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Vaping:
What Every Parent
Should Know



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expert
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Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist



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and education
is vital in raising
healthy children.”



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way we teach, we must teach
in a way the child can learn.”



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Clinical Psychologist & Founding President, MSCP



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Chairman, Positive Parenting Management Committee
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Vaping is NOT Harmless

Things are off to a positive start in this new decade. The much-awaited pneumococcal vaccine has been included in our National Immunisation Programme, and we now have a ban on smoking in eateries and public places.

Nevertheless, there are other issues that still need to be addressed. Vaping, which has been gaining ground, is cause for concern. It may be less "toxic" than smoking, but still poses a threat. Banned in India, many US experts consider vaping a gateway habit that may lead to smoking, especially when taken up by youths. We take a closer look at vaping and what parents need to know about it, in our Feature section.

We also explore other topics such as managing sugary treats wisely, knowing when kids are overscheduled, and preventing pertussis early on in pregnancy.

We hope you will find the information here of help in your parenting journey, and enjoy reading it too. All our previous articles and issues can be accessed from our website. We're also on Facebook and Instagram, where you can receive more quick tips, articles, infographics and short videos.

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Vaping has been introduced as a “less harmful” alternative to conventional cigarettes, or a way to quit smoking. However, emerging evidence indicates these devices come with their own risk, and new hazards linked to vaping are being discovered.

With **Dr Mary Marret**,
Consultant Paediatrician
Dr Yen Teck Hoe,
Consultant Psychiatrist
Datuk Dr Zulkifli Ismail,
Chairman of Positive
Parenting Programme

Vaping:

What Every Parent Should Know

New “cig” on the block

Vaping products are known by several names, e.g. vapes, e-cigarettes, vape pens, tank systems, modes or electronic nicotine delivery systems (ENDS). They are battery-powered devices which heat a liquid to produce an aerosol/vapour that is inhaled. Their use is known as “vaping” or “JUUL-ing” (named after a popular vaping brand).

Key dangers at a glance

- Most vaping liquids contain nicotine, which is highly addictive and harmful to the developing brain.
- Second-hand vapour is unsafe for babies, kids, young adults up to their mid-twenties and pregnant women.
- Brain development begins with unborn babies in the womb and continues up to the age of 25 years. The brain of anyone across this wide age range can be harmed through exposure to nicotine.
- The harmful impact of nicotine exposure to a developing brain remains even after the person stops vaping.
- Vaping liquids also contain a number of other chemicals. Some of these can cause cancer and severe or permanent damage to the lungs.
- The US Centers for Disease Control and Prevention (CDC) warns that young people who vape are more likely to smoke cigarettes in the future, and are likely to become heavy, frequent smokers.
- Another study on university students showed that young people who vape are at higher risk of becoming addicted to other substances, such as illegal drugs.



E-cigarettes or vapes: what's the difference?

Technically, vapes and vape fluids are supposed to be nicotine-free while e-cigarettes contain nicotine, however the reality is different. Research by CDC found that 99% of vape liquids contain some amount of nicotine, even those labelled "0% nicotine".

JUUL, one of the top-selling brands of e-cigarettes popular among teenagers and young adults in the U.S.A., contains high levels of nicotine - a single pod may contain the same

amount of nicotine found in 20 cigarettes.

According to **Dr Yen Teck Hoe**, nicotine is an addictive drug present in tobacco products and also in e-cigarettes and a number of vape liquids. Nicotine is what "hooks" these users to vaping.

The consultant psychiatrist points out, "The brain continues to develop from infancy up to the age of 25 years. Nicotine is harmful to the developing

brain. It can affect learning and make it difficult to concentrate. It affects mood and makes it difficult for a teenager to control impulses.

Nicotine also alters the way the brain develops and functions, and can increase one's tendency to become addicted to other substances. This disruption can leave a lasting impact, even after a person stops vaping or smoking.

• Signs of nicotine withdrawal.....

According to Dr Yen, children are more susceptible to nicotine withdrawal and may manifest the following behaviour if they have missed their last 'hit':

- Irritability, frustration and anger
- Strong craving
- Anxiety and/or depression
- Difficulty concentrating
- Impaired performance
- Mood swings



What do vape liquids contain?

Datuk Dr Zulkifli Ismail explains "Studies looking at more than 120 different types of vaping refill liquids have found that all of them contain substances considered hazardous to health. With no proper regulation or requirement to control the contents or product information labels, it is difficult to know the exact components of each individual vape liquid."

The Chairman of Positive Parenting Programme also adds, "Many vape manufacturers try to make their products more enticing with flavours. However, ingredients that are safe to eat can be harmful when inhaled into the lungs."

Flavour-enhancers such as diacetyl cause inflammation and scarring of the lungs that result in severe damage. Furthermore, vape liquids can cause dryness and irritation to the upper airways. Regular, frequent use results in itchiness, sneezing, nosebleeds, dry cough and sore throat. People with respiratory diseases such as asthma, may find their condition worsens or symptoms are aggravated.

Other harmful components detected in vape liquids include cancer-causing chemicals such as formaldehyde and heavy metals such as nickel, tin and lead. Some preparations may also contain tetrahydrocannabinol (THC), which is the main psychoactive compound in cannabis or marijuana that produces the high sensation.

"We still do not know the full extent of harmful effects caused by vaping. Vape liquids are recent products compared to conventional cigarettes. To those who cite a lack of evidence, note that this does not mean it is harmless; it will take the scientific community time to accumulate evidence of long-term harm, especially with so many vaping liquids containing substances that are known to be harmful," stresses Datuk Dr Zulkifli.



RED ALERT!

E-cigarette or vaping product-use associated lung injury (EVALI) is a health concern. In 2019, the CDC received over 2500 reports of people hospitalised in the US for severe lung injury following recent use of vaping products and e-cigarettes.

Some of these were healthy individuals, who later suffered severe, life-threatening lung injury and had to be placed on a ventilator. Deaths have also been reported. Public health officials in the U.S. have made recommendations against the use of e-cigarettes.

The vapour from vapes will affect anyone in the vicinity to any of its harmful effects. One also runs the risk of poisoning if vape liquids are swallowed, or when spilt liquids are breathed or absorbed through the skin.

Worst of all, explosions and fires have been caused by vaping devices, leading to burns, severe personal injuries, and even death in a few extreme cases.

Targeting teens

Dr Mary Marret highlights, "Although vaping products were originally developed as an aid for adults to give up smoking, they are now being packaged and promoted to attract a younger group of customers such as teenagers and young adults. The tactics used are similar to what was used to promote cigarettes in the past. Nowadays there are regulations prohibiting the advertising of tobacco and its related products."

The consultant paediatrician went on to add that young people are curious and easily attracted by 'tasty' flavours such as fruit and candy. Vaping products also come in trendy, eye-catching shapes and designs, such as pens, watches, USB drives, lipstick or eyeliner. These are small and can be carried around or hidden without attracting attention.

Unlike cigarettes, regulations restricting the sale of vaping products have not been

introduced yet. There are few physical shops selling vapes and its related products in Malaysia, and the sale of vape liquids containing nicotine is also not permitted. However, enforcement is uncertain and these products are easily available online.



Vaping vs conventional cigarettes: the truth

Vaping has been promoted as a way for cigarette smokers to quit smoking. Evidence that vaping is an effective way to quit smoking is rather limited. Research indicates that more people who try this route either combine vaping with smoking or switch to vaping, and only a few completely quit. It would be better to promote other more effective methods to quit smoking which do not expose smokers and bystanders to harmful toxins.

However, a number of studies show that many non-smokers (especially teens and young adults) who started vaping gradually progress to smoking cigarettes. Research shows that

teenagers who start with vaping end up smoking a higher number of cigarettes more frequently. Youth who begin with vaping are also more prone to become addicted to other substances, such as illegal drugs.

Dr Mary cautions that many have the wrong impression that vaping is 'safe' because of the way it has been marketed. While not as harmful as conventional cigarettes, they may contain highly addictive nicotine, and other substances which are hazardous to health.



The role of parents

"Parents should be good role models – children are less likely to form the habit if they grow in an environment with no one who smokes or vapes. If you smoke or vape, you are exposing yourself and your family to harm," reminds Datuk Dr Zulkifli.

Be vigilant and monitor your children's activities and be familiar with their friends. They may be easily influenced to start the habit if their friends are doing it. Look out for tell-tale

signs that they might be vaping (see box), as well as signs of nicotine withdrawal.

The Malaysian government is working out stricter laws and regulations on e-cigarettes or vape products. In India, their government has banned the sale of e-cigarettes in response to the vaping "epidemic" among Indian youths. To help protect our children, we need to support laws and policies that restrict access and advertising of these products.

He also suggests, "As parents, we should not wait for new laws to be introduced, but start by educating our children. Speak to your children about the dangers of vaping and smoking. Start early, when they are in pre-school and primary school. If you smoke or vape and have trouble quitting, do seek professional help and advice."

•• Tell-tale signs of a vape user •••••



Sweet smell: Many flavoured vape liquids have a strong, sweet smell that tends to linger on the breath, hair, skin and clothes.

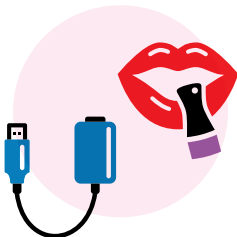
Increased thirst and/or nosebleeds:

Vaping dries the mouth and nose, making users thirsty all the time. They may also have frequent nosebleeds. Other signs include frequent light-headedness, dizziness, and increased tiredness and sleepiness.



Decreased appetite:

Reduced appetite and weight loss could be the effect of nicotine.



Out-of-place pen, USB drive, watch, lipstick: If your child always carries them around even when they are not needed, it could be a vaping device disguised as an everyday object.



No more coffee:

Some vape users become sensitive to coffee. If a coffee-lover starts to avoid coffee, it could be a sign that he is vaping.

Strange possessions or trash:

Keep a lookout for unusual items in your child's possession or in household trash - unbleached, organic cotton balls, thin metal coils, discarded atomisers or pods and disposable vapes. The presence of rechargeable batteries (not the usual AA or AAA types) or chargers that your child cannot explain may also be a sign. **PP**

YOU CAN PROTECT YOUR BABY AGAINST WHOOPING COUGH



NOW

WHAT IS WHOOPING COUGH?

Whooping cough (also known as pertussis) is a highly contagious bacterial disease which can be very serious, especially for young children.¹ It is a respiratory infection characterized by repeated coughing fits, difficulty breathing and the associated 'whoop' noise when gasping for breath.¹

HOW CAN MY BABY CATCH WHOOPING COUGH?

Whooping cough is spread through the air by infectious droplets so it is easily transmitted by other people coughing or sneezing or being close to a person with the disease.^{1,2}

WHO IS MOST LIKELY TO SPREAD WHOOPING COUGH TO MY BABY?

Many newborns get whooping cough from older brothers or sisters, parents (especially mothers), other family members, or caregivers who might not even know they have the disease.²

WHAT COULD HAPPEN TO MY BABY?

Whooping cough can cause serious and sometimes deadly complications in babies and young infants.³

The coughing fits can last for several weeks or months.¹ Infants and young children can be distressed and may turn blue due to difficulty breathing.⁴ In very young babies the cough may not be particularly noticeable, but there may be brief periods when they stop breathing.⁴ About half the babies under a year old who catch whooping cough may need to be cared for in hospital.³

WHY IS MY NEWBORN BABY VULNERABLE?

Newborns and young infants under 2 months of age are at highest risk of serious complications.⁵ Newborn babies have no natural protection against whooping cough at birth or in the first few months of life, leaving them unprotected and highly vulnerable.^{5,6}

ASK YOUR DOCTOR ABOUT LOCAL RECOMMENDATIONS ON PREVENTION OPTIONS

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Whoop It Early in Pregnancy

Pertussis or whooping cough is on the rise, and this disease can be deadly for infants. Vaccination during pregnancy is one way mothers can provide early protection to their baby.

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

Most parents know that pertussis is one of the vaccine-preventable diseases and we can get our children vaccinated against the disease with the DTaP (diphtheria, tetanus, pertussis) vaccine, which is covered in the National Immunisation Programme (NIP). Nevertheless, the number of pertussis cases in Malaysia in the past few years has increased to a worrying level. From just 41 cases in 2010, the figure has risen to 892 cases in 2018 (World Health Organization), with 22 deaths recorded (Ministry of Health).

Various factors may have contributed to the resurgence of pertussis. Being a highly communicable disease, there is a trend of a pertussis outbreak occurring every two to five years. Even though the

vaccine coverage rate for DTaP vaccine in Malaysia is considered high, an increase from 637 cases (2013) to 1404 cases (2017) of parents refusing vaccination for their children presents a growing concern. Other factors owing to the resurgence of pertussis include better detection of milder and atypical pertussis cases, as well as waning of immunity among adolescents and adults, who then may transmit the disease to unvaccinated babies and children.

Why vaccinate in pregnancy?

Pertussis is a serious illness that can be fatal to infants. However, infants can only receive DTaP vaccine starting from two months of age. **To avoid the gap in protection**

(0-8 weeks after birth), during which babies are very vulnerable to diseases, it is recommended that mothers get vaccinated during the third trimester or between the 16th to 32nd weeks of pregnancy.

Mothers can pass antibodies produced by their body after vaccination through the placenta to their baby.

The antibodies will provide passive protection to the baby during the first few weeks of life. This will also protect mothers against infection and prevent the risk of transmitting the disease to their baby after delivery. Vaccination during the recommended period in pregnancy will ensure optimal transfer of antibodies from a mother to her baby, as the level of antibodies is highest about two weeks after vaccination.

Which vaccine to be given?

The vaccine recommended for pregnant women is Tdap vaccine, which is a one-dose booster shot for adults to protect against tetanus, diphtheria and pertussis. One shot is recommended for each pregnancy, preferably during the early part of the third trimester. Tdap vaccine is different from the infants' DTaP vaccine, which is given in three doses on the 2nd, 3rd and 5th month, plus a booster shot on the 18th month.



Know the disease

Pertussis is a highly contagious respiratory illness caused by the bacteria *Bordetella pertussis*

Symptoms

- Severe coughing fits
- Difficulty or pauses in breathing
- Making “whoop” sound or gasping for breath between coughs (infants may not show this characteristic symptom)
- Vomiting after coughs

Complications

- Dehydration
- Breathing difficulty
- Pneumonia
- Seizures

Vaccination during pregnancy is one way to ensure protection against pertussis (and other diseases) for newborns, who may get infected before they are ready to receive their own scheduled vaccinations under the NIP. During this interim period, a baby’s immune system is still underdeveloped and vulnerable to disease. People in close contact with baby should also consider taking the necessary vaccinations (cocooning) as they may be carriers and inadvertently transmit disease to the baby.

Vaccination and pregnancy

Only certain vaccines are recommended during pregnancy, for example Tdap (pertussis), influenza and HepB (hepatitis B) vaccines. Other vaccines may be recommended before or after pregnancy depending on your condition. Consult your healthcare professionals when planning for pregnancy and follow their recommendation when it comes to vaccinations. Do not hesitate to ask any questions when in doubt. **PP**

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Are You 'Sharenting' Your Children?

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

It is common to see parents posting pictures of their children on social media, as a way of sharing their parenting journey and memorable moments with their kids. However, given the perils associated to social media and the internet-of-things (IOT), should we be concerned?

This behaviour has been coined as **'sharenting'** – where parents share their kids' photos or videos on social media, such as Facebook, or blog about their daily life. Sharenting seems harmless and a reasonable thing to do **as part of sharing your journey and experiences as parent.** Parents can keep family and friends updated, share parenting advice, and receive emotional and practical support. It is also one way to **preserve significant moments with their children** such as the first steps, birthdays and heart-warming situations, or even funny ones.

Nevertheless, sharenting also raises concerns when parents share too much about their children or **reveal their kids' location or other sensitive information.** Posting details of your kids online leaves a

digital footprint that they may not appreciate, such as embarrassing moments for them that you find to be amusing. You also **lose control over the data** as anyone can copy, edit or use it without your discretion, and data collectors and advertisers may use the data for profiling customers. In a way, poor sharenting can be considered an invasion of your children's rights to privacy and protection from future embarrassment.

When parents overshare, there can be real life consequences. Materials uploaded to social media may be **repurposed for inappropriate or illegal means.** For example, innocent everyday photos of children posted on social media were found on pornography sites accompanied by explicit inappropriate comments, as reported in a 2015 Australian

survey. Other threats include **identity theft and digital kidnapping** (a stranger uses a child's photos to make it look as if the child is theirs).

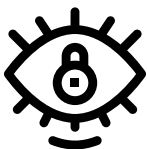
As mentioned, sharenting can be embarrassing to children, especially when their photos or videos – which may seem funny or amusing to parents, but not to them – are uploaded without their consent. This can make them feel self-conscious and less confident, or worse,

lead to bullying by peers at school, affecting their overall mental health. Revealing certain information such as their location or daily routine also puts them at risk of being preyed upon, harmed or kidnapped by cyber predators. These unintended consequences may seem extreme for simply posting your kids' photos online, but they can happen to anyone, including you!



To share or not?

It is natural for parents to want to share or record moments with their loved ones. But what are the limits when it comes to sharenting? Here are some guidelines.



- **Limit your audience.**

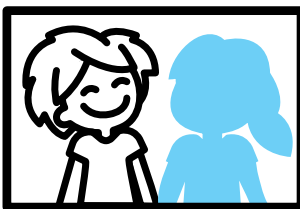
Scrutinise the privacy settings of your posts on different social media and impose appropriate controls. Where necessary, you may also set your social media profile to 'private' instead of 'public'. Consider restricting posts about your kids only to family and close friends.

- **Use a nickname.** This is one way to protect your kids' privacy and identity. Use acronyms or other ambiguous names like 'My munchkin' or 'Little one'. Consider blurring their faces if you are sharing about their struggles.

- **Opt for private photo-sharing sites.** Sites like Google Photos or Dropbox are more secure and private, and it is easier to control your audience. Do not use social media sites as your one-stop photo archive, especially for photos with your kids and family.



- **Avoid personally identifiable information.** This includes home addresses, school or childcare signboards or other details that can be used to track your kids. Turn off the geo-tagging feature on your social media!



- **Respect other children's privacy.** Try not to include your kids' friends in photos that you post. If not possible, you can blur their faces or ask for their parents' permission.

- **Ask for their consent.**

You can start when they are old enough to understand the concept of privacy, consent and social media (around 6 to 8 years old). Explain why you want to share their photos and respect their decision if they do not agree.

Most children are usually receptive to parents occasionally sharing their photos or stories, but it is still a tough act to balance between parents' rights to share their experiences and their children's rights to privacy. Of paramount importance however is for parents to consider their child's perspective and the consequences whenever they share anything online.

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By **Mr Alexius Cheang**, Behavioural Psychologist

Parenting is an ongoing journey and parents need to keep enriching and educating themselves, as their child grows from an innocent child into a mature adult.

Life is in constant flux, and many parenting skills or practices from your childhood or those you may have picked up along the way in dealing with your child could now be considered outdated, or your child may have outgrown that stage. For example, fear-based methods of parenting were popular in the past, but nowadays, most experts agree that these methods are ineffective and that getting children to self-regulate is best.

While the basics are similar across different ages, the approach used should be tailored to each individual child to suit his age and stage of development. Here are three points to keep in mind at all times:

- 1 No two children are alike.** Recognise that each child is unique. Be receptive to these differences, especially between siblings and among other children. More importantly, temper your expectations to match his capabilities and interests. Children perform their best when standards are set to challenge but not exceed their abilities.
- 2 Physical health and wellness alone are insufficient.** Cater to your child's emotional and spiritual needs as they help give his life meaning. For emotional needs, provide him with unconditional love, attention, acceptance and quality time spent together. His spiritual needs can be shaped by religion, values, ethics, principles and morals. However, keep in mind that children observe parental behaviour, thus parents need to walk the walk and not just talk the talk.
- 3 Encourage open communication.** Learn to listen and let your child speak his mind (respectfully, of course). This helps you keep up-to-date and current with what or how he is doing, thus providing you with a better idea of how to fine-tune your parenting approach. Here's a tip: we have two ears and one mouth, so listen twice as much as you speak and keep an open mind-set on things that matter to your child.

Knowledge is power

Stay abreast of current parenting practices and any other knowledge related to parenting and child health. However, when updating your knowledge from the Internet and social media, there is always the danger of being influenced or misled by inaccurate, fake or faulty information.

To safely navigate this minefield of misinformation, you need to know where to find reliable information. Get started with these credible online resources:

- **Positive Parenting Malaysia programme** (www.mypositiveparenting.org)
- **Healthy Children** by American Academy of Pediatrics (healthychildren.org)
- **Doktor Budak** (www.facebook.com/Doktorbudak)

Loop me in

At the same time, **do stay on top of things by monitoring what influences your child's thoughts and/or behaviours.** This includes the friends he spends time with, his use of the Internet and social media, the type of entertainment or reading materials he enjoys, as well as how he spends his leisure time.

You don't have to resort to spying on his every move, but talk (and listen) to him to get his take on things. There will always be signs if something is not right, so stay alert. It also helps if you know who his friends are as they may be able to provide you with clues in case something is troubling him.

Letting go

Although parenting styles and strategies should be dynamic and adaptable based on your child's age and stage of development, an integral part that many parents have trouble with is the concept of 'letting go'. **This should be done in stages, and does not mean you are abandoning him to his own devices, but rather trusting him enough to let him handle certain things on his own.**



If you continually swoop in and 'save' him from possible hurt or harm, you are taking away his opportunity to develop resilience by learning how to handle and deal with pain and disappointments. This is crucial as it ties in with his ability to become independent and learn how to stand on his own two feet without constant input or instructions from parents. As he grows and matures, you should be able to gradually give less supervision and guidance. Continue to be there for him whenever he

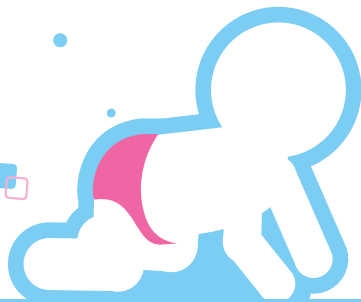
needs you, but let him have the freedom to approach problems with his own solutions.

Embrace change

The thought of your child growing up and becoming independent too quickly may seem scary. I want to assure you not to worry about it, as **parenting is for life**, so do 'grow' along with your child. Parenting is never stagnant, nor does it end when your child grows up into an adult.

The most important skill any parent needs is communication. **Remember to communicate often with your spouse and your child.** This is often the best method to gain feedback on how effective your parenting methods or strategies have been.

Nevertheless, don't ignore problems either, especially if there are long-standing issues that cannot be managed despite your best efforts. This could be due to a child's developmental issues that may require professional assistance. For cases like this, don't hesitate to reach out and talk to a consultant/therapist. Even as parents, we need to acknowledge that we could use some help in providing the best for our child. That's part and parcel of growing up. **PP**



PNEUMOCOCCAL DISEASE CAN BE DEADLY¹

PENYAKIT PNEUMOKOKAL BOLEH MEMBAWA MAUT¹

Don't Wait. Vaccinate Early to Protect Your Little One
Jangan Tunggu. Beri Vaksin Awal untuk Melindungi Anak Kecil Anda

The 5 Most
Common Strains
In Malaysia²

5 Jenis Strain
Paling Umum
Di Malaysia²

14

19A

19F

6B

6A

YOUNG CHILDREN ARE AT RISK OF GETTING PNEUMOCOCCAL DISEASES.
THOSE WITH INCREASED RISK INCLUDE³:

ANAK KECIL MEMPUNYAI RISIKO MENDAPAT PENYAKIT PNEUMOKOKAL.
MEREKA YANG MEMPUNYAI RISIKO TINGGI TERMASUKLAH³:

HOW DOES IT SPREAD^{3,4}:

BAGAIMANA IA MEREBAK^{3,4}:



< 2 years of age
Di bawah umur 2 tahun



Attend nursery /
day care centre
Menghadiri pusat penjagaan
kanak-kanak / pusat
bimbingan kanak-kanak



Weakened immune
system due to illnesses
and treatment
Sistem imun yang lemah
akibat penyakit dan rawatan



From a cough or a sneeze
Dari batuk atau bersin



Contact with
contaminated items
Bersentuhan
dengan barangan
yang tercemar



Close proximity
with carriers
Berada berdekatan
dengan pembawa

PNEUMOCOCCAL DISEASE CAN CAUSE SERIOUS HARM TO YOUR CHILD¹
PENYAKIT PNEUMOKOKAL BOLEH MENYEBABKAN KEMUDARATAN KEPADA ANAK ANDA¹



Pneumonia - Inflammation of the lungs¹
Pneumonia - Keradangan paru-paru¹

Severe implications: Death, Lung Damage
Implikasi yang teruk: Kematian, Kerosakan Paru-paru



Meningitis - Inflammation of the brain¹
Meningitis - Keradangan otak¹

Severe implications: Death, Brain Damage, Hearing Loss
Implikasi yang teruk: Kematian, Kerosakan Otak, Hilang Pendengaran



Bacteraemia - Blood infection¹
Bakteremia - Jangkitan darah¹

Severe implications: Death, Permanent Organ Damage
Implikasi yang teruk: Kematian, Kerosakan Organ Kekal



Acute Otitis Media - Middle ear infection¹
Acute Otitis Media - Jangkitan pada telinga tengah¹

Severe implications: Permanent or Partial Hearing Loss
Implikasi yang teruk: Hilang Pendengaran Separa atau Kekal

PNEUMOCOCCAL CONJUGATE VACCINES (PCV) CAN BE GIVEN AS EARLY AS SIX WEEKS⁵.
CONSULT YOUR DOCTOR FOR MORE INFORMATION.

VAKSIN KONJUGAT PNEUMOKOKAL (PCV) BOLEH DIBERIKAN SEAWAL UMUR ENAM MINGGU⁵.
BERUNDING DENGAN DOKTOR ANDA UNTUK MAKLUMAT LANJUT.

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4. Weiser, JN, et al. (2018). Streptococcus Pneumoniae: Transmission, Colonization and Invasion.
5. Pneumococcal Disease | Vaccines | WHO. Retrieved on July 18, 2019 from <https://www.who.int/ith/vaccines/pneumococcal/en/>



Pfizer Malaysia Sdn Bhd - 197801003134 (40131-T)
Level 10 & 11, Wisma Averis, Tower 2, Avenue 5, Bangsar South, No. 8, Jalan Kerinchi, 59200 Kuala Lumpur.
Tel: 603-2281 6000 Fax: 603-2281 6388 www.pfizer.com.my



All Things Pneumococcal

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

The Ministry of Health announced that babies born from Jan 1, 2020 onwards now qualify for the free pneumococcal vaccination from government hospital and clinics, slated to start in June 2020. The vaccine against pneumococcal disease is the latest to be added to Malaysia's National Immunisation Programme (NIP).

What is pneumococcal disease?

An infection caused by the bacteria *Streptococcus pneumoniae*.

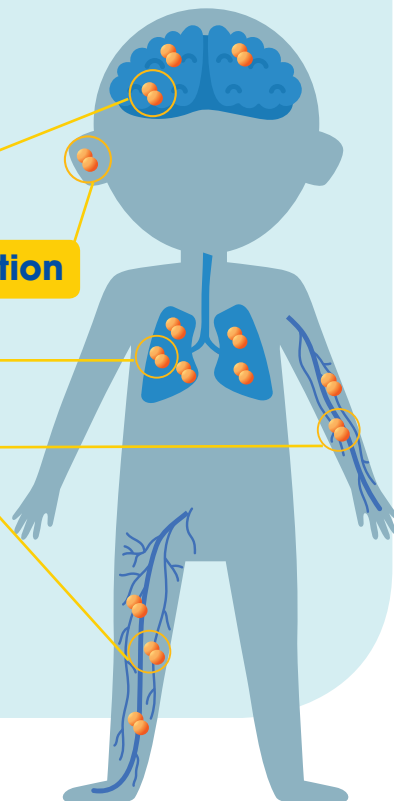
meningitis

middle ear infection

pneumonia

septicaemia

Potential complications include septicaemia, pneumonia, meningitis and middle ear infection in young children.



How the vaccine works

Like all vaccines, the vaccine against pneumococcal disease helps to prime the body's immune system and prepare it against specific infections. There are two types of pneumococcal vaccines, namely:

- **Pneumococcal conjugate vaccine (PCV).** Depending on the vaccine, it can protect against up to 13 pneumococcal strains. The US Centers for Disease Control (CDC) also recommends it for children/adults from 6 weeks onwards.

- **Pneumococcal polysaccharide vaccine (PPSV).** The vaccines available in the market protect against many different strains of pneumococci. PPSV can only be given to children above 2 years of age.

Both vaccines are made using parts of the bacteria, but the major difference is PCV provides a stronger "immune memory" effect which greatly benefits herd immunity protection. Thus PCV is preferred for NIP. PPSV is estimated to last five years on average, and booster shots may be required.

Effective population protection

A minimum of 95% of the population has to be vaccinated to achieve maximum protection (i.e. herd immunity) for the rest of the population. This vaccine coverage may be lower for herd immunity against invasive pneumococcal disease.



Possible after effects

PCV and PPSV have been in the market for many years and are generally safe. Common after-effects from injection which lasts a day or two are:

- Swelling or redness at the injection site.
- Feeling tired or drowsy.
- Temporary loss of appetite.
- Mild fever (high fevers are not common but may occur).
- Fussiness or irritability.



Adults need it too

One shot of the 13 valent vaccine (PCV13) is also recommended for high risk adults and those beyond 50 years of age. Women are advised to get vaccinated before pregnancy. Lastly, remember that vaccination saves lives so don't delay if you have never received a pneumococcal vaccine.



Teens and adults should be vaccinated if they:

- live in crowded places such as dormitories.
- travel to the meningitis belt (in sub-Saharan Africa, stretching from Senegal in the west to Ethiopia in the east).
- are 50 years or older.
- have compromised immune systems, etc.

This not only prevents pneumococcal disease but also **prevents you or your child from becoming carriers** and spreading pneumococcal disease. **PP**

An educational contribution by



Malaysian Paediatric Association



The common cold is caused by hundreds of different viruses and many people often mistake it for influenza. In actual fact, influenza is highly contagious and is a potentially life-threatening disease.

The Cold Confusion

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

Misinformation is your enemy, so learn as much as you can about influenza to be better prepared. Sadly, there are a lot of myths that we tend to believe:

myth The flu is nothing serious

While the flu is generally not considered a fatal disease for a healthy individual, it can cause severe complications, especially in infants, toddlers, young children and the elderly.

myth Antibiotics work for the common cold and flu

Viruses are typically the main cause for both, thus antibiotics are completely ineffective! Antibiotics only work against bacterial infections.

myth Vitamin C prevents the common cold and flu

Studies have not found evidence that directly supports this claim.

myth Healthy people don't need the flu vaccination

Being healthy does not grant a person immunity from disease, so the annual vaccine still serves its purpose. Pregnant women can also opt for this at any stage of pregnancy as a means of protection.

Potential for disaster

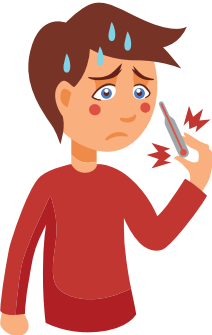
Influenza is more than just a cough and a fever. Depending on where the virus strikes, it can cause serious complications such as sinusitis (sinus infections), bronchitis, pneumonia, meningitis/encephalitis, and even muscle inflammation. Infants and toddlers face the possibility of febrile convulsions and inflammation of the middle ear. Don't underestimate the flu and take it lightly – it can also worsen existing conditions such as asthma, diabetes or heart disease.

Flu treatment usually involves antiviral drugs (NOT antibiotics!), but to gain its full benefits, these need to be taken within two days of falling ill. Starting antiviral medication later may help lessen the severity of symptoms, especially for those who face higher risks of serious flu complications or already suffer from a more severe illness. Typical side-effects include nausea, vomiting, runny nose, stuffy nose, cough, and/or diarrhoea.

Recognising the 'enemy'

Another problem that many people face is the confusion of recognising whether it is flu or the common cold. Can you tell them apart? Here's how:

Signs/symptoms	Flu (occurs abruptly)	Common cold (occurs gradually)
Fever	Common & lasts at least 3 days	Rare
Body/joint aches & pains	Common, can be severe	Slight
Chills	Common	Not common
Fatigue/weakness	Common, lasting up to 3 weeks	Occasionally
Sneezing	Occasionally	Common
Stuffy nose	Occasionally	Common
Sore throat	Occasionally	Common
Chest discomfort/cough	Common	Mild-moderate hacking cough
Headache	Common	Seldom
Exhaustion	Common, especially at the start	Never

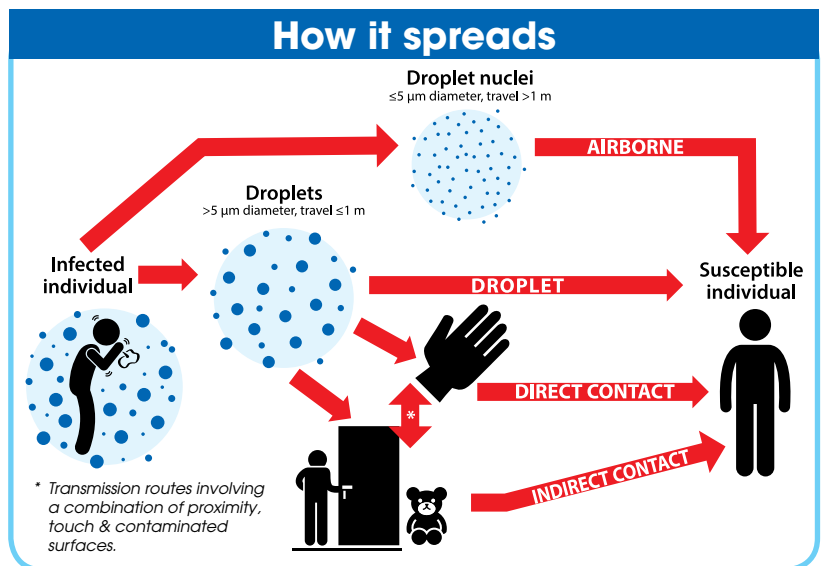


Regardless of whether it is the flu or the common cold, seek medical attention immediately if your child develops a high fever above 39°C, and especially if the fever does not go down or keeps recurring.

Stopping influenza in its tracks

Take charge and do everything you can to prevent the flu from spreading. While there are no vaccines for the common cold, you can get a flu shot for influenza. Remember, you and your spouse may be strong enough to overcome influenza, but your child (and the older folks around you) may not.

The most effective way is to get vaccinated every year. You can also limit the spread of the influenza virus by:



- Practising good hygiene.**
 Wear a mask and wash hands with soap and water or use hand sanitiser. This helps minimise the direct transmission of the disease to/from you or your family members.
- Avoiding crowded places**
 (especially during influenza season/outbreak) – reduce your exposure to any potential source of infection, i.e. people who have the flu. Going to public places also leaves you vulnerable to indirect transmission of influenza.

Why every year?

The influenza vaccine gets a yearly "update" based on the influenza strain that is most likely to be in circulation during that year. Don't carry the virus home. Everyone deserves to be protected against influenza. Talk to your doctor to get the annual flu shot. **PP**

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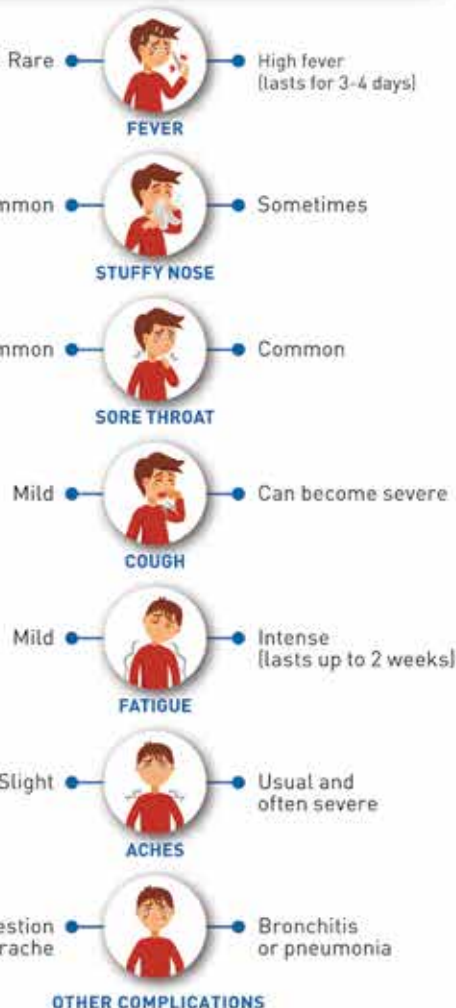
Malaysian Paediatric Association

INFLUENZA PROTECTION BEGINS WITH VACCINATION



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

COLD vs INFLUENZA



WHO SHOULD BE VACCINATED?



Children aged 6 - 59 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)⁴



Hajj pilgrims⁵



Travellers⁷



There are 4 types of influenza viruses and they change every year.⁸ Which is why, **taking the vaccine ANNUALLY as recommended by WHO**⁴ is an effective way to prevent you from coming down with influenza and its complications.³

ASK YOUR DOCTOR TODAY ABOUT INFLUENZA AND ITS VACCINE.



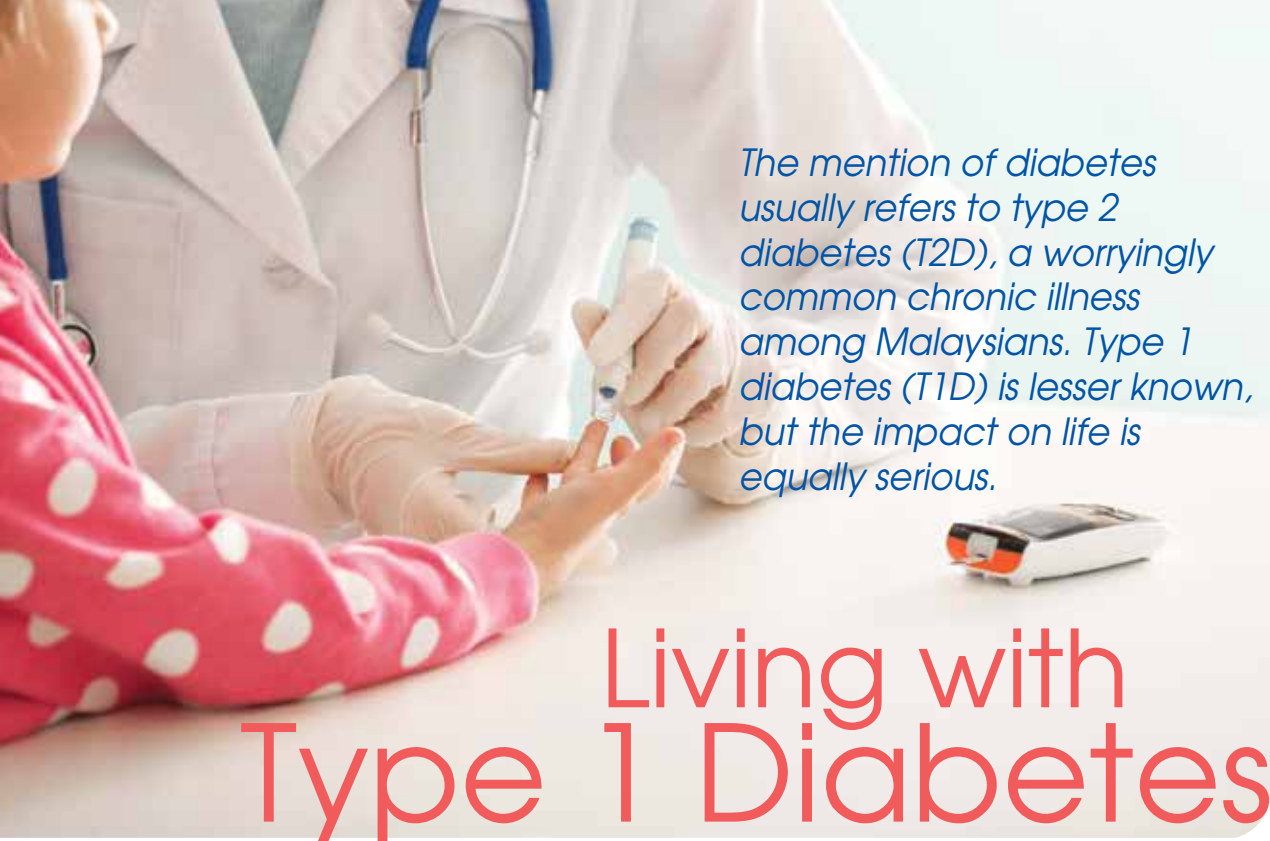
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The mention of diabetes usually refers to type 2 diabetes (T2D), a worryingly common chronic illness among Malaysians. Type 1 diabetes (T1D) is lesser known, but the impact on life is equally serious.

Living with Type 1 Diabetes

By **Assoc Prof Dr Muhammad Yazid Jalaludin**, Consultant Paediatrician and Consultant Paediatric Endocrinologist

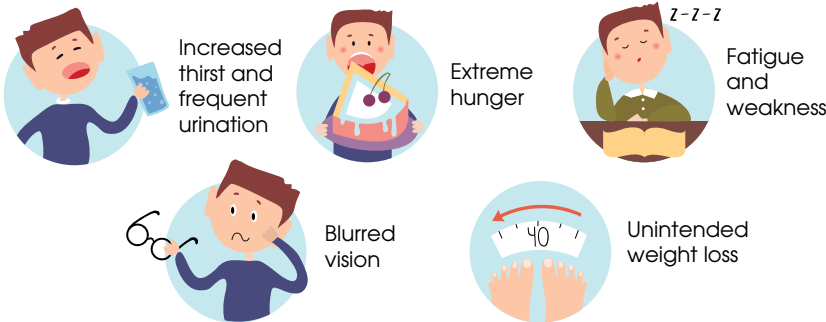
T1D (previously known as juvenile or insulin-dependent diabetes) is a chronic condition whereby the pancreas starts to produce little or no insulin. Insulin is a hormone that helps control sugar levels in the blood and allows cells in the body to use sugar (glucose) from food for energy. The lack of insulin causes sugar to accumulate in the bloodstream, leading to the many diabetic symptoms and complications.

One possible cause of T1D is an autoimmune reaction that mistakenly destroys the insulin-producing beta cells in the pancreas. Exposure to certain triggers in the environment, such as a virus, is also linked to T1D. A major point that differentiates it from T2D is that **T1D is not caused by lifestyle factors** such as unhealthy eating habits or lack of physical activity.

	Type 1 diabetes	Type 2 diabetes
Onset	Primarily in childhood and adolescence	Predominantly after 40 years of age, but younger patients are increasing in number
Prevalence	Rare, 5% of diabetes patients, ~0.03 per 100,000 Malaysian child population	Common, 90% of diabetes patients
Risk factor	Family history	Family history, age, weight, ethnicity, lifestyle

Common symptoms

T1D symptoms may appear suddenly, unlike T2D symptoms that develop gradually and are easily missed. Early diagnosis is important to avoid serious complications, such as diabetic ketoacidosis (DKA), but misdiagnosis as acute gastroenteritis or urinary tract infection can happen and should be avoided. T1D common symptoms are:



At the clinic, about **70% of local T1D cases show DKA symptoms**, which include vomiting, abdominal pain, rapid breathing and loss of consciousness. **DKA is life-threatening and must be treated as an emergency.**

Acute complications

- **Hypoglycaemia.** Blood sugar level becomes too low due to high insulin level when a T1D child delays a meal/snack, does not eat enough or exercises too much. It happens quickly and needs immediate treatment. Symptoms include shaking, nausea, sweating and fatigue.
- **DKA.** The body breaks down fat cells when it cannot get enough glucose for fuel, resulting in chemicals called ketones. This happens when the child misses his insulin injections or during inappropriate management of sick-days. The combination of high glucose, dehydration and ketones build-up leads to ketoacidosis, which can be fatal.

Chronic complications

- **Cardiovascular disease.** The risk of cardiovascular problems, such as heart attack, stroke, atherosclerosis, high blood pressure and coronary artery disease, increases with diabetes.
- **Organ damage.** Blood vessels in organs like the eyes and kidneys can be damaged due to diabetes, causing kidney failure and

serious eye conditions like cataract, glaucoma or blindness.

- **Nerve damage.** It starts with tingling, numbness or a burning sensation in the feet, and gradually spreads upward. Over time, it can lead to total loss of sensation, and even loss of limbs. Nerve damage also affects the gastrointestinal tract.

Management

- **Insulin administration.** A child with T1D needs lifelong insulin therapy to control his blood sugar. It can be administered via multiple daily injections or an insulin pump. There are short-acting, rapid-acting and long-acting insulin. Following a proper schedule for daily insulin administration is key to managing T1D.



- **Blood sugar monitoring.**

Careful and regular monitoring of blood sugar level is important to ensure it remains within the target range. Check blood sugar level before and after eating, sleeping, exercising, driving or when low blood sugar is suspected. Self-monitoring with dextrostix (a test strip) is the standard way of measuring blood sugar, while intermittent and real-time continuous glucose monitoring systems are more advanced.



- **Healthy eating.** The child and his family need to

understand how different food affects his blood



sugar. Parents together with a dietician can propose a suitable diet plan focusing on whole grains, veggies and fruits. Insulin doses should be tailored to the amount of carbohydrate taken, so the child and his caretakers need to learn to count the carbohydrate content in his foods and drinks. There is **NO specific diet restriction** for T1D patients, but **healthy eating is mandatory!**

- **Physical activity.** Regular exercise is still necessary, but the child needs to know it lowers blood sugar. Thus, his blood sugar needs to be monitored more frequently when starting a new activity to observe any effect. His meal plan or insulin doses may need to be modified to suit the new activity.

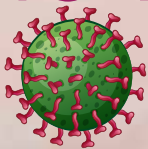
Being diagnosed with T1D can be a huge challenge for a child and his family. Apart from the need for cautious management, T1D is also a costly disease – while insulin is free at government hospitals, other medications, equipment and overhead costs can strain family's finances as diabetes is a long-term condition. However, T1D can be managed successfully. **With the right help and support, especially from parents, family members and a good healthcare team, a T1D child can cope with his condition and live a regular, healthy life.** PP

An educational contribution by



Malaysian Paediatric Association

The Nasty Rotavirus



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



Diarrhoea is a typical illness and one of the most common causes of severe diarrhoea in children is rotavirus. By the age of five, your child would have been infected at least once, and it may happen again, but you can prevent this from recurring.

In 2013, the World Health Organization (WHO) estimated about 215,000 rotavirus deaths for children under 5 years. In Malaysia, rotavirus infections cause more than 8,500 hospitalisations yearly. Adults are also affected by rotavirus, but with milder symptoms.

Symptoms and transmission

Symptoms usually start within 2 days after a child is exposed to the virus. A typical symptom of rotavirus infection is diarrhoea that lasts for 3 to 8 days. Other symptoms include vomiting,

fever, abdominal pain, and tiredness/lethargy.

Being a highly contagious virus, rotavirus is shed in the stool of infected people. It can then spread easily through hand-to-mouth contact. The virus is also stable in the environment and remains infectious for a week, so any contact with contaminated surfaces or objects, and ingestion of contaminated water/food can also lead to infection.

For example, a child with rotavirus can spread the virus onto objects he touches after using the toilet. Parents may

also spread the virus after helping the infected child use the toilet or after changing diapers. Another person can get infected if he touches the contaminated objects or surfaces (clothes, beddings, toys, utensils, door handles, stationery, etc.) and get the virus in his mouth.

Beware of dehydration

The biggest concern of a rotavirus infection is dehydration due to severe diarrhoea and vomiting, coupled with poor oral intake. **Dehydration, or loss of body fluids, can be life-threatening**, especially to infants, young children, older adults and people with other serious illnesses. Plus, children may not feel like eating or drinking due to their symptoms and babies are not able to express themselves to notify parents or caretakers about the condition of their body.

Beware of the symptoms of dehydration:

- Little urination or dry diapers
- Dry mouth and throat
- Extreme sleepiness
- Crying with no tears
- Anxiousness
- Sunken eyes
- Dizziness

Managing the disease

Take your child to see a doctor if he is showing any symptoms of diarrhoea and vomiting, and show signs of dehydration. Do not assume the symptoms are a general illness. There is no specific medicine to treat the infection, but certain medications may be prescribed to alleviate the symptoms. Antibiotics are not effective against this viral infection.

Preventing dehydration is the main focus of treatment. Give your child plenty of fluids from drinks or foods. Plain water or oral rehydration solution

are the best options for older children. You can continue feeding your baby with breast-milk or formula as usual. Oral rehydration solutions may be recommended. However, avoid carbonated drinks, apple juice, dairy products (except yoghurt) and sugary foods, as these may worsen the diarrhoea.

Preventing infection

Practising good hygiene is the most basic method of prevention. Frequent and thorough hand-washing is crucial, especially after using the toilet, changing your child's diaper or helping him use the



toilet. Surfaces in your home should also be disinfected regularly.



Rotavirus lifespan...

Human hands	– about 4 hours
Hard dry surfaces	– about 10 days
Wet areas	– for weeks!

Alcohol-based disinfectants and anti-bacterial cleaning products may not be sufficient to kill. Mix a bleach solution (1 part bleach to 9 parts water) to wipe all possible surfaces at home and vehicle.

Rotavirus vaccines are also highly recommended as a preventive measure. The first dose can be administered orally as early as 6 weeks after birth, with a total of 2-3 doses depending on the vaccine type. WHO recommends the use of rotavirus vaccines as part of a comprehensive strategy to control diarrhoeal diseases, together with other prevention and treatment efforts.

The Malaysian Paediatric Association has been pushing for the inclusion of the rotavirus vaccine in the national immunisation programme (NIP) to follow WHO's recommendation since 2017. More than 80 countries have introduced the vaccine in their NIP and hopefully Malaysia will follow suit. Until then, parents can get the vaccine from private practitioners

and paediatricians. Rotavirus infection is common, but it does not mean parents should take it lightly. Proper care and attention are still necessary to prevent further complications and transmission. **PP**

An educational contribution by



Malaysian Paediatric Association

New parents or a baby on the way?



Speak to a healthcare provider about **prevention of rotavirus diarrhoea**.

Rotavirus diarrhoea is very common and has potentially serious outcomes.¹

By the age of 5 **nearly every child** is likely to have encountered rotavirus.¹

Babies are most susceptible to rotavirus disease which may cause **severe diarrhoea and vomiting**, putting them at risk of **dehydration** and **hospitalisation**.¹

While hygiene and breastfeeding are important, they are not enough to prevent rotavirus diarrhoea. Vaccination against rotavirus diarrhoea is the most effective way to help protect your baby.¹⁻³



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Less is Better: Less Sugar for a Healthier Life

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

Alarming numbers!

11.8% of children below 18 years old were obese in the National Health and Morbidity Survey 2015, and 1.65 million schoolchildren are expected to be overweight or obese by 2025 if nothing is done to mitigate the issue.

Children (and even adults!) are drawn to sweet foods and drinks, hence there are many shops serving sugar-loaded drinks and foods such as bubble tea and desserts. However, we tend to consume these excessively and frequently, which can lead to unhealthy consequences in the long run.

Sugar is the simplest form of carbohydrates and provides energy for our body to function, but it has no other nutrients on its own. Two forms of sugar can be found in foods: extrinsic and intrinsic. **Extrinsic sugar** is to enhance the flavour or for technical functions. On the other hand, **intrinsic sugar** is natural sugar found in fruits, vegetables and milk products.

Effects on health

Overconsumption of sugar leads to unnecessary calorie/energy intake. The excess calories that are not burned

off become fat in the body. This is one of the factors for the high prevalence of overweight and obesity problems in Malaysia, which leads to the increasing number of chronic non-communicable diseases (NCDs) such as type 2 diabetes and coronary heart disease.

Frequent sugar consumption also plays a major role in dental caries development. This happens when bacteria on dental plaque react with sugar in foods or drinks to produce acids that gradually dissolve tooth enamel. Furthermore, studies also found that a diet

high in sugar may reduce the intake of micronutrients in children.

Factors for obesity

Overweight and obesity are caused by excessive calorie intake coupled with sedentary lifestyle. Excessive calorie intake can occur with overconsumption of sugar, as well as with high intake of fatty, fried and oily foods and overconsumption of carbohydrate foods.

Sugar content in selected snacks and drinks

Food/drinks	Sugar content	Household measurement (1 tsp = 5 g)
Chocolate bar (19 g) 	5-10 g	1-2 tsp
Cookies (29 g) 	5-10 g	1-2 tsp
Sugar-coated doughnut (45-55 g) 	7-10 g	1 ¾ tsp
Canned/packaged flavoured drinks (240 ml) 	15-30 g	3-6 tsp
Orange cordial syrup (100 ml) 	41 g	8 tsp
Brown sugar bubble milk tea (500 ml) 	92.5 g	18 ½ tsp

Less is better

Follow these key recommendations to control your family's sugar consumption.

• Less sugary foods.

Swap cakes, biscuits and ice cream for healthier options like fresh fruits, steamed corn and groundnuts. When having desserts and *kuih*, choose varieties with less sugar, cream and icing. Have smaller portions of dessert and limit intake to not more than once a day. Take note that savoury foods may also contain sugar.

• Less sweet drinks.

Opt for plain water or milk, not sugar-sweetened beverages, to accompany main meals and to quench thirst between meals or before bedtime. Choose plain milk, soy milk or cultured milk with less sugar. Note that fruit juices contain high amounts of sugar and over consumption should be avoided.



• Choose sugar-free or lower sugar products.

During grocery shopping, read the nutrition information panel on the labels and compare with other products. Check the list of ingredients for sugar and its other names such as sucrose, corn syrup or caramel. If any of these are listed at the beginning, it means sugar is one of the main ingredients. Choose products with the "sugar-free" or "less sugar" label.

• No sweet tooth. Avoid giving sugary foods or drinks to children below 1 year, so they will not develop a preference for sweet foods.

Use less sugar in food preparation and when cooking. Also try not to give sweet snacks as treats or rewards to children.

We must practise the recommendations and teach the importance of healthy eating to our kids. Parents play a key role in making healthier food choices for themselves and their family members. Choose foods and meals that are low in sugar, salt, fats and oil, and opt for more fruits, vegetables and whole grains. Consume balanced meals and always eat moderate amounts. Remember that healthy eating is not just reducing or cutting out any single food or nutrient. Healthy eating is a package. **PP**

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Teaching Kids Gender Equality & Respect



By Dr Yang Wai Wai, Clinical Psychologist

Gender discrimination and gender-based violence are still widespread today. A key strategy to tackle these social issues is to teach children about gender equality and respect.

United Nation's Sustainable Development Goals (SDGs)



**ACHIEVE GENDER EQUALITY AND
EMPOWER ALL WOMEN AND GIRLS**

Gender equality can be defined as the enjoyment of equal rights, resources, opportunities and protection by both genders in all facets of life. When girls and boys are equally educated, empowered, healthy and free from discrimination and violence, they will be able to

reach their full potential, and this in turn leads to communities becoming more prosperous, stable and sustainable. While there has been some progress in recent years, there is still much that needs to be improved on when it comes to gender equality.

Gender inequality, or the unequal distribution of power, resources and opportunity between men and women, is reinforced through both informal and formal mechanisms. There are many norms, practices and structures that encourage men and women to adopt distinct gender identities and roles in society, and perpetuate dated stereotypes that position masculine roles as superior to feminine ones.

On the global stage, child marriage (which affects girls disproportionately) remains a pressing problem with 1 in 5 girls becoming a mother before the age of 18. One of the leading causes of death for girls aged 15 to 19 is complications during pregnancy and childbirth.

The situation in Malaysia is comparatively better in terms of gender parity in education and health. However, stereotyped gender roles especially with regards to career and marriage are still present. According to a report by the Department of Statistics Malaysia, the rate of female labour force participation is 56% compared to 80.9% for male. Furthermore, only 20% of the senior roles are held by women. And child marriage is still legal in Malaysia, with 14,999 cases recorded between 2007 and 2017!

Some basics about respect

Respect is about treating ourselves and others with dignity and consideration. To form healthy, happy relationships with friends, family and romantic partners, respect is essential. We all aspire to achieve a future where all people are treated equally, with dignity and live in a safe society.

The best way to teach your kids about respectful relationships is to practise respecting others yourself. Let them know that people have diverse views, beliefs, values and religions, but it is important to show respect even when you do not agree with someone's views. At the same time, communicate openly and sort out conflicts fairly, e.g. do not yell or be aggressive.

It starts at home

Here are some things that you can do as a parent:

- **Talk about it.** Stress on the importance of treating others equally and fairly. Make sure your kids see you behaving this way, and talk with them about it. Explain why you are sharing chores

with your spouse or why your son should receive the same amount of chores as his sister.

aggressively can normalise violent behaviour as he grows up.



- **Share the chores.** Divide housework and childcare equally with your spouse – this sets an example for the children. When assigning chores, involve both boys and girls in all types of housework, e.g. let your son wash dishes and your daughter throw out the rubbish alternately.
- **Fight stereotypes.** Avoid perpetuating behavioural stereotypes, e.g. girls should be shy and boys cannot cry. Let your son play with a cooking set or your daughter play with toy trucks if that is what they want. Stereotypes only limit potential.
- **Stop body-shaming.** Girls are often imposed with unrealistic beauty standards set by the media and society. Teach your kids that we are defined by how we act, not by how we look. Avoid negative comments on their physical appearances (skin tone, weight, facial feature, etc.).
- **Gender is not an excuse.** Do not condone negative behaviour because of a child's gender. This will associate gender with a negative act. Saying "Boys will be boys" as an excuse when a boy acts aggressively can normalise violent behaviour as he grows up.
- **Mind your language.** Avoid saying things like "Don't act like a girl!" or "Man up!" to boys. These statements reinforce unhelpful messages about how boys and girls should feel and behave.
- **Show diverse role models.** Role models can come in all appearances and from various backgrounds. Introduce a female scientist or a male chef to your children and explain how these role models contribute to society. This will teach them that they can be and achieve anything.

Gender equality does not mean there are no differences between genders; it simply means that everyone should be given the same opportunities and treatment. Parents, family members and teachers all play crucial roles in teaching kids about gender equality and respect. Teaching kids about gender equality and respect is one way to open up more opportunities for them and unleash their full potential. **PP**

An educational collaboration with



Malaysian Society of Clinical Psychology

Cases of baby dumping in Malaysia, specifically among teenagers, are still rampant even as we enter 2020. A more concerted effort to tackle this social issue has to start now.

Baby Dumping: A Serious Social Concern

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

The Women, Family and Community Development Minister, Datuk Seri Dr Wan Azizah Wan Ismail, while launching a baby dumping prevention campaign in August last year, stated that 1,010 cases were recorded from 2010 to May 2019 and in 64% of the cases, the babies were found dead. This means, every three to four days, a baby is dumped, and probably ends up dying.

The problem of baby dumping is intricately intertwined with many other teen-related issues, such as teenage pregnancy, pornography, early sexual debut and rising sexual activity among teens. The 5th Malaysian Population and Family Survey 2014 (MPFS-5) showed an increase from 2.2% (2004) to 4.8% (2014) in the percentage of adolescents who engaged in sexual intercourse, and 35.3% were exposed to pornography.

Why does this happen?

Factors leading to this problem need to be honestly acknowledged and bravely dealt with for any real change to take place. **Behind every case of baby dumping is an unplanned pregnancy, which is often the result of unsafe and unprotected sex.** Unsafe sex and unplanned pregnancy happen due to a lack of sexual education and knowledge. The MPFS-5 reported that among adolescents who had sex, only 35.1% used contraceptives.

There is also a **strong stigma attached to unwed mothers** which results in young, single mothers abandoning their babies due to shame and fear. The lack of emotional support from family members makes things worse. Pregnant teens are afraid to seek help from

appropriate channels, not only because of social prejudice, but also due to the law that penalises consensual sex by anyone under 18 years old.

What has been done?

There have been attempts to include some versions of sex education in schools. This includes the Reproductive and Social Health Programme (PEKERTI) introduced in 2012, and the subsequent Reproductive and Social Health Education (PEERS), which is currently being taught in schools and covered under Physical Education, Moral, Science and Islamic Studies syllabuses for Year One to Form Five.

Another effort to curb baby dumping has been the introduction of baby hatches

around the country by OrphanCare and KPJ hospitals, to provide a way for mothers who want to leave their babies in a safe place, anonymously. Teens with problems can also reach out for help by calling the 24-hour Talian Kasih at 15999. Last year, “Save A Life”, a baby dumping prevention campaign, was also launched by the Government.

However, current efforts are not resulting in any long-lasting impact and only seem to address the symptoms of the problem, instead of tackling any root causes.

What needs to be improved?

The factors of baby dumping need to be thoroughly considered to arrive at the genuine solution to the problem.

● Roles of parents.

Parents need to be more proactive and aware of the issue of baby dumping. Be open and approachable to children, even when it comes to intimate questions. Sex education should start at home from young with equal focus on both boys and girls. Encourage them to discuss issues and verify facts that they may find online. Get to know their circle of friends and be alert for any signs of problems.

● No more prejudice.

Unwed mothers need support from family members and health care

professionals. Stigmatisation will only drive them away from seeking help from relevant sources. In desperation, they will resort to baby dumping. This stigmatisation can be gradually reduced via education and awareness in the community. A better support system has to be provided for pregnant teens and single mothers by both the authorities and community.



● Access to contraceptives.

Contraceptives need to be available to teens who have been identified as sexually active. Whilst education on safe sex remains the mainstay of approach, contraception should be made available and provided without any judgement.



● Comprehensive sexual education.

An age-appropriate and comprehensive sexual education needs to be properly outlined and introduced in schools nationwide. Comprehensive sex education has been proven to delay initiation of sexual intercourse and decrease risky sexual behaviour. The current syllabus is too disjointed and lacks crucial information on contraceptives.

● Amendments to laws.

Related laws have to be scrutinised so as not to discriminate and perpetuate stigma against unwed pregnant teens and single mothers, and to facilitate the implementation of these proposals.

Strategies that only address the symptoms are no longer enough. Real solutions targeting the root cause of baby dumping need to be implemented, and all parties – from parents and teachers to NGOs and governments – need to treat the problem with more urgency and play their roles more effectively. **PP**

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