



PERSATUAN PEDIATRIK MALAYSIA



Positive Parenting

Malaysia

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

Childhood Depression and Suicidal Tendencies

Gaming Addiction is a Disorder

Breaking the Itch in Eczema

YB Hannah Yeoh

Parenting:

From Kids to the Nation



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Childhood Depression is real

Children can and do suffer from depression; there have even been several cases of suicide reported recently. As parents, it weighs upon you to be aware of your child's mental state and to take the necessary action to prevent any unwanted situations from happening. In this issue, we take a look at childhood depression to learn what it is, and how parents can recognise the signs of depression in children and how they can cope.

As a follow up to this, we also include an article on the dangers of gaming addiction and the signs and symptoms to watch out for. Also included is an article on year-end exams and what parents can do to help take the pressure off, and the stress faced by children.

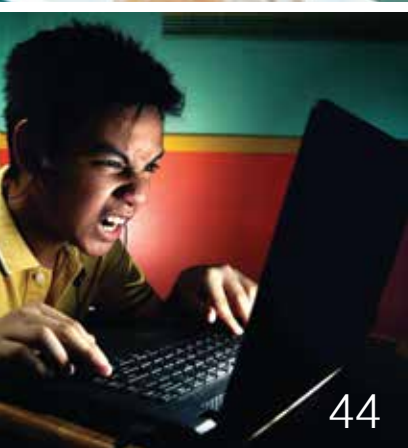
We also had the honour of interviewing YB Hannah Yeoh to get a peek at her views on parenting and the importance of family. She also shares the sacrifices and challenges she faces in bringing up her two daughters. Also included are other articles that highlight the dangers of meningitis, how baby can learn to swim, common diseases during the rainy season, and a look at eczema and allergies in general.

In conclusion, we wish you every success in your parenting journey. We hope you will enjoy reading this issue and that it helps you give your children the unique attention they deserve and that they will grow and mature in a safe and healthy environment. All our previous articles and issues can be accessed from our website at www.mypositiveparenting.org.

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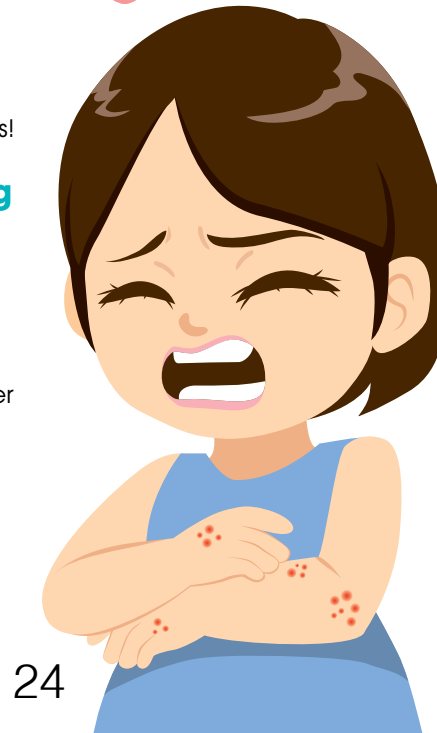
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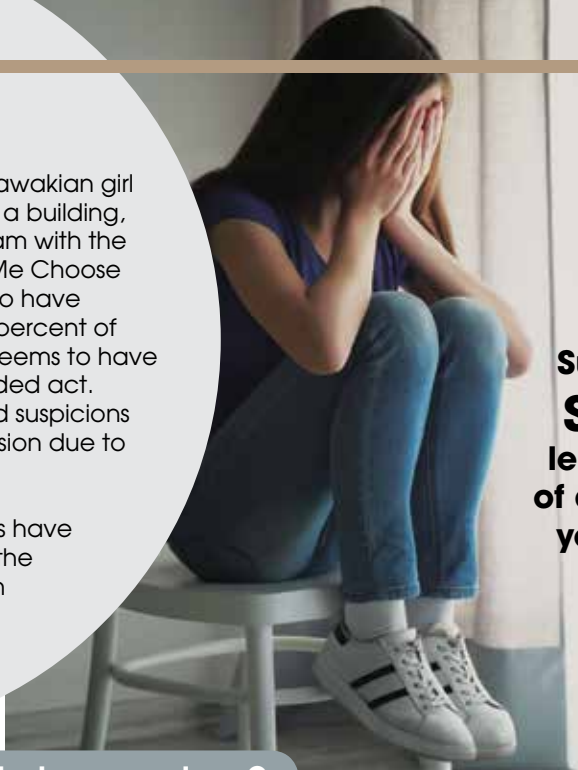
Childhood Depression and Suicidal Tendencies

With **Dato' Dr Andrew Mohanraj**, Consultant Psychiatrist & President, Malaysian Mental Health Association (MMHA); **Dr Yen Teck Hoe**, Consultant Psychiatrist & Past President of Malaysian Psychiatric Association; **Assoc Prof Dr Alvin Ng Lai Oon**, Clinical Psychologist & Founding President, Malaysian Society of Clinical Psychology (MSCP); and **Datuk Dr Zulkifli Ismail**, Chairman of Positive Parenting Management Committee

Teens and pre-teens face all sorts of pressure as they adjust to adolescence. All the turmoil and uncertainty that they face during this transitional phase of life often leads to depression, and when they feel no one cares, suicide may become an option.

In May this year, a 16-year-old Sarawakian girl committed suicide by jumping off a building, after posting a poll on her Instagram with the heading "Really Important, Help Me Choose D/L", where D and L are thought to have meant 'Die' and 'Live'. Sixty-nine percent of the respondents picked D which seems to have nudged her to carry out the dreaded act. Police investigations later revealed suspicions that she was experiencing depression due to family matters.

In recent years, many similar cases have made the headlines, highlighting the severity of childhood depression in Malaysia, and around the world.



**Suicide is the
SECOND
leading cause
of death among
youths (15-29
years old)**

– WHO, 2016

What is childhood depression?

Dr Yen Teck Hoe, consultant psychiatrist, says **depression** is different from the usual feeling of sadness or other day-to-day emotions. "It's a **mental illness evident by persistent manifestations of the symptoms, such as pervasive sadness and loss of interest, which interfere with one's ability to function and socialise**," he explains.

Depression increases the risk of suicidal behaviour. Other disruptive disorders, such as oppositional defiance disorder, conduct disorder,

substance abuse disorder and anxiety disorder are also often associated with depression. "All these are detrimental to children's psychological and interpersonal development. School academic progress and other adaptive functions will be disrupted. Depressive disorder also increases the risk of children developing bipolar disorders and other more serious conditions," states the past president of Malaysian Psychiatric Association.

Before current strides in developmental psychiatry

studies, depression was primarily regarded as an adult disorder. Children were regarded as not mature enough to experience depression, and being moody was considered just typical adolescent behaviour due to mood swings or hormonal imbalances.

"This misperception still persists among parents today; depression often goes undiagnosed as depressive symptoms are passed off as normal emotional changes linked to growth," he adds.

How bad are the numbers?

According to the National Health and Morbidity Survey 2017, the prevalence of depression, anxiety and stress among adolescents aged 13 to 17 years was 18.3%, 39.7%, and 9.6% respectively. The World Health Organization reports almost 800,000 suicides every year. In fact, suicide is the second leading cause of death among youths (15-29 years old).

"In 2016, the rate of suicide in Malaysia was 6.2 per 100,000 population, which is lower than the global average of 10.6. However, the real number is predicted to be higher – **suicide attempts are illegal in Malaysia, making under-reporting and misclassification a concern**," Dr Yen comments.

Why is it happening?

To address the issue of childhood depression and suicidal tendencies, it is important to identify the underlying causes behind it. Malaysian Mental Health Association president **Dato' Dr Andrew Mohanraj** explains: "Most of the time, **depression happens due to**

a combination of factors, but a traumatic event, like the death of a loved one, can also be the trigger." Generally, these factors include **family problems, physical, emotional or sexual abuse, physical illness, family history of depression or mental illness, or stressful life events.**

An illustration of childhood depression

Lisa (not real name), 13, is an only child. Her parents often quarrelled and shouted at each other. She was close to her grandmother who had a history of major depressive disorder. She was a good daughter and a bright student, but was often bullied by her peers as she preferred not to be confrontational. Her father also had very high expectations of her and was always hard on her, expecting her to perform better at school.

While she was still adjusting to secondary school life, her grandmother passed away. Subsequently, her academic performance suffered and she found herself spending an increasing amount of time

online, texting friends and playing video games. After she was punished for talking in class, she became withdrawn. She also became easily irritable and exhibited self-harming behaviours such as cutting her forearm. She also started talking about suicide.

Her mother became concerned and took her to see a psychiatrist. Psychiatric assessment found she had good cognitive functions in terms of intelligence and memory. However, she reported having disturbed sleep and poor appetite. She also talked about

her feelings of sadness and lack of interest in her otherwise pleasurable daily activities. She kept talking about ending her life and wondered how her mother would feel if she died. She was found to have Clinical Depression. She was then prescribed antidepressant medication and also started on cognitive behavioural therapy sessions.



The growing prevalence of depression and occurrence of suicide in recent decades may also be linked to modernisation and its effects on human relationships. **Associate Professor Dr Alvin Ng Lai Oon**, clinical psychologist and founding president of Malaysian Society of Clinical Psychology, remarks that fast-paced life results in less time to socialise

with family and friends, and this may lead to social isolation or a false sense of being in touch.

The emergence of social media – or more accurately, “unsocial media” – seems to exacerbate the problem thanks to the negative culture of “trolling” and the rise of narcissism, while moving away from addressing daily social issues. Cyberbullying

has become a new form of bullying. And although it may not materialise in real life or in a physical form, cyberbullying can be more sinister as the perpetrator hides behind a screen. “It has to be admitted that while there is a lot of good on the internet, there is also something about it that brings out the worst in some people,” Dr Ng states.

Signs & indications

Parents should not wait until things take a turn for the worse before taking action, advises Dr Andrew, who is also a consultant psychiatrist. "Consult a healthcare professional if your child shows symptoms of depression. These include **pervasive sadness, loss of interest in favourite activities, low self-esteem, excessive guilt, suicidal thoughts**

or behaviours, sleep and appetite disturbances, as well as trouble concentrating," he adds.

"There is no distinction between adult and childhood depression in terms of diagnosis, but there are certain age-related symptoms, such as marked irritability, failure to gain weight, hyperactivity or decline in

A role for everyone

All parties, including **parents, families, teachers, society, and the government, are collectively responsible for the mental well-being of the children.** Parents play the most important role

as they are the closest to their children. "If you think your child is depressed or anxious, talk to her about it and ask how she is feeling and if there is anything bothering her at home or school. It is important that how she is feeling is acknowledged, and that she knows she can do something to manage it. In fact, this should be routine between you and your child," suggests Dr Ng.

"After being diagnosed with depression, her doctor may recommend psychotherapy, medication or a combination of the two, depending on the severity," Dr Yen explains. If the symptoms are mild, psychotherapy or counselling sessions may be suggested

first, and if there is still no improvement, antidepressants may be considered as an option.

Other advice to help your child deal with depression include:

- **Encourage healthy living.** Practise healthy eating and get enough exercise and sleep. Control usage of digital devices and spend more time with families and friends.
- **Teach her to manage stress.** Stress is unavoidable in daily life. It is how you deal with it that makes all the difference. Help her find ways to relax and look at problems in a positive way. Breaking down problems may be useful.
- **Provide security and safety.** Look into any issue with bullying. Help her to deal with loss (e.g. death of



school performance, which apply to children. Unexplained physical symptoms – like headache, stomach ache or involuntary urination – may also be attributed to childhood depression.”

Generally, parents should be wary if their children start to have problems at school or if they run away from home.

Parents also need to take note of signs of drug or alcohol abuse, Internet or video game addiction, and unusually reckless or violent behaviour.



a loved one). Try not to add unnecessary stress on her. Keep dangerous objects, like knives, long ropes/cables or medicines out of her reach.

- **Educate others** around her about depression and its symptoms. Depression symptoms may seem like typical laziness or bad temper, but it is different in nature. Talking about family history of depression is a way to explain.
- **Make a safety plan.** Make sure she goes for her therapy and takes her medication. Provide her a list of people to call if she is feeling bad. Beware of any suicidal behaviour and be prepared with an emergency to-do list (e.g. who to call, what to do, etc.).

Datuk Dr Zulkifli Ismail, Chairman of Positive Parenting Management Committee, admits: “It is sometimes easier

for parents to stay in denial rather than to accept that their child is depressed. The widespread social stigmas associated with mental illness still remain in this age.”

Parents need to understand depression, as well as the importance of early detection and treatment. More efforts need to be made to increase public awareness about mental health and depression. People have to realise depression is not merely one having “bad moods”, and it is not a condition that will resolve on its own without proper treatment. **PP**



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what's wrong
with my tummy?



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Breastfeeding is important as it provides the ideal nutrition for your infant and is necessary for your baby's healthy growth and development. It also helps reduce the incidence and severity of infectious diseases. However, can a breastfeeding mum still take medications if she is ill?

Breastfeeding and Common Medications

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



Keep your doctor in the loop

The AAP recommends breastfeeding moms to inform their doctors, so they can weigh the risks vs benefits of the medication. Your doctor will consider whether the medication is necessary

or not by advising you on the potential effects it may have on breast milk production, how much the medication may seep into your breast milk and any potential adverse effects on your infant.

In the case of antibiotics which is a common medication, some amount will seep into the

breast milk. Some medications for treating allergic rhinitis may decrease breast milk production and/or cause lethargy or irritability in infants.

With medications, there is a possibility of the drug passing through breast milk and will collect in the infant's body. Whether this will happen and to what extent, would depend on the infant's metabolism rate and the duration the medication is taken. This is why it is important to keep your doctor notified when you are breastfeeding so that he can prescribe you with a 'safer' alternative.

Although herbal products are generally safe for consumption during lactation, do make sure

Can a breastfeeding mum take medicines? While the short answer is usually yes, there's certainly no easy answer to this question. The American Academy of Pediatrics (AAP) released a report in 2013 which indicated most medications and immunisations can be used safely while breastfeeding. This does not mean you should play doctor and self-medicate!

they come from a reputable source. Some herbal products may even contain heavy metals and toxins. Remember to inform your doctor too, as some herbs may contain certain alkaloids (a type of chemical compound) that could potentially harm infants ingesting it via breast milk.

Generally safe

Some medications are relatively safe, and these include:

- ✓ Certain painkillers (Acetaminophen, Ibuprofen)
- ✓ Some antibiotics (Fluconazole, Penicillin - such as amoxicillin and ampicillin)
- ✓ Antihistamines (Loratadine, Fexofenadine)

In the case of lactation mastitis, treatment includes changing breastfeeding technique, and continued breastfeeding is encouraged as it does not pose a risk to your infant. If antibiotics are prescribed, be cautious and check if you can continue breastfeeding as normal, or if you should refrain from breastfeeding for a period of time after taking each dose. Also, decongestants containing pseudoephedrine should be used with caution as the active ingredients can decrease breast milk supply.

Medications that **should not be taken** while breastfeeding include:

- ✗ Anticancer drugs
- ✗ Radioactive pharmaceuticals
- ✗ Amiodarone (a type of heart medication)
- ✗ Chloramphenicol (a type of antibiotic)
- ✗ Ergotamine (used to treat headaches, e.g. migraine)
- ✗ Gold sodium thiomalate (a type of gold salt used for rheumatoid arthritis)
- ✗ Phenindione (an anticoagulant)
- ✗ Retinoids (used to treat skin problems)
- ✗ Tetracyclines (a type of antibiotic)
- ✗ Psychotropic medications

When in doubt

Always check with your doctor whenever you plan to take or are given any medication. Never assume it is okay just because a doctor prescribes it as he may not be aware that you are breastfeeding. Avoid taking unnecessary medication, such as herbal medication, high-dose vitamins and unusual supplements.

Lastly, pay close attention to any signs of adverse effects your infant may display, such as changes

in eating or sleeping habits, fussiness, or a rash. If anything unusual happens, stop taking your medication immediately and consult your paediatrician. **PP**

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You want to be the best parent for your child. And yet the daily work demands seem to be endless! You feel a sense of guilt as you are not spending enough time with your child. Then, frustration may set in as you unsuccessfully strive to balance out all your duties and responsibilities.

Every Moment Counts

By **Mr Alexius Cheang**, Behavioural Psychologist

So what is a caring, modern parent to do?

Rest assured that the total amount of time parents spend with their child has no effect on how children turn out in terms of their academic achievement, behaviour and emotional well-being. What is more important is quality parent time – such as reading to your child, sharing meals, talking with her or engaging with her one-on-one, which will result in positive outcomes for her.

Nevertheless, modern lifestyles have made it harder for families to spend time together. Parents are busy juggling work demands and house chores, while children have to deal with school and tons of extra-curricular activities. So, how can we make each interaction worthwhile?

Quality family time



Quality time

The time spent with loved ones that is specially-allocated and significant, with full attention given to the person.

Quantity time

The total amount of time spent together.

Parents who spend more quality time with their children gain a better understanding about them. Knowing a child's character and temperament helps parents identify emerging problems. When their children seem different from usual, parents can take appropriate steps to address these concerns. Merely being together without actually trying to connect with your child does little to strengthen the parent-child bond.

Parents should therefore focus on converting their quantity time to quality time. Here are some strategies to make the most of your time together:

- **Keep distractions away.**

The "omnipresence" of digital gadgets, particularly smartphones, distracts us from paying full attention to the person in front of us. This often happens when you keep reading emails or news while having meals with your child. Make it quality family time by putting away your devices and actually engaging with her, instead of your apps.

- **Daily routines can be special too.**

Appreciate every little bit of time you have with your child, so you can connect with her. This applies even when you are driving her to school, taking her to buy groceries, or doing other routines. A golden opportunity arises when she wants to tell or discuss something with you. Pay as much attention to her by minimising other distractions and really listening to whatever is on her mind.

- **Make chores fun!**

Doing chores together as a family will make it easier for everyone and build stronger bonds within the family. You could wash the dishes, prepare food together, or

get the kids to pack their own school lunches. It is also a wonderful opportunity to teach them life skills.

- **Create a weekly family tradition.**

It could be something simple like a movie night or a board game night, depending on your family's interests. You could prepare a themed dinner (e.g. pizza night) together and encourage the children to prepare toppings of their choice. These activities will impart long-lasting memories that will always be cherished.

- **Support your child's interest.**

Instead of signing her up for activities that she is not interested in, ask her what her preference is. When given a choice to pursue her own passion, she will be happy to spend time practising. Also, be sure to allocate your time for her practise sessions, classes or performances. Your presence is a sure way of showing support.

- **Celebrate special events.**

Include her and ask for her opinion while planning a special event. Birthdays or anniversaries are a great opportunity to spend quality time with the family and have fun together. It does not have to be a fancy or big outing – a simple dinner and a birthday cake at a

nice restaurant can be very memorable.

- **Have one-on-one chats.**

Find a calm time to talk to each of your children alone. Sometimes it is easier for them to open up and relate their concerns to you this way. This will also strengthen your personal relationship with each child.

A special note to fathers:

Research indicates that fathers are as important as mothers in their roles as caregivers, protectors, financial supporters, and most importantly, models for social and emotional behaviour. You may spend less time with your children compared to their mother, but you can still make the most of every interaction.

As parents, by striving to make the most of every moment that you have with your child, you are also teaching your child how to be good adults and wonderful parents themselves someday. Show your children how important your time with them is, and you will build stronger relationships and create a warm and loving home to return to at the end of the day. **PP**



Parenting: From Kids to the Nation

About YB Hannah Yeoh

She is the Deputy Minister of Women, Family and Community Development. She is also the current Member of Parliament for Segambut, Kuala Lumpur. She was the first woman Speaker of the Selangor State Legislative Assembly from 2013-2018, making her the youngest of any legislative body in Malaysia at that time. Prior to her election into Parliament, she served two terms in the Selangor State Legislative Assembly as the State Assemblyman for the constituency of Subang Jaya (2008-2018). She holds a Bachelor of Laws and was a practising lawyer in Australia and Malaysia before venturing into politics. She is married to Ramachandran Muniandy, and together they have two daughters.



We often see YB Hannah in the limelight as the Deputy Minister for Women, Community and Family Development. However, what does this mean for Hannah in terms of her family? *Positive Parenting* recently interviewed YB Hannah to learn more about her experiences and opinions as a mum of two.

As first experiences go, Hannah was fortunate that everything progressed smoothly for her first child. Due to pre-existing fibroids, she had a Caesarean delivery, which turned out to be a very comfortable experience.

"I think having a child was the most amazing feeling. At no point did I feel like I could not cope. Of course, things were a lot more hectic with my second child as it was election time and I really felt very stretched," the mother of two confesses.

Parenting styles

Her style of parenting is partly influenced by her own childhood experiences. For example, her father was very driven in making sure that she got good results and thus, expectations were always very high for her to perform academically. However, she tries not to do the same with her children as she is well aware of just how stressful these sort of expectations can be.

"I do worry whether I'm too relaxed with my children, but because of my own experience growing up, going to the other extreme should not be a surprise. While I feel that academic results are important, I would not want my kids to grow up associating their childhood with studying or being forced into activities that they hated," she remarks.

When it comes to discipline, she tends to use a time out or she takes away certain privileges such as TV time or going to their friends' parties. However, Hannah admits, "I still struggle not to lose my cool, but it's tough because my kids tend to misbehave more in public as they know that I have to be extra patient with them in the eye of the public."

Making sacrifices

"Having been in politics for 10 years and going through three elections now, there have been times when adjustments had to be made by either my husband or me," she shares.

Citing her first term as an example, Hannah says her

husband Ramachandran had to quit his job in order to have more family time and to support her first two years in office. Then, when their firstborn came along, he started his own business as it gave him the flexibility to work while being with their child whenever her duties required her to be away from home.

Importance of family time

Both Hannah and Ramachandran were involved in their church where they assisted in providing pre-marital counselling services. Having dealt with many people who are still affected by their troubled childhood, Hannah

wants to ensure that her job doesn't take her away from her family too much.

"I really don't want my kids to grow up resenting things like politics or community service for taking their parents away from them. Since

we have seen what it can do to young adults, we take special care to draw a balance between work and time with our kids," she says. As the Deputy Minister of Women, Family and Community Development, Hannah practises what she preaches about family time and being a responsible and loving parent. She does her best to at least spend time with her kids when they are unwinding and getting ready for bed.

"As my children are in bed by 8.30pm, I have to be very strict with my own time management in order to be able to come home to see them, otherwise I literally won't see my kids!" she exclaims.

Dangers of digital gadgets

Nowadays, she is very strict with gadget time, only allowing their use for a short time. Even experts agree there should be strictly no gadgets for children below two years. Looking at social media, she also warns that parents should be more hands-on. "It's dangerous to let

“ While I feel that academic results are important, I would not want my kids to grow up associating their childhood with studying or being forced into activities that they hated. ”



“ It’s tough getting the ideal balance between too little and too much, but I think the right thing to do for parents is to constantly learn by reading more about parenting or by speaking to experts. ”

your child explore on her own. I’ve tried it on YouTube, and it takes just four clicks to go from *Sesame Street* to something that’s not child-friendly. Don’t forget that there are many videos out there that are filled with misinformation or misleading facts. You have to talk to your children about Internet safety and teach them not to chat with strangers.”

Much to her chagrin, whenever she tells her children “No gadgets!”, they would retort, “You’re always on your phone even when you’re at home!” as she often uses WhatsApp for work-related communications. Hannah recalls: “This made me realise that effective parenting is really about being consistent with what we tell the kids to

do. We have to do the same thing too. Being a hypocrite doesn’t work because they will see that we don’t do what we say. We have to be so mindful about our actions.”

Close to her heart

As a deputy minister and as a parent, one issue that greatly concerns Hannah is child abuse. She points out: “Kids can be hurt not just physically, but emotionally as well. I have seen how people carry bitterness or past emotional turmoil from their childhood into adult life. It affects their personality and temperament as an adult, leading to mistrust of others, constantly raising their voice, or other behaviours that set them apart from everyone else.”

She encourages parents to raise their children safe not just from physical, but also emotional injury or harm, stating: “Emotional or psychological scars can be traumatic and cause lifelong



difficulties when children grow up. Get counselling for your children if need be as it is very important.”

Parenting really is a full time job and you have to be on your toes all the time. However, overdoing things is also not the answer as it would mean a very sheltered childhood without much fun.

Hannah’s advice? The wise mum shares: “It’s tough getting the ideal balance between too little and too much, but I think the right thing to do for parents is to constantly learn by reading more about parenting or by speaking to experts.” **PP**



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



7 – 12
Hour of onset

Early symptoms
are non-specific¹

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



13 – 15
Hour of onset

Classic symptoms
are delayed¹

- Haemorrhagic rash
- Neck pain and stiffness
- Photophobia



16 – 22
Hour of onset

Late symptoms
can lead to death¹

- Confusion or delirium
- Seizure
- Unconsciousness



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

Ask your doctor about
meningococcal vaccination.

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

A community message brought to you by

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Selangor Darul Ehsan, Malaysia. Tel: +603 7651 0800 Fax: +603 7651 0801/0802



Different Types of Meningitis

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

Meningitis occurs when the protective membranes that cover the brain and spinal cord – known as the meninges – become inflamed. This can happen if a viral or bacterial infection spreads to the meninges.

There are several other possible causes such as fungal infection (inhalation of fungal spores), parasites, amoeba, cancer, certain drugs, and even some injuries. However, compared to viral or bacterial meningitis, these other forms are rare.

Potentially fatal

Between viral and bacterial meningitis, the viral meningitis is more common but also tends to be less serious with fewer deaths or lifelong consequences resulting from the illness.

For **bacterial meningitis**, approximately half of the cases occur in **children under 5 years old**, and infants have a **higher risk of death**. Bacterial meningitis often has **severe consequences** that include

complications such as brain damage, hearing loss, or learning disabilities later in life. Worse, one out of 10 cases of bacterial meningitis can result in death.

There are three main types of bacteria that can cause meningitis, namely *Haemophilus influenzae* type b, *Streptococcus pneumoniae* and *Neisseria meningitidis*. In the case of *N. meningitidis*, up to 20% of people are asymptomatic carriers. The bacteria is present in their respiratory system but they do not show any signs or symptoms, and does not make them ill. The bacteria can easily be transmitted from person-to-person through sneezing, coughing, kissing or fluids from the mouth or throat of these carriers.

Recognising bacterial meningitis

In **infants**, signs to watch out for include high fever, constant crying, excessive sleepiness or irritability, inactivity or sluggishness, poor feeding, a bulging fontanelle (the soft spot on an infant's head) and stiffness in an infant's body and neck.

Children older than two years may have symptoms such as sudden high fever, severe headache, stiff neck, vomiting or nausea with headache, confusion or difficulty concentrating, seizures, sleepiness or difficulty waking up, sensitivity to light, and loss of thirst or appetite. Signs of purpuric rash are a classic symptom of bleeding under the skin.

Meningitis is **not always easy to recognise** as some of its symptoms are similar to flu or the common cold. However, do not take them lightly and seek immediate medical attention if your child has any of the signs or symptoms. Time is critical – bacterial meningitis can cause death in as early as 24 hours from the moment the initial symptoms appear. It is preferable to quickly rule out meningitis rather than delaying until it is too late for treatment.

Prevention is the best protection

When it was found that *H. influenza* type b was the single commonest cause of bacterial meningitis in Malaysia, the Health Ministry included the *H. Influenza* type b (Hib) vaccine in the National Immunisation Programme (NIP) in 2002.

Unfortunately, while there are vaccines available for the other bacteria, they are not included in the NIP. This is worrying as it is children below five years old who are at risk from these deadly

“Time is critical. Bacterial meningitis can cause death in as early as 24 hours from the moment the initial symptoms appear.”

microorganisms, and children below two are particularly susceptible.

Vaccination is something that you should seriously consider in order to protect children, adolescents and the elderly. While bacterial meningitis is not a common disease, it can have a devastating impact when it does occur.

The distressing consequences can negatively impact the lives of patients and their families. It can be heart-breaking to have to deal with the death of an infant, or to cope with potential severe deafness and intellectual disability in survivors. Instead of taking the risk, get your child vaccinated in order to prevent this deadly disease.

PP

Who's at risk?



The people at greatest risk of infection are the young (especially children below five years old), those above 55 years of age, people with weakened immune systems, pregnant women, people who live in dormitories, travellers who visit the 'meningitis belt' in the sub-Saharan African region and those who travel to Mecca during the annual Hajj and Umrah pilgrimage.

The glass test



Fever with spots or rashes that do not fade under pressure is a **medical emergency**.

An educational contribution by



Malaysian Paediatric Association



Keeping Allergies at Bay

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

Allergies happen when our immune system overreacts to allergens, which are foreign substances that are not normally harmful. Over the last few decades, allergic diseases have been on the rise.

Allergies can affect a person differently, depending on factors such as the type of allergy and how sensitive that person is to the allergens. Some examples of allergies include drugs, foods, or even pet fur. Cow's milk protein allergy (CMPA) is fairly common and it is estimated to affect up to 8% of children globally.

How allergies develop

Multiple factors form the basis for the development of allergies. Most importantly, the immune system has to learn

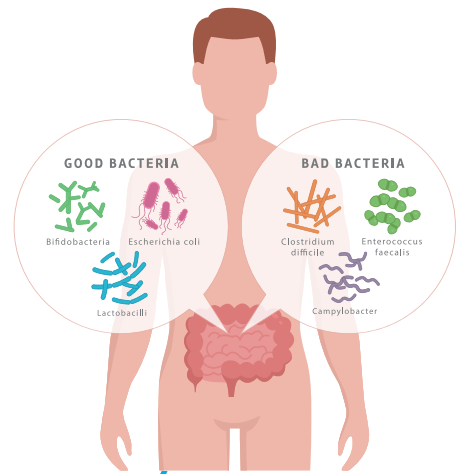
how to respond appropriately to foreign substances, and it has been found that sufficient early exposure to a variety of different stimuli often leads to a better response.

This process helps to 'train' your child's immune system to react optimally, and to better recognise a harmless substance without treating it like an invader. While this 'training' can be easily done with adequate exposure to the environment, the immune system needs to be strengthened too, this begins from the gut.

A good start is important

The gut, which is also home to trillions of microorganisms that are collectively known as gut microbiota, is closely linked to gut health and the immune system. Formed early in life, the initial 'seeding' comes from vaginal delivery and subsequent breastfeeding. Other factors of gut microbiota development include maternal and infant diet, pollutants in the environment, and antibiotic use.

A healthy gut microbiota contains a balance of 85% good bacteria vs 15% bad bacteria. The imbalance of our gut microbiota is called gut dysbiosis. Emerging researches point to this as a potential cause or trigger for the development of allergic diseases. The gut microbiota actually helps regulate how our body responds to the antigens that cause allergic responses, hence the importance to reduce the occurrence of dysbiosis.



What causes dysbiosis

There are several possible factors of dysbiosis:

- Sudden dietary changes, e.g. excessive consumption of sugar or refined starch.
- Accidental consumption of chemicals, e.g. pesticides on fruit/veggie or excessive use of household cleaner that leaves a residue.
- Medications, especially antibiotics, which can also kill good bacteria. If your child is ill, do not demand for antibiotics if your doctor does not prescribe any. Antibiotics do not work on viral illnesses but has been shown to affect gut microbiota composition as it kills both good and bad bacteria. Inform your doctor if you are breastfeeding and find out whether the medication is safe for use and its side effects.



Lowering the risk of dysbiosis

You can **minimise the risk of gut dysbiosis in your child by practising exclusive breastfeeding for the first six months, followed by complementary feeding at 6 months (and continue to breastfeed until 2 years old).** Breast milk also contains good bacteria from the mother to colonise and help flourish the baby's gut microbiota.

As your child grows older, serve healthy food (more veggies and fruits) with healthier cooking

methods (less sugar, oil and salt). To maintain a balanced gut microbiota, his diet should also include probiotic-rich food (e.g. yoghurt, fermented food) or food products with added probiotics. Probiotics also need prebiotics, which are food for probiotics, found in certain non-digestible dietary fibres to stimulate growth of good bacteria. These include banana, onion, asparagus, and garlic.

Keeping your child's gut health in tip-top order is crucial as more


than 80% of the immune system lies in the gut and it is linked to allergies. Lastly, remember that while probiotics hold great promise for managing or treating allergies, one should not rely solely on probiotics; start introducing your child to a healthy lifestyle, coupled with regular physical activities from an early age, as this improves his chances of growing up healthy and strong. **PP**

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** Danone Nutricia Early 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 (client defined) in the Children nutrition milk formula category (client 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. (Copyright © 2017, The Nielsen Company.)

Breaking the Itch in Eczema

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



Atopic dermatitis, or also known as eczema, is a common skin condition affecting about 10-20% of children around the world. It is not just dry skin, but distinct and can cause serious discomfort due to itching.

Majority of children develop eczema before their 1st birthday; however it may appear as late as 5 years old. Studies have shown that usually children outgrow the eczema but in some cases, it may persist until adulthood with symptoms that come and go. Do note that eczema is not a type of allergy (although there may be a link) and it is not contagious.

One main symptom of eczema is **intense itching**. Other symptoms include:

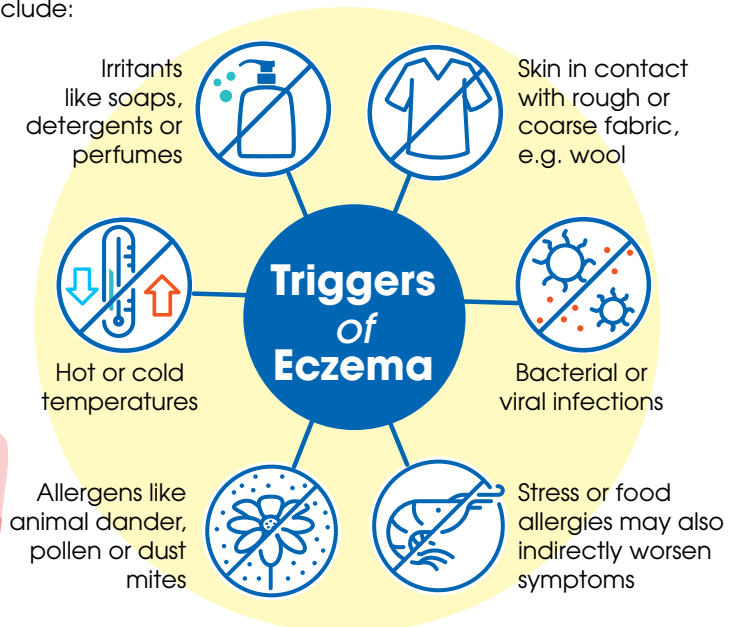
- Itchy, dry, scaly skin
- Rashes, usually on the face, neck, hands and legs
- Small bumps/blisters that ooze liquid
- Changes in skin colour (redness/pigmentation)
- Skin infection



Causes & triggers

The exact cause of eczema is still being studied and may be related to an overactive immune response to certain irritants. Another important cause is genetics, which includes inheriting dry skin, eczema, asthma, or hay fever from one or both parents. Other risk factors include the living environment (city area or cold climate have higher chances) and gender (male are more likely).

Eczema can “flare-up” when triggered by many factors that include:





What can be done?

Eczema is treated symptomatically, focusing on hydrating and moisturising the skin. At times a child may need medications to ease the itch. Frequent moisturisation with lotions or creams should control itchiness by keeping the skin moist. Clinically-proven products can provide long lasting moisturisation, strengthen the skin barrier and prevent the recurrence of dry skin. These moisturisers should be applied right after a bath and before sleep to lock in moisture.

For moderate to severe cases, corticosteroids or non-steroidal anti-inflammatory creams are often prescribed to control inflammation and itchiness. If skin is infected by bacteria, antibiotics may be prescribed. Other treatments include antihistamines to lessen severe itching, or phototherapy, by applying UV light to the skin.

Living with eczema

- Eczema can be managed by avoiding triggers, keeping skin moist and controlling the urge to scratch. Moisturise as frequently as necessary because dryness leads to itchiness. Cover itchy skin and wear loose and soft clothes like cotton or silk. Avoid scratchy fabric like wool and synthetics, or dressing in thick or tight clothes.
- Avoid activities that make your child sweat, or sudden changes in temperature or humidity.
- Keep temperature and humidity levels comfortable. Use a humidifier or air conditioner indoors.
- Use soap-free cleansers, detergents and fabric softeners that are hypoallergenic, and avoid perfume.
- Consult your child's paediatrician to identify the possibility of food allergy triggers and manage the allergy.
- Keep your child's fingernails short to prevent him scratching and injuring the skin, which can lead to an infection.

Eczema can greatly affect your child's quality of life. Itching can keep him awake at night and distract him from his lessons at school. It may also deprive him from sports or outdoor activities. Your support as parents is important

to help your child deal with this condition. **PP**

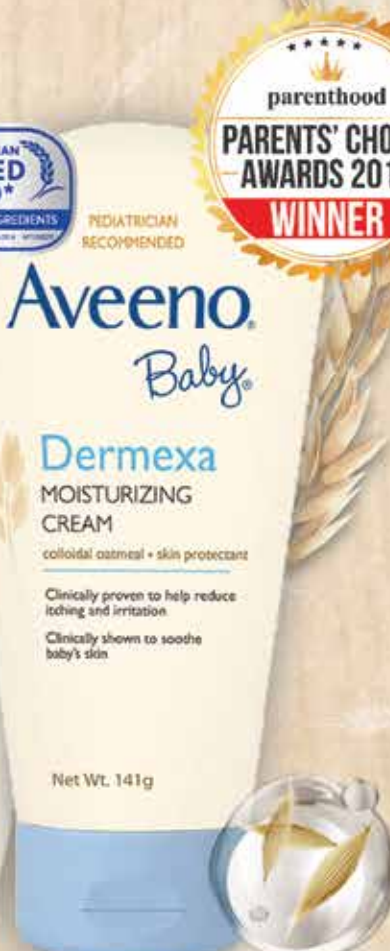
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AVN/02/19/001

Going to the toilet may sound mundane, but it is such an important part of life. After all, healthy bowel and bladder habits are key to good digestive, excretory and overall health. Parents therefore need to inculcate and establish good toilet routines for children at the earliest opportunity.



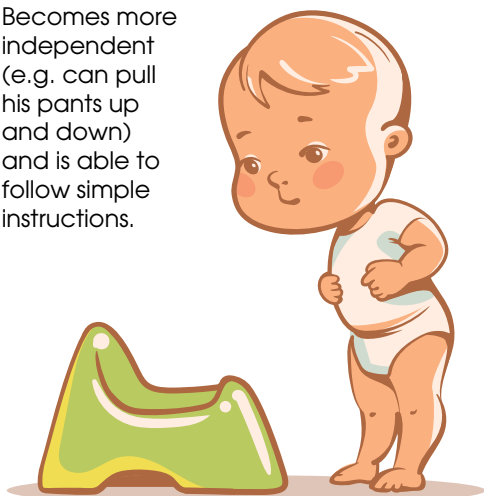
Good Toilet Routines

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

Are they ready?

Most children will be ready to start toilet training at 18-24 months old. These signs will help you identify when your child is ready:

- Able to “hold” his pee/poop and have dry diapers for up to two hours.
- Tells parents with words/gestures when he has soiled his diaper.
- Starts to dislike wearing diapers or gets upset when it is soiled.
- Shows interest in using the toilet or wearing underpants.
- Becomes more independent (e.g. can pull his pants up and down) and is able to follow simple instructions.



Training time

It is best to start toilet training when there are no big changes coming up in your family life (like having a new baby or moving to a new house). Generally, it takes around 3-6 months for your child to get used to using the toilet. Here are some tips to help with toilet training:

- **Set up a routine time** to go to the toilet. This includes after waking up, after a meal, before going out, or before bedtime. Ask him to sit on the potty or toilet for about five minutes, but do not force him to sit if he does not feel like going.
- Ask your child to go to the toilet when you **notice signs or clues** that he needs to go to the toilet, like crossing legs, squatting, passing wind, changes in posture or expression, or when he isolates himself.
- Make sure his clothes are **easy to take off** by himself. Dress him in pants with elastic waistbands, instead of jumpsuit/rompers.
- **Praise his attempts** to use the toilet, especially when successful. Accidents will happen, but do not punish him or show disappointment.
- Make sure the toilet is **comfortable and safe** for use. Provide a foot stool and potty chair for him. Ensure the lighting is bright enough and the smell is pleasant with air fresheners. Keep things like toilet paper or soap within his reach, as he learns how to use them.

Good habits for life

Practising good bowel routines is beneficial for regular bowel movements and overall health. What we consume, must come out. The next step is for your child to cultivate the habit of passing motion regularly and with ease.

- Ask him to **go to the toilet immediately** whenever he feels the urge to urinate or pass a bowel movement. Holding his pee may result in urinary tract infections, while suppressing bowel movements leads to constipation.
- A **good toilet position** is helpful during toilet time. Teach your child to lean his body forward and raise his legs slightly while sitting on the toilet. Using a foot stool is useful to get the right angle.



- **Regular exercises** promote healthy bowel movements. It is recommended that children aged 6-17 years do at least 60 minutes of moderate-to-vigorous physical activity daily.

- **Keep your child hydrated.** Drinking enough water helps to soften stools and facilitate bowel movements.

- **Dietary fibre intake** from plants is important to increase the bulk of stools and make them easier to pass. Include sufficient fibre from whole grains, veggies and fruits in your child's diet.



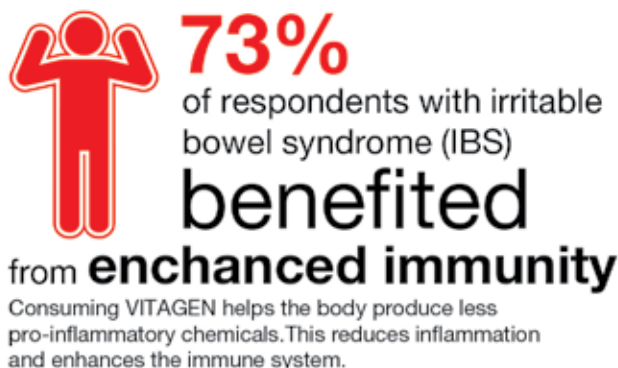
- **Consuming probiotics** helps to maintain the balance of gut microbiota, which is vital for digestive and overall health. A local study in 2018 shown that regular consumptions of probiotics *L. acidophilus* and *L. paracasei* found in cultured milk drinks are effective in alleviating constipation symptoms, with softer stools, less straining and shorter toilet time.

Using the toilet is a small yet significant part of our daily life. Our bladder and bowel play vital roles in keeping our bodies functioning well. Teaching your child to practise good toilet routines, from the time he is toilet trained, is important for his overall well-being and quality of life. However, do also emphasise good hygiene. Teach your child to clean himself properly with water or toilet paper, and always wash his hands after using the toilet, to prevent germ transmission. **PP**

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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*.



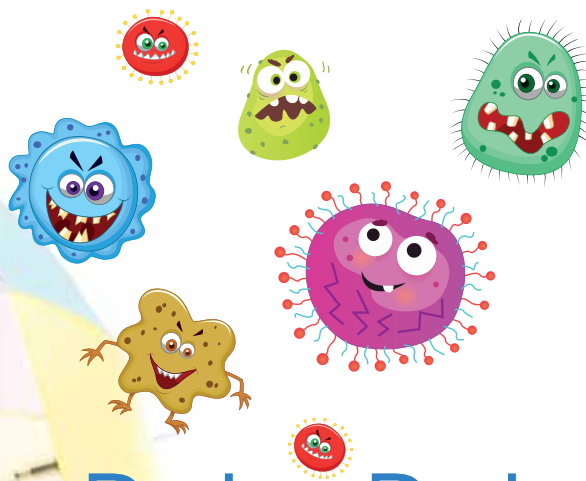
The time food enters the mouth until it was passed out as stool was reduced by 5-15 hours (from 20-45 hours).



* 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, 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.

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



Rain, Rain, Go Away!

When the rainy season approaches, the unceasing downpour can be a nuisance. Imagine the traffic jams and floods – going anywhere will be a hassle. Even worse, a myriad of diseases also tends to spread during this season.

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

The monsoon or rainy season in Malaysia typically lasts from October to February in the East Coast, Sabah and Sarawak; and from July to August in the West Coast. With the rain, comes fluctuation in temperatures, as well as an increase in humidity. More puddles and stagnant water will form, especially with ineffective drainage systems, possibly leading to flash flooding. These result in increasing incidences of diseases such as waterborne diseases, influenza, leptospirosis, and dengue fever. Children are more susceptible to these diseases as their immune system is still developing.

Feeling under the weather?

Some diseases are more prevalent during the rainy and flood season.

- **Waterborne diseases** (cholera, typhoid fever, etc.) are caused by infections transmitted through contact or consumption of contaminated water or food. Cholera, which is caused by *Vibrio cholerae*, comes with diarrhoea and vomiting; while typhoid fever, caused by *Salmonella typhi* or *Salmonella paratyphi*, has symptoms

such as high fever, headache and poor appetite.

- **Influenza** is a viral infection that attacks the respiratory system. It is different from a typical cold and manifests suddenly. Symptoms include fever, chills, cough, headache, muscle aches and fatigue. Most people will recover in a few days, but some may develop severe complications such as pneumonia or sepsis, which can be fatal.
- **Leptospirosis** is a bacterial infection caused by *Leptospira*. Humans get

infected through contact with urine of infected animals (such as rodents, dogs) or contact with contaminated water, soil or food. Symptoms include high fever, chills, headache, muscle ache, jaundice, vomiting and diarrhoea. Without proper treatment,

it can lead to kidney failure, meningitis, and even death.

- **Dengue fever** is a viral infection caused by the virus *Flaviviridae*. The virus is transmitted through the bite of infected *Aedes aegypti* female mosquitoes. Dengue fever also exhibits similar

symptoms to influenza. The illness may progress to dengue haemorrhagic fever, with more severe symptoms such as severe abdominal pain, convulsions and uncontrolled bleeding. At this stage, it can be fatal.

Take shelter from diseases

Bad weather may dampen your day, but do not let it affect your family's health.

-  **Stay dry and clean.**
Always carry an umbrella

or raincoat when going out. Avoid getting splashed with dirty water. Explain to children that flood water is NOT a swimming pool! All kinds of dirt and germs are contained in floodwater (it is dangerous when we cannot see the ground while walking as there may be potholes which children can fall into). Good hygiene is important – wash hands thoroughly after using the toilet, as well as before and after preparing and eating food.

- **Keep a clean home.**
Maintain the general cleanliness of your home.



Disinfect your home regularly, especially the kitchen, dining table and bathrooms. Prevent pests (like rats, cockroaches or flies) using traps or safe pesticide as they may seek refuge in high and dry areas, like in our homes

- **Be more cautious with food and drink.**



Eat only well-cooked food. Wash fresh fruits and veggies with clean running water. Store food properly to keep pests away. Street foods are more exposed to contamination, so it is best to

avoid them during the rainy season. Stay hydrated with clean and boiled drinking water.

- **No mosquitoes allowed!**



Apply mosquito repellent on exposed skin, especially when going outdoors.

Use mosquito nets or screens to keep mosquitoes away. Do not let mosquitoes breed – cover water containers, replace water in flower vases, clean gutters from leaves or trash to prevent rainwater from collecting, and dispose all unused cans, jars, bottles, tyres that can collect water.

Protection against infections

For added protection against infections during the monsoon season, vaccines are available for some of these diseases. Annual seasonal influenza vaccines are available in two types: trivalent or quadrivalent. *Haemophilus influenzae* type B or Hib vaccine is also

provided under the National Immunisation Programme. Vaccines for cholera and typhoid fever are also available and recommended when travelling to countries where these diseases are common. While you cannot make rain go away, you can shield yourself

and the family from illnesses by taking the right precautions. **PP**

An educational contribution by










Malaysian Paediatric Association

INFLUENZA PROTECTION BEGINS WITH VACCINATION



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

COLD vs INFLUENZA

Rare		High fever (lasts for 3-4 days)
	FEVER	
Common		Sometimes
	STUFFY NOSE	
Common		Common
	SORE THROAT	
Mild		Can become severe
	COUGH	
Mild		Intense (lasts up to 2 weeks)
	FATIGUE	
Slight		Usual and often severe
	ACHES	
Sinus congestion or earache		Bronchitis or pneumonia
	OTHER COMPLICATIONS	

WHO SHOULD BE VACCINATED?



Children aged 6 - 59 months³



People aged 50 years and above⁴



People with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)⁵



Hajj pilgrims⁶



Travellers⁷



A/H1N1



A/H3N2



B/VICTORIA



B/YAMAGATA

There are 4 types of influenza viruses and they change every year.⁸ Which is why, taking the vaccine ANNUALLY as recommended by WHO⁹ is an effective way to prevent you from coming down with influenza and its complications.²

ASK YOUR DOCTOR TODAY ABOUT INFLUENZA AND ITS VACCINE.



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Every year, more than a million Muslims from all over the world will congregate in Mecca to perform the Hajj. This spiritual journey can be challenging, but being infected with an illness will make it worse and may disrupt pilgrims from their rituals.

Spread Devotion, Not Diseases!

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

The Hajj is one of the largest gatherings in the world and having that many people in such a limited space makes it easy for diseases to spread. Indeed, many outbreaks have occurred before during the Hajj, including meningococcal disease, gastrointestinal illnesses, as well as respiratory tract infections, like pneumonia and flu.

Many factors lead to the outbreaks: the brutal heat, dehydration, exhaustion, staying in close quarters, as well as skin contact. If you are

planning to take your child or older family members with you, you need to take extra provisions to protect them (and yourself too!).

Risk of transmission

Three types of transmission risk are present during the Hajj:

- **Risk of importing communicable diseases to the Hajj.** Pilgrims from certain countries where outbreaks are currently taking place may take these diseases to the Hajj with

them. Of concern is cholera, poliomyelitis, yellow fever, Zika, Chikungunya, dengue, seasonal influenza, measles, and Ebola.

- **Risk of transmission of communicable diseases during the Hajj.** The risk of local transmission increases during the Hajj due to overcrowding, possible food contamination, and less-than-ideal hygiene and sanitation. This includes meningococcal disease, food- and water-borne diseases, malaria, and

respiratory diseases like tuberculosis and pneumonia.

- **Risk of exporting communicable diseases after the Hajj.** Pilgrims infected by these diseases may trigger an outbreak in their home country when they return. There are also concerns of MERS-CoV transmission by pilgrims in contact with camels or those who were admitted to hospital in Mecca.

Safety measures

In their effort to prevent outbreaks, the Saudi Ministry of Health has certain regulations for pilgrims and workers entering Mecca. The National Fatwa Council also encourages the use of vaccination to curb the spread of contagious diseases.

- **Meningococcal vaccine:** Required for all Hajj and Umrah pilgrims, seasonal workers, residents of Mecca and Medina, and any person who may get in contact with pilgrims. Since the introduction of this regulation in 2002, cases of meningococcal diseases have reduced significantly.
- **Yellow fever vaccine:** Required for all travellers arriving from countries at risk of yellow fever transmission. These countries are mainly located in Africa (e.g. Angola, Nigeria, Senegal, Kenya, Congo) and South America (e.g. Argentina, Venezuela, Colombia, Peru).
- **Poliomyelitis vaccine:** Required for all travellers arriving from countries with circulating poliovirus or at risk of polio reintroduction. The countries include Afghanistan, Nigeria, Pakistan, Myanmar, Ethiopia, Somalia, South Sudan, Syria, and Yemen.

- **Seasonal influenza vaccine:** The most recent influenza vaccine is recommended for all pilgrims, especially for pregnant women, children under 5 years old, adults over 65 years old, and individuals with chronic diseases.



Additional vaccine for protection

The Malaysian government also recommends the pneumococcal vaccine for Hajj pilgrims above 50 years old and individuals with health problems like asthma, diabetes, or lung or kidney diseases. Two types are available: the **pneumococcal polysaccharide vaccine**, which protects against 23 strains of pneumococcus, and the **pneumococcal conjugate vaccine**, which protects against 13 strains. These vaccines prevent pneumonia, which is one of the primary causes of hospitalisation for Hajj pilgrims. The conjugate vaccine prevents carriage and spread to locals.

Have a healthy Hajj!

To keep infections away and prevent from spreading diseases, practise these tips:

- Wash hands with soap, especially after coughing and sneezing, after using

toilets, before handling and consuming food, and after touching animals.

- Use disposable tissues when coughing or sneezing and dispose it in the waste basket.
- Try your best to avoid hand contact with the eyes, nose and mouth.
- Wear masks, especially when in crowded places.
- Avoid direct contact with people who appear ill and do not share personal belongings.
- Avoid close contact with animals, particularly camels or sick animals, when visiting farms, markets, or barn areas.
- Avoid drinking raw camel milk/urine or eating meat that has not been properly cooked.

The Hajj is a sacred passage and we want to perform our obligations at our best. Undeniably, it will be a challenging experience for most of us, especially for children and seniors. If you or your family fall sick and need to be hospitalised, it will be a hassle and your Hajj will definitely be interrupted. Because of that, it is crucial to be fully prepared and to do our best to protect ourselves and loved ones. With vaccination and proper hygiene habits, you will be able to do that. **PP**

An educational contribution by



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

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Say **NO** to Late Night Eating!

By **Asst Prof Dr Savinder Kaur**, Nutritionist

In recent years, the culture of eating in Malaysia has transformed tremendously. Food is readily available all the time and people tend to eat out more frequently, including late at night.



This trend of late night eating or supper is affecting families. The availability of food in the wee hours of the morning tempts people to eat unnecessarily. As children tend to emulate their parents' eating habits, they may develop cravings to eat late at night too.

Is it a concern?

Parents need to realise that a late supper is unhealthy, especially for a child. He will be

inclined to eat more than what his body requires, especially if he has already eaten dinner. People tend to eat after dinner, not out of hunger, but due to cravings, boredom or stress, and this leads to overeating.

Late suppers usually happen close to a child's bedtime, when his or her metabolism is lower and the body burns fewer calories. The extra calories will then be stored as fat. The child's digestive system also has less time to rest, as it processes

the late night meal. Poor diet quality adds to the problem, as foods high in refined carbohydrate are often picked for supper.

The fact that Malaysia is number one in the prevalence of childhood obesity among ASEAN countries is worrying, and late suppers could be a major factor. Thus, ensuring that children have proper meal times is important to curb this epidemic.

Negative consequences

If a late supper becomes habitual, the child will gain weight due to overconsumption, resulting in him being overweight or obese. Late suppers are also linked with the disruption of the body clock, as glucose and insulin responses to food eaten during this period are disturbed, leading to insulin resistance over time. Bedtime supper may also cause indigestion (acid reflux) or lead to dental caries, especially among children with milk teeth. Without early intervention, late suppers will persist to adulthood and will be more difficult to correct. This may become chronic and lead to more serious health problems.



Late night temptations

Avoid late suppers with these tips:

- **Regular mealtimes.** Follow regular main mealtimes with healthy snack times in between. For example, let your child have breakfast at 7am, a morning snack at 10am, lunch at 1pm, afternoon snack at 4pm, and dinner at 7pm. This will prevent cravings and overeating throughout the day, especially late at night.
- **Wholesome dinner.** A good dinner that is well-balanced with varied options of food groups will hinder your child from snacking later in the night.
- **Avoid skipping meals.** Delaying or skipping meals can lead to overeating during the next meal. People tend to eat more during late night supper when they skip dinner.
- **Healthy sleeping habits.** A regular bedtime schedule can also prevent late night eating. Children aged 6-13 need about 9-11 hours of sleep every day, so send your child to bed early and on time.

- **Good parenting.** Parents are a major influence on their children. If you always have late night meals, your child will think that it is acceptable behaviour and develop a similar habit. Be firm with your child to ensure she does not snack unnecessarily, especially if she is overweight.
- **More playtimes, less screen time.** Minimise screen time as your child's bedtime approaches, so he can go to sleep easier. Overexposure to blue light from the screen affects the body and encourages her to stay awake, which makes her more likely to snack closer to bedtime. Encourage more playtime and physical activity in the day to replace screen/snack time at night.

- **Avoid eating outside.** There are more temptations to eat less healthy food outside, especially late at night. Healthy options are also harder to find.
- **No distraction.** No TV or gadgets when he is having supper (or at any meal time). Distractions lead to overeating.
- **Three hours before bedtime.** To avoid indigestion, supper should be at least three hours before bedtime.

Late night eating is an unhealthy behaviour that can transform into a bad habit. Instead, you and your child should have regular mealtimes, preferably with home-cooked meals, as well as adequate sleep. These are important for a healthy lifestyle, along with balanced nutrition and regular exercise. **PP**

Healthier supper

Late suppers are strongly discouraged, but if your child is still hungry after dinner:

- **Choose healthier snacks.** Opt for nutrient-dense/low-calorie light snacks, such as fruit, oatmeal, milk, etc.



An educational collaboration with



Nutrition Society of Malaysia



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Sodium contained in salt is an important micronutrient that aids fluid balance and maintenance of blood pressure, but not when overconsumed. The World Health Organization (WHO) recommends less than 5g daily salt intake for adults¹. However, Malaysians consume about 7.9g of salt daily², which may come from excess salt and soy sauce in cooking, eating processed food, eating out, etc.

Salt helps to make food delicious but you don't need too much of it. In fact, you can reduce salt and still maintain the deliciousness of food by using **AJI-NO-MOTO**[®] umami seasoning/ flavour enhancer! Originating from Japan, umami is the fifth taste after sweet, sour, salty and bitter. **AJI-NO-MOTO**[®] is commonly used in daily cooking.

Unlike your regular table salt (sodium chloride), glutamate in **AJI-NO-MOTO**[®] umami seasoning (monosodium glutamate) is a type of amino acid naturally found in tomatoes, seaweed, dried mushrooms which enhances the savoury taste in food. **AJI-NO-MOTO**[®] umami seasoning has **three times lesser** sodium than table salt³, it is much healthier with the same delicious taste and less salt!

Less salt doesn't mean bland food, with **AJI-NO-MOTO**[®] application, it is easy to reduce overall salt intake while maintaining the same deliciousness.

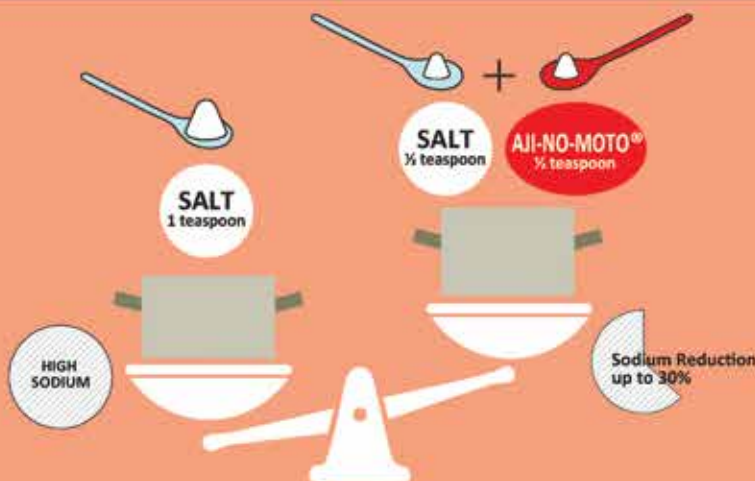
Sodium Content in One Teaspoon of AJI-NO-MOTO[®] and Table Salt



AJI-NO-MOTO[®] umami seasoning has three times lesser sodium than table salt

Sodium Reduction Strategy Through AJI-NO-MOTO[®] Application

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Reference

- ¹ WHO Salt Reduction. Retrieved from www.who.int/news-room/fact-sheets/detail/salt-reduction
- ² Malaysian Community Salt Study (MyCOSS 2017/2018)
- ³ Henney J. E., editor; Taylor C. L., editor; & Boon C. S., editor. (Eds.) (2010). Institute of Medicine IOM (Institute of Medicine) ? strategies to reduce sodium intake in the United States. Washington, DC: The National Academies Press. Retrieved from www.ajinomoto.com/umami/what-is-msg/

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Original recipe

1 tsp salt



Low-salt recipe

½ tsp salt + ½ tsp **AJI-NO-MOTO**®



**½ of salt
reduction!**

Mixed Vegetables with Pumpkin



*Campur,
Campur
Siap!*
AJI-NO-MOTO®

Ingredients

- 2 tbsp cooking oil
- ½ large onion, chopped
- 2 cloves garlic, chopped
- 200 g chicken meat, cut into small pieces
- 1 ½ cups of water
- 150 g cauliflower, chopped
- 150 g broccoli, chopped
- 150 g pumpkin, cut into long dices
- ½ tsp **AJI-NO-MOTO**®
- ½ tsp salt

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 for a while.
5. Add **AJI-NO-MOTO**® and salt.
6. Add broccoli. Stir until fully cooked.
7. Ready to serve.

Tips: Pumpkins with wider stripes have thicker and sweeter flesh.



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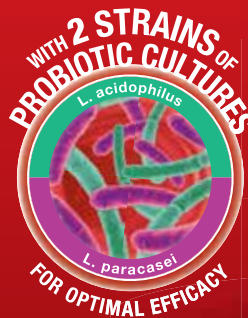
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* Reference: Mokhtar N, et al. (2018). Modulation of intestinal dysbiosis in patients with constipation-predominant irritable bowel syndrome using lactobacillus-containing cultured milk drink. Gut 2018;67:A70.

LESS SUGAR

Swimming with your Baby

If you've ever wanted to swim with your baby, don't be afraid – it can be an amazing experience! Introducing him to this amazing experience is also a great way to have fun while bonding. You can easily get him ready for swimming with a few simple yet effective exercises that will help him to develop his swimming skills.

By **Erika Peres**, certified AustSwim Water Safety and Infants Teacher



How to start

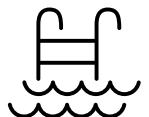


The very first step is to find a position in the swimming pool where you have a firm footing. Next, hold your baby firmly under his armpits and slowly lower him into the water. Let him start getting a feel for the water with his hands and feet.



Keep his head above water level from the chin up but leave his hands and legs free to move about in the water. You can make it a little more interesting by singing rhymes while walking with him around the pool. Use a small floating toy and encourage him to try "swimming" toward it; this will help him gain confidence and mobility in water.

Don't worry if water splashes on your baby's face as this helps him become more comfortable in water. Once you feel that he is not only comfortable, but loves the experience, you can move to the next stage.





The Humpty Dumpty move

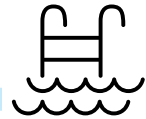


To start the second exercise, let your baby sit on the edge of the swimming pool while you stand inside the pool. As you sing "Humpty Dumpty sat

on a wall, Humpty Dumpty had a great fall", bring him slowly into the pool while holding him securely. Continue keeping his head above the water from the chin up.

Now, repeat the Humpty Dumpty move, only this time, try to immerse him right up to his chin instead of keeping his entire head above the water. Repeat as many times as needed until he is used to it. Now, gradually try immersing his nose under water (only for a short time). After several more repetitions, you can progress to immersing him up to his eyes.

Remember, babies love repetition and this exercise is a great way to build trust and bond with your baby at the same time. This exercise will help your baby become more comfortable with you and the water.



The back float

The final exercise is the back float, which is one of the most important exercises for anyone learning how to swim. Start by letting your baby lie down facing the sky on the surface of the water. Make sure your child's head is in line with your shoulders. To make it more interesting, you can sing "Twinkle, twinkle, little star" or get him to look for flying birds or an airplane in the sky.

Slowly start walking backwards in the pool while your baby is lying with their head on your shoulders. Continue to do this until you find them relaxing and enjoying the process. Once you feel that your baby is completely relaxed, you can just hold their head to provide the minimal support.



They will, eventually, be completely ready to float and once that happens you can remove your hands from beneath their head and let them back float on their own. Take care and do not let go unless he is completely ready. This last exercise will need lots of patience, and you may need to rely on your own instinct to know when he is completely ready.



Have fun

These are the three exercises that I highly recommend to parents who are eager to teach their babies to swim. Do not rush the process and take this as a chance to enjoy some quality time with your child while doing the three exercises. Let your child enjoy the fun of water splashing too.

Lastly, remember to prepare and bring along the necessities, e.g. swimming clothes, towels, and a change of clothing. Bring some healthy snacks along for your baby and you because both of you may become hungry after each swimming session. **PP**

Erika is a Physical Education graduate with a specialisation in child and infant development through sport and aquatic activities. She is a certified AustSwim Water Safety and Infants Teacher and also holds an American Swimming Coaches Association (ASCA) Level 2 certification with over 10 years specialised experience in teaching babies and children.



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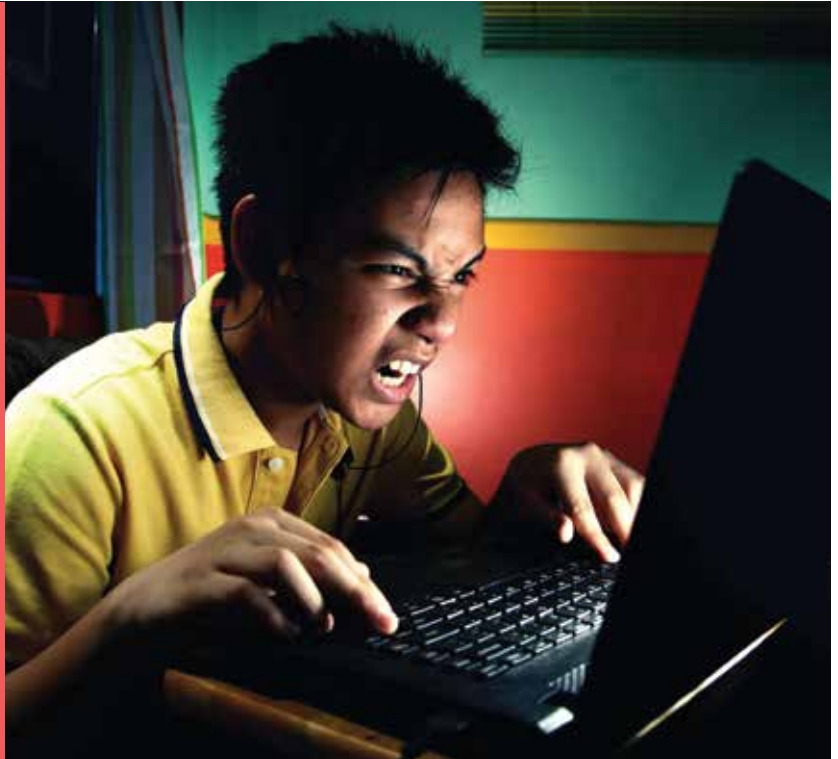
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Gaming Addiction is a Disorder

By **Dr Edison Lee Soon Li**, Cyber-Psychologist and Lecturer

The World Health Organization (WHO) recently classified gaming disorder as an official form of mental disorder.



Gaming disorder is characterised as persistent offline or online gaming behaviour which impairs a person's ability to function normally in day-to-day activities due to an escalation of his or her gaming habits. As a result, mental health professionals in Malaysia have indicated their concern over the rise of unregulated gaming behaviour. Gaming addiction amongst children has also become a valid concern for parents.

Below are the three signs of gaming addiction, as advocated by WHO:

1. **Lack of control** over gaming such as time spent on games, how deeply a child is immersed in it, unwilling/unable to stop a gaming session on his own, or use of dishonest means (lying, skipping school) to continue gaming.
2. Gaming becomes the **main priority** over everything else in real life, e.g. instead of studying for an exam, he stays up all night to level up his game character. Other daily activities and even personal hygiene may be neglected.
3. Continues to be more involved with gaming **despite negative consequences and being reprimanded**, which are completely ignored. This can cause significant deterioration of relationships, academic performance and personal hygiene.

At present, a formal diagnosis of this condition requires these symptoms to persist for at least 12 months. However, if these symptoms are highly severe, the duration for a formal diagnosis may be shortened.

Game life vs real life

A child's personality is predictive of gaming disorder and certain traits are indicative of a higher risk of developing gaming addiction. Here are some common traits you should be wary of:

- **Highly disorganised.**

Poor organisational skills are indicative of an inability to fully grasp the consequences of uncontrolled gaming.

- **Severe social anxiety and thought disorder.**

The social environment of massively multiplayer online (MMO) games allows some connection behind the screen, without the awkwardness of real-world social interactions. However, this can lead to an avoidance of social interactions due to differences and lack of proper social skills. Gaming environments have little to no "real" social interaction, thus allowing the player freedom to be himself without fear of judgment.

- **Intolerance of unpredictability.**

Change can be intimidating for some, and if your child is especially affected by it, he may be more likely to immerse himself in games which are highly repetitious or predictable.

- **Constantly seeks novelty or stimulation.**

Kids who crave stimulation are vulnerable to gaming addiction because of their



consistent efforts to pursue new environments and exposures. There is a higher possibility of addiction for violent games.

- **Highly neurotic.**

Emotional instability can lead to a lack of self-confidence, causing more stress. Gaming helps him to cope with his negative emotions and problems, and studies reveal these individuals have a preference for violent games.

- **Elevated self-regard (narcissism).**

In order to gratify their need for self-bolstering, narcissistic individuals find satisfaction in games with achievement-based systems (i.e. reinforcements are provided upon completion of imposed gaming conditions) and games with avatars (constant investments are needed to upgrade the avatars' skills and equipment). MMO games also provide them instant access to an admiring audience.

Apart from personality traits, many games do contain certain features that entice or increase the chances of one becoming addicted to gaming. This is especially true of online games, which studies have found to be more addictive than offline games. Games that

consistently provide positive reinforcement or rewards to players can cause prolonged gaming sessions.

Put your foot down

As parents, you need to impose limits on your child's gaming activity.

Set clear rules about your expectations for gaming and/or digital gadget usage. To make it easier for you to supervise his use of computers or gaming consoles, place them in a public part of your home, e.g. living room or hall.

Most importantly, be consistent in enforcing rules you set. Just like any other activity, schedule his time in order to limit how long he can play. Consider tying it to time spent on physical activities, e.g. 1 hour of gaming for every 1 hour of outdoor play.

Do not assume it is just a passing phase that he will eventually get bored of. Gaming addiction should be attended to as quickly as possible, before it causes a more significant problem in other important areas of your child's daily life.

Passionate vs addicted

Gaming can be fun and may even be educational. As long as your child knows how to control the time he spends gaming, and it does not affect his studies, relationships, or health, gaming is still an acceptable hobby. Don't jump into conclusion just yet. Be vigilant in supervising, but put a stop if you think it is taking up too much of his time. **PP**



Dreading the Final Exam

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

The year-end examinations are just around the corner and can be a source of stress for teens. This is especially true when facing major exams like SPM or PT3.

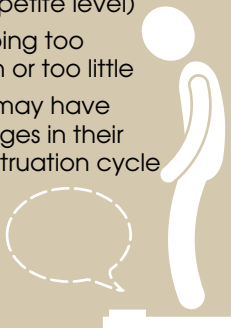
Stress is not always a bad thing. The right amount of stress can motivate your teen to be ready for exams and get things done. Problems arise when there is too much stress and pressure on her to perform well, which can negatively impact on her overall health and achievement.

S.O.S (Signs of stress)

Your exam-stressed teen may be exhibiting these signs:

Physical symptoms

- Headaches or stomach pains
- Losing or gaining weight (changes in appetite level)
- Sleeping too much or too little
- Girls may have changes in their menstruation cycle



Behaviour and emotions

- Feeling tense, moody, bleak
- Easily irritated, agitated
- More sensitive than usual to comments/remarks by parents or others



What can you do?

Here are the things you can do to support and empower your teen to cope with her stress:

Organisation

- **Time management:** Get her to prepare a visual schedule or timetable. It can be a weekly timetable or a simple daily to-do list. Your feedback can be helpful, but ultimately, empower her to devise her own strategy or plan.
- **Conducive study area:** Provide a comfortable and ergonomic study table and chair, and ensure adequate lighting. Arrange books and stationery so that they are accessible yet organised, as clutter can be a distraction. Minimise digital distractions such as TV and gadgets.
- **Chores and routines:** Understand that the exam is her main priority at the moment, so it is okay to be lenient with house duties. Rearrange the chores list

In severe stress and anxiety

- Loss of interest/pleasure in activities she previously enjoyed
- Persistent negative and low mood, feeling hopeless
- Panic attacks
- Increased desire to isolate herself from family and friends



or other family routines, so it does not clash with her study time.

- **Take a break:** A tired brain and eyes cannot stay focused. In your child's schedule, help her to include regular, short breaks from studying. She can do some stretches, go for a walk, listen to some music, play with her pet, or take a nap.

Nutrition and physical health

- **Healthy nutrition:** Make sure she eats well and does not skip meals. Provide healthy snacks during study sessions, like fresh fruits, milk, yoghurt, sandwiches, wholegrain biscuits or energy bars. Avoid caffeine products.
- **Sufficient sleep:** At least 8 hours of sleep is still necessary so she can stay fully focused the next day.
- **Stay active:** Exercise and physical activity can help her relieve stress. Endorphins released during exercise help the body and mind to relax and stay positive.

Emotional and mental health

- **Show your support:** Respond positively to her needs and feelings. Do not brush off her anxiety as unfounded. Be open and spend special time together.
- **Talk about her worries:** Feeling nervous about exams is normal. What matters is how she deals with it. Listen to her concerns, be it her lack of time or difficulty understanding a certain

topic. If she feels like giving up, motivate her by reminding her of her goals in life.

- **Do not add pressure:** Try not to nag her during this period (although parents may find this challenging!). Be calm, positive and reassuring when she seems stressed. Avoid negative criticism and unrealistic expectations. Let her know you will still love her no matter what the exam outcome may be; the important thing is to put in her best effort.
- **Treats and rewards:** A small treat after a long day of studying can help keep her going, be it her favourite dessert or an episode of her favourite show. Having plans for what she is going to do after the exams can also give her something to really look forward to.

Ultimately, exams are just a minor part of our lives. Our future is not solely determined by exam results. Many other factors in life contribute to shaping a person's growth and well-being. Focusing too much on exam results without considering your teen's ability only adds to her stress, which may lead to more serious mental health issues. It is important to know your teen's capabilities and manage your own expectations, while supporting your teen based on her unique strengths and weaknesses. **PP**

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