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

The Language of

LOVE



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Understanding the Five Languages of Love

The current COVID-19 pandemic has led to many changes in life. The various measures taken by the government via several phases of Movement Control Order has helped to mitigate the spread of the disease, but we all need to continue playing our part in order to help contain it further.

It is during this time that our children and families need to stay strong together. In this issue, we look at the 'language of love' and how we as parents can be on the same page as our children. It is important for parents to be able to convey their love to their children, and in the right manner or 'language'.

We also explore other topics such as the major differences between

COVID-19 and influenza, the classic issues of picky eating, and how parents can help motivate a child. This will be especially helpful as a child's/ student's routine is disrupted by the pandemic, hence it is important for them to stay motivated and pursue their interest to keep them going during this hard time.

We hope that the information in this issue of Positive Parenting will help you in your parenting journey. All of the previous articles from the Positive Parenting Guide series can be found online at our website. We're also on Facebook and Instagram, which we often update regularly with quick tips, links to articles, infographics and short videos. Follow us on these social media platforms as we navigate our parenting journey together.

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

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With **Pn Anisa Ahmad**,
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**En Hairil Fadzly Md
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Datuk Dr Zulkifli Ismail,
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Parenting Programme

The Language of Love

As parents, we all love our children, but have you thought about whether you are expressing this love to them in a manner that they would respond to?

Quaintly dubbed as a 'love language', the idea behind the ways you show your love was sparked by a book called "The 5 Love Languages" written by Dr Gary Chapman in 1995. The book explores the premise that expressing love is not just about saying "I love you" but also includes other actions. It doesn't mean discarding these three words completely but instead, to interact with your child depending on which of the five love languages the child is more responsive to.

'Tak kenal maka tak cinta'

(to know somebody is to love somebody), meaning you need to know and understand your child to fully love and appreciate her.

Parental love is central to developing emotional stability, which is an essential aspect of child development, especially in the early years. This will help the child cope with life in the future. You can encourage positive emotional development by showing your child your appreciation, care and love.

Parents also need to make the effort to get to know their children. This will help you when it comes to planning out how to nurture their growth and potential. All it takes is for you to **observe all the things she does**. Notice **how she communicates and interacts** with you and the world around her. Watch how your child plays and treats her toys (e.g. dolls, stuff toys, cars, robots, etc.) - this will give you some of the clues you need! A child who feels starved of love and attention (especially if you fail to speak in her preferred love language) may display unwanted behaviour.

The five Love Languages

You should practise all five love languages with children below five years old, while older children would have developed their own preference towards one or two love languages. Try to accommodate your child's preferences by using the love language she prefers.

1. Physical touch

If our children are constantly in your space (e.g. touching you, playing with your hair, taking your hands and putting on her cheek, giving hugs, etc.), it's a sign that physical touch is her preferred method of expressing love. Thus, you should also show her your love the same way. Warm and tender physical touches can be used to express love, but you should also give equal emphasis to the other love languages.

However, it is necessary to teach our young ones on the **differences between good and bad touch**, to protect them from becoming victims of physical and sexual



abuse. **Pn Anisa Ahmad** advised, "Mummy and daddy, grandmas and grandpas, uncles and aunties, even sisters and brothers, we can hug and kiss each other, but there are areas where touch is improper. We need to teach our children about it. Kisses or touching on the cheek, chin, forehead or hands are fine but not on the lips, breast, buttocks, and vagina or penis."

"Other than for washing or cleaning baby's mess, even parents should not be touching their child's private parts. Be upfront about this with your child and help him/her understand that no one should be touching their private parts, and to inform adults they trust if anyone does attempt to do so."

The President of the Association of Registered Childcare Providers Malaysia (PPBM) also advised parents to use the proper name for private parts, and avoid creative names such as flower, bird, *kairpap*, etc.

2. Giving gifts

If your child is particular about how gifts are wrapped, recalls who gave her what for years, or is reluctant to dispose gifts (even if unneeded, unused or becomes "junk" to you but remains a treasure to her), then



she certainly prefers gifts to express love.

There are pros and cons to giving gifts. For one, don't just give whatever she wants immediately whenever she asks for things. Instead, give it as a way to show her your appreciation and love, either for helping you or for being kind. This will make her value the gift more. You can also give children simple inexpensive gifts from time to time to show them that they are loved, such as clothing/accessories, flowers, her favourite food/snack, or even handmade gifts or card.

"Also, appreciate whatever your child gives you," says Pn Anisa. "My girl gave me a card she made herself, and she was on cloud nine when I told her I loved it. She was surprised I still have it until today," the mother of five shares.

It isn't about the price tag but the effort put into it that matters. So, getting them expensive gifts doesn't mean that your child will appreciate it more. In fact, you want to teach them the value of appreciating any gifts given to them, which is a far more important lesson for them to learn.

3. Words of affirmation

A child who favours words of affirmation as his love language tends to listen and speak intently, and loves giving or receiving praises. On this note, you should use praise to help build your child's confidence.

Avoid giving praise for the sake of praising as it may come across as insincere. Be mindful that **praise should always be sincere and specific**. For instance, saying things like "You're so smart!" or "You are a good girl!" may seem like praise but they are not specific. In order to make it effective, you can say something like "You're so smart because you solved that puzzle without any help!" or "You're such a good girl for keeping your promise to clean your room."

"Give praise consistently to encourage her to form a positive belief and mindset. On the other hand, beware of hurtful words or comments because this will have a devastating effect and stay with your child for a long time," cautions **En Hairil Fadzly Md Akir**.

The Deputy Director General (Policy), National Population and Family Development Board (LPPKN) also suggests an example on how to creatively praise your children: "Be generous in giving children compliments and appreciation for their appearance and good deeds or behaviour. You may also want to consider writing small encouraging notes and placing them where children will find them."



4. Acts of service

A common sign would be a child who frequently asks you to do things for them (e.g. tying her hair or shoelaces, reading him a bedtime story, etc.). However, the **downside to this type of love language is that it is quite exhaustive** and you may end up feeling like a servant, so don't misunderstand the concept!

The main point is **not for you to do everything for the child**, so make it clear to her you will not be doing all her tasks as she will still need to learn how to do them herself. Of course, you can step in to help her from time to time.

It's important to stay aware of what will be more effective, e.g. she may have a broken toy that you can help her fix or she might appreciate your help with her homework. Both provide you with the chance to turn it into a parent-child bonding activity where you spend quality time together.

En Hairil, a father of five, adds: "Simple acts of service can include making a favourite meal for your child, doing homework or chores together, building a model or even doing a puzzle together. The idea

here is to not only spend time together but to also do things with, and for her. They'll notice your love and the time you spend will endear you to them."

5. Spending quality time

It isn't difficult to identify this love language as your child will often ask you to watch him doing things or demand that you play with her. You can spend quality time with her by reading together, going on walks in the park and interacting closely with her.

This is pretty much the bread-and-butter of any parent-child bond, regardless of whether you subscribe to the theory of the five languages of love or not. Unfortunately, many modern parents are finding it increasingly difficult to spend quality time with their kids.

Datuk Dr Zulkifli Ismail suggests: "Start by scheduling time for activities to be done together. Talk with your child



to see what she prefers. If she loves singing, you can play her favourite song and sing-along together. You can also introduce activities such as rock climbing or badminton. Take turns to select the activities you'll do together to keep things interesting and fun."

The Chairman of the Positive Parenting Programme reminds: **"Whatever the activity is, the important thing is to be 'present' and to fully focus your attention on her.** Keep digital gadgets aside, otherwise you may be distracted and send her the message that your gadget is more important than her."

It's all about connecting

At the end of the day, it's all about using your child's preferred language of love. Foster a close bond as early as possible - the longer you wait, the harder it becomes to have a close parent-child bond. This is more so when your child reaches her teen years or starts becoming more rebellious because of a lack of connection.

It's important to communicate with each other about one's preferred love languages, so talk directly with each other about your preferences. Your child's preference will change as she grows and matures, so you will need to adjust your approach in showing parental



love. Stay observant to see how receptive she is to the language of love that you are using. For instance, your toddler may love goodbye hugs when you drop her off at daycare, but your teen may find it awkward or embarrassing if you do the same when dropping her off at school.

Remember to make allowances for her as she still needs your guidance. The ultimate aim is that parents can communicate with the child based on her love language, and vice-versa. PP

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Concerns on the emergence of confinement centres for mums in Malaysia were looked at in Positive Parenting Issue 2/2019. And here we continue to broach the subject, as to what one should look for when choosing a confinement centre.

Confinement Centres: What to Look For?

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

After giving birth, mothers may choose to go on confinement or not. It is a traditional practice that can help mothers rest and recover physically and emotionally, as well as prepare them for the lifelong journey of motherhood. Specific practices depend on one's culture, but generally, mothers are advised to stay indoors for the whole period of confinement and to follow certain dietary requirements.

Mothers have the option to undergo confinement at private confinement centres, instead of at home with a confinement lady. By checking into a confinement centre, there will always be someone available to look after and help you around the clock. You can also meet and spend time with other new mothers,

making confinement a less daunting experience. Most confinement centres also provide classes to equip mums with baby-care basics.

However, as mentioned in the previous article, there are **concerns regarding the legality of confinement centres and the lack of regulation**. Plus, decent confinement centres are still the more expensive option compared with confinement ladies. Moreover not all confinement centres have the same policies, so it would be wise to look into what each centre offers. Also, do note centres that operate in private residential houses may not be an ideal choice as they may not fulfil certain requirements to operate as a healthcare facility.

What to check?

If you decide to spend your confinement at a centre, there are certain things to check before signing up.

The package

- ✓ A standard confinement package includes accommodation, meals, support staff and laundry service.
- ✓ Check what type of accommodation will be arranged for you and your baby, and if you will get a private or shared room.
- ✓ Does the package include confinement products, baby items and other extras such as classes or massage sessions? If not, be ready to pay extra or prepare the things you may need ahead of time so you don't incur unwanted costs.

The staff

- ✔ Support staffs, including confinement ladies, nurses and midwives, are usually available 24 hours a day at the centre.
- ✔ Find out if there are any in-house paediatricians or obstetricians.
- ✔ The chef and kitchen crew are trained in food preparation and hygiene.
- ✔ The person in charge of any extra classes or sessions is a qualified professional.

Note: Currently, confinement centres are not registered under the Private Healthcare Facilities and Services Act (PHFSA) 1998 and only recognised as businesses. Parents need to carefully review their contracts before checking into a confinement centre.

The facility

- ✔ The centre should be able to manage any emergencies.
- ✔ They are well-equipped to meet the various needs of the mothers. However, even if the centre and its staffs are qualified, they are not allowed to handle medical equipment if they are not registered under PHFSA 1998.
- ✔ Find out how many occupants are usually accommodated at the same time and see if you are comfortable with the number.

The policy

- ✔ Make sure the centre supports and prioritises breastfeeding. They should not pressure mothers with formula milk feeding.
- ✔ Are husbands allowed to stay with their wife? If not, check the visiting hours.
- ✔ Check if the centre has any particular way of caring for babies. For example, are babies given pacifiers? Is there a set feeding schedule? See if you are fine with the arrangement and if the methods are flexible and open to change.
- ✔ Find out the centre's policy on observing specific confinement practices that might be outdated.
- ✔ The centre should provide an agreement that covers any case of dispute or mishap. Legally, a confinement centre is only considered as a generic business, similar to a wellness or spa centre. It is not regulated by any specific law such as the Child Care Act 1984, which covers child care centres.
- ✔ Check any claims made by the centre, e.g. sterilised baby room (how sterile?), certified personnel (certified by whom?), etc.

The government has yet to come up with specific guidelines and regulations for confinement centres. If you are planning to spend your post-partum and confinement period at a confinement centre, it is advisable to do some careful research before making a decision. The Ministry of Health also provides post-natal care and home visits by nurses to monitor mothers' and babies' statuses.

To read the earlier article *Concerns with Confinement Centres* (Positive Parenting Issue 2/2019), scan the QR code. PP



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Good Fats

Support Child Learning, Growth & Development

By **Prof Dr Norimah A Karim**, Nutritionist & Council Member, Nutrition Society of Malaysia

Not all fats are bad. In fact some types of fats are crucial for your child's nutritional needs, while some help to support learning and growth development.

Parents need to ensure their children have sufficient key macro- and micronutrients in their diet as deficiencies can lead to various health and developmental problems, including growth retardation, skin lesions, and fatty liver.

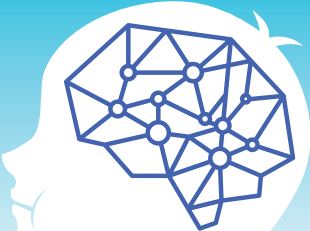
Fat is often linked to weight gain and obesity, but there

are different types of fat with different functions. **Our body needs fat for certain physiological functions to function smoothly**, e.g. help the digestive process, and aid our body in absorbing and transporting vitamins A, D, E, and K .

Your child needs healthy fats

Healthy nutrition is critical for supporting the optimal development of the brain and achieving a positive cognitive outcome. 'Healthy' fat plays a crucial role in this, being energy dense and having twice the calories of carbohydrates.

It is important to **provide enough (but not too much)** of fat in your child's diet to support growth and development. As long as the appropriate amount of fat intake is observed, you don't need to be overly worried as an active child still stands to benefit, especially since their tummy is small and they eat smaller quantities than adults.



Essential Fatty Acids & Brain

The human brain is composed of nearly 60% fat, and many studies show that fatty acids are crucial for proper brain development and function. Hence healthy fats come into the picture with vital nutrients, other than providing energy.

Pick the right fat

So which foods contain the right type of fats? Basically, fat can be divided in two main types:

Saturated fat

- This is the “unhealthy” type, and is mainly found in the fatty part of meat and poultry (e.g. chicken skin), ghee, butter, coconut oil, coconut milk, cakes and biscuits.
- Excessive intake is not recommended as it will raise cholesterol and triglyceride levels over time, leading to clogged arteries and increases heart disease risk.

Unsaturated fats

- These are “healthy” fats, and are either polyunsaturated or monounsaturated. They provide vitamins, antioxidants, and essential fatty acids that our body cannot produce.
- Found in plant sources such as nuts, seeds, vegetable oils, and fish.

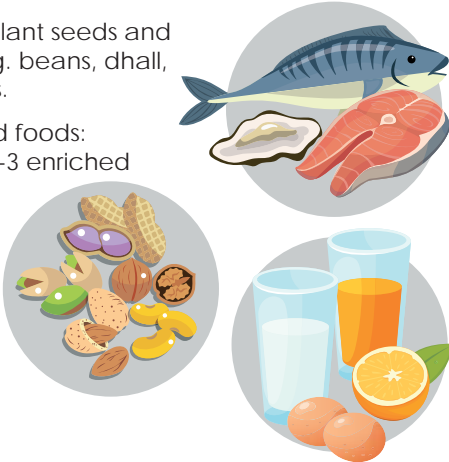


Supports growth, development & learning

As unsaturated fats are necessary, these should be in your child’s diet, but in moderation. For instance, polyunsaturated fatty acids (PUFAs) are one of the major components of the human eye and brain and if your child does not receive enough dietary supply of key fatty acids, he will experience impairments in cognitive and behavioural performance.

PUFAs (e.g. Omega 3 & 6, DHA, ALA) cannot be made by the body yet are required for learning, growth and development. Dietary sources for PUFAs include:

- Fish/seafood, such as oily fish (salmon, tuna, sardine) and marine fish (*kembong*, *siakap*, etc), fish oil and shellfish (e.g. cockles, oysters).
- Edible plant seeds and nuts, e.g. beans, dhal, peanuts.
- Enriched foods: Omega-3 enriched eggs, milk, fruit juices.



The **milk fat globule membranes (or MFGM, the membrane surrounding the fat droplets)** that may be added into formulated milk powder for children is also a good source for PUFAs. MFGM is a complex protein-lipid membrane surrounding the fat globules in milk, and studies show it has many healthful benefits, including supporting the development of the innate and adaptive immune system. It also plays a significant role in supporting neurodevelopment and shaping the maturing immune system and gut microbiota.

Growing up strong

Parents must always keep in mind that **no single food can support child growth and development** so avoid over-focusing on any one particular nutrient. Your child’s nutritional needs should depend on a healthy combination of various types of food, including foods containing good fats while reducing intake of unhealthy fats, commonly in deep fried food.

A healthy, nutritious diet should encompass the basics such as the principles of balance, moderation and variety (BMV), and meals should be based on the Malaysian Food Pyramid. These should be supported with other basics of good health, i.e. getting enough sleep every day and staying physically active daily. PP

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*Vierman et al (2012). Nutrition 26 (7-8), 749-752. Clinical research shows that regular consumption of formula enriched with MFGM by preschool children is associated with a significant decrease in febrile episodes. With hygiene practices & with parental stimulation. 1.Kurafko CN, et al. Nutrients. 2013;5 (7):2777-2810. 2.Hussain, G et al. Lipids Health Dis. 16:26 (2019). 3.Vierman-Wauters G, et al. Nutrition. 2012;28:749-752. ^ΔCompared to previous growing up milk formulation (Year 2017). Applicable for Step 3 and Step 4 only *MFGM is a natural source of phospholipids and sphingomyelin ^{††}Based on 2020 RB HCP Brand Health Tracker - Wave 1 Report.

Tackling Picky Eating

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



Picky eating is a common predicament with children; its prevalence ranges from 6% to 50% across the globe, according to a review article. Is your child a picky eater?

Picky or fussy eating can be defined as **refusing to try new foods or having strong food preferences**. Even though the majority of picky eaters will grow out of this behaviour, if left unaddressed, this problem may affect their dietary intake, leading to growth and developmental problems. Let's look at some common parental concerns.

Why is my child picky with food?

It is not easy to pinpoint a single cause as **the problem stems from an interaction of multiple factors:**

food neophobia (fear of new food), history of food trauma (e.g. choking), parental dietary habits, feeding styles and control (either too strict or too lenient), higher taste sensitivity, etc. Picky eating has also been linked to improper complementary feeding, e.g. early introduction of complementary foods prior to 6 months. Underlying medical issues, like oral motor difficulty, gastroesophageal reflux disease (GERD) and allergies could also be the cause.

How does it affect my child's dietary intake and growth?

Picky eating may result in **a lack of food variety in the daily diet**, since the child tends to eat only the same type of food most of the time. Low consumption of vegetables, fruits

or meats due to picky eating can lead to an **imbalanced diet and insufficient intake of certain nutrients**, such as protein, dietary fibre, and micronutrients like iron and zinc, which are necessary for growth and development. Hence, **growth and weight problems**, such as underweight, stunting and overweight, may arise. There is also the risk of developing other problems, like constipation, dental problems or even eating disorders in the future.

What can I do then?

Here are some suggestions to help your child try more varieties of food:

- **Prepare meals together.** Let him pick the veggies to cook for dinner and give him simple kitchen tasks suitable for his age and motor skills. Exposure to various ingredients may encourage him to try new foods.
- **Be creative with recipes.** Mix familiar food or preferred flavours with new food or less preferred flavours. Try serving

new food that has similar colours, flavours or textures with his favourite dish.

- **Have the same meals together as a family.** Your child does not need a “special” meal, but do include food that he eats at the table. This is an opportunity to demonstrate healthy eating.
- **Limit snacks and have meals on time.** Avoid giving snacks too close to meal times as this can reduce his appetite.
- **Praise your child for trying new food,** and

continue to include the food regularly or in different ways. But don't reward or bribe him for his attempts.

- **Offer small portions in fun ways.** Decorate the dishes in fun, colourful ways to make food look more appetising and tasty (e.g. bento boxes). Kids also love bite-sized finger foods.



It's frustrating when my child throws tantrums during meal times. Should I let him have whatever he wants?

Offer him two healthy options and let him decide which one to eat. However, avoid forcing him to eat or punishing him for his refusal. Remember this simple rule: **parents decide what to serve and kids get to choose what or whether to eat.** Continue to offer him a variety of new food choices. It may take up to **20 repeated exposures before a child accepts a new food.** Be consistent, but it's okay to have short breaks between tries.

How can I be sure that my picky eater is still growing well?

One simple way is to **consistently monitor his height and weight to detect any sudden changes to his growth.** The WHO weight-for-age and height-for-age growth charts are available on our website. Do not panic if his height or weight seems to fall outside of the recommended growth curve. As long as he has a progressive growth pattern over time, he is growing well. Food diaries may be used to check if he is consuming enough food and nutrients. **Early detection is the key** to manage any growth issue and prevent it from becoming a lifetime problem. Do seek advice if the child fails to gain weight (poor/no weight gain) or loses weight over time.

What else can I include in his daily diet?

Milk should be a part of the daily diet of a growing child, to contribute to meeting his energy and nutrient needs. As fussy eaters are likely to be deficient in crucial nutrients, formulated milk powder for children, fortified with various nutrients and other food components can be considered for inclusion in his daily diet. It is however important to note that **milk is not meant to be a replacement for regular meals.** Continue to follow the tips above to help improve the diet of a picky eater.

A healthy diet which is balanced and varied is essential for your child's growth. It is also important to **monitor his weight and height regularly** and track his eating behaviour. Picky eating can be resolved if you take the time and effort to address the issue. Do seek a healthcare professional if you have problems tackling his picky eating habits or concerns about his growth. PP

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⁺ Described by parents as picky eater. Reference: Leung, Alexander KC et al. The 'picky eater': The toddler or preschooler who does not eat. Pediatrics & Child Health Vol. 17,8 (2012):455-460



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20 years of Positive Parenting Journey & Counting!

A quick look of our key milestones and achievements over the years.

2000

- The initiation of Positive Parenting programme, the official parenting educational arm of Malaysian Paediatric Association (MPA)
- A series of Educational Press Articles published in a leading English newspaper



2004

Launch of Positive Parenting magazine in conjunction with first Positive Parenting (PP) Fair



2001

- First seminar organised in KL
- Articles compiled into two booklets



2005

PP magazine revamped with a new look!



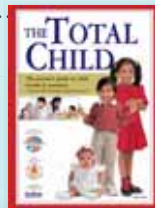
2007

- PP magazine re-launched as MPA's official Guide series on Maternal, Child & Family Care
- Positive Parenting Website launched



2003

Publication of The Total Child guidebook

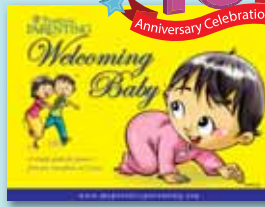


- First PP mini booklet published



2010

- Positive Parenting's 10th Anniversary
- Publication & launch of Welcoming Baby guidebook



10th
Anniversary Celebration

2014

- Launch of social media pledge campaign via Positive Parenting Malaysia Facebook
- BM Guide has its own split publication



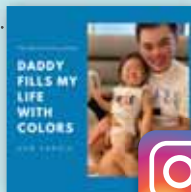
2018

First Media Dialogue held: Raising Emotionally Strong & Resilient Children through Positive Parenting



2019

New social media account on Instagram



2020

- Positive Parenting 20th Anniversary
- PP Experts engagement via FB Webinars



OVER 2 MILLION
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educational press articles in newspapers (3 languages)

80
mini booklets in 3 languages

Over 60
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Overcoming Diaper Rash

By **Dr Leong Kin Fon**, Consultant Paediatric Dermatologist

Diaper rash is common. One day, while changing your newborn's diaper, you may notice his bottom or groin area has turned reddish and he seems uncomfortable when you touch it. Most probably, your little one has diaper rash.

Diaper rash is a typical condition affecting babies and toddlers wearing diapers, most common in babies under 12 months old. It is characterised by reddened, inflamed skin in the diaper region, which includes thighs, buttocks and genitals.

Most babies will get diaper rash at some point, but it is usually treatable at home. If you know what to do and how to manage it properly, the rash will subside quickly.

Possible causes

Before looking into ways to manage diaper rash, it is good to understand what causes it. Different causes may require different treatments.

- **Irritation:** This is the most common cause. Exposure to urine and stool for an extended period causes irritation to a baby's sensitive skin, especially if one is using less absorbent diapers. Very tight diapers can also cause irritation as the material rubs against the baby's skin. If the material lining is coarse, it can also create friction and this will lead to a rash too.
- **Candida overgrowth:** A type of yeast called *Candida* can be present on normal skin with no symptoms or negative effects. However, if the yeast overgrows, it can cause secondary infection in the nappy area. Overgrowth often happens in warm, moist and soft places with higher skin pH such as under a wet diaper (also at armpit, neck and breast folds).
- **Bacterial infection:** Certain types of bacteria transmitted from other people or in the environment may cause a diaper rash or worsen it. A streptococcal infection causes bright red rashes around the anus, while a staphylococcal infection may appear as yellow crusting, boils or pimples.
- **Allergy:** Babies with eczema or allergies may develop diaper rash after being exposed to irritants or triggers that are present in the products that are used or applied on them, e.g. diapers, baby wipes, soap, lotions, oils, creams, etc. Rashes that are caused by an allergy may also appear on other parts of the body.
- **Other causes/factors:** Diaper rash is more likely to happen when your baby starts eating solid foods or has changes in his diet. Other rare skin conditions such as seborrheic dermatitis or paediatric psoriasis may also appear as a diaper rash.

Manage & prevent

Other than medication or treatment that may be prescribed by your baby's paediatrician, good diaper care is so important.

- **Pick suitable diapers.** The **right size**, according to the baby's weight, will determine a good fit. Fast and effective **absorbency**, as well as **breathable** and **soft** materials, are some important factors when selecting diapers for your baby's sensitive skin. Fragrance-free diapers also reduce potential irritation triggers.

- **Change diapers frequently.** Wetness from urine and stool causes great discomfort and irritates the



skin if left in contact for too long. Yeast and bacteria also thrive on wet and warm areas. Be sure to change a wet, soiled or full diaper promptly.

- **Clean the skin gently.** Rinse your baby's bottom with warm water when changing diapers. You can also use alcohol- and fragrance-free baby wipes or non-soap cleansers to do this. Gently pat the skin with a towel or let it air dry, but do not rub.



- **Go bare-bottomed.**

Let your baby's skin dry and breathe naturally for a while as it also helps with the healing process before putting on a fresh diaper.

- **Use a barrier cream regularly.** This cream acts as a shield for the skin against urine and stool.

Products containing zinc oxide or petroleum jelly are good for this purpose. Apply a thick layer every time you change his diaper.

- **Don't over tighten the diaper.** Diapers that are too tight can rub against the skin, prevent airflow and trap moisture, giving rise to suitable conditions for rashes to develop. This is especially important for overnight diapers.

ATTENTION

It is time to see the doctor if:

- The rash worsens or does not improve after 5 days of home treatment i.e. use of barrier cream, frequent nappy change, rinsing with warm water and 5 minutes of bare-bottomed time every 6 hours.
- The rash spreads to the skin folds of the groin with new red pimple-like spots called satellite lesions seen along the edges of the rash.
- The rash bleeds, itches, oozes or has open sores
- Your child has a fever or looks sick
- Your child seems to be in pain or discomfort

Diapers for newborns

Newborns have very sensitive skin and require special care. Breastfed babies will have frequent and loose stools – that's perfectly normal but things are bound to get messy. Hence, diapers for newborns should be highly absorbent in order to soak up urine and stool residue quickly and efficiently. Diapers made with gentle organic materials also help to prevent irritation and rashes. A good diaper keeps your baby's delicate skin healthy and dry longer!



Babies will recover from a diaper rash within a few days with early and careful management. However, severe cases or infections may require further attention and prescribed medication. Always consult your paediatrician if you have any concerns. PP

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As the number of COVID-19 victims continues to rise and the race against time to find its vaccine intensifies, one of the terms that has been hotly discussed is "herd immunity". Let's find out more about it.

Protect Yourself, Protect Your Community!

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

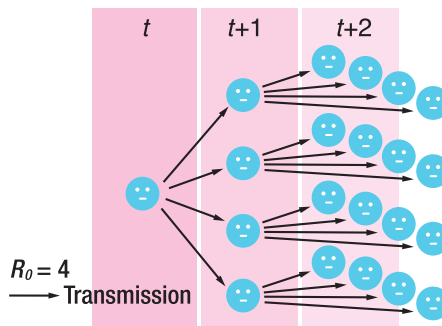
Vaccination directly protects individuals who are vaccinated against certain infections, but it can also provide indirect protection to the unvaccinated. This is what we call herd immunity or community immunity, a key aspect of epidemic control.

Recently, there have been calls from certain parties to let the pandemic run its course until the population can naturally achieve the so-called "herd immunity". We need to understand and realise this proposal is a grave misinterpretation of the concept.

The right concept

To understand herd immunity, we need to be familiar with certain terms. Firstly, we have to know the **infectiousness of a disease**, indicated by its **basic**

reproduction number (R₀ or R-naught). It can be defined as the expected number of new infections generated by one infectious individual in a fully vulnerable population without any control measures.



For example, an infectious disease with $R_0 = 4$ means that 1 case is expected to generate 4 other cases. The higher the R_0 , the more infectious the disease is. R_0 is unique to different diseases and may vary across

populations and over time, depending on various factors.

R_0 determines the **herd immunity threshold (HIT)**, which is **the minimum level of vaccination coverage or immune individuals in a population that must be achieved to produce herd immunity** against a certain infection. An easy way to calculate HIT is using this equation: $HIT = 1 - 1/R_0$.

Hence, to achieve herd immunity against a disease with $R_0 = 4$, at least $\frac{3}{4}$ or 75% of the population have to be immunised. This calculation assumes that susceptible and infectious individuals in a population are equally in contact with one another and spread the infection in the same way.



Examples of infectious diseases with estimated R_0 and HIT

Infections	R_0	HIT (%)
Diphtheria	6-7	85
Pertussis	12-17	92-94
Mumps	4-7	75-86
Measles	12-18	92-94
Influenza	2-4	50-75
Pneumococcus	1.2-4.7	17-79
COVID-19	2.5-4	60-75

From this, we can deduce that the more infectious the disease, the higher the R_0 , thus the higher the HIT and the more people that need to be vaccinated to achieve herd immunity in a population.

Optimal benefits

Various other factors play crucial roles to ensure that optimal herd immunity can be achieved via vaccination.

- **High vaccine effectiveness.** This is key to attain optimal herd immunity. Vaccine effectiveness varies between different populations and regions. However, not all vaccines stimulate lifelong immunity and this may decrease herd immunity. The effect of waning immunity can be mitigated by increasing vaccination coverage or taking booster shots.

- **Reduced transmission potential** (or force of infection) with vaccination. Vaccination needs to target the main reservoir of infection, i.e. groups who are most likely to get and spread infection. Low vaccine coverage among these groups may compromise herd immunity, even though overall coverage is high. This also depends on the route of transmission of the pathogen.

- **Appropriate vaccine uptake** (coverage, distribution, timing). Optimal herd immunity is more likely to be achieved when vaccine coverage is at the higher end of HIT. Another important factor is appropriate distribution patterns by targeting highly exposed (e.g. healthcare workers) and vulnerable (e.g. infants, elderly) populations. The timeliness in receiving the vaccine also impacts the effectiveness of the vaccination programme, and thus, the herd immunity.

A success story!

In the United Kingdom, the incidence of vaccine-type invasive pneumococcal disease (IPD) in unvaccinated elderly over 65 years old has been reduced by 81% after pneumococcal conjugate vaccine (PCV) was included as part of routine immunisation for infants under 2 years old. Hopefully, the pneumococcal vaccination programme in Malaysia that begins in December will be as successful.

Importance of herd immunity

The best case scenario is to have 100% vaccine effectiveness and coverage, but the reality is far from perfect. No vaccine is 100%

effective and there are people who cannot get vaccinated or do not elicit strong immune responses from vaccines.

These include newborns, people allergic to certain vaccines, people with weakened or failing immune systems, or elderly with chronic diseases. This is where herd immunity comes into play, providing indirect protection to these groups.

Optimal herd immunity via vaccination also counteracts waning immunity. Protection with certain vaccines can diminish with time, e.g. pertussis vaccination starts to weaken after 2 years. Thus, people with waning immunity are exposed to infection unless herd immunity is strong and vaccine uptake is sustained.

Who else should be vaccinated?

Apart from the vulnerable population, these groups of people should also get vaccinated:

- Families and close contacts of vulnerable population
- Caregivers of children, elderly and sick patients
- Healthcare/hospital workers

When you get yourself vaccinated, you're not only protecting yourself, but also your loved ones and other vulnerable individuals in the population. As you can see now, vaccination is crucial and the safest way to achieve optimal herd immunity! PP

An educational contribution by



Malaysian Paediatric Association



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.

1. Pneumococcal Disease | Symptoms and Complications | CDC. Retrieved on July 18, 2019 from <https://www.cdc.gov/pneumococcal/about/symptoms-complications.html>
 2. Arushothy, R et al. (2019). Pneumococcal serotype distribution and antibiotic susceptibility in Malaysia: A four-year study (2014-2017) on invasive paediatric isolates.
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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/>



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COVID-19 VS Flu

When COVID-19 cases began to emerge in early 2020, many people thought it was just another type of flu. After millions of cases and extended quarantines around the world, it was obvious that COVID-19 is a completely different illness. How are these two viral infections different from one another?



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

Until mid-December 2020, more than 72.5 million COVID-19 cases have been confirmed, with more than 1.6 million deaths recorded worldwide. No one would have expected that a viral infection, which started in Wuhan, China in December 2019, could have impacted the world to this magnitude as we enter the new decade. For comparison, the World Health Organization estimates that 1 billion people worldwide are down with flu every year, resulting in 290,000 to 650,000 flu-related deaths.

COVID-19 and influenza are often compared, as both are viral respiratory illnesses. However, there are key differences between the two viruses and how they spread. These factors have important implications in the way we respond to viral outbreaks.

SARS-CoV-2 vs influenza virus

Both **COVID-19** and influenza are caused by virus. COVID-19, or coronavirus disease 2019, is caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), a strain of coronavirus. As it is a novel virus, no treatments or immunity are available; this is one of the factors causing the infection to spread unrestrained and develop into a pandemic of this scale.

For **flu**, it is caused by influenza virus, which comprises four strains (A, B, C, D) and many different subtypes. Seasonal flu outbreaks are commonly caused by influenza A and B strains. Constant genetic shifts in influenza virus require us to take flu vaccine annually to effectively protect us from influenza.

Similar symptoms

An aspect of COVID-19 which is often linked to flu is the similar symptoms manifested in both illnesses. These include fever, cough, fatigue, shortness

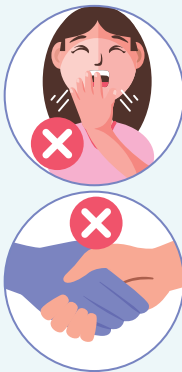


of breath, headache, loss of appetite, sore throat, etc. The viruses responsible for both illnesses are respiratory viruses; hence most symptoms are linked to the respiratory function. Some symptoms may be more common in either COVID-19 or flu, but generally, it is hard to distinguish between both illnesses, especially if the symptoms are mild.

However, the incubation periods of both infections are different. The symptoms may appear anytime from 1 to 4 days after a flu infection; whereas in COVID-19, the symptoms typically develop 5 days after infection or anywhere from 2 to 14 days after infection.

Transmission factors

COVID-19 and flu are transmissible mainly via **respiratory droplets** produced when infected people cough, sneeze or talk. Other people located within 1-2 metres may get infected when they inhale these droplets. Both illnesses are also transmissible via direct contact (e.g. hugging or shaking hands) and fomite (contaminated surfaces) and may be spread



by people who do not show symptoms (asymptomatic) or who are yet to develop symptoms (presymptomatic).

Other factors of transmission mark the differences here. Influenza has a shorter serial interval (the time between consecutive cases), and thus can spread faster. Whereas the basic reproductive number (R_0) or the estimated number of new cases generated by one COVID-19 case is higher than influenza, indicating COVID-19 is more infectious. Plus, most flu cases affect children, but they are less affected by COVID-19. Children seem to be less susceptible to COVID-19 infections, less likely to transmit to others and suffer less severe symptoms.

Severity & mortality

Initial data shows 80% of COVID-19 infections are mild or asymptomatic, 15% are severe and 5% are critical, requiring respiratory support. The percentages of severe and critical infections are typically lower in influenza. The rate of mortality for COVID-19 (estimated to be around 3-4%) is also higher compared to influenza (<0.1%).



COVID-19 and flu share some similarities and differences. One major difference is that COVID-19, as a novel infection, requires more research before we arrive at the best solution for treating and preventing it. Influenza has been studied extensively since 1936 when influenza A virus was first isolated, and established treatments and vaccines are available for different strains. The best thing to do to protect your family against these two threats is to continue to practice good hygiene and physical distancing, as well as by getting the annual flu vaccine. PP



Prevention & treatment

The spread of COVID-19 and flu can be limited by washing hands frequently and thoroughly, practising cough/sneeze etiquettes, wearing masks, avoiding physical contact with infected people and staying home when sick. Physical distancing is also necessary to limit COVID-19 spread.

Some vaccines for COVID-19 have recently been approved in a few countries, while more are still in development. A number of therapeutics (e.g. remdesivir) have also been suggested for treatment. However, there is still much to study in establishing the standard treatment. By contrast, antivirals and vaccines are readily available for influenza. It is highly recommended to get vaccinated each year to prevent influenza infection.

An educational contribution by



Malaysian Paediatric Association

THE 'COLD' THAT NEARLY STOLE HER BREATH

NEVER UNDERESTIMATE THE DANGER THAT FLU POSES TO CHILDREN, EVEN IN TIMES OF COVID-19

IN MALAYSIA, AMONG CHILDREN WHO WERE HOSPITALISED FOR FLU, 88% OF THEM WERE BELOW 5 YEARS OLD.¹ UNFORTUNATELY, SOME DO NOT SURVIVE. SO NEVER UNDERESTIMATE THE FLU TO CHILDREN ESPECIALLY IN TIMES OF COVID-19. PROTECT THEM FROM FLU WITH YEARLY VACCINATION.

Flu Prevention is an **Act of Love**

Learn more about influenza vaccination at www.actoflove.ifl.my



Reference: 1. Sam IC, Abdul-Murad A, Karunakaran R, et al. Clinical features of Malaysian children hospitalized with community-acquired seasonal influenza. *Int J Infect Dis* 2010;14:e36-40. MAT-MY-2000309-1.0-08/2020

The Danger of *Salmonella typhi*

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

You may not be familiar with the bacteria called Salmonella typhi (S. typhi), but you probably have heard of typhoid fever. As the name of the disease implies, a high fever is the 'signature' symptom.

It is a bacterial disease that can easily occur when food or water supply become contaminated with this microorganism. It can easily spread from person to person, commonly from **anyone who handles food** (e.g. cooks/chefs, restaurant/kitchen workers, caregivers, etc.). This is especially true if food handlers start working after their symptoms have cleared as the bacteria remains active and is therefore transmissible to others.

Although the authorities require food workers to be vaccinated against typhoid (and to have their vaccinations updated every three years), quite a number slip through administrative cracks, for instance those operating small-scale food/drink businesses from home, as well as undocumented foreign workers.

About *Salmonella*

Salmonella is a pathogen that often causes food-related illnesses such as fever, headache, nausea, vomiting, intermittent constipation with diarrhoea and abdominal cramps. Most people refer to *salmonella* as food poisoning because the source of infection usually comes from food, with symptoms appearing within 12-72 hours. In Malaysia, the strain *Salmonella enterica* is common.

Salmonella species food-poisoning (i.e. non-typhoid *Salmonella*) is seldom life-threatening for most healthy adults. However, children below five, the elderly, and people with weakened/compromised immune systems face a higher risk of more severe symptoms or developing complications.



S. typhi is more dangerous as it is infectious and can affect the entire body. During the incubation period, typhoid fever displays no signature signs/symptoms. Worse, signs/symptoms that appear later can be non-specific, making it easy to miss in the beginning.

As the disease progresses, some of the more common signs/symptoms include loss of appetite, feeling sick or unwell, having headaches and/or body aches, and possibly fever. Some people may develop a rash.

How typhoid spreads

- Unhygienic handling of food, especially if prepared by an infected food handler, may lead to contamination of food/drink.
- Contamination of food/water sources from direct/indirect contact with an infected person's faeces. Floods can further spread the disease.



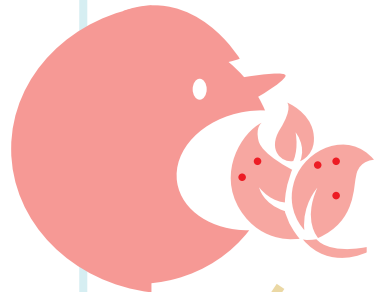
Leaving it untreated may lead to a high fever (up to 40°C or higher that may last up to three weeks), abdominal pain, intestine perforation, disseminated blood infection and can affect other organs. There is even a small chance (3-5%) that the patient becomes a carrier of typhoid.

Preventing typhoid fever

Typhoid fever can also happen in urban areas. There's the abundance of roadside, *tepi longkang* and mamak stalls which many of us eat at or buy takeaways from without a second thought. It's in our best interest not to assume that they are clean and hygienic, especially if they have no access to running water, making it challenging for the operator to maintain proper hand hygiene or general cleanliness.

Other known sources of contamination include shellfish, caught from polluted waters, that are undercooked or eaten raw (e.g. *etak*, cockles, *kupang*, clams, oyster), raw vegetables (lettuce, ulam), drinks and cold desserts prepared from unknown, contaminated water, and raw milk. Avoid eating raw vegetables/fruits and iced drinks - eat only thoroughly cooked food and drink only boiled or bottled water, especially during reported outbreaks. Hygiene is absolutely crucial, especially when it comes to food and drinks.

As an extra precaution, get vaccinated against typhoid fever if you live in, or plan to travel to, an area where typhoid is endemic, such as Kelantan (due to floods and poor rate of treated water usage), parts of northern/western Africa, most South Asian countries, parts of Indonesia and Peru. Regardless of the length of your stay, this advice applies, whether it is for a local family foodie adventure or an overseas trip. PP



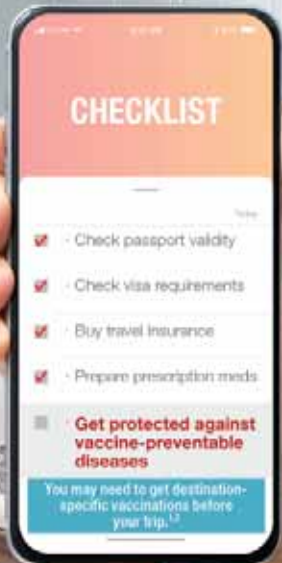
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Are you **PREPARED** for your next family vacation?



Travelling always involves new adventures—be it through new culinary treats, places to explore, or meeting new people. However, these may come with an **increased risk of exposure to various diseases**. Know the vaccinations needed for your next family vacation.

Recommended vaccination according to travel destination



Adapted from World Health Organization, *International Travel and Health*, 2009.

Travel with ease of mind knowing that you and your family are protected. Consult your doctor on protection against vaccine-preventable diseases today.

References: 1. Centers for Disease Control and Prevention. *Travelers' health—before you travel*. Available at <https://www.cdc.gov/travel/page/before-travel>. Accessed on 19 February 2020. 2. Centers for Disease Control and Prevention. *Travelers' health—last-minute travelers*. Available at <https://www.cdc.gov/travel/page/last-minute-travelers>. Accessed on 19 February 2020. 3. World Health Organization. *Infectious diseases of potential risk for travellers, 1st: International Travel and Health 2009*. Available at <https://www.who.int/ith/IH2009Chapter5.pdf>. Accessed on 2 March 2020.

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Do you usually give your child a reward for getting good grades at school? This is one way to motivate him to achieve a certain objective. But what is the best approach to motivate your child?

Ways to Motivate Your Child

By Dr Cindy Chan Su Huay, Developmental and Behavioural Paediatrician

Motivation is the process or cause that drives our behaviour and directs our choices. The term 'motivation' comes from the Latin word *movere*, meaning 'to move' – it moves us to reach our goals in life. Every parent wants their kids to succeed; a strong motivation is crucial for that purpose.

Intrinsic vs extrinsic

Many theories have been proposed to explain motivation. According to the incentive theory, motivation can be divided into two.

- **Intrinsic motivation** comes from within the individual, who is driven to **gain internal rewards such as satisfaction, excitement or self-improvement.** Example: studying a subject because you find it fascinating or solving a puzzle to challenge yourself.
- **Extrinsic motivation** comes from outside of the individual and **involves external rewards** such as good grades, money, prizes or praise. Example: studying because you want good grades or solving a puzzle for a prize.



Intrinsic motivation is often regarded to be more advantageous than extrinsic motivation. Intrinsically motivated children tend to participate more actively in class and are able to gain a deeper understanding of new topics. Such motivation is also more sustainable, leads to long-term changes, and contributes to better psychological well-being.

Rewards: yes or no?

The different effect of the two motivations has been demonstrated in numerous studies. In one study, a group of preschool children was told they would be rewarded with a nice certificate if they did a drawing activity. Two other groups were given the reward as a surprise after the activity or not given any. The first group was significantly less interested in the activity compared to the two latter groups.

This phenomenon is known as the **overjustification effect**, whereby offering **excessive external rewards can reduce intrinsic motivation** if the behaviour itself is already internally rewarding. In the mentioned study, the drawing activity conducted is usually considered fun by children. A “play” activity may feel like “work” when rewards are offered, thus reducing the fun factor.

However, this does not mean extrinsic motivation does not play a role in child development. When implemented strategically, it can encourage children to participate in activities they are not interested in or motivate them to pick up new skills. External rewards can also be used as a feedback to let them know they have performed a task on a level that deserves recognition.

Nurturing intrinsic motivation

This motivation is present as early as infancy, as babies display curiosity toward novel objects and events. You can start nurturing intrinsic motivation from young with these tips.

- **Stimulate curiosity.** One of the hardest things to do as parents is to allow your child to explore and take risks on her own. As long as it is reasonable, let her lead and decide what she wants to do. When your toddler intentionally throws something on the floor or takes something apart, she is actually trying to learn the effect of her actions. It also teaches children that mistakes and failures are important aspects of learning. Curiosity and exploration extend throughout childhood (and should continue into adulthood too!) and can really motivate independent learning.
- **Encourage play.** Play inspires learning as it is already innately motivating. It positively and emotionally enriches any experience, and prompts active participation and reduces stress, which are crucial to maintain one's motivation.
- **Promote self-determination.** When assigning your child a task, give choices whenever possible and be flexible. Let her decide how she wants to do it. She will be more motivated and engaged when she is an active participant, and the task becomes personally meaningful.
- **Break down goals.** Smaller goals are easier to achieve, leading to steady successes. This fosters a growth mindset and promotes self-perpetuating intrinsic motivation. Your child will also learn how to work towards their ultimate goal by first setting shorter term goals. This nurtures a healthy work ethic that will go a long way in your child's life.
- **Praise the process.** Praise becomes a verbal reward if you only focus on the end result. But by praising your child's effort and perseverance, it reaffirms that effort is more important in one's success than ability or talent alone.



The values nurtured by all these strategies can help your child develop the persistence, grit and courage it takes to achieve what is important to him or her. That is intrinsic motivation.

Nevertheless, this is not saying that extrinsic motivation has no role to play in motivating your child. As your child's mentor, understand how both types of motivation can affect her behaviour and learn to integrate them to bring out the best in your child. It is important to remember, however, that if she is not achieving certain goals despite her effort, you may need to consult an expert to identify if there is an obstacle, e.g. learning disability or developmental disorder that may need extra support. PP

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Eating Disorders in Teens

By **Dr Thiyagar Nadarajaw**, Consultant Paediatrician & Adolescent Medicine Specialist

Weight obsession affects millions of teenagers all over the world today. Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder and less commonly avoidant/restrictive food intake disorder, pica and rumination disorder – all psychological disorders that involve extreme disturbances in eating behaviour – plague many youths, even here in Malaysia.

In fact, there is a high rate of dissatisfaction among local teens as to how they perceive their bodies and body weight. A common scenario is when one's body weight is normal but he or she has excessive fears of becoming overweight, which may result in a disordered eating behaviour.

The National Health and Morbidity Survey 2017 (Adolescent Nutrition Survey) showed 17.6% of teens with normal weight and 4% of thin teenagers aged 10-17 years old mistakenly perceive their weight as either overweight or obese. Another local study published in 2018 also found 14% prevalence of binge eating among teens aged 13-16 years old. A study conducted among Malaysian University students revealed an incident as high as 23%.

The exact reasons leading to eating disorders are not yet fully understood, but they are **not lifestyle choices**. Research shows that they are caused by a **complex**

interaction of emotional, psychological, social and behavioural factors.

Adverse effects

Disordered eating may start with meal-skipping, excessive dieting and binge eating which then may gradually worsen. As a result of a distorted body image and/or a preoccupation with controlling their food intake, teens may develop:

- **Anorexia nervosa:** a condition characterised by low body weight yet one still perceives herself/himself as overweight. In her/his desire to remain thin, she/he restricts her/his food intake to extreme levels.



● **Bulimia:** one eats normally or binges on food then induces vomiting, turns to extreme exercising, and/or uses laxatives to get rid of the calories consumed.

● **Binge-eating disorder:** one eats excessive amounts of food in a short period of time on a regular basis.

There is also “**emotional eating**” which has been identified as a possible trigger to binge-eating and bulimia.



“Emotional eaters” indulge in certain comfort food to help regulate their emotions. However, these preferred foods tend to be unhealthy (e.g. high in fat, sugar and salt) and end up fuelling the eating disorder cycle.

Good nutrition is of great importance during the teen years as the brain and body need an adequate supply of energy and nutrients to function optimally. Eating disorders will disrupt the supply of nutrients and impact cognitive growth, behaviour and academic performance. This can manifest as poor memory, alertness and attention, or even performing tasks poorly at home or in school.

Signs & symptoms

Teens with these issues may become adept at hiding such behaviours, and it may remain undiscovered by family or friends for a long time. The signs and symptoms vary depending on the type of eating disorder, but be alert to these red flags:

- Unexplained weight loss or body weight that is below the norm.
- Unhealthy eating habits, e.g. binges during meals, meal-skipping, refusal to eat, or eats alone in her room (especially behind locked doors).
- Resorts to dieting even when her body weight is normal.
- Intense fear or complains about being overweight/fat.
- Expresses feelings of disgust or guilt about her eating habits.
- Spends time in the toilet, especially after meals. She may leave the water running or play music loudly to mask the sound of self-induced vomiting.
- Excessive exercising to prevent weight gain after binge eating.
- Appear depressed or unduly anxious or irritable.



If you think your teen has an eating disorder, try talking to her/him first. Avoid being judgemental or confrontational. You can schedule a doctor’s appointment to note anything unusual and give advice on healthy eating habits and exercise routines. If necessary, a psychotherapist may be referred to work together with your teen to break out of the eating disorder.

Open communication

It’s important to be able to engage your teen in an open discussion about healthy eating habits and body image. Remind them that **an unhealthy eating pattern actually does more harm to the body and mind.**

Be frank about how the media often portrays unhealthy ideal body images, and how this negatively influences teenagers. We need to constantly reinforce the message that a healthy body weight is preferable to any perceived “perfect” body. Be careful not to make comments or jokes relating to one’s body type, weight or shape. Most importantly, never judge your teen based on appearances or physical traits.

Teenagers also need to be educated on the dangers of fad diets which often focus only on certain nutrients at the expense of others, and are detrimental to proper growth and development. Encourage them to talk to you or other family members or friends if they need emotional support.

Lastly, be sure to walk the talk. Telling her/him not to diet, binge or eat based on emotions won’t work if you are doing it yourself. As a parent, it is important to stay on top of your teen’s mental health and condition. Pay attention to subtle signs, as often teens are not forthcoming about the problems they face. Be alert and kind. PP

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