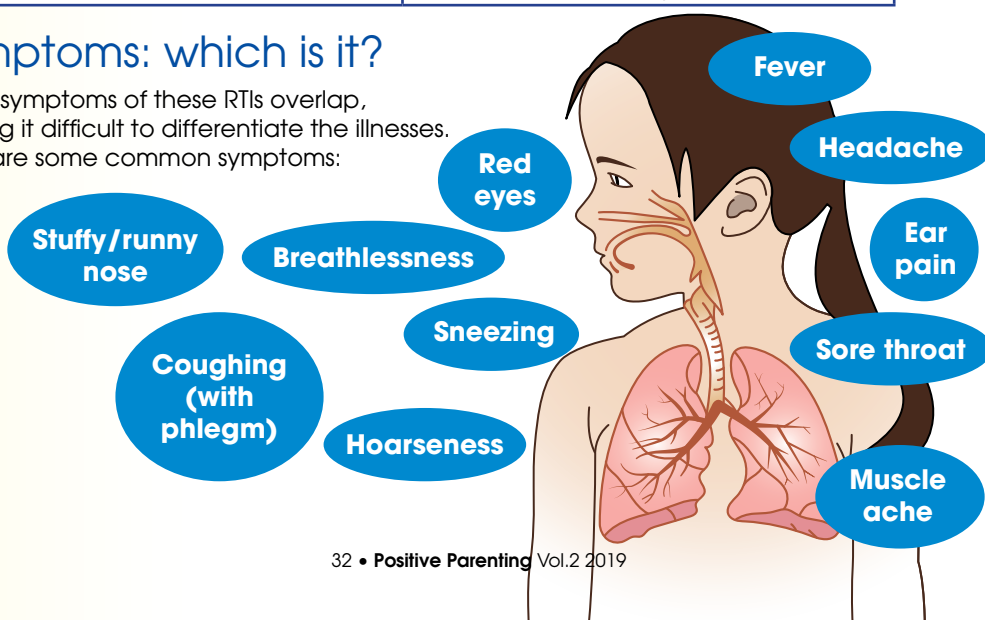
## Types: upper or lower?

Several illnesses fall under RTIs, which are categorised into two types. Generally, RTIs that affect the lower respiratory tract or are caused by bacteria are more severe.

Upper RTIs (nose, throat & sinuses)	Lower RTIs (airways & lungs)
<ul style="list-style-type: none"><li>• Influenza</li><li>• Common cold</li><li>• Sinusitis (sinus infection)</li><li>• Tonsillitis</li><li>• Laryngitis</li></ul>	<ul style="list-style-type: none"><li>• Influenza</li><li>• Bronchitis</li><li>• Bronchiolitis</li><li>• Chest infection</li><li>• Pneumonia (lung infection)</li></ul>

## Symptoms: which is it?

Many symptoms of these RTIs overlap, making it difficult to differentiate the illnesses. Here are some common symptoms:



Immediately seek medical advice if your child shows these additional symptoms:

- Fast breathing
- Wheezing (high-pitched whistling sound made while breathing out)
- Stridor (noisy breathing that happens when the upper airway is blocked)
- Chronic coughing (more than 3 weeks)
- Blood-stained mucus from cough
- High fever
- Lethargy (less talkative, less active)

## Treating and managing RTIs

If the infection is caused by bacteria, doctors may prescribe antibiotics. For a viral infection, it usually clears up within a few days. Doctors may also prescribe decongestants, nasal sprays, cough medicines or painkillers to treat the symptoms, depending on the type of illnesses/infections.

Apart from that, practise these tips to help your child get better:

- Get enough rest
- Drink plenty of water to loosen mucus
- Give hot lemon and honey drink to soothe coughs (not suitable for babies)
- Use extra pillows to raise your child's head when sleeping, so that breathing is easier and mucus can be cleared
- Avoid smoke from cigarettes or other sources



## Concerns: pneumonia

Most RTIs are mild and will resolve without any dangerous complications if treated and managed properly. However, pneumonia can be dangerous if your child is below 2 or his immune system is compromised. Pneumonia is usually caused by bacteria (such as *Streptococcus pneumoniae*), resulting in the inflammation of lung tissue. Possible complications include:

- **Bacteraemia and septic shock.** Infection in the blood that can lead to dangerously low blood pressure
- **Lung abscesses.** Accumulation of pus in the lungs
- **Pleurisy, pleural effusion, empyema.** Swelling of the pleura (two layers of tissue around the lungs), pleura filled with fluid, and infection in the pleural space
- **Respiratory failure.** Lung failure to transfer oxygen and remove carbon dioxide in and out of blood

Some RTIs can be prevented by vaccination. The pneumococcal vaccine can be taken to prevent pneumococcal pneumonia, while an annual flu vaccination can help prevent flu. Consult your doctor to know more about these vaccines. Practising hygiene is also important in controlling the spread of RTIs. Remind your child to wash his hands regularly, cover his mouth with tissue or handkerchief when coughing or sneezing, and avoid contact with ill people.

**PP**

An educational contribution by



Malaysian Paediatric Association



# PNEUMOCOCCAL DISEASE



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



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

The World Health Organisation estimates that Pneumococcal Disease kills close to half a million children under the age of 5 globally every year<sup>1</sup>. A simple vaccination, however, has made this serious disease preventable. It may be hard to say it by name, but it's a whole lot easier to put a stop to.

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

<sup>1</sup> Centers for Disease Control and Prevention, Global Pneumococcal Disease and Vaccines. Available at <https://www.cdc.gov/pneumococcal/global.html>

A community health message brought to you by:



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*Bowel movement is part of nature's call. The appearance of your child's stool can show if his bowel movement and digestive system are healthy or not.*










# Is My Child's Poop Normal?

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

Stool consists of mostly undigested food, proteins, bacteria, salts and other substances. Stool can vary in shape, texture and colour, depending on individuals, but generally, normal stool is brown, log- or sausage-shaped, and easy to pass, with a texture that is between soft and firm.

## Shape and texture

The Bristol stool chart explains the shape and texture of stool. This will help to indicate if your child's bowel movement is normal or if he has constipation or diarrhoea.

	<b>Type 1:</b> Separate hard lumps, like nuts <ul style="list-style-type: none"> <li>• Very hard to pass</li> <li>• Severe constipation</li> </ul>		<b>Type 2:</b> Log-shaped but lumpy <ul style="list-style-type: none"> <li>• Hard to pass</li> <li>• Mild constipation</li> </ul>
	<b>Type 3:</b> Log-shaped with cracks on the surface <ul style="list-style-type: none"> <li>• Easy to pass</li> <li>• The standard form of stool</li> </ul>		<b>Type 4:</b> Log- or snake-shaped, smooth and soft <ul style="list-style-type: none"> <li>• Easy to pass</li> <li>• Considered normal</li> </ul>
	<b>Type 5:</b> Soft blobs with clear-cut edges <ul style="list-style-type: none"> <li>• Easy to pass</li> <li>• Fibre is lacking in diet</li> </ul>		<b>Type 6:</b> Mushy pieces with ragged edges <ul style="list-style-type: none"> <li>• Urgency to pass</li> <li>• Mild diarrhoea</li> </ul>
	<b>Type 7:</b> Entirely liquid, no solid pieces <ul style="list-style-type: none"> <li>• Urgency to pass</li> <li>• Diarrhoea</li> </ul>		

## Colour: what's the problem?

An unusual colour of stool may indicate health problems or merely the result of eating certain food.

- **Brown** is the normal colour of stool. The colour comes from a substance in bile called bilirubin, which forms when old red blood cells break down.
- A hint of **green** in stool is normal. When they are fully green, it could mean that lots of green foods (e.g. spinach) were consumed, or food was passed through the digestive tract too fast.
- **Black** tarry stool may be due to the consumption of liquorice, iron supplements, or bismuth medications. If it is not the case, it could be a sign of bleeding in the upper part of the digestive tract.
- **White, grey,** or pale stool indicates a lack of bile, e.g. because the gallbladder or bile ducts are blocked. Some anti-diarrhoea medications also cause white stool.
- Greasy, **yellow** stool contains a high amount of fat. This could be a sign of malabsorption disorders (e.g. coeliac disease) or problems with enzyme/bile production.
- **Red** stool could be a sign of bleeding in the lower part of the digestive tract. Bright fresh blood on the top of the stool may indicate haemorrhoids. A less serious cause is the intake of red foods, such as beets, cranberries or tomato juice.
- **Orange** stool may be from foods rich in beta-carotene like carrots, pumpkins or sweet potatoes. Other reasons include blocked bile ducts or consumption of certain medications like antacids or rifampicin (an antibiotic).

## Time & frequency

Generally, your child should not take more than 10-15 minutes in the toilet. If he needs longer time, he may possibly have problems with the digestive system, which include constipation, haemorrhoids or other conditions. The average frequency of a bowel movement is between once every other day to thrice a day. If he is constipated, he is likely to go less frequently. Too often, he may have diarrhoea.

## Tips for healthy bowel movement

- **Drink plenty of water:** Water helps to soften stool and facilitate bowel movements. Children above 4 years old should drink 6-8 glasses of water a day.
- **Eat a healthy diet:** Include more fibre in your child's diet with more whole grains, fruits, and veggies. Fibre helps to retain water and provide bulk in stools. Probiotic-rich foods like yoghurt and cultured drink can also help to promote better gut health.
- **Be active regularly:** Have your child to play more outdoor games and sports, as active lifestyle helps to encourage normal bowel function.

Healthy bowel movement with normal stool is a sign of a healthy digestive system. By practising healthy eating and active living, your child can maintain his digestive health and will have a better toilet time – less time in the toilet, less straining, and easier passing of stool. Check with your doctor if you suspect any issues with your child's stool and bowel movements. **PP**

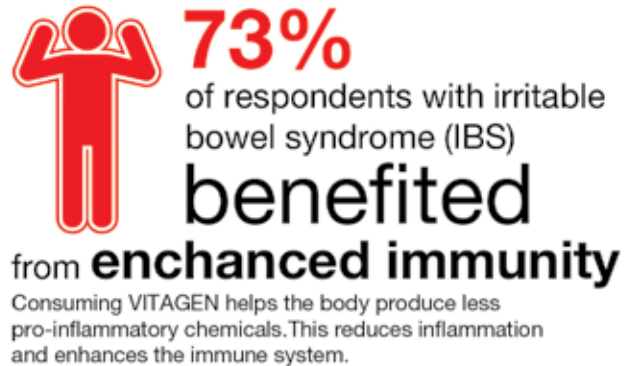




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Results are based on clinical research performed at the Gastroenterology Unit, Department of Medicine, Hospital Canselor Tuanku Muhriz, Pusat Perubatan Universiti Kebangsaan Malaysia\*.



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, et al. (2018). 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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# Nutrition for Premature Infants

By **Prof Dr Cheah Fook Choe**, Professor and Senior Consultant Neonatologist

*Premature infants, or preemies, are not uncommon, so don't panic if you have a preemie. Caring for a preemie will be more challenging, but by providing him with the right nutrition, he has a much higher chance to grow up normally.*



Preemies are delivered before 37 weeks of gestation, while deliveries after that are considered term. Globally, it is estimated that 1 in 10 infants are born prematurely. One of the common mothers' concerns on preemie is their nutrition and growth.

## Breast milk right from the start

Preemies often are low birth weight (2.5kg and below), and have special nutritional requirements as their bodies have not yet stored sufficient energy and nutrient reserves. They also suffer from illnesses related to immaturity such as acute lung disease.

It is of great help if moms are able to provide colostrum (the first stage of breast milk) as early feeds to their preemie as soon as possible. This will help to prime and protect their gut and colostrum also contains antibodies which help protect your preemie from infections. In many developed countries, when moms cannot provide their own breast milk, they can opt to use donor breast milk, which is instituted and handled by accredited milk banks.

Preemies delivered before 34 weeks tend to have oral feeding difficulties such as sucking, swallowing and coordinating with breathing, and impaired gut motion due to their immature bodily

functions. Thus, they are usually fed via a tube directly into their stomachs in the first week or two. Also, a special solution called total parenteral nutrition, which contains a blend of nutrients to support their energy needs and growth, may also be infused into the blood stream.

Unlike term infants, preemies have a higher energy and nutrient requirement. When the preemie has achieved sufficient breast milk feeds, your doctor may prescribe adding of human milk fortifiers (HMF) to your expressed breast milk in order to ensure that your preemie receives the optimal nutrition needed to 'catch up' on growth. However, if



Photo: WHO/PAHO

the supply of breast milk is insufficient, a special preterm formula may be supplemented instead.

## Bringing preemie home

In Malaysia, most hospitals allow preemies to be discharged when they show good consistent weight gain, have reached at least 1.8kg, are able to take milk from the breast or bottle, and have reached a corrected age of 36 weeks.

Proper nutrition is important to ensure adequate overall growth throughout and to reduce the risk of growth faltering. Most importantly, continue breastfeeding your preemie. In some cases, your preemie may still require HMF. This is especially true in the case of very low birth weight (VLBW) infants that weigh below 1500g at birth. If your breastmilk supply is still insufficient, you may need to add on a post-discharge formula (PDF) to top-up on the feeding.

However, if breastfeeding is not an option or if there is no

breast milk available at all, your doctor may recommend the use of PDF alone. PDF is meant for premature, low birth weight infants and is used after hospital discharge within the first year of life, until normal growth (age-corrected) is achieved.

## Keep a close eye on his growth

Monitor and keep track of your preemie's growth closely. Certain nutrients are important to help him catch up on his growth. He needs a higher intake of energy, protein, minerals, and vitamins.

You probably know the benefits of omega-3 and omega-6 polyunsaturated fatty acids such as docosahexaenoic acid (DHA) and arachidonic acid (AA); they are important for eye and brain development. Although many milk formulae contain these nutrients, breast milk is superior as it has the correct ratio for your preemie individual needs.

In larger preemies, exclusive breastfeeding alone may be enough. However, follow-up

in clinics is recommended for periodic checks to ensure that your preemie has sufficient nutrients to support bone growth.

## To keep in mind

Breastmilk is still the BEST choice for all infants. If your preemie's growth is satisfactory, your doctor may recommend that you switch to exclusive breastfeeding and stop adding of HMF. If not breastfeeding, PDF use may be substituted with a normal milk formula.

At 6 months corrected age, start complementary feeding to meet the nutritional and growth requirements. Importantly, continued breastfeeding within the first year is strongly encouraged. Note that while good and adequate nutrition is necessary for proper growth and development, an excess of nutrition can lead to obesity. This will have a negative impact on later health in your preemie's life.

Lastly, do not miss any clinic appointments! These visits will allow your doctor to monitor your preemie for proper growth and development. You can also consult with your doctor for advice on providing the right nutrition, with the right amount, at the right time for your precious' healthy growth.

**PP**



Eat Well, Live Well.



# What to cook today?

This common question often pops in our mind when it comes to preparing family meals. From working mothers to housewives, both have to deal with the lack of time or out of ideas of what to cook.

## Introducing Campur, Campur, Siap! by AJI-NO-MOTO®

Campur, Campur, Siap! is a new and creative way to cook vegetables, making them more delicious and exciting. It's a mixture of a variety of vegetables with protein sources and gravy.

Vegetables are rich in many nutrients that are important for our health. They contain vitamins and minerals that are vital to stay healthy. Hence, it is important to eat vegetables with a variety of colours to obtain different health benefits. Make it a habit to add vegetables in your daily meals for a balanced diet.

Although vegetables are important for healthy nutrition, many Malaysians do not eat enough of them in their daily meal.

## FACTS

- The Malaysia School-Based Nutrition Survey 2012 showed that about 93.7% of adolescents consumed vegetables below the recommendation of 3 servings/ day.
  - The Malaysian Adult Nutrition Survey (MANS) 2014 showed that 81.7% consumed vegetables below the recommended 3 servings/ day.
- Source: National Plan of Action for Nutrition in Malaysia (NPANM) III 2016-2025

## Did you know?

Pumpkin contains fibre and beta-carotene



**Fibre**  
Helps the digestive process



**Beta-Carotene**  
Enhances the body immune system

Cauliflower contains fibre and vitamin C



**Fibre**  
Helps in keeping the intestine healthy



**Vitamin C**  
Strengthens the body immune system

Broccoli contains calcium, vitamin K and omega-3 fatty acid



**Calcium & Vitamin K**  
Maintain bone health and prevent osteoporosis



**Omega 3 Fatty Acid**  
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Preparing vegetable dishes is no longer an issue with Campur, Campur, Siap! It's a convenient way to prepare any vegetable dishes with protein sources (chicken, egg, etc.) and a pinch/sprinkle of AJI-NO-MOTO® to create delicious meals loved by all, especially children. More importantly, it's easy and suitable for wives and busy working mothers!

For more recipes, please visit



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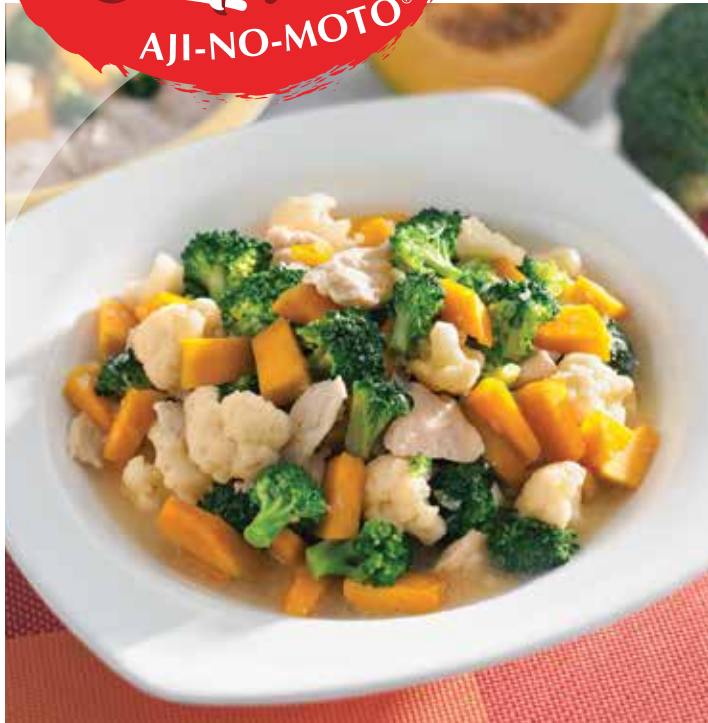


Ajinomoto Malaysia



*Campur,  
Campur  
Siap!*

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## Mixed Vegetables with Pumpkin

### Ingredients:

2 tbsp	Cooking oil
½	Large onion, chopped
2 cloves	Garlic, chopped
200 g	Chicken meat, cut into small pieces
1 ½ cups	Water
½ tsp	AJI-NO-MOTO®
½ tsp	Salt
150 g	Cauliflower, chopped
100 g	Broccoli, chopped
150 g	Pumpkin, cut into long dices



### Method:

1. Heat the oil.
2. Sauté garlic and onion until fragrant.
3. Add chicken and stir until half cooked.
4. Add water, pumpkin and cauliflower. Simmer until soft.
5. Add AJI-NO-MOTO® and salt.
6. Add broccoli. Stir until fully cooked.
7. Ready to serve.



Pumpkins are nutritious and inexpensive vegetable, which is easily found in Malaysia.

It contains fibre to sustain a healthy digestive system, and beta-carotene to help strengthen our body's immune system.

Your children will certainly love the sweet taste of pumpkin.

Let's try this Campur, Campur, Siap! recipe – Mixed Vegetables with Pumpkin.

**Tip:** Pumpkins with wider stripes have thicker and sweeter flesh.



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# Mind Your Manners

By **Ms Eveleen Ling**, Chairman, Malaysian Association of Kindergartens (PTM)

*Parenting approaches evolve over time. In the old days, parents were stricter and had no qualms using physical punishments if their children were rude.*



Today, parents are usually more lax, and their children may become spoilt and lack manners. This does not mean that parents have to be harsh on their children. However, good manners are not innate. Parents need to teach and demonstrate manners to their children, helping them to develop social skills and interact well with others.

## Start with the basics

From 18 months, your child starts to be aware of other people's feelings. By then, you can gradually teach manners that are **appropriate to his age and developmental phase**.

- **Please and thank you:** Teach your child to say 'Please' and 'Thank you' when asking and

receiving favours, and other phrases like 'Excuse me' and 'May I?' Use these words consistently in your conversations and praise him when he uses them. He may not fully grasp their meanings yet, but he will learn that people are happy when he uses these words.



- **Greetings and conversations:** Show your child how to greet people properly in your culture. For example, teach him to shake or *salam*

people's hands when greeting. Face people directly and speak gently when conversing. Explain why foul language is bad and should never be used. Teach him when it is proper to listen or speak in a conversation through storytelling and role-play.

- **Table manners:** Make it a habit for your child to wash his hands before meals. Teach them to close their mouths when chewing food and to not speak with a mouth full. Take small bites and eat slowly. Playing with and spitting of food is a no-no. When he is old enough, tell him to wait for others before eating. Never reach over to grab something, but ask others to pass it. Enforce these manners at all meal times and more importantly, remember to practise them yourself!



- **Playtime:** Teach your child to share his cookies and take turns playing toys with his friends or siblings. Name-calling should be reprimanded. Instil good sportsmanship: be humble when winning and be supportive of others when losing. Adults must not provoke children by teasing, ridiculing, belittling or comparing them with others' achievements.



- **Respecting elders:** Adults are role-models. Always greet and acknowledge the presence of elders such as parents, family, teachers, and outsiders. Address them appropriately using 'Mr.', 'Ms.', 'Uncle', 'Auntie' or other titles. However, children may be wary of new people. Adults must first greet a child with love and respect so that he will feel safe and comfortable to address them. When parents give priorities to the elders, for example, when serving

food or by giving up their seats, children will also learn to do it.

## Teaching kids manners: Tips



- **Monkey see, monkey do:** Parents have a huge influence on their child's behaviour. He learns by watching and imitating you, so always be polite and mind your behaviour and language. They watch how you speak and react to other people. If adults cannot say sorry when they did something wrong, do not expect children to say it willingly. Moral values teach us to do the right things. Socio-emotional skills teach us to do it willingly.

- **Communicate with your child:** Take time to talk and ask about his day. Keep family time and tone of voice pleasant. Let this be a good opportunity for him to practise his conversational manners and develop his communication skills.

- **Teach empathy:** Empathy is about putting yourself in the shoes of others. Tell him the golden rule – treat others as how you want to be treated. As he learns to empathise, he will learn to think beyond his own needs and understand the purpose of being polite.
- **Avoid inappropriate content:** Children are very impressionable and tend to imitate what they see on TV or online. Monitor what shows or games he is watching or playing, and determine if they are appropriate. Limit his screen time according to his age.

Teaching manners to your child from young will help him to get along well with others. Start by being polite, sensitive and respectful of other people's feelings. When he behaves appropriately, reinforce it positively with praises, hugs, smiles. Catch them doing the right thing and praise them, instead of doing the wrong thing and punishing them. Parents must first be what they want their children to be. Remember: manners maketh a man. **PP**

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*Digital technology has radically altered the way we communicate and socialise.*



# Digital Technology and Depression

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

The current generation spends a lot of time with digital devices. While these devices help with daily communication and information resourcing, they can also bring psychological harm if used unskilfully. Social skills and inhibition can get stunted, as seen in the example of hurtful remarks or comments online. Furthermore, text messages can also be easily misunderstood because of typos or poor word choices.

Other potential problems include:

- **Cognitive overload:** Spending excessive time using digital technology means more time focusing visually fleeting information. This attention-switching from

one information to another can lead to cognitive overload and mental fatigue.

- **Emotional fatigue:** Self-worth being associated with online acceptance seen in constant checking for messages and agonising over how to reply online messages can be mentally and emotionally exhausting, sometimes leading to rude behaviours.
- **Digital or social media addiction:** Excessive usage can result in addiction, thus leading to detachment from real world social interactions, as well as a reduction in opportunities to learn adaptive behaviour skills to cope with life in general.

## Worrying research results

The Malaysian National Health and Morbidity Survey 2017 shows:

**Thoughts of suicide: 10.0%**

**Plans to suicide: 7.3%**

**Suicide attempts: 6.9%**

**Depression: 18.3%**

**Anxiety: 39.7%**

**Stress: 9.6%**

**Internet addiction: 29.0%**

A UK survey of teens & young adults below the age of 24 found that not all social media had undesirable effects on mental health. Most adolescents use social media to connect with their friends and to seek friendship or

support, so a blanket ban on isn't the answer. As we move towards Industry 4.0, it is important to teach your teen about social media dangers, and at the same time, be on the lookout for signs of uncharacteristic changes in him.

## Recognising depression

A significant sign of a major depressive episode is a lack of joy, or depressed mood (including lack of interest or pleasure in previously enjoyed activities) for two weeks or more. Younger children may come across as being easily irritable rather than depressed. Other signs/symptoms include:

- Feeling hopeless/worthless
- No interest in normal daily activities or socialising
- Easily irritable
- Significant weight gain/loss
- Diminished self-care

- Significant change in appetite
- Significant change in sleep patterns
- Fatigue or loss of energy
- Difficulty concentrating or making decisions
- Complaints of headaches or stomach aches
- Recurrent thoughts about death (suicidal thoughts, actions, or plans)

Being depressed can affect academic performance



and relationships with family and friends. Depression in adolescents can happen gradually, so stay alert and be ready to get help if necessary.



## How you can help

Refrain from immediately stepping in and allow your teen more leeway in handling problems himself. Other things to keep in mind:

- **Be a role model.** Follow your own rules (e.g. no phones during family meal times, etc.) in setting limits. Show him how to use social media positively to expand his learning experience.
- **Have frequent chats.** Don't be afraid to talk about your own experiences with social media (e.g. your emotions and how you deal with things).
- **Temper your response.** Avoid judgemental remarks.

Most importantly, talk to him and find out as much as you can about what is troubling him. Resist the urge to fix things for him – use this as a learning opportunity for him to learn how to handle things. Give him suggestions, but let him decide how he responds to it. Be mindful that depression is usually maintained by a multitude of factors, and not just social media or digital devices only. However, improper digital device use can contribute to the lack of skills in addressing emotional difficulties. **PP**

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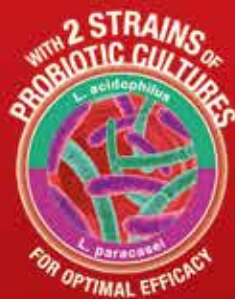
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\*Reference: Mokhtar A, et al. (2018). Modulation of intestinal dysbiosis in patients with constipation-predominant irritable bowel syndrome using lactobacillus containing cultured milk drink. Gut 2018;67:370.