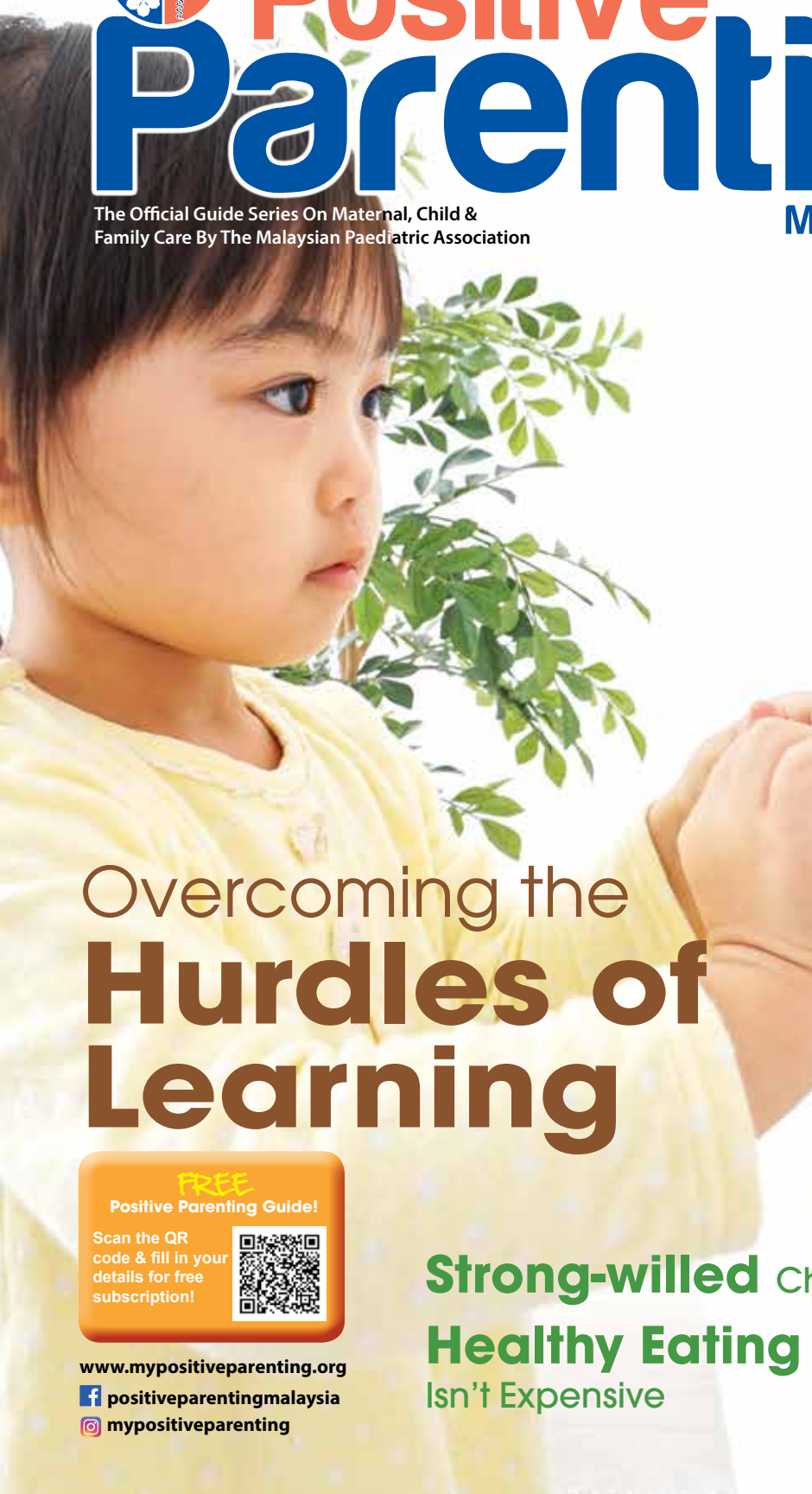




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The Official Guide Series On Maternal, Child & Family Care By The Malaysian Paediatric Association



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Pn Anisa Ahmad
President, PPBM



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Different Ways of Learning

The COVID-19 pandemic and the various stages of movement control order has led to a huge disruption in our children's daily lives. School is finally reopened, and hopefully, we have all opened our eyes to the many different ways that children can learn (other than just sitting in a classroom)!

In this issue, we look at learning difficulties and disabilities - the most important thing is for parents to play a proactive role in watching their child grow. This ensures that we identify any potential problems in a child's ability to gather knowledge. For instance, if a child has a learning disability and it is not addressed, it will have a negative impact on his or her quality of life, especially

when they fail to meet academic expectations.

We also explore other topics such as the importance of maternal vaccination to protect from neonatal pertussis, what parents of a strong-willed child should know, ways to deal with stuffy nose in infants and how to have healthy meals without breaking the bank.

We hope you will find the information in this issue of Positive Parenting useful in your parenting journey. Should you wish to read any of the older articles from the previous issues, you can find them in our website. Do also follow us on Facebook and Instagram for more bite-size contents.

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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When it comes to learning, every child learns at a different pace. Any gaps in a child's ability to learn usually show up once he or she starts going to kindergarten.

Overcoming the Hurdles of Learning

With **Pn Anisa Ahmad**,
President, Association of Registered Childcare Providers Malaysia (PPBM)

Dr Cindy Chan Su Huay,
Developmental & Behavioural Paediatrician

Datuk Dr Zulkifli Ismail,
Chairman, Positive Parenting Programme

One yardstick used to measure a child's academic capability is known as 3M (*menulis, membaca, mengira*), which refers to the core skills of reading, writing and arithmetic. This year, some parents of young children who had to transition from kindergarten to primary school may have had worries because of the closure of kindergartens and pre-schools due to the COVID-19 pandemic.

While this disruption may have affected the learning process, these challenges can be

addressed, and by working together, parents and educators can assist a child to overcome any learning lag. That said, if you notice that your child consistently struggling to learn or understand things, then it's crucial to find the underlying root cause.

Spot it early

Parents need to know if their child's growth and development are progressing normally. This is only possible if

you keep track of your child's key developmental milestones starting from birth.

Consultant Paediatrician Datuk Dr Zulkifli Ismail explains, "Parents, especially first-time parents, should be familiar with important milestones such as when an infant should start talking, recognising letters of the alphabet, and so on. This will help you quickly identify any significant delays or difficulties in learning how to read, talk, or associate letters with sounds."

Important milestones parents should be aware of:



If you notice any delays, don't ignore it or "wait and see". Developmental delays (especially reading, language or social skills) are sometimes caused by problems with a child's hearing or vision, so it's best to spot these problems early on. Highlight any concerns with your child's paediatrician to get professional help in confirming if this is the problem, or if it is indeed a learning disability.

Datuk Dr Zulkifli suggests, "If you're not sure what to ask your paediatrician, just voice your concerns. Be as specific as possible in describing your observations of your child's development and behaviour, as these are very helpful clues."

Do note that while children with Down syndrome, autism spectrum disorder and brain trauma/injury often face problems with learning, these conditions are not considered a learning disability.

There are specific types of **learning disabilities**, such as **dyslexia** (affects reading/writing), **dyspraxia** (affects motor skills), and **dyscalculia** (affects math ability). In 2015, Malaysian students were screened by the Ministry of Education and an estimated 7% were diagnosed with dyslexia.

The Positive Parenting Chairman adds, "Parents must continue to remain vigilant. Some learning disabilities such as dyslexia may only become apparent from kindergarten onwards. Continue spending quality time with your child - not only will it be a boon to establishing a closer parent-child bond, it also makes it easier for you to quickly identify any potential problems in her future development."

Learn in different ways & at his own pace

A learning disability (also known as specific learning disability) is **a significant and ongoing difficulty with one or more areas of learning**. This can lead to greater learning difficulties, but in no way is it due to low intelligence.

Intellectual disabilities are caused by impaired general IQ, which can lead to learning difficulties and is not limited to just academic performance but can be seen across other areas of development as well. Signs of developmental delays include delays in early language, fine motor skills and independent self-care from an early age, even starting school.

Developmental and Behavioural Paediatrician Dr Cindy Chan points out, "A child with a specific learning disability often has a normal IQ; some are very bright intellectually. Yet without the right support, she will struggle to keep up with her peers. This can affect her self-esteem and have a negative long-term impact on staying engaged with school or learning."



It is important to identify the underlying intellectual and learning profile of each child. Some children may have more than one type of learning disability, thus accurately identifying them will help in planning an effective education plan. It is far more crucial that your child receives extra support compared to confirming the diagnosis of what she has.

Coping with your child's learning disability will often comprise several approaches. There is no one-size-fits-all approach to intervention as it should be individualised and must allow for an intensity and length of time according to the child's needs. Practical strategies include **behavioural approaches** (e.g. building in regular physical breaks during lessons), **compensatory accommodations** (e.g. use of voice-to-text apps for dyslexics, keyboard and laptop for students with significant handwriting difficulty), and **environmental accommodations** (e.g. preferential seating near the teacher's desk or allowing a small fidget item for kids who have trouble focusing during lessons).

Do talk with an expert to prepare specific interventions to help support and remedy the issues, for instance using systematic phonological instructions to teach literacy. By providing early and effective

support for a sufficient time, it can really help narrow the gaps in his or her school readiness, and promote crucial foundations in literacy and numeracy. Approach it systematically and take baby steps while providing clear and

systematic instructions on how she is to achieve them. Repeat as often as required and have regular revisions consistently.

Communicate closely with your child's teachers and paediatrician. At the same

time, keep track whether the methods are helping your child cope with her learning. This information will be useful to continuously fine-tune goals and strategies.

Dr Cindy also suggested some tips for parents:

- **Be mindful of your language.** Hold it in and avoid negative words (e.g. lazy, stupid, etc.) when discussing her performance or attitude. A learning disability means difficulties in grasping conventional academic approaches. To cope, she should be taught using an often different approach and given more time to practice and master the skills taught.
- **Know her limitations.** Focus on her strengths while finding specific ways to enable her to input and output her learning. For example, children with dysgraphia often have trouble writing. Seek to provide appropriate supports – occupational therapy to improve eye-hand coordination, applying for school accommodations such as asking the teacher to provide printed lesson handouts or allowing the use of a laptop to type notes in class.
- **Temper your expectations.** As parents, always remember that every child is different. Some children handle frustration and setbacks better than others, so tailor

your expectations and responses according to her learning profile and abilities. Set the bar just high enough to challenge her but not too high that it becomes unattainable. Knowing and understanding her personality makes it easier for you to motivate her to **do her best.**

- **Involve your child in some decision making.** This is a shared journey that requires two-way conversations with your child. Encourage him to also come up with ideas or strategies he may want to try. This is an important aspect of learning – making mistakes and learning what works for himself.
- **The process is more important than the outcome.** Give honest and specific praise whenever she puts in good effort and perseveres. Don't just look at results; continue to be supportive of interests outside academics. Apart from music, arts or sports, think about providing

Learning disabilities do not limit a person's ability to succeed in life. Some successful people with dyslexia include Orlando Bloom, Whoopi Goldberg, Kiera Knightly and Steven Spielberg.



opportunities and experiences that may

shape ideas for innovative employment in future such as a passion for environmental sustainability, animal care and digital creative, to name a few.

- **Manage unwanted behaviours.** Learn appropriate strategies to manage negative behaviours. Having a good communication with your child will provide insights on adjusting her learning environment to be more effective and less stressful.



The role of teachers

The school environment and educators also play a large role in helping children with learning disabilities stay on track academically. Parents need to actively work hand-in-hand with teachers, so don't miss parent-teacher meetings and keep tabs on how your child is doing at school by communicating regularly with her teacher.

Pn Anisa Ahmad, President of the Association of Registered Childcare Providers Malaysia (PPBM) remarks, "Children with learning disabilities should ideally be enrolled in an appropriate school as attending a 'normal' school will not be conducive to their learning. They may face problems such as being bullied or alienated by their peers, and teachers in a regular school may also lack the experience to handle kids with learning disabilities."

"There are inclusive programmes for early childhood care and education in TASKA (*Taman Asuhan Kanak-kanak*, or nursery) and TADIKAN (*Taman Didikan Kanak-kanak*, or kindergarten) where children will have empathy and recognition toward their special-needs peers. The childcare providers and teachers need to learn early intervention programmes, so that early detection and stimulation can be done. PPBM together with the Malaysian Ministry of Health are working together in making module for



this and we already submitted proposal to the Ministry of Women, Family and Community Development to train the childcare providers and teachers."

It can be expensive to send a child to a private school specialising in teaching children with learning disabilities, but you can opt for public schools that cater to children with learning disabilities such as dyslexia. The National Health and Morbidity Survey 2019 found that 4.7% of children in Malaysia has disabilities (about 430,000 children), but only 74,694 have access to inclusive education in public schools. There should be access and quality of a range of tertiary

education options such as technical and vocational education and training (TVET) for these children. Therefore the government still needs to strengthen its role in this aspect.

As a TASKA advisor, she adds, "It's also been shown that parents and caregivers of children with learning disabilities face greater stress and negative caregiving consequences than those with typically developing children. Do consider joining parental support groups. Facing hardship with the support of other parents who have encountered similar difficulties can make a big difference, even if it is just someone who can lend an ear to their troubles."

Resources for parents:



National Association of Learning Disabilities Malaysia



Dyslexia Association of Malaysia

A parent for life

Regardless of what your child's learning disability may be, stay focused on nurturing her gifts and interests. Be supportive and most importantly, provide her with unconditional love and support too!

Provide positive feedback and approval based on positive behaviours. Any praise you give should always be honest and most importantly, specific. Just a generic "good girl" loses any meaning after numerous repetitions. Also, when it comes to your expectations, be careful to match them with her aptitude and capabilities.

Since parenting can be demanding and stressful, be sure to take care of your own health and mental wellbeing. Take occasional breaks from your day-to-day routine to help you maintain the right state of mind, and to enable you to continue providing proper care for your child. Yes, life might be tough but with the right support and preparation, you can do it!



“At the end of the day, the most overwhelming key to a child’s success is the positive involvement of parents.”

Jane D. Hull

Preventing Neonatal Pertussis

By **Dr Kaliammah M. Kuppannan**,
Consultant Obstetrician & Gynaecologist

The neonatal period (the first four weeks of newborn's life) is the most vulnerable time for a child. Neonatal pertussis is one of the major concerns during this period and maternal immunisation during pregnancy is highly recommended as a prevention strategy.

Considered the most critical time for babies, the first 28 days of life are when feeding patterns are established and infant-parent bonding starts. During this time, the risk of infection is higher, making babies vulnerable and leaving them exposed to dangerous situations.

Indeed, babies are more likely to die during the first month of life compared to any other period during childhood. The average global death rate in 2019 for babies aged 1 month or below was 17 deaths per 1,000 live births, higher than the probability of death for infants aged between 1 month and 12 months, which was 11 deaths per 1,000.

Neonatal infections are dangerous as a newborn's immune system is

underdeveloped and more susceptible to infection, which can be contracted in the womb via placenta, in the birth canal during birth, or after birth from the mother or other infected persons. HIV, hepatitis B, pertussis and streptococcus are among the common infections that a child is susceptible to at this time.

Mother's protection

There are two ways in which mothers provide passive protection against pathogens to their baby in the first few months of life:

- 1) **During pregnancy:** mother's antibodies are transferred via the placenta to her foetus.
- 2) **After birth:** babies are fed mother's breastmilk which contains antibodies.

Maternal immunisation, which enhances these forms of protection, provides two-fold protection to both mother and baby. The mother is protected against infectious diseases that may lead to severe outcomes in pregnancy, and the baby is protected against certain critical illnesses during the neonatal period.

Generally, **pregnant women can be vaccinated with inactivated virus or bacterial vaccines, or toxoids.** Maternal immunisations against pertussis, tetanus and influenza have been routinely recommended as part of the strategy to prevent neonatal infection. Studies have found these vaccines to be safe with no evidence of adverse effects on foetus.

In contrast, live, attenuated virus and bacterial vaccines, such as the MMR (mumps, measles, rubella) vaccine, may pose risks to the foetus, and are thus not recommended for pregnant women.

Maternal Tdap vaccination

Malaysia's National Immunisation Programme schedules DTaP (diphtheria, tetanus, pertussis) vaccination for babies at 2 months old. However, babies are **exposed**

to pertussis infection in the first 60 days of life. Thus, pregnant women are strongly advised to take Tdap vaccine to ensure protection for their newborns during this window period.

Tdap vaccine is a booster shot covering tetanus, diphtheria and pertussis, given to adolescents and other adults, while the DTaP vaccine is given to children in multiple doses. WHO recommends **one dose of Tdap vaccine for every pregnancy**, during the late

second or early third trimesters or from **27th to 36th weeks of pregnancy**, at least 15 days before the expected date of delivery.

Mothers are also advised to repeat Tdap vaccination for every pregnancy as the protection wanes over time. If it is not taken during her pregnancy, immediate postpartum Tdap vaccination is recommended to reduce transmission.



A case study

A 19-day old baby was admitted to the neonatal intensive care unit (NICU) after showing symptoms of cough, apnoea, cyanosis and progressive respiratory failure. She first showed mild viral upper respiratory tract infection four days earlier, but the symptoms had worsened, requiring her to be hospitalised.

According to the mother, the baby had trouble clearing the thick mucus in her airway,

depriving her of oxygen. The continuous coughs also caused stress on her weak heart. Upon arriving at the hospital, the baby had already turned bluish. Later, she was diagnosed with pertussis. The source of transmission was believed to be the mother who had a mild cough 4 weeks earlier and did not receive Tdap vaccination during her pregnancy.



Most neonatal pertussis cases occur when babies were infected by close family members, especially the mother, who did not realise they were infected. This is due to mild or non-specific symptoms in adults, a lack of awareness about pertussis or the vaccine, and unavailable diagnostic facilities.

Pertussis or any other infection can cause serious and fatal complications in young infants. In 2018, 22 deaths were recorded

due to pertussis in Malaysia. These deaths were mostly unvaccinated babies under 6 months of age. Maternal vaccination during pregnancy is the best preventive measure against neonatal pertussis. If you are pregnant, consult your doctor about getting the Tdap vaccination. **PP**

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Protect your baby from Day 1

Tdap vaccination during pregnancy protects newborns against whooping cough and diphtheria.^{1,2}

Whooping cough (pertussis) is a bacterial infection caused by *Bordetella pertussis*, seen as severe coughing fits that makes it hard to breathe.^{1,3} Newborns are particularly vulnerable to the infection, with most deaths seen in babies who are three months and younger.⁴

Meanwhile, diphtheria is caused by *Corynebacterium diphtheriae*.^{1,3} It can result in difficulty breathing, heart failure, paralysis, or even death, with up to 20% of young children below age 5 succumbing to the disease.^{5,5}

As newborn babies are too young to receive vaccinations for protection, serious infections may be contracted from family members and caregivers, especially their mothers.⁴

How does vaccination during pregnancy protect your baby?



Mother receives Tdap vaccination during pregnancy



Mother creates antibodies in her body



Antibodies pass through the placenta to the baby



Mother and newborn are both protected

Adapted from Sawyer M, et al. MMWR. 2013.

The Malaysian Society of Infectious Diseases and Chemotherapy recommends that all pregnant mums receive a dose of Tdap vaccine at every pregnancy, between 27-36 weeks' gestation.¹



Talk to your doctor about protecting your baby from whooping cough and diphtheria today!

Tdap: tetanus, diphtheria and pertussis.

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It's common to hear complaints among parents about grandparents overstepping boundaries in terms of raising their children. How can this be managed?

The Clash Between Parents & Grandparents

By **Mr Alexius Cheang**, Behavioural Psychologist

The special role that grandparents play in a family is undeniable. With their experience, they can offer support and advice to parents on various aspects of parenting, especially first-time parents. They also provide reliable and trustworthy childcare whenever parents need to be away from their children. A precious part of children's lives, grandparents are fond of pampering grandchildren, and sharing stories and wisdom.

Causes of conflicts

Grandparents may sometimes interfere with parenting methods, leading to conflict within the family. Intentionally or otherwise, they may

offer unsolicited advice, criticise parents' methods in managing the kids, or spoil them by bending the rules and routines parents have set. Grandparents may offer kids too many snacks or be lackadaisical about using the child car seat. There are also those who insist on stricter disciplining.

Most parents will overlook an occasional case, but repeated incidents may cause them to feel that their authority is being undermined and their capabilities questioned. Furthermore, differing instructions from parents and grandparents may confuse children, who feel trapped between the opposing sides. Without careful consideration,

minor disagreements can lead to major clashes and arguments, causing family instability.

Striking a balance

Most parents appreciate the presence of grandparents and want them to be involved in their kids' lives, but at the same time they are wary of their parenting vision being disrupted. To balance this up:

- **Define roles.** The key to reducing conflict and misunderstanding is for parents to clearly define their own roles and their expectations of the grandparents. Experts agree it is parents' role to delegate authority to grandparents, not the other way around.

- **Be clear about your rules.** No matter how good your intention is, unsolicited advice is rarely welcome. If it's coming from one's own parents or from the in-laws, it will likely be heard as a criticism. You and your spouse should first agree with each other on your parenting rules. Together with your spouse, clearly and calmly communicate these rules to the grandparents. Let them know how they can help you and what they should not do.
- **Manage differences with tact.** They may disagree with your methods, but try to understand their point of view and gently reason with them. Inform them that what worked years ago may not work now. Stay calm and avoid getting defensive. You can say, "I appreciate your opinion, but I hope you understand I'm the one who is responsible for my kids." This is particularly true for medical or safety issues.
- **Be flexible.** Everyone wants the best for the kids, so find a middle ground that is agreeable to both sides. Sometimes it's okay to let them have their way. Grandparents should be

allowed to make decisions when parents are not present, when a child's action directly affects them, when safety is at stake, or when house rules are broken.

- **Make them feel included.** Involve them in your discussions about the kids and let them contribute. For example, they can help send the kids to and from tuition. Invite them to join you in parenting classes or visits to the paediatrician to help them understand your decisions better.

Diffusing the tension

Conflicts are bound to happen due to different opinions and also clashing personalities. As this often happens between the spouse and the in-laws, it falls on the son or daughter to mend the relationship. What can be done in case of a heated argument?

- **Cool down.** The son/daughter should lead both parties away to different rooms to calm down and have space away from the intense atmosphere. This is important as hurtful words may be exchanged

and further damage the relationship.

- **Become an intermediary.** It is better for grandparents to discuss with their own son/daughter to resolve matters. Alternatively, consult a respectable elderly in the family.
- **Don't hold grudges.** Arguments or the silent treatment should not drag on. Waiting for the other person to 'realise his or her mistake' or 'apologise first' may result in frustration. Sometimes parents may have to lower their ego and seek reconciliation for the sake of the family and grandchildren. The spouse should provide the necessary support to the hurt partner.
- **See a family therapist.** If all else fails, consult a certified family therapist to help the family reconcile.

Good and open communication is essential in any relationship, including the parent-grandparent relationship. Both parties need to have mutual respect and understanding, recognise their respective roles in raising the children, and avoid overstepping boundaries.

Family members need to understand that when a couple has their own children, they will have to learn to be parents to their own children. This parenting process is necessary in the formation of a family. If grandparents interfere with the parenting process, they are literally taking away this learning opportunity. **PP**





Coinfection: When More is Worse

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

During the on-going COVID-19 pandemic, coinfections with other pathogens have been observed in some patients and linked to worse outcomes. Understanding what a coinfection is may help to improve treatment and prevention.

Coinfection happens when the body is **infected by multiple pathogenic species (bacteria, viruses, fungi, etc.) concurrently or consecutively**. For example, a child who has influenza also gets a pneumococcal

infection at the same time. Other terms used to identify coinfection include multiple infection, concurrent infection, simultaneous infection and polymicrobial.

Types of coinfection

There are three types of coinfection:

- **Concurrent acute infection:** When multiple infections occur at the same time. One of the more common concurrent infections is the influenza-pneumococcal coinfection. The body is more susceptible to a respiratory bacterial infection during a viral infection. During the COVID-19 pandemic, there have been reports of varied cases of SARS-CoV-2 coinfection with other respiratory pathogens. There can also be coinfection of dengue with

mycoplasma infection. Other combinations are also possible.

- **Secondary/sequential infection:** After the initial infection has subsided, a secondary infection may follow due to a suppressed immune system. A common example is otitis media, an ear infection usually caused by *S. pneumoniae* or *H. influenzae*, which often occurs after a respiratory syncytial virus (RSV), coronavirus or adenoviral infection. This delayed secondary infection is also referred to as a superinfection.
- **Concurrent with chronic infection:** An underlying chronic infection can also lead to coinfection. Seen in HIV infection which impairs the immune system, the body becomes more susceptible to opportunistic pathogens, such as the tuberculosis-causing

Mycobacterium tuberculosis. Indeed, HIV-tuberculosis coinfection has been a major contributor to the rise of global tuberculosis infection.

Worse complications

Compared with single infections, coinfections result in poorer health outcomes and tend to exacerbate infections.

An infection with influenza followed by pneumococcus could lead to a fatal outcome. Animal studies showed damage to the airways by influenza, allowing fatal secondary infection with pneumococcal.

Even if they survive, patients of coinfection may suffer severe long-term effects such as blindness, chronic diarrhoea, chronic inflammation, carcinoma, immunosuppression, liver fibrosis, meningitis, renal failure and rheumatic fever.

Coinfection also complicates treatment when it involves different pathogens, e.g. bacteria and virus. Antivirals or antibiotics are typically used to treat either viral or bacterial infections, but the effect of these medications on concurrent infections is still unclear.

Unknown underlying interactions may reduce treatment

efficacy or even aggravate the coinfection. It is crucial to understand these specific interactions to identify suitable treatment strategies.

Vaccination as a better option

In most cases, prevention through vaccination is the recommended option. Many studies on influenza-pneumococcus coinfection have highlighted the potential of pneumococcal vaccination, in addition to an annual influenza vaccination, as a key strategy to reduce mortality and morbidity during an influenza outbreak.

One study also suggested pneumococcal and *Haemophilus influenzae*

type b (Hib) vaccination as a viable supplementary strategy to reduce secondary coinfections in COVID-19 cases after finding a strong correlation between higher rates of pneumococcal vaccination in nations and cities with lower COVID-19 morbidity and mortality. Other coinfection cases may also benefit from vaccination against any of the pathogens involved. However, more research is required to understand specific coinfections.

Even if pneumococcal vaccination does not provide direct protection against influenza or COVID-19 coinfections, it will reduce hospital visits and admissions, and decrease the burden on healthcare resources.



Being infected by one disease is unpleasant enough; a second infection due to the first one is so much worse. Hence, it's always wise to provide your child with greater protection against infections. The inclusion of pneumococcal vaccination in the National Immunisation Programme is a welcome step towards providing better healthcare for the nation. A more comprehensive vaccination course would ensure that you, your family and those at risk are better protected against infections and possible coinfections. **PP**

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PNEUMOCOCCAL DISEASE CAN BE VERY SERIOUS¹

Don't Wait! Vaccinate Early to Protect Your Little Ones.

The 5 Most Common Strains In Malaysia²



YOUNG CHILDREN ARE AT RISK OF GETTING PNEUMOCOCCAL DISEASES. THOSE WITH INCREASED RISK INCLUDE^{3,6:}

HOW DOES IT SPREAD^{3,4:}

< 2 years of age

From a cough or a sneeze

Attend nursery / day care centre

Contact with contaminated items

Weakened immune system due to illnesses and treatment

Close proximity with carriers

MOST PNEUMOCOCCAL INFECTIONS ARE MILD. HOWEVER, SOME CAN BE DEADLY OR RESULT IN LONG-TERM PROBLEMS.⁷



PNEUMOCOCCAL CONJUGATE VACCINES (PCV) CAN BE GIVEN AS EARLY AS TWO MONTHS⁵. CONSULT YOUR DOCTOR FOR MORE INFORMATION.

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Don't Look Down on the FLU

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

While COVID-19 may continue to hog the limelight for a long time to come, it would be wise for us not to turn our backs on other infectious diseases which continue to pose a threat to our health and wellbeing.

Take influenza, for example. Each year, influenza causes substantial mortality and morbidity worldwide. One of the more infectious respiratory diseases, the influenza virus remains active all year long in our tropical weather, which means it can occur at any time.

The danger is still there

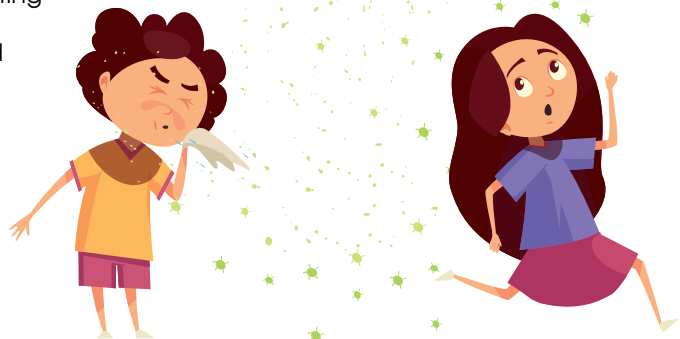
History has shown us how much havoc influenza can wreak. There have been many examples including the Spanish flu, also known as the 1918 influenza pandemic (1918-1920), affected an estimated 1/5 of the world's population; The 1957-1958 Asian flu pandemic of influenza A virus subtype H2N2 which resulted

in approximately 1.1 million deaths worldwide, and the Avian flu pandemic in 2009.

Malaysia has seen its share of localised outbreaks over the years, such as the flu outbreak in Perak (July-August 2003). We also saw a series of outbreaks nationwide in Dec 2019-January 2020 (just before COVID-19 gripped the nation), heavily affecting schools in Selangor and Penang, with reported cases in Perak, Terengganu, Johor and Pahang.

Fast spreading

A key reason why influenza spreads so easily is because of droplet transmission – when an infected person (a child or an adult) breathes, talks or sneezes, he or she is effectively spreading the virus. Children, especially, may not fully comprehend the importance of good hand hygiene, and may be less inclined to wear a mask if they are sick or when playing with friends who may be sick. This increases their risk of being infected.



Infants and toddlers at day-care centres also run a high risk infection. They are at an age when they are at the mercy of their caregivers and the quality of care provided by day-care centres. If your child is sick, it is best to keep him isolated from his peers. If you have a full-time job, you or your spouse may need to work from home or take leave to care for him. Continuing to send him to day-care will only expose other children to the unnecessary risk of infection.

Flu symptoms are not difficult to recognise. They include high fever, chills/shivering episodes, pain in muscles/joints, fatigue, cough, runny/stuffy nose, nausea, vomiting, diarrhoea, headache and sore throat. Complications associated with flu are pneumonia, sinusitis, ear infection and in some cases, even death.



Influenza IS preventable

Influenza complications can be dangerous, and no one wants to see their children suffering from it. Wearing a face mask, practising social distancing and good hand hygiene will help, but getting vaccinated against influenza should be the top priority. This is especially true for people at high risk who may develop potentially life-threatening complications. This includes young children whose immunity is still developing, and people above 60 years of age whose immunity is waning.

At present, the influenza vaccination is not a part of the National Immunisation Programme, hence it is easily overlooked. The recommended yearly influenza vaccination can be given to infants from 6 months of age, so do talk to your child's paediatrician (and your own doctor) to learn more about the vaccination and get it for your family (including yourself and for your parents).

Don't leave it to chance

A child's immune system is minimal at birth and it takes time for their immunity to build up. Because of this, infants and young children are particularly vulnerable to diseases. Vaccination helps prevent disease as it induces the immune system to build resistance against specific diseases that the vaccines are tailored to fight against.

The COVID-19 pandemic brought light to many methods that we can easily adopt to stop the spread of disease. Hopefully, lessons that have been learnt in the last year will continue to be practised in

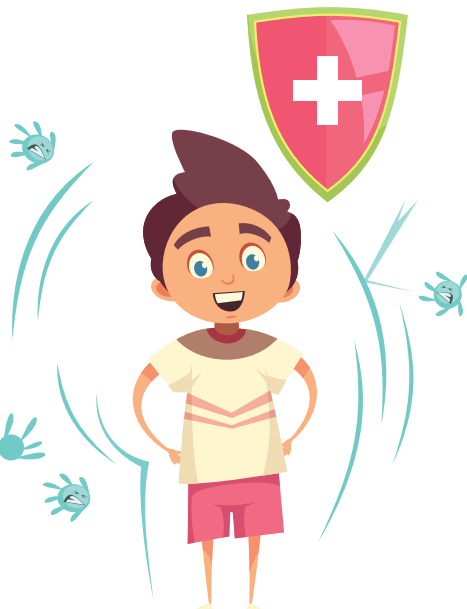
future because diseases such as COVID-19 and influenza can be devastating if they infect someone who is vulnerable.

In the case of influenza, complications can be dire for children as it may lead to severe and deadly complications. So, don't be complacent. Vaccinate your child against influenza. You may just be saving his life. **PP**

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Improvement in nasal breathing at Day 2²

2x lower risk of contracting influenza³

2x lesser sick days³



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Babies and young children are sensitive to airborne irritants and this can lead to a blocked nose. It may occur in one or both nostrils, partially or completely blocked. This can be distressing for the child and parents tending to him!

What's Causing that Stuffy Nose?

By **Dr Norzila Mohamed Zainudin**, Consultant Paediatrician & Paediatric Respiratory Specialist

While older children and adults are able to breathe through their mouth if they have a blocked nose, babies can't as they haven't yet learnt how to do so. A blocked nose can turn breathing into a struggle. Worse still, a stuffed up nose that occurs frequently increases infection risk which can lead to complications such as sinusitis or otitis media.

Regular breathing

There are reasons why we breathe through the nose, which is the correct way, and not our mouth. Our nostrils function as the 'first stage' and are lined with thin

hairs, trapping dirt and other particles. During this stage, the air is also humidified, and warmed or cooled accordingly before it enters our lungs.

This 'filtration' process continues in the windpipe, which is covered in mucous that trap unwanted particles before they enter into our lungs. When one breathes through the mouth, this important first stage is skipped altogether.

What causes a stuffy nose?

Environmental factors such as dry air, especially in an air-conditioned room, and irritants

in the form of ultrafine particles from aromatherapy essential oils or incense, are usually the culprit. Indoor allergens are also another factor e.g. cockroach/dust mite droppings, pet fur and dander, and mould.

As your baby/toddler spends almost all of his time indoors, repeated exposure to these irritants or indoor allergens can cause secretions to build up in the nose, and cause a stuffy nose when he lies down. This is a common reason for your baby to suddenly wake up from his sleep in the middle of night, forcing parents to cradle him in an upright position to get him to sleep again!

These same factors can cause older children to get upper airway respiratory tract infections (e.g. cough, common cold, etc.) or have allergic rhinitis which causes nasal secretions and a stuffy nose.

Another potential reason is the **structural abnormalities** of the face such as an enlarged adenoid blocking the nasal cavity, a deviated nasal septum, or narrowing of the nasal cavity. Because of the abnormality, nasal secretions accumulate easily and can

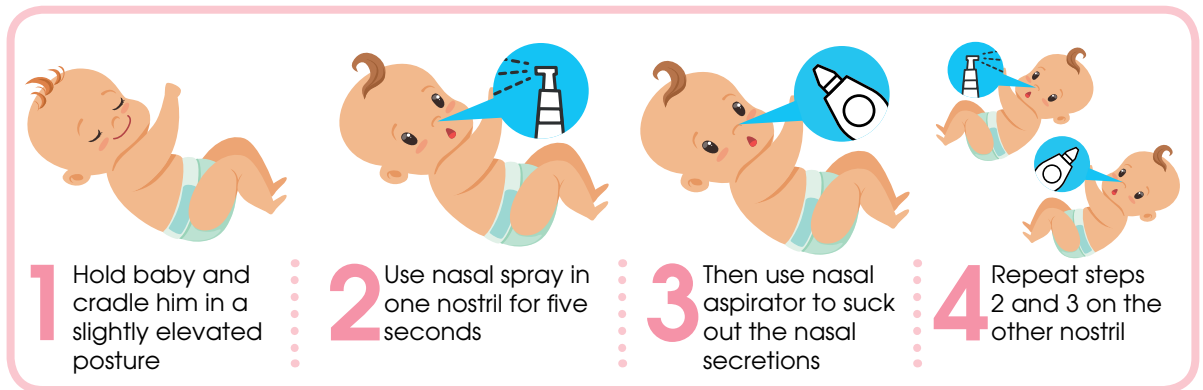
lead to a stuffy nose. In such cases, breathing difficulties can happen throughout the day.

Assistance required!

Since babies and young children normally do not know how to blow their nose to clear blockage, parents will have to help them. It's certainly a relief to be able to breathe normally, and more importantly during feeding (a blocked nose makes it hard for babies to breathe and be fed at the same time!) or bedtime.

As long as your baby is well and has no fever or any other indication of respiratory tract infection, there is no need to panic. Instead, stay calm and focus on clearing his blocked nose. Avoid the use of medication (unless prescribed by your child's paediatrician) and vapour rubs (e.g. menthol-, eucalyptus-, or camphor-based rubs). Vapour rubs are not recommended for children under 2 years as they may cause irritation and mucous build-up instead. All you need is a nasal spray and a nasal aspirator.

Your baby may struggle if he is not used to the sensation in his nose, so mum and dad should work together.



- 1 Hold baby and cradle him in a slightly elevated posture
- 2 Use nasal spray in one nostril for five seconds
- 3 Then use nasal aspirator to suck out the nasal secretions
- 4 Repeat steps 2 and 3 on the other nostril

Importance of nasal hygiene

There are many factors contributing to good nasal hygiene. A clean environment is key for reducing (and preventing) the incidence of a stuffy nose. Try to keep the baby's room and common space in the house free from dust and indoor allergens. The use of air conditioning should be regulated at a moderate temperature (recommended at 26°C) and the air is not directly blowing onto the child's face.

If you use a humidifier in your room, clean it regularly. Avoid using any kind of aroma-

related materials, including natural scents, as these may irritate your baby's sensitive nose and airways. If anyone smokes cigarettes or uses vape at home, do seriously consider quitting for the child's sake.

If your child suffers from a blocked nose often, take the necessary steps to clear it quickly. This will minimise any discomfort or distress your child may experience as it affect his well-being and your own (especially having to stay up through the night!). Parents



should also ensure they follow good nasal hygiene practises as well. **PP**

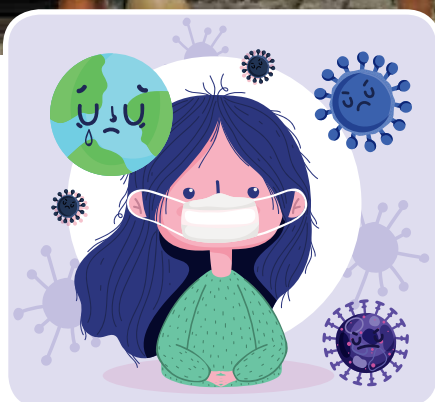
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Malaysian Paediatric Association

Forever Short: Stunting Effects on Child's Life

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



*Is your child growing optimally?
Are you aware that the on-going
COVID-19 pandemic and associated
socioeconomic crisis could worsen
the problem of child malnutrition?*

What is stunting?

Last year, a statement by the leaders of four UN agencies (UNICEF, FAO, WFP and WHO) warned that malnutrition among children is expected to rise due to COVID-19 and called for urgent actions to be taken by responsible parties and policy makers. Apart from the issues of overweight, obesity, wasting and micronutrient deficiency, stunting was also one of the major concerns mentioned.

Even before the pandemic, the National Health and Morbidity Survey reported the increasing prevalence of stunting among children under 5 years old from 17.7% in 2015 to 21.8% in 2019. This means that **1 out of 5 young children in Malaysia are stunted** and the number could rise further due to the pandemic!

Stunting basically refers to **children's failure to reach their full growth potential in terms of height**. It is a common sign

of chronic undernutrition in children. According to WHO, children are defined as stunted if their height-for-age is more than two standard deviations below the Child Growth Standards median.

Stunting happens due to a complex interaction of multiple risk factors. The current pandemic may further complicate matters. Here are some of the driving factors:

- Poor maternal nutrition and health
- Inadequate breastfeeding
- Poor complementary feeding
- Lack of access to quality foods
- Recurrent infections
- Household poverty
- Poor hygiene (food, water, household)
- Lack of care
- Lack of access to health services
- Lack of parental awareness

Stunting consequences

Stunting is largely irreversible as the child grows older, with less potential for recovery in later years. A child's height cannot be recovered in the same way weight can be regained. Furthermore, a lack of proper nutrition also affects growth, brain and health development.



Short term

- Increased risk of mortality and morbidity
- Recurrent infections
- Developmental delays

Long term

- Irreversible effect on growth & brain development
- Increased risk of metabolic diseases as an adult
- Lower cognitive functions & learning capabilities
- Poor academic performance
- Reduced economic productivity
- Increased healthcare costs
- Cycle of malnutrition and stunting in offspring

Optimising growth

Height is a heritable trait, but parental height is not the main determinant of a child's height. Studies show that all children have similar average growth during their early years with optimal growth conditions, which are:

● The first 1000 days

(from conception until 2 years of age)

- The best window of opportunity
- Exclusive breastfeeding in the first 6 months
- Good complementary feeding practices



● Good nutrition

- Child: A diverse and balanced diet, appropriate daily meal frequency
- Mother: During pregnancy and lactation for child's early growth stages

● Adequate physical activity

- Stimulates growth hormone production
- Releases serotonin, improving appetite and sleep quality

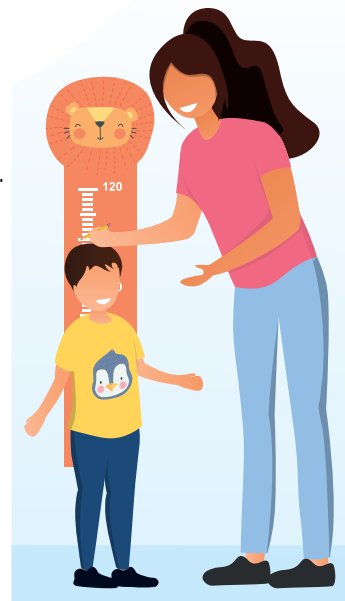
● Good sleep quality

- With appropriate timing and duration

Track your child's growth

By measuring, recording and tracking your child's height and weight, plus monitoring their nutritional intake, parents will be able to detect and rectify any problem at the earliest stage before it worsens. You can use the following methods, with digital apps that are available online, or by consulting your doctor:

- Regular measurement (with height chart & weighing scale)
- Digital growth tracker
- Food diary
- Screening questions/ checklists (e.g. Paediatric Nutrition Screening Tool or PNST)



Disruptions to health and nutrition services as well as the economic crisis during the pandemic are likely to exacerbate the problem of malnutrition if no steps are taken to address these issues immediately. Ensuring good nutrition for children and mothers is of utmost importance. Any concerns should be referred to an expert. Dietary advice and nutritional supplements may be necessary to catch up on any lag in growth. **PP**

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* Formulasi berdasarkan Malaysia Rn 2017, 3 hidangan Dugro® Sure memenuhi saranan pengambilan nutrisi sebanyak 102% Protein, 110% Zink dan 96% Kalsium untuk kanak-kanak umur 1 to 3 tahun. | ^ Kandungan tenaga yang padat antara 1.0 dan 1.5 kcal/g disyorkan untuk kanak-kanak yang terbanjut. Peratusan protein / tenaga memenuhi saranan Catch-Up Growth. | - WHO 2007. Protein and Amino Acid Requirements in Human Nutrition. Report of a Joint WHO/FAO/UNU Expert Consultation. | - World Health Organization. Technical Note: Supplementary foods for the management of moderate acute malnutrition in infants and children 6-59 months of age. Geneva, 2012. | - Michaelsen, K. F. et. al., 2009. Choice of foods and ingredients for moderately malnourished children 6 months to 5 years of age. Food and nutrition bulletin, 30(3)_suppl3, S343-S404.

When people are asked why they do not eat healthy foods, many claimed that it is expensive. However, this is untrue; healthy eating is not just important for your body, it can be budget-friendly too, if you follow some simple guidelines.



Healthy Eating Need Not Be Expensive

By **Dr Roseline Yap**, Nutritionist and Honorary Treasurer of Nutrition Society of Malaysia (NSM)

Healthy eating is important for a healthy lifestyle and disease prevention. This has become even more pertinent as we face the threat of COVID-19, which significantly altered our lives last year. A healthy diet is as important as good hygiene when it comes to prevention of sickness and infections.

However, there is a misconception that healthy eating is expensive and unfeasible for the general public. The core of the issue is not cost, but having the right knowledge and making a consistent effort. During these times of financial uncertainties, we need to correct our perceptions about healthy eating habits and encourage everyone to eat healthily.

A mistaken belief

Why does the impression that healthy eating is expensive still persist? One of the reasons is the belief that foods labelled or promoted as “superfoods” or “health foods”, which usually carry a higher price tag, are always healthier. Some people also equate price with nutritional value, believing that expensive imported foods are better and healthier – that’s absolutely not true!

Sure, these “superfoods” or imported produce may be rich in nutrients, but we can also get local produce with comparable nutrient content without denting the wallet!

There are also those who believe that healthy eating



means consuming tonics and supplements. These are not only costly, but certainly not necessary for everyone.

A smart consumer recognises that branding, claims and high prices do not determine the nutritional value of a food or produce. What we need to do is to apply smart shopping skills and nutrition knowledge when it comes to buying and consuming foods. The following tips can guide you in healthy eating within a budget.

Shop smart

The first step towards affordable healthy eating is smart shopping. A smart shopper obtains reasonably priced, healthy and nutritious foods/ ingredients for the family.

- **Choose where you shop.**

You do not have to go to a high-end supermarket to get ingredients of high quality. Purchasing groceries at wet markets, night markets and hypermarkets can get you a better bargain, and sometimes even fresher produce.



- **Plan your purchase.**

Prepare a weekly/biweekly meal plan and come up with a grocery list before going to the market. Follow the list and avoid impulsive buying!

- **Select fresh over processed.**

Get fresh tomatoes instead of ready-to-eat pasta sauce. It is way healthier and cheaper to make your own sauce.

- **Buy in bulk.**

Certain products are cheaper to buy in large quantities, especially during sales. However, plan your consumption to avoid over-purchasing and wastage.



- **Pick cheaper alternatives.**

Cheaper does not necessarily mean less healthy. Perhaps, you can alternate meat in your daily meals with legumes which are cheaper and of comparable nutritional value.

- **Opt for generic brands and local products.**

They are generally cheaper than branded or imported products, but the quality and nutritional value are of the same level.

- **Read the labels.**

Check the nutrition information of each packaged product you are planning to buy and compare with others to get the best nutritional value and reasonable price.



Wok it up

The next step in pocket-friendly healthy eating is to cook at home. This is generally cheaper than eating out or ordering food delivery. More importantly, you have control over every aspect of food preparation, thus making foods healthier and more hygienic. Let's demonstrate this:

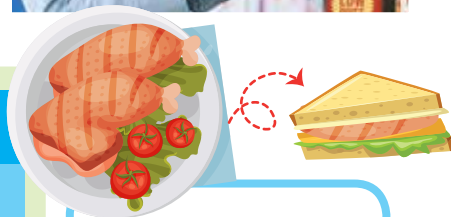
Spaghetti Bolognese at a restaurant

RM18-25/pax, before tax



Home-cooked spaghetti with tomato-based sauce

Spaghetti pack: RM4
Tomato (fresh/paste): RM6
Ground meat: RM7
Garlic, onion: RM2-3
Herbs, spices: ~RM1
Total: ~RM20 for 4 pax = RM5/pax



Home cooking tip:

Prepare larger portions and make use of leftovers. For example, leftover grilled chicken from dinner can be used to make chicken sandwiches for lunch the next day. But be mindful to store and reheat leftovers appropriately.

One positive thing about the MCO is that more people have started cooking at home. Practise the tips above to save on costs and cook more often, but also remember to apply the basic principles of healthy eating: **a balanced and varied diet; more fruits, veggies and whole grains; healthier cooking methods; and less sugar, salt, oil and fats.** Healthy eating is essential, but also affordable, if you have the know-hows, and you are willing to put in the hard work required. **PP**

An educational collaboration with



Nutrition Society of Malaysia

My Strong-willed Child

By **Dr Yang Wai Wai**, Clinical Child Psychologist

Strong-willed children want to learn things for themselves rather than accepting what others say. This results in them testing the limits again and again.

They are likely to have their own preferences as to what they want and how they do things. They possess a strong determination to achieve something and are persistent in their efforts to do so, which is a positive trait necessary to overcome future obstacles which they may face in adulthood.

Unfortunately, this can be perceived as stubbornness, i.e. doesn't listen to or follow instructions and defies any kind of changes even if it's for their own good. Due to this, parents and kids may end up at loggerheads with each other over many different issues.

Parent-child power struggle

Between unmet expectations (i.e. a child listens to their parents) and the harsh

reactions and discipline following parents' frustrations, power struggles are inevitable. It's easy to lose one's temper when dealing with a child who is unwilling to listen to what you say.

However, there's a danger of not helping the child learn, and worse, increases negative behaviours and oppositionality if you engage in a power struggle with them. Getting overly emotional may also lead to parents doing or saying things they regret later on. We keep our 'power' by staying calm, so remind yourself who is the adult.

Half the battle is won if you're open to new perspectives and ways of responding to your child in challenging situations. Understanding the needs and drives underlying strong-willed child's behaviours and responding to them (instead

of what is on the surface) will be the other half - sometimes children appear stubborn because they feel hurt or their decisions/opinions were not heard.

No to blind obedience

The idea of a child doing exactly what you tell him to all the time may seem great, but blind obedience is unhealthy. It is better to teach him how to be sensible, considerate and co-operative. Breaking a child's will by forcing obedience is counter-productive in the long run as it will leave him open to be manipulated by others who may not have his best interest in mind.

The most important approach to get a strong-willed child to listen is by *working with them as opposed to against them*. This changes the dynamics of how you can work together. Connect to your child and tune in to their needs so that you can meet them where they are. Understanding them makes it

possible to see things from their point of view, which provides an opportunity for validation and enhances empathy. At the same time, allow your child to experience 'real world' consequences as natural and logical consequences can be a more effective teacher than nagging and scolding.

Most people don't like being told what to do, and this is especially true for strong-willed children. They are likely to dig their heels in if they feel they are being ordered around. Here are some creative methods you could try to get them to come around:



● **Turn chores or routines into games**

'Beat-the-clock' and compete to see who finishes first or who gets the most done, e.g. "Let's pack up and see who can collect the most toys" or "Lights will be off at 9pm. If you hurry then we may have time for two story books".

● **Ask for help**

Make young children your "special helper" to complete the tasks. For older children, appeal to their sense of altruism. This can encourage them to be more caring and considerate of others.

● **Positive approach**

Use encouraging, supportive words rather than threats, e.g. instead of "We are not going out until you finish your food" to "As soon as you finish your food, we can go out". This way, the focus is on what to do to achieve the goal.

● **Play the "yes" game**

Ask questions that your child will answer "yes" a few times in a row to help break down their resistance, e.g. if he refuses to leave the swimming pool, "You love to play in the water yeah?", "Next time we should invite your cousin along. Would you like that?", "Today was a wonderful outing. Should we do this again next week?" Your child will also feel heard and understood when you focus on common grounds.

● **Offer options**

Rather than giving ultimatums, simply start the process, e.g. to bring play time to an end, ask "Do

you want to put your toys away yourself or should I help you?" then start the routine of packing up while giving options along the way, e.g. "What goes in first? The duck or the blocks?", "Which box should the train go into, the red one or the green one?"



It isn't easy dealing with strong-willed children. They have a lot of potential but require a lot more patience and creativity for parents to successfully deal with them. When you find an effective way to channel their persistence in the right direction, it helps them to achieve their potential of growing into highly self-motivated individuals when they grow up. **PP**

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Deciding on the Future

By **Prof Dr Alvin Ng Lai Oon**, Clinical Psychologist and Founding President, Malaysian Society of Clinical Psychology

Choosing a path for the future and making big decisions can be scary for teenagers. What more when uncertainties caused by the COVID-19 pandemic continue to loom over us? How can parents support their teens during these times?

If you have a teenager who was supposed to sit for SPM or STPM examinations last year, it must have been a frustrating experience for them, and for you as well! The pandemic caused exam delays and students had to adapt to remote learning.

This is demotivating for many teens. They now have to worry about their results and plan for the next steps in their lives. Transitioning into adulthood during such trying times is tough.

Teenagers' tendencies for poor decisions

As teens grow towards independence, their lack of experience may cause difficulties in making life decisions. They are considered to be psychosocially immature and are more likely to:

- Engage in risk-taking behaviour
- Make impulsive choices

- Focus on short-term goals
- Prefer instant gratification
- Fall for peer pressure
- Fail to consider consequences

There is a biological explanation behind this. The frontal lobe of the brain, which plays a role in decision-making, impulse control, consequential thinking and emotional responses, only fully develops at the age of early- or mid-20s. Hence, teens and emerging adults may make unsound decisions, especially when they feel pressured, stressed or are influenced by their peers. They need adequate guidance from experienced adults to be more resourceful in decision-making.

After school: the next step

This is probably the first major decision in your teen's life. The common choice is whether or not to further one's studies at a college or university. But other options can also be explored.

- **Tertiary education:** Vast options are available nowadays and it can be overwhelming. Conflicts may arise if parents try to impose their own preferences on their child. Do voice your concerns, especially if the current pandemic has raised financial implications which your teen may not be aware of. Listen to each other and have a reasonable discussion with him. Speak to experts in the field to address any questions about future careers.
- **Work/Vocational training:** Tertiary education is important, but not everyone is academically inclined. What's important is that teenagers learn skills that make them relevant in the community. This can be done through work or vocational training. Some companies may provide support for their employees to further study later.
- **Time off:** Some may want to take a time off before deciding. This is a very good time to join a volunteer programme or other non-traditional options such as exploring entrepreneurship programmes that provide business development and sustainability training. This route may be less common locally, but it can provide a unique and enriching experience for teenagers. It is also a way for them to explore their interests.

Parental guidance

Based on our understanding, teens would need help with deciding on their future directions, and would benefit from parental guidance. Tips for how to guide teens include:

- **Brainstorm all options:** Teens often only see limited options, particularly when they're in a tight spot. Encourage them to take a bit more time to come up with more diverse solutions. You can also offer suggestions.
- **Analyse pros & cons:** Advise him to list all the pros and cons of his options based on available resources, skills and interest. Then, eliminate one by one to pick the best choice. This helps them to choose with reason, instead of just emotions.
- **Plan the next step:** After making the decision, ask him what the next step should be and how would this step be measured in terms of success. It's also good to evaluate the decision together to see if it's a good decision and how to make better decisions in the future.
- **Discuss hypothetical scenarios:** Talk to him about possible scenarios or outcomes he may face and the ways to manage the situation. For example, what should he do if his college or job application is rejected? Or if he realises he dislikes the course or job he chose?
- **Seek help:** Let teenagers know they can always approach you, other family members or counsellors for advice. Assure them you are open to any questions and they don't have to decide on their own. Be open to seeking help yourself because you will not have all the answers.



A final note

Remind your teen that deciding on the future is not easy. We cannot predict the future and may regret certain decisions. There is no best choice because of constant changes. Instead, choosing what's good enough and doable may be more practical and manageable at the moment.

What's important is that they **learn to be accountable and responsible for their decisions**, and to understand there are many other external factors contributing to the outcome of our life choices. It is tough for teens in the beginning, so parental support is crucial. You'll also have to adjust your boundaries as you allow your teen to be more

independent. So, use this exercise as a learning process for both you and your teen in deciding for the future. **PP**

An educational collaboration with



Malaysian Society of Clinical Psychology

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

