

Positive Parenting Malaysia

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

When Parents
**Make
Mistakes**

Countering
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Benefits of
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Spirituality as a Coping Mechanism

Have you received or registered for the COVID-19 vaccine? Massive vaccination drives are currently on-going nationwide. However, this does not mean that the pandemic is going away and things will return to normal soon.

The whole national vaccination programme is only projected to be completed by end of this year, and after that, it may still take some time before we can truly achieve herd immunity. And even after you're vaccinated, you should still continue to practise preventive measures such as wearing of face masks and physical distancing.

After more than a year since the pandemic started, all these restrictions are starting to take a toll on our mental health. One of the ways used

to cope with the stress during this time is through spirituality. Spirituality is an aspect of life that is important for our self-empowerment. In this issue, we explore what spirituality is and how it can be implemented in parenting to raise a holistic child.

Other parenting topics, such as the use of vaccines during pregnancy, typical parenting mistakes, and other various topics, are discussed by our experts from their respective fields.

As we persevere together through the pandemic, Positive Parenting will keep on delivering important and relevant information to parents in Malaysia. You can also access all previous articles and issues of Positive Parenting Guide on our website. Don't forget to follow our social media for current updates, infographics and educational videos.

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 editorial by sponsors.

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Spirituality in Parenting

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

En Hairil Fadzly Md Akir, Deputy Director-General (Policy) of National Population and Family Development Board (LPPKN)

Datuk Dr Zulkifli Ismail, Chairman, Positive Parenting Programme

In light of the COVID-19 pandemic, “spirituality” has played a crucial role as a coping mechanism for some families and individuals. While it is less often explored in relation to parenting, many studies have shown that spirituality is, in fact, an effective approach in managing family and raising children.

The emergence of COVID-19 since last year has caused an unprecedented health crisis across the globe, affecting people physically, mentally, financially and socially. To alleviate the difficulties and stresses in dealing with the pandemic and ensuing lockdowns, multiple approaches have been taken by the governments, institutions and individuals.

Spirituality plays a major role in helping some families cope during this extraordinary period. It can serve as an empowering foundation to any collective, the family unit being the most basic example. Indeed, spirituality is an integral component in parenting that should not be overlooked even during normal times.

Understanding spirituality

Firstly, what do we understand about spirituality? Many people relate spirituality to religious traditions and the belief in a divine power, but it can also mean a general belief of the universal connection between oneself with other living beings and the Earth as a whole.

Spirituality suggests that life is much more than our sensorial, physical experience. Spiritual experience is subjective and may differ between individuals. Some experience it within a community, and some may obtain it in nature, while for others, spirituality is a solitary journey.

According to **Prof Dr Alvin Ng Lai Oon**, “Spirituality comes from the word ‘spirit’, a concept of the inner consciousness that the self identifies with. It involves the journey to understand the self in relation to life, namely to other people, the environment, and in many cases, in relation to a divine or higher power, while making sense of how to live a meaningful life.”

The clinical psychologist elaborates, “Spirituality includes introspection and reflection of feelings, thoughts, beliefs and behaviours with regard to personal meanings that are identified with the existence of the self. Insights from these introspections and reflections typically lead to better self-awareness and personal interpretations that foster improvements in attitudes and behaviours for a better life.”

As a Muslim, **En Hairil Fadzly Md Akir** believes that “Spirituality is a fundamental aspect of human life that needs to be inculcated from a young age. It is a way to understand the purpose and meaning of all creation and to bring ourselves closer to the Creator. Religion teaches

us how to do that. **It also provides guidance on what is good and bad in our life and develops our behaviour and inner strength.**”

The use of spirituality

Spirituality in its most general sense is practised for a range of purposes and benefits. For many people, spirituality helps them to contemplate philosophical questions (e.g. “What is the meaning of life?”, “What is the best way of living?”), find a sense of community and support, and develop a more optimistic outlook on life.

Prof Ng, who is also the founding president of Malaysian Society of Clinical Psychology, states “Spirituality functions as the bridge towards a ‘good

responsibilities towards each other.”

“A highly spiritual person would be aware of his or her role within the community, and would behave responsibly as part of the social system, towards a common goal of wellness. Consequently, this promotes positive values such as kindness, compassion, generosity, gratitude, friendliness, self-acceptance and mindfulness, all which lead to personal and social health,” he adds.

“Simply speaking, spirituality is a path to empower ourselves and be a better person,” says En Hairil, the Deputy Director-General of National Population and Family Development Board (LPPKN). “It cultivates self-control, self-development and self-actualisation. It forms a part of holistic personal development that consists of intelligence (IQ), emotional intelligence (EQ) and spiritual intelligence (SQ).”

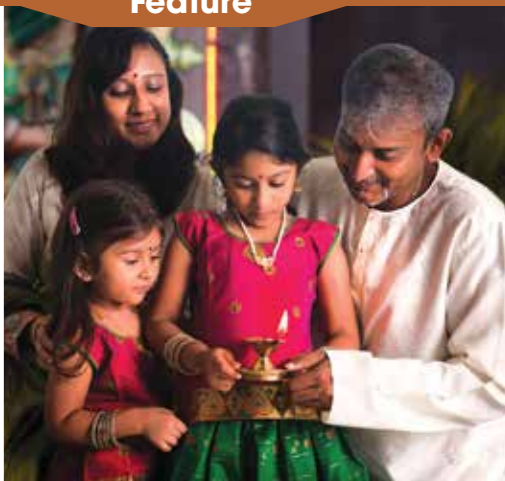
Datuk Dr Zulkifli Ismail, the chairman of Positive Parenting Programme, states “Spirituality also serves as a coping

mechanism against adversities in life, such as financial problems, physical illnesses, as well as mental issues, like depression and anxiety. Research has shown that individuals who apply spirituality in dealing with these life challenges experience many benefits to their health and well-being. They tend to have better mental health and adjust more quickly to health problems.”



life’. We benefit from spirituality by developing knowledge, values, behaviours and skills that promote general well-being, which is to be healthy, functional and adaptive. Cultivating spirituality also develops social harmony through adaptive behaviours that come from a collective understanding of personal





Spirituality and family

“Malaysian Family Well-Being Index, a time series study by LPPKN,” says En Hairil “identifies religion/spirituality as one of the contributing factors to family well-being, apart from other factors like family relationship, health and economy.”

The father of five explains “The domain of Family and Religion/Spirituality resulted in the highest score in the Family Well-Being Index in 2011, 2016 and 2019 compared to other domains surveyed. The result for the domain was based on two indicators: 1) the role of religion and 2) the impact of spiritual practice. This demonstrates that religion/spirituality is one of the main protective factors for the well-being of Malaysian families.”

“The practise of religion/spirituality in family contributes to family stability. A spiritual family prioritises family relationships and this increases the participation of each member in family life. Family bonds are maintained through

efforts to increase kindness, patience, communication, stress management, as well as with prayers and rituals,” says Datuk Dr Zulkifli.

The consultant paediatrician and paediatric cardiologist adds, “Research has also found that **children and teens raised with religious or spiritual practises are more likely to have better mental health and a healthier lifestyle.**

They have greater life satisfaction, are able to process emotions better and more forgiving than those who have never prayed or meditated. They are also more likely to participate in volunteer works and less likely to be involved in negative activities.”

Thus, how can parents incorporate spirituality in their parenting? Prof Ng suggests that parents

should note how spiritual practises affect their children emotionally, behaviourally and cognitively, and to adapt these practises in situations involving their children.

He explains, “One common approach is to use examples from religiously-inspired stories or teachings. Tell your kids the story of how a religious figure coped with adversities and what they can learn from the story. You should also model spirituality practises and teachings to your kids. When you say, “Love thy neighbour” or “Do unto others as you would have them do unto you”, be an example to your kids and show kindness to people around you and your family.”

Raising spiritual children

“Spirituality is an aspect of human development, but the topic tends to be ignored in the larger circle of science. Regardless, studies are showing that children do have an innate spiritual capacity and are capable of spiritual experiences. Even children not raised in a religious family are likely to ask spiritual and existential questions,” Datuk Dr Zulkifli comments.

Spiritual development can be defined as “**the process of growing the intrinsic human capacity for self-transcendence in which the self is embedded in something greater than the self.**” To achieve holistic development in children, it is important to also nurture their spirituality from young.

DOMAIN	2019	2016	2011
Family Relationship	8.35	7.90	7.82
Family Economy	7.67	7.05	6.90
Family Health	7.44	7.18	7.38
Family Safety	7.86	7.96	7.39
Family & Community	8.00	7.84	7.83
Family & Religion/Spirituality	8.25	8.04	8.25
Housing & Environment	7.35	6.24	7.28
Family & Communications Technology	6.82	6.38	N/A

Source: Malaysian Family Well-Being Index 2011, 2016, 2019 (LPPKN)

Prof Ng offers some actionable advice to instil spirituality in children:

- **Communicate the practicality of spiritual virtues.** Teach children to understand the practical nature of spiritual virtues such as kindness, compassion, generosity, patience, honesty, etc., which are all protective factors in life. Explain how these virtues keep them out of external (e.g. harm, rejection, disrespect) and internal troubles (e.g. guilt, shame, frustrations), and also helps them develop personal strengths (e.g. self-esteem, integrity, discipline, positive coping mechanisms, etc).
- **Explain abstract concepts with examples.** Too often children are taught spiritual values with abstract concepts such as the promise of a better life after death or that God loves them. We need to understand that children (and even adults) have difficulty understanding abstract concepts. So, it is more helpful to link spiritual values with actual pragmatic outcomes. These are often demonstrated through religious stories that inspire and encourage appropriate behaviours and methods for dealing with daily challenges.
- **Incorporate in daily life.** Parents can use spirituality as a problem-solving approach or as a daily practice for overall wellness. For example, when your child is feeling down, tired, uninspired or frustrated, you can bring up memories of gratitude and try to find things to be grateful for or to be inspired by (e.g. religious stories). Engage in religious or spiritual practises and see how doing these can improve his or her emotion or inspire healthy coping.

Meanwhile, En Hairil suggests that parents should:

- **Acknowledge your child's spiritual questions.** Examples of spiritual questions are: "What happens after we die?", "Why do bad things happen to good people?", "Do animals have a soul?", etc. These questions may be tough, but if you ignore them, children may think that it is off limits or not important. Try to answer as honestly as possible. Even if you do not have all the answers at the time, engage with them and explore possible explanations.
- **Avoid overindulging your child.** Do not pamper them by providing unnecessary material excesses or doing things that they should be doing themselves. Set reasonable rules and assign responsibilities to them. Overindulgence and excessive materialism hinder your child's spiritual development. They may grow up into adults who feel entitled to more than what they deserve, are ungrateful and materialistic, and unable to find a bigger meaning in life.
- **Lead by example.** Align your parenting with spiritual values and demonstrate these values in your actions. For example, if you want to teach generosity to your child, be generous to those who seek help from you. If you want to encourage them to practise religious obligations, lead the way and include all family members.



Parents need to understand their role as the first teacher to their children. When it comes to life principles and moral guidance, parents are the one responsible to impart these to their children. But it is also **important for parents to seek proper guidance from religious experts in matters of faith and religion**, as you would seek a doctor's advice in matters involving your child's health.

A spiritual child tends to be more at peace, curious, resilient and optimistic, and has a deeper sense of empathy and connectedness with those around him. Apart from children's physical, emotional, intellectual and social development, their spiritual growth is an important

aspect that needs to be considered in our parenting strategy. Spirituality is one way for us to cope with challenges and difficulty in day-to-day life and also to help us raise our kids to be better individuals. **PP**

“Let parents bequeath to their children not riches, but the spirit of reverence.”

~ Plato





Vaccination during Pregnancy

by **Dr H Krishna Kumar**

Consultant Obstetrician & Gynaecologist and
Past President of the Obstetrical and Gynaecological Society of Malaysia

The arrival of COVID-19 vaccine is good news for all, but as a pregnant mum, you may wonder if it is okay for you to get the vaccine. Is it safe for the mother and the baby? What about other vaccines?

Why vaccinate during pregnancy?

Mothers share many things with their baby when they are pregnant: their nutrients,

oxygen, antibodies. Hence, when they receive vaccination, pregnant mums not only protect themselves, but also pass the immunity to their baby through the placenta. This provides passive protection to newborns during the first few

crucial weeks when they are still too young to receive routine vaccination themselves.

Other than that, some women may have incomplete immunisation during childhood and are vulnerable to infections that can be detrimental to them or their unborn child; hence, it is good to do a pre-pregnancy test. Booster shots and annual vaccination may also be needed for certain vaccines to ensure better protection for mums and babies.

Is it safe?

Generally, live attenuated virus and bacterial vaccines are not recommended during pregnancy due to theoretical risks to the foetus. Instead, vaccines made with toxoids or killed (inactivated) bacteria or viruses can be given during pregnancy when recommended by doctors.

The Centres for Disease Control and Prevention (CDC) USA states that, "Benefits of vaccinating pregnant women usually outweigh potential risks when the likelihood of disease exposure is high, when infection would pose a risk to the mother or foetus, and when the vaccine is unlikely to cause harm."

Recommended vaccines

- **Tetanus/diphtheria/pertussis (Tdap):** Pregnant women are recommended to get Tdap, ideally between 27 and 36 weeks of pregnancy, to provide their baby with short-term early protection during the first few weeks of life, especially against neonatal tetanus and pertussis (whooping cough). This is crucial as pertussis can be fatal to newborns and the symptoms may not be obvious as many babies with the disease do not cough and simply stop breathing.
- **Influenza (inactivated):** Pregnant women are more prone to catch the flu and this increases their risk of premature labour and delivery. The flu shot

is recommended for women who are pregnant before or during the flu season. It can be taken anytime during pregnancy. It also protects newborns from flu for several months after birth.

- **Hepatitis B (HepB):** Pregnant women who have high risk of being infected with the virus (e.g. history of STD, injection drug use) should be vaccinated to protect both mothers and babies. Babies can get infected with hepatitis B from mothers during gestation and at birth. A series of three doses is necessary to obtain the immunity (the 2nd and 3rd doses are given 1 and 6 months after the 1st dose), so it should be initiated early in pregnancy or before pregnancy.
- **Travel-related:** Pregnant women planning to travel abroad should consult doctors at least 4 to 6 weeks before the trip to see if they need any vaccination. Among vaccines recommended for travellers include anthrax, rabies, typhoid and yellow fever, depending on the risk.

Vaccines NOT recommended DURING pregnancy

Vaccines containing live viruses or bacteria are generally not recommended during pregnancy due to potential risk of birth complications. These include **HPV (human papilloma virus), influenza**



(nasal spray), MMR (mumps/measles/rubella), varicella, zoster and BCG vaccines.

Women planning for pregnancy should check their immunity against rubella and varicella, and if required, get their vaccination at least one month before trying to get pregnant.

On COVID-19 vaccines

Generally, all COVID-19 vaccines should not pose harm to pregnant women and their baby as none of the vaccines approved contain live viruses. Thus, if you are pregnant, you can take the vaccine, but you are advised to consult your doctor first. According to WHO, pregnant women can be vaccinated with COVID-19 vaccine if the benefits outweigh the risks. When the article is written, all three vaccines available in Malaysia have been approved for pregnant women. However, Pfizer vaccine is still prioritised to be given to them during the 14th-33rd weeks of pregnancy.

If you are pregnant or planning for pregnancy, get a thorough check-up and consult your doctor to see if any vaccination is necessary or recommended. Your doctor will ensure that you receive the best protection for yourself and your baby. And don't forget to follow the immunisation schedule for your newborn after delivery! **PP**

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Obstetrical and Gynaecological Society of Malaysia



When Parents Make Mistakes

By **Mr Alexius Cheang**, Behavioural Psychologist

If you have ever mistakenly raised your voice towards your child or blamed him for something he did not do, you must know how awful that feels like. Parents do commit mistakes too, but how can parents right their wrongs?

Mistakes are bound to happen, whether due to stress, overworking, lack of sleep, poor judgement or carelessness. However, this is not an excuse to be ignorant. What we can do is to learn from our mistakes today so we can be better parents tomorrow. It may not be easy to overcome our ego and admit our mistake to the kids. But by role-modelling such behaviour, we can teach our kids (and ourselves) to be better human beings.



Common parenting mistakes

To learn from your mistakes, you will first need to accept that a mistake has been made. It may occur unintentionally or due to past ignorance. Here are some common mistakes:

- **Breaking promises.**

You promised to take your daughter to her favourite restaurant after she did well in her test, but you were

too busy and ended up not going. Parents promise all kinds of things to their kids, but it can be hard to fulfil all of the promises made.

- **Telling lies.** White lies are common for various reasons – as an excuse, to avoid difficult topics, and often to calm children. Parents may also tell a lie to another person in front of their kids. Even if the lie seems harmless, it teaches the kids it is okay to lie, and this is not okay.

- **Jumping to conclusions.** Some parents tend to blame or scold their kids without giving them a chance to explain things first. By assuming that our kids' past behaviours and choices dictate present and future ones, it limits how we view our kids and can cause us to judge them unfairly.

- **Using bad words.** Rising anger tends to blind us. You may not realise the bad words being uttered and there is no way to retract them once they are said. It is bad enough when said to another person, but worse when said to your own kids.
- **Comparing and criticising.** Constructive comments are okay, but belittling your child, comparing him with others, and criticising his weak spots, all with the intention of “building up his character” is not.
- **Too much teasing.** Joking, teasing and kidding with your kids are some ways to have

a laugh and have fun with them. However, you may be taking things too far if they are not laughing. Even worse is if you press them for not being able to take the joke.

- **Forgetting things.** Having a busy schedule may lead to occasional slip-ups, causing you to forget simple errands (e.g. to pick up your child from tuition) or even important events and dates (e.g. your child’s birthday or school sports day).
- **Being hypocritical.** Parents are the main role model for their kids. When parents do not practise what they preach to their kids, they risk confusing the kids with conflicting messages.



- **Hurting them physically.** Parents may accidentally inflict physical harm onto their children, e.g. injuring your son’s finger while closing the car door. Some parents also tend to take out their anger or frustrations on their kids (including yelling, cursing and hitting).

Righting the wrong

After realising that you have made a mistake, what can you do?

- **Don’t be too hard on yourself.** No parent is perfect, so do not beat yourself up too long for being a “horrible parent”. Instead, focus on correcting your mistake and finding a solution.
- **Admit mistakes and apologise.** Once you and your child have calmed down somewhat, gently talk about what you regret, and apologise for your mistake.

Ask for a “do over” and try to make things right. This can be a great opportunity to demonstrate forgiveness and humility to your child.



- **Reconnect with your child.** Let your child express how he feels. Be open, present and willing to listen and engage with him. Try to put yourself in his shoes and see (and feel) from his point of view. This will build empathy and a deeper understanding to reconnect with one another.
- **Aim to be better.** Focus on self-improvement as a person and a parent. Learn to regulate your own emotions by practising self-compassion and learning to stay centred whenever there is a crisis in your household. Loving your child starts with loving yourself.

It is part of human nature to make mistakes. In our lifetime, we will be exchanging apologies and forgiveness countless times, including as a parent. The important thing is to acknowledge that a mistake has been made and to learn from it, make amends, reconcile, and gradually develop to be a better parent and individual. **PP**

101_{on} Diaper Fitting

By **Dr Raja Juanita Raja Lope**,
Consultant Developmental and General Paediatrician

When it comes to infants, diapers are an absolute necessity because they absorb and retain the child's bodily waste. Infants and toddlers below two years of age cannot properly control their bladder and bowel movements yet, so having a diaper on usually prevents a big mess from occurring whenever the child poops or pees.

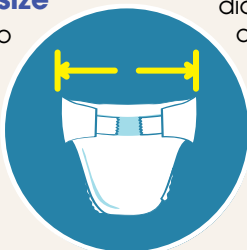
While it is simple enough to understand a diaper's functions, buying the right one for your infant may be confusing, especially the first few times. And you'll need lots of diapers right from the get go, as you may need to change his diapers up to nine times a day, particularly during the first three months of life.

Getting started

There are several important points to note when buying diapers:

- **Buy the right size**

and fit. If it's too small, it will be uncomfortable to wear and may cause rashes or chafe baby's



sensitive skin. If it's too big, it may come off easily or leak frequently. Unfortunately, diaper sizes are not universal and can vary between brands. It's common for diaper manufacturers to offer free samples which you can request for on their website or social media. Alternatively, buy the smallest pack available to try them out. Remember, an infant's skin

is many times more sensitive and delicate compared to an adult's, so getting the right diaper goes a long way toward making it a comfortable fit for your little one.

- **Size by weight, not age.**

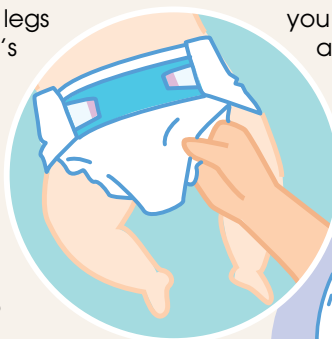
Unlike clothing, diapers are sized according to a baby's weight rather than age because each baby grows in size at a different rate.

- **Easy on the skin.** Diaper rash can be caused by many factors such as prolonged contact with pee and poo (especially diarrhoea, which can be caused by infections), or even a tight-fitting diaper. If diaper rash is a problem, you can try using a non-scented diaper instead.

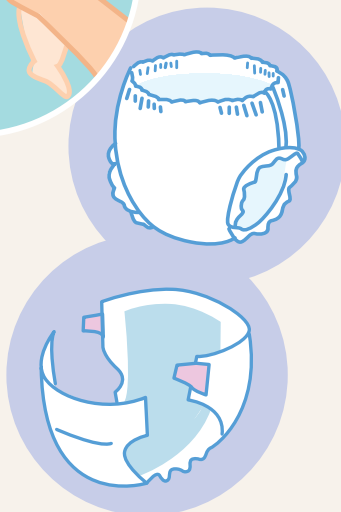
- **Wear it right.** Putting on the diaper correctly on your baby makes a difference, e.g. the sides are aligned properly, it is not accidentally worn front to back, etc. In the case of newborns, you can opt to fold the front of the diaper to prevent it from chafing the navel (which may still have the umbilical stump still attached) if your baby shows signs of discomfort. Diapers should fit snugly. Tight fitted diapers may affect the

blood flow to legs or press baby's tummy. Loose ones may cause urine and stool leakage, or slide off when the baby starts to move about.

- **Tape vs diaper pants.** In terms of functionality (e.g. comfort, absorbency, etc.), both are similar. However, the tape diaper is usually recommended for newborns and infants up to 6 months, while diaper pants are recommended for babies above 6 months as they are easier to pull on/off especially when baby is able to stand. If



you are on the road or in a place where a baby changing room is not available, diaper pants are much simpler to use.



What about cloth diapers?

Cloth diapers are touted to be more environmentally friendly as they reduce the amount of waste going into landfills. Although using cloth diapers may cost more initially, especially if you buy the newer types of cloth diapers with pockets and inserts, in the long run they are more cost effective.

However, the downside of using cloth diapers is the increased labour involved as you will need to properly dispose of baby's waste and also wash/clean the cloth diaper or pocket/insert. Cloth diapers may also involve a slightly higher learning curve as you will need to practise how to fold and use them correctly, as well as how to properly wash soiled diapers.



Take your pick

Regardless of your choice of whether to use disposable or cloth diapers, you will need to master how to use diapers for your child.

If your infant develops diaper rash (which is common) but the rash persists or recurs despite using different diaper brands or after basic home treatment, then it's best to see a doctor.

As a general guide, potty training can start around 2 years of age, but don't get too upset if your child starts later – each child grows out of using diapers in his or her own time. Once potty training is a success, you can finally say bye-bye to diapers! **PP**

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INVASIVE MENINGOCOCCAL DISEASE

CAN TAKE A CHILD'S LIFE
IN JUST **24 HOURS**¹



Invasive Meningococcal Disease (IMD) is an infection caused by the meningococcal bacteria *Neisseria meningitidis*.²

It commonly presents as:



Meningitis:

Inflammation of the protective coverings of the brain and spinal cord.³



Septicaemia:

Blood poisoning, which is a more widespread infection throughout the body.³

Why is IMD so dangerous?



If left untreated, IMD can **kill up to 50% of patients**, usually within **24-48 hours** after the first symptoms.²

**Speak to your doctor
to know more about
meningococcal
disease prevention.**



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More than just a Bundle of Nerves

By **Dr Hwang Yee Chern**, Consultant Paediatrician and Neonatologist



Our central nervous system (CNS) is comprised of the brain (one of the most important organs in our body) and spinal cord. These play a crucial role in ensuring our body functions properly. So just how important is our CNS and what can we do to care for it, especially when it comes to children?

The most important component and **'controller'** of the CNS is the **brain**. It is **a complex organ that serves many key roles** related to cognitive functions, thinking, learning, emotions, and it also controls autonomous actions such as breathing and heart rate.

The spinal cord serves as a central **'highway'** or bundle of nerves that connects the brain with the rest of our body, thus allowing the **two-way flow of signals** to and from the brain (e.g. sensations from fingertips/toes (to elicit a reaction from the nerve endings), sweating to cool the body, etc.).

There are many factors that can adversely affect a child's growth and development. This includes damage to the CNS as a result of physical damage (e.g. falling down a flight of stairs), certain diseases that affect the brain and/or spinal cord, and congenital disorders such as spina bifida cystica or microcephaly.

Tender care required

Our skull, spine, and meninges (the protective tissues covering the brain and spinal cord) protect the CNS from external injuries. However, they are still vulnerable to infections

caused by pathogens that break through the blood or blood-brain barrier. Thus, we must protect and care for our CNS to minimise the possibility of damage. Some factors that can cause harm include:

- **Infections:** Mainly caused by bacteria (sometimes virus or fungal infections), the infections can potentially cause life-threatening conditions. Compared to an adult, a child's immune system is still immature and more susceptible to infections.
- **Physical harm:** Damage from physical injuries to the CNS can be divided into:
 - **Blunt force trauma:** caused by falls or being hit by objects (e.g. baseball or car), resulting in concussion, or fractured/broken bones.
 - **Penetrative trauma:** caused by an object that pierces the skull/body.
- **Poor nutrition:** A healthy diet is crucial for providing the CNS (especially the brain) with sufficient nutrients for proper growth and development. Nutrient deficiencies (e.g. iron, folic acid, or vitamins) can adversely affect the brain and impair cognitive function and development.
- **Dehydration:** 73% of the brain structure is made of water. Severe dehydration would adversely affect the normal brain functions so always keep children well-hydrated.
- **Pregnancy:** This is a critical growth period for the foetus, and structural defects can occur if there is a lack of specific nutrients such as folic acid, leading to spina bifida (affecting the spinal cord) and anencephaly (affecting the brain). Certain maternal

illnesses (e.g. rubella, Herpes, Zika) that occur during pregnancy can also cause microcephaly in the foetus (baby's head is smaller than normal).

Did you know?

Both meningococcal and pneumococcal disease can cause meningitis (inflammation of the meninges), and this can cause epilepsy or affect brain functions, e.g. memory or concentration problems, or balance and coordination problems. Worse still, if the infection spreads to other parts of the body, this can cause complications such as blood infection (septicaemia) or pneumonia. These can have a devastating long-term effect to the child, even after he has recovered.

your best bet would be to vaccinate your child.

Fortunately, pneumococcal vaccination is now included in the National Immunisation Programme (NIP). However, for those born before January 2020, parents should seriously consider vaccinating their child against pneumococcal diseases, plus getting the recommended meningococcal vaccination if they have not done so. At the same time, all adults (including the elderly) should consider getting vaccinated too, to prevent getting the disease, as well as becoming an unwitting carrier and passing it onto others.

In addition to vaccination, take all the necessary precautions to keep your child safe from physical harm or injuries. Take the time to properly baby-proof your home, always keep infants and toddlers in your sight, and make dangerous areas such as balconies inaccessible. This

greatly minimises the danger of accidental falls and pulling heavy objects on themselves when they explore their surroundings.

Our CNS cannot be replaced and there are no transplant options. Damages can be severe and permanent, with lasting effects on

life – physically, mentally and emotionally to the child and family. So don't take things for granted and always keep your children safe from harm, danger and diseases. **PP**



Prevention is better than cure

Many of the dangers are preventable, thus parents need to take the appropriate action. For instance, teaching kids good hygiene will help to keep infections at bay. However, this step alone is still not enough! In the case of meningococcal and pneumococcal diseases,

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Meningococcal Vaccine: When Should I Vaccinate My Child?

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

*Apart from the vaccines included in the NIP, are you aware of other recommended vaccines for children? One of them is the meningococcal vaccine that provides protection against *Neisseria meningitidis*.*



N. meningitidis, *Haemophilus influenzae* type b (Hib) and *Streptococcus pneumoniae* are among the main causes of bacterial meningitis, a potentially fatal and debilitating disease. Vaccines against two of these pathogens have been included in the National Immunisation Programme (NIP), but not the one against *N. meningitidis*, also known as meningococcus.

Meningococcus at a glance

12 strains (serogroups) of meningococcus have been identified. Among those, strains A, B, C, W, X and Y are responsible for most cases of invasive meningococcal disease (IMD), which include meningitis (50% of cases), bacteraemia (30% of cases) and pneumonia (15% of cases). It spreads through droplet transmission from infected individuals or asymptomatic carriers. Possible complications include brain damage, limb or digit loss, hearing loss and death.

Meningococcal vaccines have been available for more than 40 years. Currently, there are **three types** of meningococcal vaccines:

● Polysaccharide vaccines

are available as bivalent (MenAC), trivalent (MenACWY), or tetravalent (MenACWY) vaccines. They offer protection for up to 3 years and are not effective for children under 2 years old.

● Conjugate vaccines

are available as monovalent vaccines (MenA or MenC) and tetravalent (MenACWY). These vaccines confer longer-lasting immunity (5 years or longer) and can be given to children as young as 2 months old (depending on the type of vaccine and the country).

● Protein-based vaccine (MenB)

is the latest meningococcal vaccine to be introduced and not yet available in Malaysia.

What are the recommendations?

The World Health Organization (WHO) recommends meningococcal conjugate vaccines over polysaccharide vaccines due to their advantageous effects on direct and indirect protection:

- Countries with high endemic rates of IMD (>10 cases/100,000 population/year) or intermediate (2-10 cases/100,000 population/year) and countries with frequent epidemics are recommended to implement a suitable large scale meningococcal vaccination programme.
- Countries with lower frequency of the diseases (<2 cases/100,000 population/year) are recommended to provide meningococcal vaccination for high-risk groups.

	MenACWY	MenB
USA NIP	<ul style="list-style-type: none">● 1 dose at 11-12 years and a booster dose at 16 years● Also recommended for children 2 months old or older with increased risk	<ul style="list-style-type: none">● 2 doses at 16-23 years (based on shared clinical decision-making)● Also recommended for children 10 years old or older with increased risk
UK NIP	<ul style="list-style-type: none">● 1 dose at 14 years	<ul style="list-style-type: none">● 2 doses at 8 and 16 weeks and a booster dose at 1 year
Australia NIP	<ul style="list-style-type: none">● 1 dose at 12 months and a booster dose at 14-16 years	<ul style="list-style-type: none">● For indigenous children: 3 doses at 2, 4 and 12 months and an extra dose at 6 months for those with specified medical conditions

Groups at increased risk include those who:

- Have certain medical conditions (complement component deficiencies, use of complement inhibitor, functional or anatomic asplenia, HIV infection)
 - Are at increased risk due to a meningococcal disease outbreak
- Travel to or live in countries where meningococcal disease is hyperendemic or epidemic (Meningitis belt, during Hajj/Umrah, etc.)
 - Are living in close quarters (e.g. students/army recruits living in dormitories)

From the table, MenACWY is often scheduled during teenage years, but it can be given to infants as well, as seen in Australia NIP. Meanwhile, MenB is usually scheduled before 12 months, but the United States recommends MenB when the child is older.

Vaccination recommendations in different countries are developed based on multiple factors, including disease epidemiology, clinical profile, benefits and risks of different vaccine options, economic considerations, interaction with other existing intervention and control strategies, etc.

Recommendations also depend on the type of vaccine used. For example, a type of

MenACWY conjugate vaccine can be given to children as early as 2 months old, but other vaccine types may have different indications of usage.

Take it now or wait?

Vaccines induce an immune response to train the body to efficiently fight certain pathogens in case of any exposure in the future. This can only work before the infection strikes, so the best time to vaccinate your kids is when they are healthy. It may be too late for the vaccine to be effective if you wait until your kids get sick or become carriers and unknowingly spread the pathogen to people around them.

The meningococcal vaccine is one of the optional or additional recommended vaccines for children in Malaysia, but as it is not in the NIP, there is no specific recommendation as to when it should be administered. Knowing the severe consequences of meningococcal disease, do consult your child's paediatrician to find out if and when he/she should get meningococcal vaccination. It is better to be safe than sorry when it comes to your child's health and well-being. **PP**

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WHAT IS MENINGOCOCCAL MENINGITIS?

Meningococcal meningitis is caused by *Neisseria meningitidis* bacteria and has a potential to cause large epidemics.¹



Images for Representation Purpose Only



Even with the early diagnosis and appropriate treatment,
~15% of patients **die**
often within **24 to 48** hours of symptom onset.^{1,2}



Without treatment,
~1 in **5** survivors
may suffer permanent neurological and/or physical disability.^{1,2}

MENINGOCOCCAL MENINGITIS MAY RESULT IN PERMANENT LONG-TERM DISABILITIES³⁻⁵



Skin scarring



Hearing loss



Vision impairment



Motor impairment



Amputation



Intellectual disability



Epilepsy

i Learn more about meningococcal meningitis and how you can help protect your children. Talk to your doctor about meningococcal disease and available vaccines for prevention.

It's **Unpredictable**, yet **Preventable**.^{2,3}



Vaccination helps protect against
meningococcal meningitis.²

Don't Wait!
Vaccinate Early



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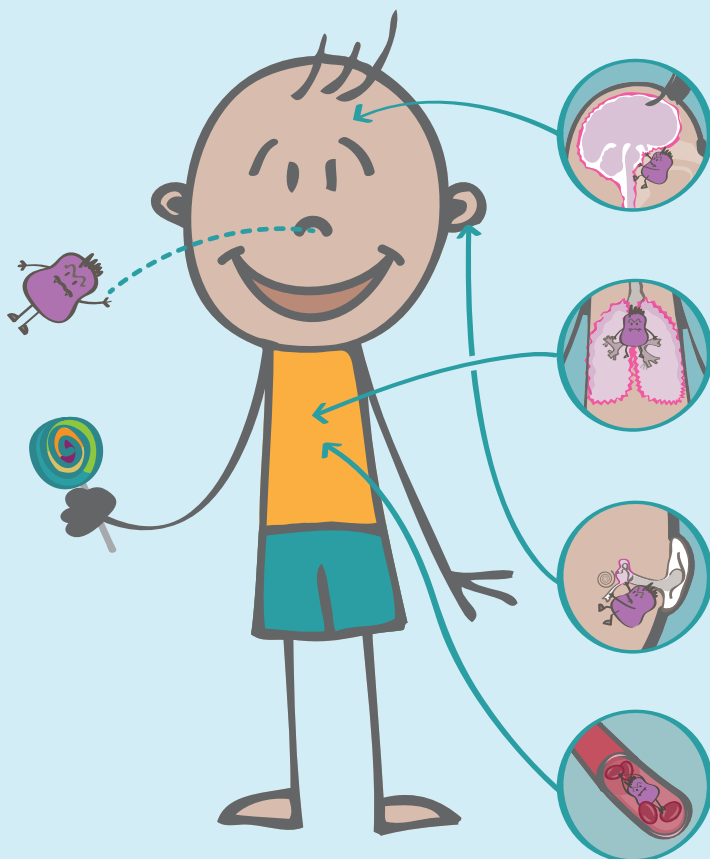
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YOUR CHILD MAY BE AT RISK OF PNEUMOCOCCAL DISEASE¹



IT'S AN **INFECTION** CAUSED BY BACTERIA CALLED
STREPTOCOCCUS PNEUMONIAE AND CAN LEAD TO:¹



MENINGITIS

Infection of the protective layers covering the brain and spinal cord

PNEUMONIA

Infection of the lungs

MIDDLE EAR INFECTION

Infection of the middle ear called Acute Otitis Media (AOM)

BACTEREMIA

Infection of the bloodstream

These can be **serious and have complications**, but it is possible to help prevent them¹

TALK TO YOUR DOCTOR ABOUT HOW YOU CAN HELP PROTECT YOUR CHILD

For further information please contact your doctor.



Pneumococcal Vaccine: The Newest Addition to the NIP

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

After a RM60mil budget was allocated and approved by parliament in 2019 for the pneumococcal vaccination programme, it was scheduled to roll out in June 2020. But the pandemic and other issues got in the way, causing a delay to the implementation of the programme. Finally, after more than a year, the vaccine is now available for free at public health facilities.

Amidst all the confusion and disruption caused by the COVID-19 pandemic, at least one piece of good news arrived: the introduction of pneumococcal vaccination in the national immunisation programme (NIP) for children.

About the vaccine

- Pneumococcal conjugate vaccine (PCV) is selected for the NIP.
- PCV provides long term protection against pneumococcal diseases such as invasive pneumococcal disease (IPD), pneumonia and acute otitis media caused by *Streptococcus pneumoniae*.
- It is given to babies in **3 doses** (2p+1 schedule): **2 primary doses** at 4 and 6 months old, and **1 booster dose** at 15 months old.
- Eligible for **all children born on/after 1 January 2020**.

To comply with the new norms and avoid congestion at hospitals, parents are advised to make an appointment with government clinics to get the free pneumococcal vaccination for their baby.

A step forward

The introduction of pneumococcal vaccination is a big deal and a major improvement for Malaysia's NIP. It is a necessary addition to the NIP, considering that **pneumococcus is the most common cause** of pneumonia, bacteraemia (bloodstream infection), meningitis and acute otitis media (middle ear infection) in young children. It is also the culmination of advocacy work by the Malaysian Paediatric Association (MPA) since 2006.

Globally, pneumococcal disease is the foremost cause of vaccine-preventable disease and death in children under five years old. In 2015, nearly 10% of all children-under-five deaths were estimated to be due to

pneumococcal infections. Meanwhile in Malaysia, pneumonia was the third leading cause of infant deaths in 2019, followed by meningitis in fourth position. Pneumococcus is known to be among the main pathogenic causes of both diseases.

The World Health Organization (WHO) has been recommending the inclusion of pneumococcal vaccine into the routine childhood immunisation schedule since 2007. Since then, many countries such as the USA, UK, Brazil, Colombia, Finland, Sweden, Kenya, Tunisia, Pakistan, Australia and New Zealand have all integrated the pneumococcal vaccination

into their programme, and shown significant decline of invasive pneumococcal disease cases. As of March 2020, 146 member states of WHO have introduced PCV into their NIP.

As Malaysia joins the rest of the world, the public will soon reap the benefits. This programme will allow more access to protection for the entire population and gradually build up herd immunity. Consequently, vulnerable non-vaccinated populations, such as people above 65 years old, will also gain indirect protection against pneumococcal infections. Pneumococcal vaccination is also an important approach to fight increasing antimicrobial resistance.



Addressing some concerns

1 Why are we using 2p+1 schedule, not 3p+0?

WHO recommends a 3-dose schedule, either as 2p+1 or 3p+0, and suggests that the 2p+1 schedule has potential benefits over the other as higher levels of antibody are induced during the second year of life, when the booster dose is scheduled. This gives better protection that may last longer.

2 Is the serotype coverage sufficient?

A study found that serotypes 14, 6B, 6A, 19F and 19A are the most common pneumococcal serotypes in Malaysia. Available PCV had shown to induce adequate antibody response protection against these common *Streptococcus pneumoniae* serotypes.

3 Can we switch the vaccine type once the programme/series has commenced?

This is not recommended unless there are significant changes in the factors that determine the selection of the vaccine, e.g. rising cases of serotypes not covered by the vaccine. But any available vaccine type should be used to complete a series, if the original type is not available or cannot be used.

4 How has the pneumococcal vaccination programme performed in other countries?

The introduction of childhood PCV in the NIP such as in Brazil and Finland since 2010 has resulted in significant decreases of invasive pneumococcal disease due to any vaccine serotype during the first 3 years, with 83.8% and 92% decreases reported respectively.

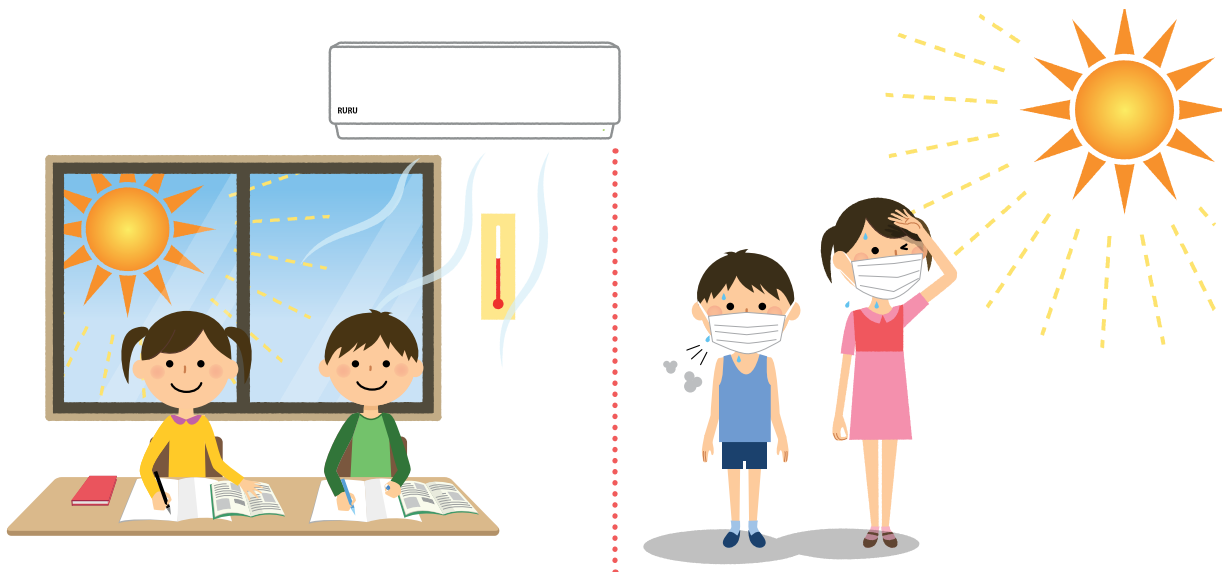


The introduction of PCV into Malaysia's NIP is great news to all parents with newborns. Our future generation is now protected against another additional vaccine-preventable disease. They now face less risk of dangers as they grow up. If you accidentally missed your baby's appointment, your paediatrician will be able to advise on how to reschedule. Set up your child's vaccination appointment today! **PP**

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How Temperature Change Affects the Skin

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

The skin is the largest organ in the human body. Compared to adults, children have more delicate, thinner skin. They may face frequent problems such as skin irritation, rashes and dry skin.

The skin also serves several important functions such as forming a barrier (e.g. against bacteria/viruses, moisture loss), allows us to feel sensations (e.g. heat, cold, touch), and

helps the body regulate temperature.

Hot, Warm, Cold

Whenever kids are exposed to the weather, their skin is also exposed to heat, humidity, sun, and sudden temperature changes (e.g. from aircon room to hot weather outside or even within a building). In addition, COVID-19 prevention SOPs still needs to be adhered, such as wearing facemasks which increases the humidity underneath it, and using hand sanitisers.

Sensitive skin cannot tolerate drastic changes in weather, e.g. from hot and sweaty to cold and dry. Heat can cause sweat/grime to accumulate in certain areas (e.g. forehead, neck, folds of elbows and knee). It's also not recommended to experience prolonged exposure to extremes of heat or cold. Frequent temperature

changes between aircon and outdoor environment, may cause kids to encounter these skin problems:

- **Prolonged sun exposure:** Without proper protection (e.g. sunscreen, UV-resistant clothing), skin irritation and/or sunburn can easily occur. Even when in shade, one can be exposed to the sun via windows, the car windscreen, etc.



Quick tip: Apply sunscreen with a minimum sun protection factor (SPF) of 30 on exposed skin (e.g. neck, face, arms, legs) before going out. Sunscreen comes off easily when rubbed, washed or when one sweats, so reapply again before going outdoors if more than 2-4 hours have passed. For sunburns, use products containing antioxidants, Vitamin A/C/E, and/or furfuryl palmitate.

● Use of facemasks:

Excessive humidity build up from sweat or moisture from one's breath may contribute to:



– **Rashes:** On skin area covered by the facemask.

Quick tip: Clean and wash affected skin area, then gently pat dry. Allow the skin to “breathe” from time to time. Apply a thin layer of petroleum jelly to affected areas (lip) before wearing the facemask (too thick and occlusive on skin might induce acne).

– **Acne:** Prolonged facemask usage may contribute to acne or pimples, even for children.

Quick tip: For mild acne outbreaks, treatment includes gentle, regular skin

care, i.e. topical retinoid, benzyl peroxide. This may necessitate regular intervals of gentle washing.

● Use of hand sanitisers:

Frequent use helps prevent the spread of COVID-19. While the use of sanitisers containing at least 60% alcohol is recommended, this can dry out the skin.



Quick tip: Use an appropriate amount to sanitise and apply moisturiser immediately after sanitising to prevent the skin from becoming too dry.

● Too much cold air:

Air-conditioning can make the hot weather more bearable, but it also

makes the air drier. Sitting in classrooms or houses with the air-conditioning turned on all day long can dry out the skin and make it itchy.

Quick tip: Cold air tends to be dry, so maintain the air-conditioner's temperature between 24-26°C. Stay hydrated by drinking at least 6-8 glasses of water a day. At home, use a humidifier in air-conditioned rooms to prevent the air from becoming too dry, or place a bowl of water as an alternative. Use moisturisers frequently to prevent dry skin especially over exposed areas (lip, eyelids and extremities).



Caring for dry/damaged skin

When it comes to skincare for children, it is important to use appropriate skin moisturising products after a shower/bath. Avoid products that contain alkaline pH or known fragrance allergens as they may irritate or sensitize the sensitive skin. Test any new products by applying a small quantity behind the ears (with thinnest skin) and look out for any allergic reactions and/or signs of discomfort after 5-7 days.

The type of moisturising products used also depend on an individual's skin type and sensitivity, so you may need to test before settling on a suitable one. The most preferred types of moisturisers are:

- **Ointment:** “Richer” and thicker texture as it has higher oil content. Some children may dislike it because of the oily feeling but it locks in moisture better.
- **Lotion:** Higher water content and more liquid, it does not have the same oily feeling. Thus, it may not lock in moisture as well as a cream-based moisturiser.

Other skin-friendly ingredients in moisturisers include colloidal oatmeal (fine powder oatmeal) and skincare products containing anti-oxidant, liquorice extract and prebiotics which help to soothe itchiness and repair the skin microbiome. Generally moisturisers are best applied after a shower to retain moisture, and before bedtime.

Stay alert

A child's first reaction to itchiness is to scratch. Preventing skin dryness can avert a lot of suffering from itchiness, irritation and constant scratching which may result in broken skin and inflammation. Protecting your child's skin is something you will need to do 24/7, especially in Malaysia due to the hot and humid weather. Don't ignore if the skin problems persist and check with your doctor for advice on what to do. **PP**

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Enhancing Children's Immunity More Than Ever!

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

Studies have shown that probiotics can provide both adults and children various health benefits. With the ongoing COVID-19 pandemic, more parents have gained greater awareness of the importance of enhancing their children's immunity, and doing all they can to keep them safe.

Immunity vs pandemic

The Malaysian Ministry of Health is currently providing free vaccinations to prevent COVID-19 from spreading rampantly. This is being carried out in three phases:

- **Phase 1:** healthcare workers and other key personnel
- **Phase 2:** elderly, vulnerable with comorbidities and the disabled
- **Phase 3:** general adult population

However, at the time of writing, these vaccines will not be given to children under 12 years as clinical trials are still ongoing. Still, there are some worries as cases were reported when schools reopened. This means that their exposure to COVID-19 and also other diseases will increase.

It is therefore important for kids to strengthen their immunity in other ways. Parents should play their part by emphasising healthy lifestyles based on a few simple yet important basics, e.g. eating nutritious food especially fruits and vegetables, getting plenty of exercise, drinking enough water daily, managing stress levels and getting enough sleep daily for the body to recuperate.

Good digestive health enhances immunity

Another way to enhance both you and your child's immunity is by paying special attention to your digestive health. This is because the **gut (which includes gastrointestinal tract) is our body's first line of defence against infections, thanks to our gut microbiota**, or so called the collection of microorganisms (e.g. bacteria,

virus, yeast, etc.) that live in our digestive tract system.

The gut microbiota plays a major role in our immune system in a variety of ways as it **helps reduce pro-inflammatory proteins or chemicals, alerts our body's immune cells to the presence of infection-causing pathogens, and even directly competes against**

disease-causing pathogens.

A healthy balance or ratio between the good vs bad gut microbiota is necessary to enhance the process of immunity.

However, we sometimes experience a condition termed dysbiosis, where the balance of good vs bad bacteria in the gut is disrupted. This will weaken

or disrupt the normal functions of our digestive and immune system, thus causing various digestive symptoms such as diarrhoea, vomiting, abdominal pain to occur, or even allowing pathogens to flourish, thus causing illnesses and infections. Among the common factors that potentially lead to dysbiosis include:

• **Poor & non-healthy dietary intake:**

Frequent consumption of low-fibre food, excess intake of refined carbohydrates, processed foods, sugary foods and starchy vegetables (such as potatoes), and sudden dietary changes. Other culprits include artificial sweeteners and food products that contain a lot of food additives (e.g. preservatives, food colouring, etc).



• **Poor dental hygiene:**

Poor oral hygiene can lead to problems such as caries or gum disease.



• **Certain medications:**

Antibiotics kill both good and bad gut microbiota but not viruses, so don't demand antibiotics when you see a doctor. However, if prescribed, take the proper dose



at the recommended time and finish the antibiotic course. Other medications that can potentially influence the imbalance between the good and bad gut microbiota include acid-suppressing medications, over-the-counter pain killers and steroids.



Prolonged stress: Stress can cause the release of hormones, and some inhibit good bacteria in the gut thus leading to dysbiosis. Some hormones also interfere with the immune system,

and suppress it or cause inflammation. It's important to find constructive ways to deal with stress, especially with the uncertainties and disruption during the pandemic. Since stress affects children as well, ensure your child gets enough time for leisure activities, play and also rest and sleep.

Fortunately, we can also help to alleviate or prevent dysbiosis by including probiotic-rich foods in our diet. Probiotics are live microorganisms which confer positive health benefits to us. We can replenish the good bacteria in our digestive tract by consuming probiotic-rich food such as cultured milk drinks, yoghurt and other fermented food (e.g. cheese, *tempeh*, kimchi, etc).

Many studies have shown that probiotics can provide us with health benefits. Closer to home, a local study by researchers at Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM) in 2018 found evidence that probiotics in the form of cultured milk drinks (i.e. *Lactobacillus acidophilus* and *Lactobacillus casei* strains) provide noticeable improvements to digestive health and demonstrated positive influence on our immune system.

immunity of children. This is an important and very useful fact since children are dependent on herd immunity to remain safe from COVID-19. Parents should not neglect the importance of hygiene and prevention SOPs in the new normal. At the same time, make it a point to include probiotics in your child's diet. When you enhance the immune system, you will make a difference in lowering the risk of not just COVID-19 but also other illnesses such as coughs, colds etc. During this pandemic, every little bit of protection, strengthening and prevention is going to count! **PP**

Focus on prevention

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**Reference: Mokhtar N, et al. (2018). Modulation of intestinal dysbiosis in patients with constipation-predominant irritable bowel syndrome using lactobacillus containing cultured milk drink. Gut 2018;67:A70. https://gut.bmj.com/content/67/Suppl_2/A70.2

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Getting little picky eaters to eat or finish their meals is a common challenge for many parents. However, knowing the root cause of food rejection and adjusting the food preparation process may help.

How to Counter Picky Eating

By **Assoc Prof Dr Gan Wan Ying**, Nutritionist & Council Member of Nutrition Society of Malaysia (NSM)

Picky eating is a common occurrence in childhood but there is no single widely accepted definition. Although there are inconsistencies in defining picky eating, it has always been related to family stress and conflict during mealtimes. Many parents report their child as a picky eater, but very few of these children meet the diagnostic criteria for disordered eating.

However, picky eaters tend to have poor dietary variety and inadequacy in certain nutrients which may affect their growth and development. In this article, we will look at why

children refuse to eat certain foods, thus limiting their diet to a narrow or inadequate variety of food.

It is important for parents to understand the real reason behind why your child is saying no during mealtimes. Even more so if his eating habits are causing unintentional weight loss, if he is underweight, has poor weight gain as he grows, or if he is eating less than usual. On the flip side, some picky eaters prefer processed foods and high-calorie foods or snacks, which may increase their risk of becoming overweight or obese

Enticing the senses

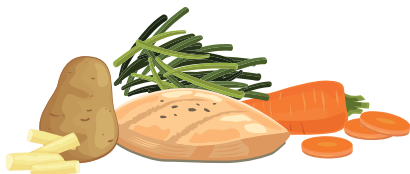
Children have a sensitive palate, making them picky with food and can be challenging to deal with. Start by identifying the reasons behind your child's pickiness towards the food and counter it by serving food that will appeal to his sense of sight, smell, taste and texture. Here are some common reasons why children are picky eating and how to address this issue.

Texture is too hard or fibrous

- Your child may find it too hard to chew or get tired from

chewing. Try different cooking methods (e.g. steaming, stewing, etc.) to “soften” these types of food.

- Size also does matter, so chop or dice ingredients to make them easier to cook and eat.



Texture is too soft

- Some food is on the soft side when cooked, but your child dislikes the mushy feeling in the mouth.
- Use fast cooking methods such as stir frying. Or cook those ingredients separately to avoid overcooking and add them in just before serving.



Dislikes the taste

- Many vegetables have a bitter taste. So chop them finely and use as ingredients to a bigger dish. This makes it harder to pick them out.
- Start off with small amounts and add to *popiah*, meatballs, *begecil*, omelette, chicken-lettuce wraps, or dumpling stuffing.



Dislikes the smell

- Smells can help attract your child's interest in certain

dishes. Pay attention to the freshness of ingredients, especially in meats and seafood. Some vegetables or herbs naturally have a strong smell.

- Try using spices or herbs based on your child's preferences. They can also mask smells of certain ingredients (e.g. steaming fish with ginger helps reduce some of the 'fishy' odour).



Looks unappetising

- Lack of visual appeal is a potential factor. One solution is to make the food appear more appealing, enjoyable and fun to eat.
- This can be done by cutting ingredients into shapes (try using cookie cutters, food moulds, cute food picks) and being creative with food arrangement. The Internet has plenty of ideas for this!



Don't give up!

Learn your child's food preferences to better cater to his tastes when preparing meals for him. This will help minimise food wastage and maximise your attempts to feed him. You will need a little persistence when attempting to introduce new and unfamiliar foods as it can take up to 20

attempts before he accepts them. Remember not to force him to eat as it could cause him to end up “hating” both you and the food! Always be positive when offering food by demonstrating how much you enjoy that food when you are asking him to eat it.

Prolonged episodes of picky eating can affect your child's growth and development in the long run as his diet may lack important nutrients (especially if only a few food types are accepted). Thus, it is vital to choose food wisely. Prioritise a nutrient-dense diet over a calorie-dense one, i.e. avoid sugary or oily foods as they tend to be high in energy but provide less nutrients. Your paediatrician may also recommend high-calorie, nutrient-dense oral nutritional supplements to support nutritional intake in picky eaters experiencing poor growth.

Be realistic in your expectations of your child's portion sizes. You may refer to the Malaysian Food Pyramid or Malaysian Healthy Plate concept (referred to as *suku-suku-separuh* or quarter-quarter-half) as a guide to feed your child.

Feeding your child is important, but don't stress out if your efforts seem to be in vain. Take a short break and try to feed him again. Just make healthy food choices available. You may involve your child in the meal preparation process and get creative. Enjoy the moment with your child and wonders may happen if you keep trying! **PP**

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Body weight improvement of 0.5kg in children aged 3 to 6 years with weight for height z-score between -1 to -3 in 28 days. Reference: Devaera, Yoga, et al. "Comparing Compliance and Efficacy of Isocaloric Oral Nutritional Supplementation Using 1.5 kcal/ml or 1 kcal/ml Sip Feeds in Mildly to Moderately Malnourished Indonesian Children: A Randomized Controlled Trial." *Pediatric Gastroenterology, Hepatology & Nutrition* 21.4 (2018): 315-320.

* Follow recommended intake per day (2 glasses for 1-3 years old, 3 glasses for 4-6 years old, 4 glasses for 7 years old) and used as supplement on top of a normal dietary intake of children.

** Calcium, Phosphorus, Vit D, Zinc

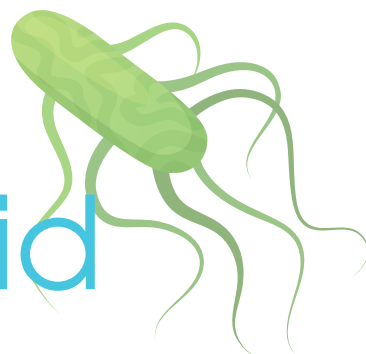
*** Milnutri™ Sure DHA (88mg/100gm) content is based on other Formula Dietary Food for children aged 1-10 in similar. Recommended Consumer Price within range of RM 90-115/kg basis as of May 2021.

† No sucrose were added during production nor detected in final product.

† Source: Euromonitor International Limited, Packaged Food 2021 ed, Groupe Danone in the growing up milk formula category for children aged 13 months onwards, value sales R\$R 2020 data. Nutricia part of Groupe Danone.



Food Handlers: The Frontliners against Typhoid



By **Dr Yong Junina Fadzil**, Consultant Paediatrician & Paediatric Cardiologist

The multiple movement control orders which started in March of 2020 have seen the mushrooming of food industries and delivery services. Home-based food businesses became a source of income for many, as was delivery services.

However, many of those involved in this industry may not be aware of the responsibilities that accompany the job of a food handler, be it the cook, the one who packs, distributes, or delivers. **People in the food industry, the food handlers, play an important role in**

preventing the spread of typhoid.

As consumers, we look forward to tasty, well-packed food at reasonable prices from the sellers and timely delivery with minimal to no spillages from the delivery service. Food that have gone bad, or contain strands of hair, would normally find their way to social media with bad reviews. As such, food handlers must ensure that proper SOPs are adhered to in ensuring that their premises are clean, and raw materials are stored accordingly.

In addition to these measures, however, **food handlers are also mandated by law to prevent typhoid, through routine vaccination.** The typhoid vaccine, in addition to proper training and medical checkups, go a long way in ensuring that the food that is delivered to us is clean and will not make us sick.

Typhoid facts

- Caused by *Salmonella enterica* serotype *Typhi* (*S. typhi*) bacteria
- Contracted by consuming contaminated food or water
- May spread through stool of infected individuals (patients/carriers)
- Symptoms: high fever, headaches, stomach pain, constipation or diarrhoea, poor appetite, lethargy
- Serious complications: intestinal perforation, gastrointestinal bleeding, encephalopathy, death



Food Hygiene Regulations 2009

- Regulation 31(1) states that a food handler shall be medically examined and vaccinated by a registered medical practitioner.
- Any food handler who fails to comply shall be liable to a fine not more than RM10,000 or to a jail term not more than 2 years.
- "Food handler" includes anyone who:
 - Is directly involved in the preparation of food
 - Comes into contact with food or food contact surfaces
 - Handles packaged or unpackaged food, or appliances, in any food premises

Food handlers: who are they?

- Cook/Chef
- Kitchen staff
- Waiter
- Cleaner
- Packager
- Cashier
- Delivery person



Why vaccinate food handlers?

Some people who contract typhoid (up to 5%) turn into **long-term carriers** after the illness has subsided and may inadvertently become the source of new outbreaks for many years after they are infected. These carriers function as a reservoir of the pathogen in endemic areas, including Malaysia.

Since food and beverages are the typical routes of typhoid transmission, people working in the food industry, particularly food handlers, play a critical role when it comes to assuring public health and avoiding typhoid outbreaks.

Vaccinating food handlers will prevent them from becoming unwitting carriers and spreading the pathogen to customers.

The growing resistance of *S. typhi* against antibiotics has also made treatment more challenging and expensive, thus underscoring the importance of vaccination in the fight against typhoid.

Getting the shot

Two types of typhoid vaccine are available:

- 1) inactivated typhoid vaccine (Vi-polysaccharide vaccine), which is administered as an injection, and
- 2) live typhoid vaccine (Ty21a vaccine), which is administered orally

Revaccination is recommended every 3 years for Vi-polysaccharide vaccine, and every 3-7 years for Ty21a vaccine.

Food handlers can get vaccinated at most government and private clinics

and hospitals, as well as at some local municipal councils. For example, the Kuala Lumpur City Hall (DBKL) offers a single dose of typhoid vaccine at RM60 for Malaysian citizens. It comes with a vaccination card, which is valid for 3 years.

Authorities have been reminding food business operators, including hawkers and food sellers at bazaars, night markets and home-based businesses to comply with these regulations. In fact, most local authorities require all food handlers to get the typhoid vaccine before their business licenses can be renewed. However, awareness and implementation may still be lacking, especially among smaller food businesses.

To sustain the effort in preventing typhoid outbreaks, food handlers, even those based at home, have to be aware of how vital their role is as frontliners against typhoid. This is the main reason why they are the only group which is required by law to be typhoid-vaccinated. It's not just about serving delicious food to customers, but also ensuring safe and clean food for everyone. **PP**

The Food Safety and Quality Division under MOH has provided a food safety guideline for food products sold online.



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How do you decide which foods your child should have? One way is by selecting foods with high nutrient density. Nutrient-dense foods are important for tackling feeding problems and malnutrition in children.

Nutrient-Dense Foods

Get the Best of Each Bite

By **Dr Sangeetha Shyam**, Nutritionist & Member of Nutrition Society of Malaysia (NSM)

Nutrient density refers to the **amount of beneficial nutrients in a food, in proportion to its volume, weight or energy content**. Nutrient-dense foods contain a high ratio of essential nutrients to energy. In contrast, energy-dense or “empty calorie” foods contain higher calories and/or fewer nutrients for the same amount of food.

For example, compare wholegrain bread and white bread. A slice of both types of bread contains about 60 kcal. However, a slice of wholegrain bread contains more fibre, calcium, iron, phosphorus, potassium, vitamin B2 and

vitamin B3, and less sodium than a slice of white bread. This means that wholegrain bread is more nutrient-dense and more nourishing to the body.

Examples of nutrient-dense foods include fruits and vegetables, whole grains, milk and dairy products, seafood, lean meats and poultry, eggs, peas, beans, seeds and nuts.

Tackling malnutrition

Some children tend to be picky about their food, eat less of what they should or have other

feeding issues. In certain cases, especially when the problem is not addressed early, it can lead to malnutrition problems such as obesity, underweight, wasting, as well as stunting. The National Health & Morbidity Survey 2019 reported 21.8% prevalence of stunting.

A diet focusing on energy-dense foods (e.g. sugary beverages, fried foods) may help these children to regain weight quickly, but not regain their normal physiological or immunological functions. Thus, a thin child may become obese, and yet remain undernourished.



Many overweight children are also stunted, indicating the lack of nutrients required for growth. **Weight gain is not the only indicator to determine if a child's growth is on track and if his/her diet is adequate. Height gain should also be measured.**

Therefore, nutrient-dense foods provide sufficient vitamins, minerals and other essential nutrients that contribute to the recommended nutrient intake required for optimal growth, while staying within calorie and sodium limits. A child's diet that prioritises nutrient-dense foods is key to preventing malnutrition and is also a fundamental strategy to remediate any malnutrition problems.

Food for thought

Do note that children with wasting and stunting have different requirements. A child with **wasting** has **low weight-for-height and higher energy needs**; thus, he/she could benefit from an energy-dense and nutrient-dense diet. Meanwhile, a child with **stunting** has **low height-for-age and does not necessarily require more energy**; thus, an energy-dense diet could lead to obesity if given to him/her. If you have any concerns about your child's health and growth, please consult a paediatrician to identify the problem and take further action.













Make the wise choice

Per 100g of	Milk 	Sugarcane juice 
Energy (kcal)	73	71
Protein (g)	3.5	0.4
Calcium (mg)	109	8
Iron (mg)	0.1	0.2
Potassium (mg)	98	58
Phosphorus (mg)	93	11
Vitamin A (µg, RE)	26	7
Vitamin B1 (mg)	0.03	0
Vitamin B2 (mg)	0.4	0
Vitamin B3 (mg)	0.8	0

Source: MyFCD

This table helps us see that both drinks have an equivalent energy density, but milk has a higher nutrient density compared to sugarcane juice. A glass of milk contains more calcium, potassium, phosphorus and vitamins than a glass of sugarcane juice, while providing almost similar amounts of calories.

Choosing nutrient-dense foods

Instead of this...	Pick this!
White rice 	Brown rice 
White bread 	Wholegrain bread 
Sandwich with processed meat 	Roast chicken sandwich 
Sweets & candies 	Fruits 
Potato chips 	Nuts & seeds 
Vanilla ice cream 	Plain yoghurt with fruits 

Nutrient-dense foods give your children the best out of each bite, and every nutritious bite counts at their young age. In our effort to fight malnutrition and non-communicable diseases, selecting nutrient-dense foods is a crucial step to complement other healthy practices - balance and moderate food intake, varied diet and regular growth monitoring. **PP**

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Imaginary Play

has Hidden Benefits

By **Dr Rajini Sarvananthan**, Consultant Developmental Paediatrician

Play is a crucial aspect of child development. Playing with dolls is a great example of this as it is a great way to teach your son or daughter about the intricacies of social skills such as empathy and sharing.

Since the dawn of time, children have been playing with toys of various shapes and sizes – dolls, stuffed animals, robots, or dinosaurs – and they are not type specific for boys or girls. Toys are a fun way of teaching children social norms in society, while pretend play can also encourage their imagination and creativity.

Pretend play, real benefits

There are a number of positive traits associated with pretend or role play using toys, namely:

- **Developing emotional skills.** Children create their own scenarios or mimic the adults around them and this helps them build important social skills such as empathy. Children can also learn how to express their emotions via role-playing e.g. caring for a 'baby' doll, playing with animal soft toys and feeding/bathing them, etc.
- **Stimulates social skills.** Pretend play encourages positive traits such as waiting, taking turns, sharing, empathy, caring, etc. It also encourages social interaction with peers,

which can be accomplished via role-playing with toys or during imaginary play.

- **Encourages closer parent-child bond.**

Your children may invite you to their tea party with their toy friends, or become a Captain who “sends” you to space. Playing together facilitates closer interaction and deepens the parent-child bond.

- **Increases creativity/ imagination.** Play encourages children to be imaginative and creative, e.g. by creating or emulating ‘characters’ and quite often not-your-daily logic or silly-yet-fun scenarios.

- Allow your children the freedom and flexibility to play as they wish as long as there are no dangers posed to them or others.

Children should also have the freedom to play with a variety of toys. As parents, avoid promoting gender stereotypes on toys as this can lead to gender-differentiated behaviour when they become adults. There is no harm in allowing boys to play with dolls or *masak-masak*, or letting your daughters play with toy cars and super hero figures.

While solo playtime has its merits, the adage “the more the merrier” also holds true. Try to arrange playdates with cousins or family friends. You should also make time to play with your children too. That’s because learning how to socialise is important, and when playing with others, encourage them to be helpful, kind and to share.

As your children grow older, they will start wanting their own space and time. Make allowances for this as it will help build their independence. At the same time, continue to encourage them to mix with their peers, but do keep tabs on their activity.

Select appropriate toys

Nowadays, we are spoiled for choice. Before you go on a shopping spree, be aware that most toys have a “shelf-life” as children tend to move on once they outgrow it. Buy toys that are age-appropriate and stimulating, but don’t neglect safety. Some toys may have easily-detachable parts (e.g. buttons, eye pieces, toy accessories, etc.), which are a choking hazard for babies and young children.



You should approach toys with a creative mindset. A ‘good’ toy should encourage your children to use their imagination. Toys need not be expensive! You can even make your own out of recycled items, paper cutouts, old clothing, socks or even bits of yarn which can be turned into dolls/soft toys.

Nurture them

While toys and creative play are great ways to teach positive concepts and traits to children, parents should make an effort to bond with their children too. Think of the toy as a tool to help you stimulate growth and development, rather than something to keep them entertained while you attend to other business.

Avoid relying 100% on toys alone to stimulate a child’s imagination as this will not have the same result as playing together with them and guiding or teaching them the right concepts to develop their skills.

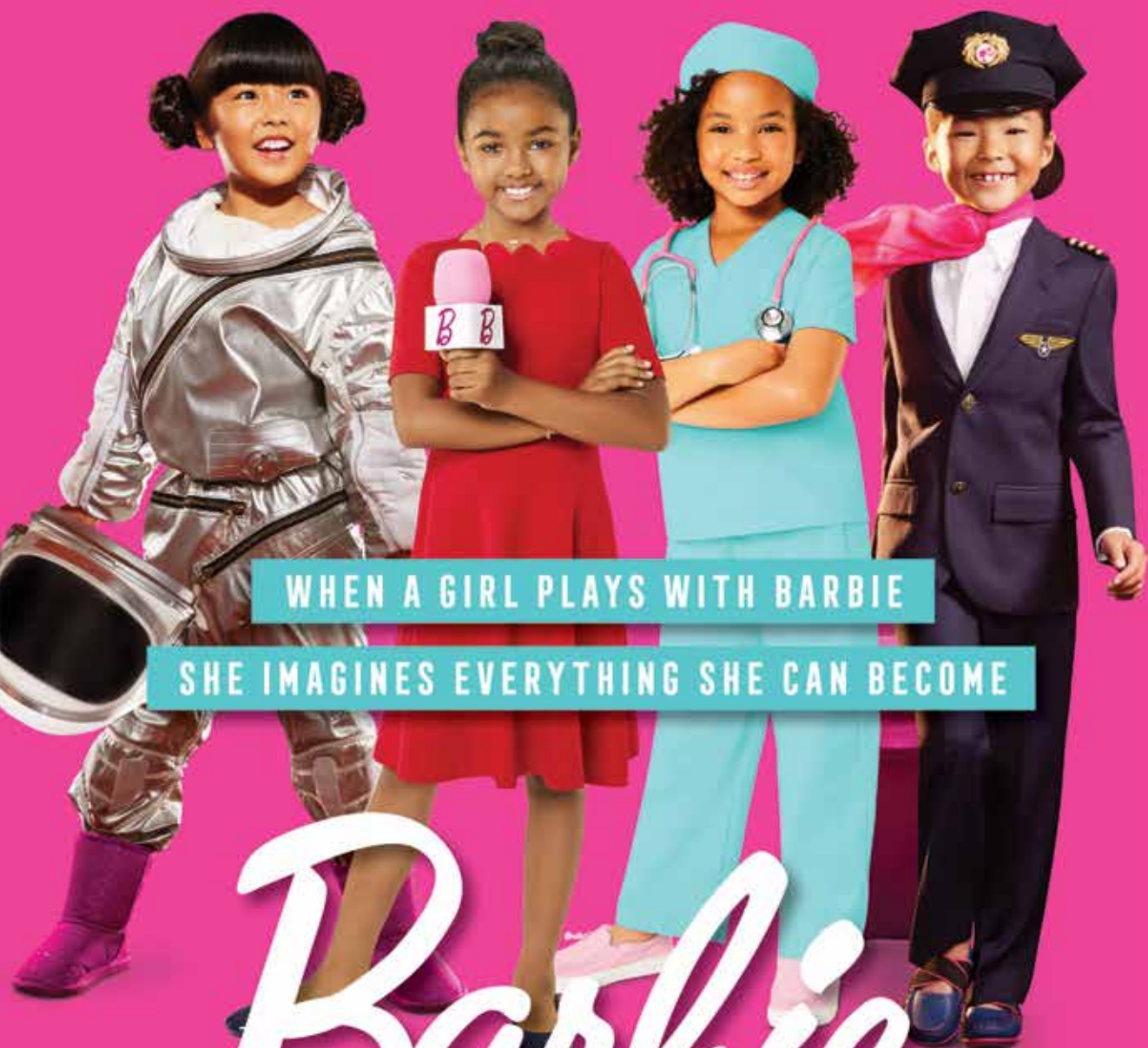
Most importantly, pay full attention to and listen to your children without becoming distracted by digital gadgets or other things. Practise being fully present with them. It is when parents spend quality time with their children by playing, interacting and connecting with them, that children grow up caring, creative and confident. **PP**



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Road Safety for Teenage Drivers

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

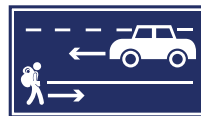
The road can be a dangerous place for the unwary. Pedestrians and anyone using a motorised vehicle (car, motorcycle, or even electric scooters) are at risk of road accidents. It is crucial for parents to teach teenagers about road safety from a young age.

Pedestrian road safety and awareness should form the basis, as it will help your teen to better relate to the dangers that he may pose to pedestrians when he is driving.

The important basics that everyone should know:



- Walk on **pedestrian footpaths** or **away from traffic**.



- Walk **facing oncoming traffic** and stay alert by watching the road and surroundings.



- Use an **overhead pedestrian bridge or road crossing** to cross a road.



- **Avoid distractions** when walking/jogging/cycling (e.g. texting, listening to loud music on earphones, etc).

- **Never assume** that oncoming drivers of vehicles can see you and **be prepared to move away**.

Getting a licence

Legally, a teenager can obtain a driver's licence by 16 (motorcycle) or 17 (car). You should not rely solely on driving schools to teach your teen about road safety. You can still groom your teen into becoming a responsible and safe driver.

Road accidents can be caused by many factors. Listed below are some of the key ones that your teen should pay attention to:

- **Driving while distracted.** This is a common cause of accidents; distractions can come in the form of talking/joking with passengers, talking on the phone, texting, eating or drinking. Also, remember to keep both hands on the steering wheel!
- **Lack of driving experience.** This can lead to poor judgement in:
 - accurately gauging a safe speed when taking turns or sharp corners
 - estimating distances when parking or manoeuvring through traffic
 - reacting poorly in emergency situations

- **Impaired judgement/fatigue.**

Driving under the influence of drugs and/or alcohol is a recipe for disaster and parents must be strict when it comes to prohibiting such behaviour. Similarly, avoid driving when feeling too tired or sleepy (especially driving long distances or over an extended period of time); instead find a safe location to stop for some rest/sleep. Remember medicines that cause drowsiness.

- **Poor driving conditions & road hazards.**

Heavy rains can cause bad visibility or flash floods; in this situation, it is better to find a safe place to stop and wait out the weather. Avoid driving with your hazard lights on; these should only be used if you are forced to stop on the roadside. Road hazards can be spotted early if your teen is observant and focused while driving, giving him ample time to react appropriately.

- **Poor maintenance.** Vehicle servicing and maintenance is crucial to ensure your car is roadworthy and safe to use. If you want your teen to be responsible for this, teach him what needs to be serviced or maintained.

P for Patience

Many Malaysians have a rather blasé attitude when they are on the road. Traffic rules/laws are there for public safety thus should not be disregarded. Disregarding them will increase the chance of an accident happening.

Children excel at imitation, and they will rapidly pick up your driving habits and etiquette. If you teach them the correct way to drive yet do not adhere to what you have taught, your lessons will not hold any water.

Patience is certainly a virtue that most drivers lack, so do teach your teen how to practise patience on the road. Do also prepare him or her how to deal with road bullies, lousy drivers, or nasty queue cutting behaviour. It is sometimes better to just give way and be kind on the road, rather than to prove your point as a disgruntled driver.

Start them young

As a parent, you must remember to drive carefully and responsibly, especially when your child is observing. If you consistently fail to show

a good example, then you cannot expect them to pick up good habits. You'll probably see the ugly side when he drives you around one day!

Start forming your teen's foundation on road safety awareness from young; it is an essential skill not just for him when he is a pedestrian, but also once he starts driving. Being aware of potential road hazards as a pedestrian will help him become a better driver someday, more considerate towards pedestrians and other road users. **PP**



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Food handlers are one of the biggest contributors to foodborne diseases.¹

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Ask your doctor about typhoid prevention today!

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