

Positive Parenting Malaysia

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

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Precocious Puberty

When Children Mature Earlier

Essential Life Skills

for Children

Virtual Learning
Concerns and
Consequences in
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Virtual Learning May Play a Larger Role in Future

With the COVID-19 pandemic still showing no signs of fading, both parents and children's daily lives continue to remain affected. Despite many schools reopening, the risk of infection remains and this is one of the reasons why some look at virtual learning as a new means of continuing our children's education in a safe environment.

In this issue, we look at parental concerns regarding virtual learning and possible consequences to children's academic performance. Of course, parents will need to continue playing a proactive role in guiding their child as teachers may face difficulties in monitoring an entire class online.

We also explore other topics such as male fertility issues, common myths surrounding pneumococcal diseases, gastrointestinal symptoms in children, and even how to prevent eczema flare-ups from occurring.

We sincerely hope that you will find the information in this issue of Positive Parenting to be of use in your parenting journey. Should you wish to read any of the older articles from the previous issues of the Positive Parenting Guide series, you can find them online at our website. Positive Parenting is also on Facebook and Instagram, which are often updated regularly with quick tips, links to articles, infographics and short videos.

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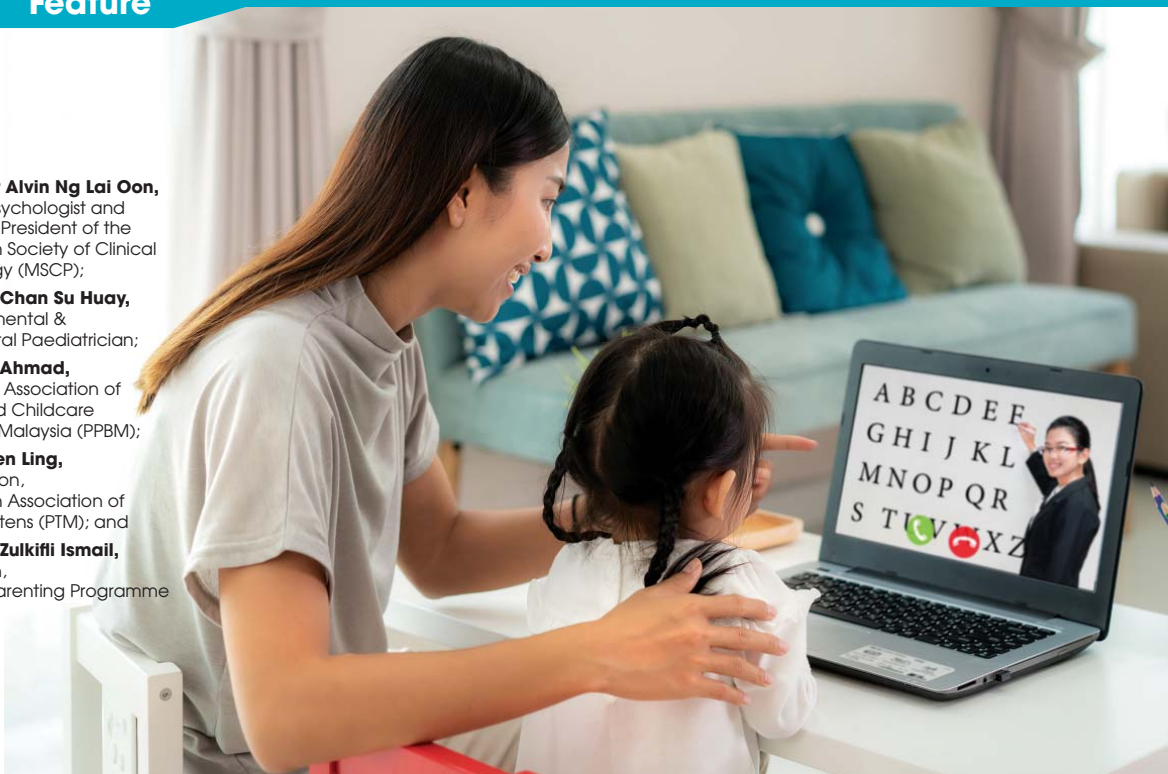
By **Prof Dr Alvin Ng Lai Oon**,
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Virtual Learning Concerns and Consequences in Children

Numerous articles have elaborated on how COVID-19 has impacted us during these past two years. Even our little ones are not spared from the widespread impact.

Indeed, nearly 2 billion children worldwide have been affected, particularly due to school closures caused by the on-going pandemic. Because

of this, there is a rapid rise of virtual learning, also known as online, distance, remote or e-learning, whereby teaching is undertaken remotely, mostly at home, away from the typical classroom setting and on digital platforms.

Therefore, it is pertinent to look at the concerns and consequences linked to prolonged virtual learning in children, so that parents and educators can help them to cope with the situation, even as the school is reopening, whether fully, gradually or in hybrid physical-virtual mode of learning.

The two sides of virtual learning

If you are a working parent, you may have realised by now all the challenges and advantages that come with working from home. Similarly, there are concerns as well as benefits associated with virtual learning that your child may have experienced since they first started their online classes in early 2020.

According to **Prof Dr Alvin Ng Lai Oon**, "One of the major issues is the sudden shift from the typical physical classroom

setting to digital and remote learning. Children and teachers who have never used Zoom, Google Classroom or any other online platforms had to quickly adapt to these digital platforms when the lockdown was first imposed. Then, there are also concerns about the lack of equal access since not every family can afford to provide enough appropriate e-learning devices for their children and not all areas have strong and stable internet connectivity to facilitate e-learning. This could lead to a digital divide among our children."

The clinical psychologist continues, "Virtual learning has also potentially increased screen time and decreased physical activity among children. Plus, it may result in a decrease in engagement and interaction with peers and other people outside of the family. The lack of structure in children's day-to-day routine may also affect their learning. For children with special conditions or learning disabilities, there are even more challenges, especially with the lack of support for virtual learning and the unstructured home environment that may not be conducive for their learning."

On the other hand, not everything about the situation is grim. **Dr Cindy Chan Su Huay** says, "There are some positive aspects of virtual learning such as the more flexible schedule at home compared to the rigid school schedule. Virtual learning also encourages self-paced learning and self-regulation as children can do

work at their own pace and pick up the skill to manage their own schedule."

"Some students may also find it easier to focus on their lessons through virtual learning as there are fewer distractions at home compared to a crowded classroom. There are also less social or peer pressure, especially for those who experienced bullying or discrimination at school. At home, children also learn new skills they may not get from school as they navigate online learning platforms, enrol in IT-related extracurricular classes or pick up new interests such as cooking or gardening," Dr Chan explains further.

She also states, "Children could also get more rest and sleep since they no longer have to go through the morning and after-school rush, which is also a relief for parents as well! And since everyone is spending more time together at home, it presents a good opportunity to strengthen the family bond."

Virtual or physical learning: which is better?

To answer this question, it is necessary to reflect on the current reality in our country. Since our children transitioned to virtual learning in 2020, you may have heard of distressing news about students in rural areas going to extreme lengths just to get a good internet connection for their classes or exams.

According to Malaysian Communications and Multimedia Commission (MCMC), fixed broadband penetration rate in Malaysia is only at 34.5% as of the second quarter of 2020, with Kelantan and Sabah found to have the lowest rates at 12.2% and 16.1% respectively. Fixed broadband has better speed and reliability compared to the 4G connection via smartphones. And even if these children are living in places with stable connection, their family may





not be able to afford the high-speed connection or suitable digital devices for learning.

Dr Chan says, "For students who are fortunate enough to have access to regular, stable virtual learning, it is still challenging for them to maintain focus and stay engaged for the whole duration, since hours of looking at the screen can be mentally exhausting. Online interactions are also less efficient and impactful for many students and teachers. This is even more difficult for younger children as they have shorter attention span and typically require a more physically structured environment. They also prefer activities that are active and hands-on."

The developmental and behavioural paediatrician continues, "We are beginning to see that after two years into the pandemic, many students and teachers are experiencing 'e-learning fatigue'. Some students are starting to feel less motivated



to show up for classes or submit their assignments. There are pervasive worries among parents that children may be left behind academically and socially."

She also considers the counterpoint, "Admittedly though, older children with good self-management skills may benefit from the flexibility provided by virtual learning. Some early research shows that virtual learning, with the right tools and environment, may help some students learn faster compared to the traditional setting because they can learn at their own pace, revise, skip or accelerate through the syllabus according to their individual capabilities."

In the long term

We cannot foresee the future, but it's important to consider possible consequences of prolonged virtual learning in the long term so that preventive and restorative measures can be taken early.

According to Prof Ng, "Among consequences that we may see and have seen are social-emotional impacts such as disengagement and isolation. Without effective social connection with peers and teachers in the classroom, students may struggle to stay engaged and focused on the lesson. Furthermore, increased screen time due to online learning may reduce their one-on-one interaction, leading to social isolation."

"Disengagement and social isolation disrupt the development of social-emotional intelligence and skills needed for interpersonal relationship, emotional well-being and adapting to the society. Too much focus on the syllabus, rote learning, assignments and grades without any socialisation could result in the children growing into adults with problems adjusting into the society and independent adulthood," he adds.

The founding president of the Malaysian Society of Clinical

Psychology says, “In terms of mental health, there are also concerns that depression, anxiety and adjustment disorders could arise during the period of virtual learning and lockdowns. Uncertainties, pandemic concerns, financial worries, sedentary lifestyle, all these increase stress and reduce emotional well-being, possibly leading to prolonged mental health issues.”

Prof Ng continues, “Studies have also shown extended virtual learning may result in certain neuropsychological effects on the developing brains of young children. Typically, virtual learning requires students to rapidly switch between digital tasks and involves complex multi-method audio-visual stimuli. In the long run, this may affect the neural circuitry and brain structure, thus impeding attention, verbal intelligence and processing

speed. Cognitive overload during virtual learning may also impact learner satisfaction, comprehension, prioritisation and deep-level information processing. In the end, students may fail to understand what is being taught, and worse – lose interest in formal learning.”

Datuk Dr Zulkifli Ismail has this point to offer, “We may also see a decline in academic performance. Many students during this pandemic have been unable to catch up with the standard syllabus and are falling behind their peers. The lack of assessment and direct interaction during virtual learning has also made it more difficult for teachers to detect these children with learning issues and provide help for them.”

The chairman of Positive Parenting also mentions about physical health, “Staying at home has also increased

sedentary lifestyle among children and affected their physical health. Children tend to exercise less and consume more processed, sugary or salty foods. They also experience poor sleep and eyestrain due to increased screen time. A new term, “covibesity”, has even been coined to describe the prevalence of weight gain during the pandemic.”

Prof Ng adds, “In fact, sedentary lifestyle and reduced physical activity may also contribute to neuropsychological decline since a healthy and fit body is better equipped to facilitate cognitive abilities and executive functioning, which are important for their learning and development.”

Roles of parents

During virtual learning at home, parents play a major role to facilitate the process and help their child cope. Here are some insights from **Pn Anisa Ahmad** on what you can do:

- **Build rapport with teachers:** Communicate with your child’s teachers so that you are in the loop about all the activities and tasks that your child has to participate in. Two-way communication with teachers is important so that each party can help each other out for the benefit of the child.
- **Create a special corner:** Set up a dedicated fun learning space for your child to have their virtual learning. Let them add their favourite toys or story books to customise the space. After their virtual classes, allow them to play or do some hands-on activities on their own at the space.
- **Supervise e-learning sessions:** If your child is younger, you may have to accompany them during the whole session. If the child is older, you only have to monitor them from time to time and ask if they need any help from you.



The president of the Association of Registered Childcare Providers Malaysia also stresses that “E-learning for children below 2 years old should not take more than 10 minutes per session as their attention span is very short and the purpose is only to build trust and engagement with their teachers. For older children in kindergartens, don’t force them to stay for more than 20 minutes of virtual learning per session as the main purpose is for them to engage with their peers and teachers and build their social-emotional skills. Most importantly, limit screen time outside of e-learning.”

Ms Eveleen Ling also shares some tips on e-learning:

- **Make sure they’re on track:**

Know their current progress and help them to catch up with their teachers and peers by explaining and providing examples. Keep updated with the teachers and take note of their assessment results and development.

- **Set a daily routine:** Even if they are not attending school, a schedule can help to create structure in their daily activities and fill up their days. Ask for their input when creating the schedule and be flexible.

- **Set rules and guidelines:**

For older children, this may be necessary to keep them disciplined and organised. This is also a way to let them know about your expectations.

The chairperson of Malaysian Association of Kindergartens adds an important reminder to parents, “Don’t be too hard on yourselves! Do your best to accommodate your child’s

e-learning while trying to fulfil your other responsibilities. But remember you are not trained as a teacher and not supposed to replace teachers’ roles completely.”

Going back to school

Schools and kindergartens have been going back and forth between closing and opening since the start of the pandemic. The recent school reopening in October has been conducted in gradual and partial manner as the authority is still cautious about full reopening.

According to Pn Anisa, “Allowing children to return to schools, kindergartens and childcare centres are necessary as parents return back to work. But most importantly, this provides an opportunity to nurture children’s social, emotional and physical development. Physical learning also provides a suitable space and environment for conducive learning, offers access to other resources and lets children get regular exercise.”

“Don’t worry about sending your child to TASKA as we have strict SOPs in place, which is recognised by UNICEF. We strive to always provide the safest learning environment to children. Plus, it is compulsory for all teachers and childcare providers to be fully vaccinated,” she adds.

Ms Eveleen states, “The virus is here to stay with us, so parents and teachers should continue to follow the SOPs, such as



wearing masks, safe physical distancing, practising good hygiene, self-testing, avoiding crowded places and filling up the health declaration forms. Monitor children’s health and well-being, their learning progress and attendance as well as local case trends to adapt to the situation and be ready for any changes.”

Meanwhile, Datuk Dr Zulkifli reminds parents to “Get your children vaccinated against COVID-19 once they are eligible to receive it. Don’t miss the routine vaccines and other recommended vaccinations as well!”

And this is Prof Ng’s final point: “Look out for children’s mental health too! Be alert of signs of distress or anxiety in them and provide appropriate emotional support to affected children.”

The sudden and unplanned shift in education approach from physical to virtual learning and the unpredictability of the pandemic situation are the main factors that lead to these concerns in virtual learning. Thus, parents need to be aware of their important role in helping their child cope and adapt with the new situation. There is no doubt that virtual learning has potential and place in the future of education, but it is necessary to fine-tune its approach according to the needs of our children. PP

Male Fertility

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

It is estimated that half of infertility cases worldwide are due to male infertility. For women, the quantity of eggs in their ovaries is determined at birth and will naturally decline as they age. For men, their testicles are capable of producing millions of new sperm every day, but this process depends on making and delivering normal sperm. Male infertility can occur if the testicles fail to produce healthy and motile sperm.

The main causes of male infertility are:

- **Sperm disorders**

Typically caused by chromosomal abnormalities which leads to low sperm count, poor sperm motility and abnormal sperm.

- **Retrograde ejaculation**

Also called a 'dry orgasm', it refers to a situation where semen is released into the bladder during orgasm, thus resulting in little to no semen being ejaculated.

- **Immunologic infertility**

Occurs when the immune system targets the sperm, resulting in a decline of sperm production and also impaired sperm motility.

- **Obstruction of sperm passages**

Obstructions may occur in the epididymis (the tubes that connect to the testicles), vas deferens (the tube connected to the epididymis) or the ejaculatory duct (the tubes that allow the sperm to exit).



- **Varicoceles**

This condition refers to enlarged veins in the scrotum, and it can cause low sperm count due to poor blood flow to the testicles.

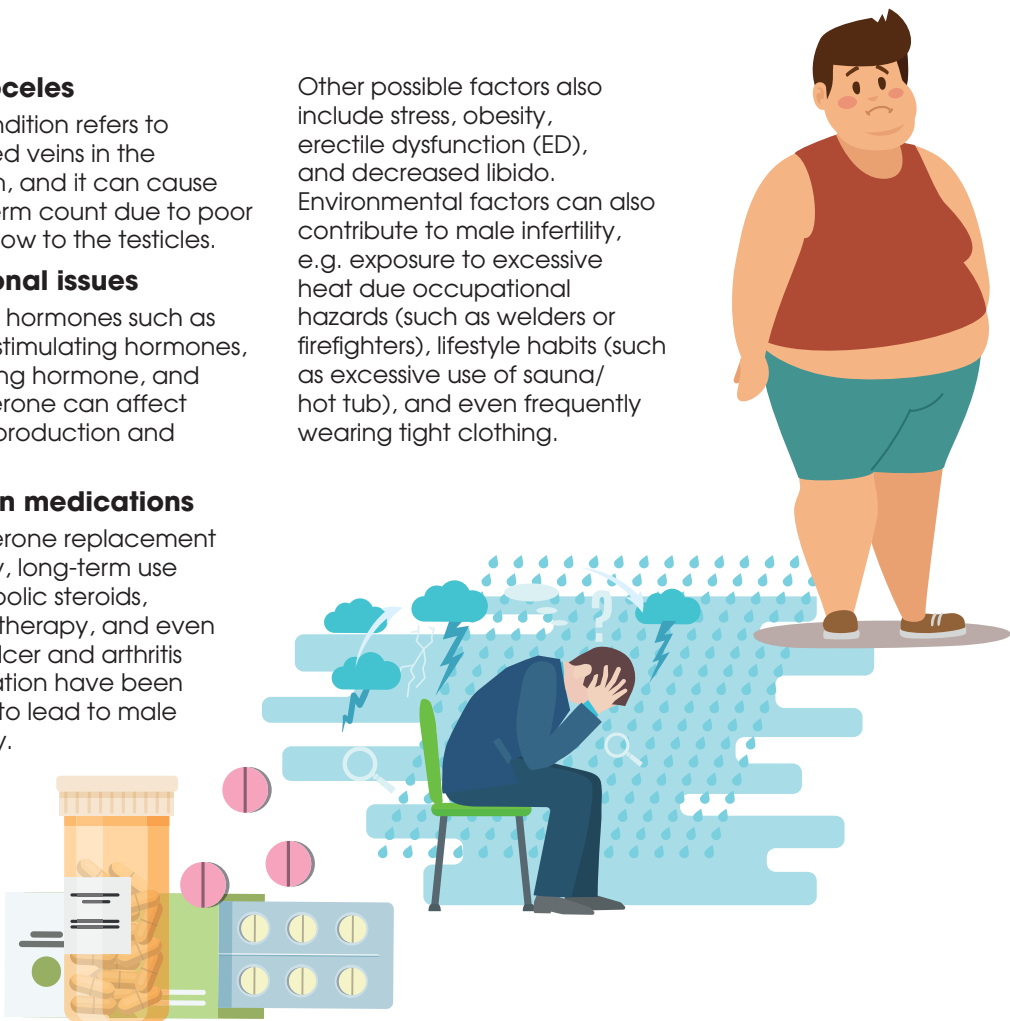
- **Hormonal issues**

Certain hormones such as follicle stimulating hormones, luteinising hormone, and testosterone can affect sperm production and motility.

- **Certain medications**

Testosterone replacement therapy, long-term use of anabolic steroids, chemotherapy, and even some ulcer and arthritis medication have been known to lead to male infertility.

Other possible factors also include stress, obesity, erectile dysfunction (ED), and decreased libido. Environmental factors can also contribute to male infertility, e.g. exposure to excessive heat due occupational hazards (such as welders or firefighters), lifestyle habits (such as excessive use of sauna/hot tub), and even frequently wearing tight clothing.



Dealing with male infertility

In order to cope with it, take the initiative to get a proper diagnosis. This will involve consulting a doctor who will do the necessary physical examination. You will also need to provide a semen sample for analysis, as this will reveal crucial information such as the sperm volume, count, concentration, movement and structure. Blood samples may be taken to provide further information on your hormone levels as well. You may also be required to undergo further tests that involve procedures such as ultrasound or biopsy.

The treatment will be dependent upon the results

of these tests, and many problems can be managed with changes to your lifestyle, medication and/or surgery. If this still fails to result in natural conception, you may then opt to try assisted reproductive techniques such as Intrauterine Insemination (IUI), In Vitro Fertilisation (IVF) and/or ICSI (Intracytoplasmic Sperm Injection). However, if there is no viable sperm at all, then your only other option would be to consider the use of donor sperm.

It's important to note that male infertility is not always permanent or untreatable. The crux of the problem lies

in acceptance of the fact that the male partner is the cause (or contributing factor) of fertility issues. Remember, having a baby requires both partners efforts, thus it is crucial for both to take equal responsibility not just for bringing up a child, but also for conceiving one. PP

An educational collaboration with





Why Does SORRY Seem to be the Hardest Word?

By **Mr Alexius Cheang**, Behavioural Psychologist

"Sorry seems to be the hardest word..." Many of us have listened to Elton John singing this evergreen love song as we were growing up and learning the pain of unspoken regrets. But is there any truth to this phrase, and why?

Any married couple knows that marriage is not a bed of roses. After all, 'there is no rose without thorns'. Mistakes will happen and can lead to bigger problems if they are left to fester. Sometimes, all it takes to remedy this is for one spouse to own up to a mistake and say sorry.

Why does conflict arise?

Be aware of possible causes that may lead to conflicts in marriage, such as:

- **Personality differences:** Many factors determine our personality, such as gender, upbringing, education and beliefs. A couple with different personalities can complement each other, but a clash of personalities may lead to conflicts.
- **Lack of time:** Being occupied with work or kids may cause couples to spend less quality time with each other. This leads to a lack of romance and intimacy, which are important to sustain a good relationship.

- **Poor communication:**

Hiding secrets, evading tough conversations or failing to listen – these are signs of ineffective communication in a marriage. Effective communication is crucial to avoid misunderstandings in a relationship.



- **Money matters:** Financial problems can destabilise even a happy marriage. In addition, poor money management and trust issues between couples are also common factors of conflicts involving money.

- **Third parties:** The interference of a third party in a marriage is among the biggest factors of conflicts and even divorce! This includes secret love affairs, intrusive in-laws or bad peer influences.



The hardest word

Some people refuse to say sorry because they want to subconsciously avoid feeling shame, which may reinforce their own negative self-image. Others may equate

apologising with weakness and making themselves feel vulnerable. There are also those who believe that since their mistakes are not intentional, they therefore have nothing to apologise for.

There are various reasons why people do not say sorry, but apologising is actually an important social ritual to show respect and empathy to the offended party. A genuine apology helps to validate the feelings and perceptions of the offended person. It is also a way to resolve conflicts, rebuild trust, and restore social harmony. In fact, apologising can actually help the offender (even if it was unintended) to overcome the guilt and shame they feel.

Say it right!

Refusing to apologise is one issue, but giving a poor apology can also be a problem. Here are some tips to making an effective apology:

- **Acknowledge and own up:** It's hard to say sorry if you are not even aware of the things that you did wrong. Asking for clarification and acknowledging the hurt caused shows that you understand why it hurts the other person. E.g. "I realise that my words have offended you and I'm sorry."
- **Ask for forgiveness:** Apology is a two-way street. After you've stated that you're sorry or admitted that you're wrong, ask for forgiveness from the wronged person to give them a chance to respond. Let them know that it is up to them to forgive you or not.

- **Don't shift the blame:** Trying to blame someone or something else prevents you from apologising effectively. Don't say "I'm sorry, *but...*" or "I'm sorry *if* I hurt you." Avoid making excuses, especially by pointing out how they (the person you hurt) or someone else provoked you into making the mistake.
- **Make up for your mistake:** Let them know what you can do to repair the situation or how you will try to improve. E.g. "I'll replace the money that I've mistakenly used once I receive my salary," or "I'll take an anger management class to help control my anger issue."
- **There are no winners or losers:** Both sides need to realise that saying sorry

does not mean that one side is a winner and the other is a loser. Being willing to apologise and forgive means that both parties value their relationship together more than their own egos.



No one is perfect, and making a marriage work requires effort from both parties. This is why accountability and forgiveness are vital ingredients for a happy marriage. We should strive to acknowledge a mistake and repair it, by working through the negative emotions and learning to improve for the sake of the relationship. These are the key elements needed to sustain a long-lasting, positive and supportive relationship with your partner so you can continue to grow together as a couple. PP

Beware of Vector-Borne Diseases

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

Some of us may be familiar with the mosquito fogging that is occasionally conducted by the authorities around our neighbourhood. This is one of the preventive methods to prevent vector-borne diseases spread by mosquitoes. Let's learn more about vector-borne diseases!





Vector-borne diseases (VBDs) are a type of communicable disease caused by parasites, viruses or bacteria that are transmitted by vectors. More than 17% of all infectious diseases are due to vector-borne diseases, which cause more than 700,000 deaths annually. Some VBDs, such as dengue and Japanese encephalitis (JE), are endemic in our country as proven by the annual cases and deaths. For example, 9 JE cases with 1 death were reported in Malaysia during the first half of 2020. Meanwhile, more than 20,000 dengue cases have been reported in Malaysia this year as of October.

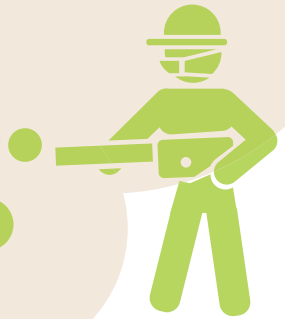
What is a vector?

Vectors are living organisms that can transmit infectious pathogens between humans, or from animals to humans. Typically, they consist of insects or other arthropods, which consume pathogen-containing blood from an infected host (human or animal) and later transmit the pathogen into a new host.

Examples of vectors and diseases

Vector		Disease caused
Mosquito	<i>Aedes</i>	Chikungunya Dengue Lymphatic filariasis Rift Valley fever Yellow fever Zika
	<i>Anopheles</i>	Lymphatic filariasis Malaria
	<i>Culex</i>	Japanese encephalitis (JE) Lymphatic filariasis West Nile fever
Aquatic snails		Schistosomiasis (bilharziasis)
Blackflies		Onchocerciasis (river blindness)
Fleas		Plague (transmitted from rats to humans) Tungiasis
Lice		Typhus Louse-borne relapsing fever

Vector	Disease caused
Sandflies	Leishmaniasis Sandfly fever (phlebotomus fever)
 Ticks	Crimean-Congo haemorrhagic fever Lyme disease Relapsing fever (borreliosis) Rickettsial diseases (e.g. spotted fever and Q fever) Tick-borne encephalitis Tularaemia
 Triatome bugs	Chagas disease (American trypanosomiasis)
Tsetse flies	Sleeping sickness (African trypanosomiasis)



What leads to the prevalence of VBDs?

Around 80% of VBD cases typically happen among 20% of the host population, mostly in developing countries located in tropical and subtropical regions and among the poorer populations. Various factors contribute to the rise of VBD cases, particularly those that allow and promote these vectors to thrive in the environment and be exposed to humans.

The process of urbanisation and other human factors are among the main drivers of VBD emergence and prevalence. Human population growth necessitates the expansion of residential and agricultural land, thus pathogens may spill over from natural environments into new hosts due to an increased host-vector exposure.

Other factors linked to urbanisation include inadequate housing as well as poorly designed irrigation and water systems. The rapid expansion of global trade and transportation is also a major factor. Apart from that, environmental factors such as climate change, loss of

biodiversity, deforestation and other types of disruption to the ecosystem have also been identified as part of the problem.

How can we mitigate the problem?

One of the main strategies to tackle VBDs is through the control of disease vector populations. This can be achieved via **environmental management** to reduce and eliminate vector breeding grounds, for example by removing standing water where mosquitoes lay eggs.

In addition, **biological and chemical controls** such as with bacterial larvicides, larva-eating fish, indoor sprays, fogging as well as chemical pesticides are among the more common methods applied currently. Another approach is to use **personal protection and preventive methods** such as insecticide-treated bed nets and door/window screens at home, or by wearing long sleeves and using insect repellent when going outside.

Vaccination should also be part of the solution. Currently, only 2 VBD vaccines are

available in Malaysia: JE and yellow fever vaccines. In Malaysia, **JE vaccine is provided as part of the national immunisation programme for children in Sarawak**. Meanwhile, **yellow fever vaccine is recommended** for those who are **travelling to countries with a high risk of yellow fever transmission**. A dengue vaccine is available, though not in Malaysia and a few others will be available soon; meanwhile, vaccines against malaria are currently being assessed in some countries.

The prevalence of VBDs is linked to various human and environmental factors, especially due to unsustainable development and disruption to the ecosystem. Improvements at policy level are necessary to address the issue in the long term. At the ground level, an integrated programme with vector reduction and immunisation will be more effective and sustainable in making sure that you and your family are healthy and safe from VBD threats. PP

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Japanese encephalitis

A SMALL bite with BIG consequences



Spread through the bite of infected mosquitoes, **Japanese encephalitis (JE)** is the most important cause of viral encephalitis in Asia, **and can be fatal.**¹⁻³ It is endemic to our part of the world – Southeast Asia and the Asia-Pacific region.¹⁻³

JE is endemic to our part of the world.¹

Around 8 out of 10 cases involve children under 15 years old.²

Nearly **68,000** cases annually.¹

Signs and symptoms^{2,4}

Most people who are infected develop mild symptoms or no symptoms at all.^{2,4} The incubation period is 5 – 15 days, and infection may start with symptoms.^{2,4} Children and the elderly most commonly suffer a symptomatic illness, which can be severe.^{2,4}

Early symptoms^{2,4}

- fever
- headache
- nausea
- vomiting
- fatigue
- body tremors

Severe symptoms^{2,4}

- confusion
- stiff neck
- muscle weakness
- seizures

Serious and Life-Long consequences

- **30%** of patients do not survive.^{1,3}
- **Up to half of survivors** will suffer from permanent neurological damage.¹⁻³

There is no specific therapy for JE. Severe illnesses are treated by hospitalisation for supportive care and close observation. Rest, fluids and use of pain relievers and fever medication may relieve some symptoms.^{1,4}

Don't take any chances.

Ask your doctor how you can protect yourself and your loved ones from JE.

References

1. World Health Organization. Japanese encephalitis. Available at: <https://www.who.int/en/news-room/fact-sheets/detail/japanese-encephalitis>. Accessed on 12 November 2021. 2. National Health Service, UK. Japanese encephalitis. Available at: <https://www.nhs.uk/conditions/japanese-encephalitis/>. Accessed on 12 November 2021. 3. Campbell GL, Hills SL, Fischer M, et al. Estimated global incidence of Japanese encephalitis: a systematic review. *Bull World Health Organ.* 2011;89(10):766-774E. 4. Centers for Disease Control and Prevention. Japanese Encephalitis. Frequently Asked Questions. Available at: <https://www.cdc.gov/japaneseencephalitis/qa/index.html>. Accessed on 12 November 2021.

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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

14

19A

19F

6B

6A

**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**



**Pneumonia -
Inflammation of the lungs⁷**



**Meningitis -
Inflammation of the brain⁷**



**Acute Otitis Media
- Middle ear infection⁷**



**Bacteraemia
- Blood infection⁷**

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

References:

1. Fast Facts You Need to Know about Pneumococcal Disease | CDC. Available at <https://www.cdc.gov/pneumococcal/about/facts.html>. Accessed on 6th Apr 2021.
2. Arushothy, R et al. (2019). Pneumococcal serotype distribution and antibiotic susceptibility in Malaysia: A four-year study (2014-2017) on invasive paediatric isolates. Risk Factors and Transmission | CDC. Available at <https://www.cdc.gov/pneumococcal/about/risk-transmission.html>. Accessed on 6th Apr 2021.
3. Weiser, JN., et al. (2018). Streptococcus Pneumoniae: Transmission, Colonization and Invasion
5. Pneumococcal Vaccination: Summary of Who and When to Vaccinate | CDC, Available at <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html>. Accessed on 6th Apr 2021.
6. Pneumococcal Disease | Washington State Department of Health. Available at <https://www.doh.wa.gov/YouandYourFamily/Immunization/DiseasesandVaccines/PneumococcalDisease>. Accessed on 6th Apr 2021.
7. Symptoms and Complications | CDC. Available at <https://www.cdc.gov/pneumococcal/about/symptoms-complications.html>. Accessed on 6 Apr 2021.



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Myths and Facts: Pneumococcal Disease

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

When it comes to pneumococcal disease, there's a lot of misinformation floating around. Here, we address some of the more common myths about pneumococcal disease.

Common myths:

Myth

Pneumococcal disease is not common.

Fact

Pneumococcal is a common cause of pneumonia among children, in the US it is the most common cause of invasive bacterial infection.

Myth

Pneumococcal disease is not serious.

Fact

The World Health Organization (WHO) reported that pneumococcal disease was responsible for 5% of global child mortality in 2012. Thus, do not take this disease lightly as it can cause life-threatening complications and even death.

Myth

Pneumococcal disease only causes pneumonia.

Fact

Pneumonia (lung infection) is just one of the possible infections caused by pneumococcal disease. Other possible infections include bacteraemia (blood infection), sinusitis (sinus infection), meningitis (infection of the lining of the brain/spinal cord) that can be serious leading to long-term complications such as brain damage, hearing loss and seizures, and otitis media (middle ear infection).

Myth

If you're a carrier of the bacteria that causes pneumococcal disease, you won't get sick from it.

Fact

This is only true if one's immune system is capable of keeping the bacteria from flourishing. However, the moment that your immune system fails to keep the bacteria under control, it will start multiplying. This means that being a carrier is similar to that of a ticking time bomb, but worse yet is the fact that carriers increase the risk of other people around them getting the disease.

Myth

Pneumococcal disease affects everyone equally.

Fact

Anyone can get pneumococcal disease but people at risk include children under 5 years, teens, adults with comorbidities, adults above 60 years old, and anyone with a compromised immune system (including immune deficient patients) face a higher risk of infection from pneumococcal disease, and also a higher risk of complications/death. Hence, it is crucial to protect this group of people and this can be achieved safely through immunisation.

Myth

There is only one strain of bacteria that causes pneumococcal disease.

Fact

There are around 100 known strains of *Streptococcus pneumoniae*. At present, available vaccines help protect against the most common strains of the bacteria.

Fact

The former is a viral infection while the latter is a bacterial infection. Although both may cause pneumonia, there is a difference, for instance in terms of how pneumonia develops/progresses; viral pneumonia usually occurs gradually but can be severe/fatal, while bacterial pneumonia usually occurs rapidly and may be aggressive/hard to treat.

Myth

COVID-19 and pneumococcal pneumonia are the same.

Take preventive action

As parents, don't overlook the importance of vaccination. If your child was born before 1 January 2020, he/she is not eligible for the pneumococcal vaccination under the National Immunisation Programme, so do ensure that he/she is vaccinated against pneumococcal disease.

In addition to young children, people with chronic health conditions (e.g. heart disease, diabetes, etc) and the elderly (60 years and above) also face greater risk of complications if infected by either COVID-19 or pneumococcal disease. Should any of your family members fall under this category, vaccination against pneumococcal disease is highly recommended. PP



An educational contribution by



Malaysian Paediatric Association



Eczema is a group of conditions (e.g. atopic dermatitis, contact dermatitis, seborrheic dermatitis, etc) that cause skin inflammation, leading to itchiness and a rash-like appearance.

Eczema

Stop that Flare-up from Happening

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



Although there is no cure for eczema, it is possible to manage the condition, thus allowing children to live a relatively normal lifestyle. However, parents do need to take extra precautions in order to prevent flare-ups from happening.

Tips on minimising or preventing flare-ups:

- **Use suitable toiletries**

When showering, avoid harsh soaps and use pat dry with a soft absorbent towel. Avoid excessive bathing as it can also dehydrate the skin.

- **Not all fabrics are equal**

Avoid certain 'scratchy' fabrics (e.g. wool, polyester) and remove any clothing tags as these are potential irritants.

- **Be prepared before exercising**

Sweating helps cool the body down, but it can dehydrate sensitive skin, thus possibly a flare-up. Wear loose clothing (100% cotton, no synthetics), and drink plenty of water before exercising. Another option is to use cooling towels to prevent overheating.

- **Stay moisturised**

Use eczema-friendly moisturiser before/after

exercising, right after bathing (apply on wet skin), or as often as required. Prioritise this step as keeping the skin well-hydrated is very important.

- **Do not smoke/vape**

Second hand smoke/vape is a potential irritant. Other environmental factors that may trigger flare-ups include hot/cold weather, dampness, dust mites, pet dander, and mould. Avoid air-con settings that are too cold as this will lower air humidity and dehydrate the skin.

- **Keep a food diary**

If your child has food allergies, this will help you to trace the culprit in the event of flare-ups occurring.



Use eczema-friendly products

When buying or using products for kids with eczema, you should exercise extra care. Use only products that are known to be safe for use with eczema. This should include all products that will be coming into contact with your child's skin including soap, shampoo, clothing, moisturisers, etc.

Some skincare products match healthy skin pH and this will help prevent skin irritation. A very important thing to remember is to select fragrance-free products, and not just unscented. The difference is that unscented may mean that it contains a masked fragrance, whereas fragrance-free does not contain any fragrance at all.

Here's a quick run-down of skincare products to use:

- **Emollient-rich moisturiser**

Can be effective on its own or used with a corticosteroid cream. Moisturise liberally first, then apply the cream sparingly after the moisturiser has been absorbed.



- **Avoid too much sun**

When heading outdoors under strong sunlight, use mineral-based, fragrance-free sunscreen products.

- **Moisturiser ingredients to look for:**

Ceramides

A type of lipid (aka fat molecule) that helps skin retain moisture and allows it to function properly, thus restoring the skin's protective barrier.

Menthol

Can provide a cooling effect that helps alleviate the itch from flare-ups.

Pyrrolidone carboxylic acid (PCA)

One of components of the natural moisturising factor of the skin, which aids in skin hydration.

Petrolatum (or petroleum jelly, derived from petroleum)

A thick emollient that prevents water loss from your skin, thus helping to repair the skin barrier. During flare-ups, it can be applied directly after bathing or throughout the day.

Note:

You may also need to avoid certain products such as baby powder, baby wipes, bubble bath, and stuffed/soft toys.

Pay extra attention

Parents need to be extra alert to these factors as they contribute to and may cause flare-ups. Only by being vigilant would you be able to prevent or minimise the chances of eczema flare-ups from happening. PP

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Ear Cleaning: The Myth, The Do's and The Don'ts

By **Dr Mohd Zabri Affendi Muhamad**, Consultant Ear, Nose & Throat Specialist and Head & Neck Surgeon

Do you have a habit of using cotton buds to clean the inside of your ears? Do you do that to your child as well? Know this: ear cleaning is unnecessary and may lead to harm.

First, we need to understand the function of the earwax (or cerumen). It acts as a barrier against bacterial, fungal and viral infections, as well as against insects and water contamination. It also lubricates the ear canal to keep the skin inside healthy and maintains the acidic environment (pH 5.2-7.0) to prevent infection. Without it, we are more prone to ear infections and our ears would easily become dry and itchy.

When it comes to cleaning, **the ear has a way of cleaning itself through our jaw movement.**

As we chew or move our jaw, the old earwax gradually shifts out of the ear canal to the ear opening. Outer ear canal hair motility also helps push the wax out. Earwax includes particles of dead skin from skin shedding.

Ear cleaning gone wrong

Ideally, a child's (and adult's) ear canals do not require any cleaning to remove earwax. The same applies for babies – **never** clean the inside of their ears using cotton buds or anything else. Unnecessary and inappropriate ear cleaning can lead to problems:

- Trauma and bleeding to the ear canal skin, causing infection (acute otitis externa).
- Injury to the eardrum, causing perforation, pain and hearing impairment.
- Bleeding of the ear canal.
- Pushing the wax further inside, causing impacted wax and ear blockage.



Ear blockage

Some people may experience an excess build-up of earwax, which then forms an earwax plug that either partially or fully blocks the opening of the ear. This can also happen when the earwax gets pushed deeper into the ear due to improper cleaning methods, especially if cotton buds are used regularly.

Your child may have ear blockage if she complains of:

- Earache or other pain/discomfort in her ear.
- A feeling of 'fullness' in her ear, as if there is something stuffed inside.
- Tinnitus or ringing in her ear.
- Partial loss of hearing, which gradually worsens as the earwax plug 'grows'. This is the most common symptom.

Studies indicate that removing an earwax plug can improve hearing by as much as 10 decibels. For comparison, the difference between a whisper and normal conversation is around 20 decibels.



What can parents do?

For regular cleaning, gently clean the outside of your child's ears using a washcloth. In case of excessive earwax or formation of earwax plug, here's what you can do:

- **Natural remedy.** Apply a few drops of baby oil, olive oil, mineral oil or glycerine to soften the earwax near the outer part of the ear.
- **Cerumenolysis agent.** Use an earwax-softening (cerumenolysis) agent, which is available over-the-counter in the form of ear drops or topical ear sprays.
- **Consult an ENT specialist** if the earwax is too impacted, causing intolerable ear discomfort or the above methods fail to solve the problem. Procedures that will be used include endoscopic or microscopic removal of earwax, suction clearance or ear irrigation.



NEVER use:

- **Hydrogen peroxide.** It can worsen the situation if the problem was not caused by earwax but something more serious.
- **Ear candles.** These are not effective and can potentially cause injuries such as burns, or may pierce or tear the lining of the ear during insertion.

Other ear care tips

- Never place objects into the ear canal for any purpose, including for cleaning (teach this to your child from young).
- Never hit the head in attempts to dislodge anything in the ear.
- After any ear injury, do not blow your nose.
- Take precautions to prevent water from entering an injured ear.
- Always treat ear injuries/infections immediately.

Parents should understand the importance and benefit of earwax. You should also be able to differentiate between simple earwax and infections, as treatment may differ. See a specialist for any serious case as he will have the proper equipment to examine your child's ear canal and remove earwax plugs. PP

There is a general perception that children are entering puberty earlier compared to few decades ago. Further research in Malaysia is required to confirm the notion, but precocious or early puberty is an actual rare condition in children.



Precocious Puberty: When Children Mature Earlier

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

Precocious puberty is not simply when a child experiences puberty slightly earlier than their peers. It is a medical condition when a child's body begins changing into an adult's body too soon, specifically before the age of 8 years for girls and before the age of 9 years for boys.

These transformations include changes in body shape and size, rapid bone and muscle growth, and development of sexual and reproductive functions. In general, the prevalence is higher in girls than boys. For example, a study on central precocious puberty in Denmark found a mean incidence of 9.2 per 10,000 in girls compared to 0.9 per 10,000 in boys.

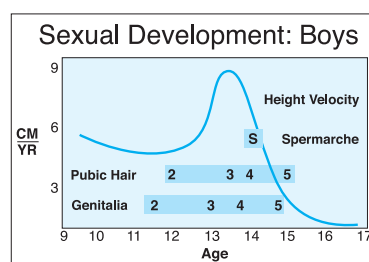
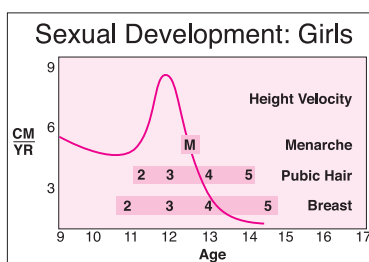
Detecting the signs

The signs of precocious puberty and normal puberty are similar, except for the earlier timing.

Boys	Girls	Both genders
<ul style="list-style-type: none"> Enlarged testicles and penis Facial hair* Deepening voice* Sperm production* 	<ul style="list-style-type: none"> Breast growth Ovulation Menstrual period* 	<ul style="list-style-type: none"> Rapid height gain** Pubic or underarm hair Acne Adult body odour

*Late stage of puberty

**Rapid height gain is an early change seen in girls, but not in boys. In boys, rapid height gain signifies later part/advanced pubertal progression.



Causes for concern

Puberty typically starts when the pituitary gland at the base of the brain releases hormones called gonadotropins, which in turn stimulate the ovaries (in girls) or testicles (in boys) to produce sex hormones (e.g. oestrogen or testosterone) that trigger the physical changes seen during puberty.

There are 2 types of precocious puberty depending on the possible causes:

- **Central precocious puberty:**

This type of precocious puberty is more common. The process is similar to normal puberty. The only difference is it starts earlier. In girls, often, there's no underlying medical condition or identifiable cause. However, in boys up to 38% may be due to defects or physical trauma of the brain/spinal cord caused by a tumour or injury and also rare genetic diseases.

- **Peripheral precocious puberty:**

It is less common and does not involve the early release of gonadotropins. It is caused by the release of sex hormones due to problems such as tumours/growths (on the ovaries, testicles, or adrenal gland) and rare genetic diseases. Another possibility is over-exposure to sex hormones in medical or even aesthetic products, e.g. creams, ointments, pills and essential oils (e.g. lavender oil and tea tree oil).

Adverse outcomes

Precocious puberty can cause physical and emotional issues in children if left untreated:

- **Short final adult height:**

Children experiencing precocious puberty will grow quicker and become taller than their peers. However, since they mature earlier,



they will also stop growing earlier. Hence, as adults, they may end up being shorter than average.

- **Social problems:** Their peers may treat them differently due to the changes. They may feel awkward, confused or stressed. Hence, this could affect their self-esteem or increase the risk of depression or substance abuse.

- **Behaviour problems:** They may become more moody, irritable or aggressive due to the hormones. They may also develop an early sex drive inappropriate for their age.

What can be done?

If your child is showing signs of precocious puberty, please consult a paediatrician or paediatric endocrinologist. Your child's doctor may advise these treatments:

- **GnRH analogue therapy:**

A monthly or 3-monthly injection of a medication to halt pubertal progression. It has to be taken until they reach the normal age of puberty.

- **Histrelin implant:** An implant on the inside of the upper arm which also delays development. It lasts for a year, so it may be more convenient compared to monthly shots. However, this is not commonly used in children.

- **Treatment for the underlying cause:** Treating the condition usually will also stop precocious puberty, e.g. by surgically removing the tumour that's causing the release of hormones.

For girls with early puberty, i.e. breast development between 8-9 years old, please bring them for a medical check-up. If the puberty is not rapidly progressing, explain to them what is happening to their body and assure them that everything will be alright. Help them by promoting their self-esteem and positive body image.

It is always difficult to determine precocious puberty in boys. More often than not, they were diagnosed late, i.e. when there is deepening of voice. Be mindful that rapid height gain, presence of pubic hair/acne or deepening of voice occur at the late stage of puberty in boys. Boys with rapid height gain at a much earlier age than their peers should get a medical check-up by their paediatrician/paediatric endocrinologist. Their doctors must determine the testicular size based on the standard Prader orchidometer.

Puberty is part of growing up, but precocious puberty may not be what you expect your child to go through. If you see signs of precocious puberty in your child, please bring them to see a doctor to determine the real problem. Don't worry! With the right treatment, most children with precocious puberty will do fine, medically, psychologically, and socially. PP

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How to Get Your Kids to Eat Vegetables and Fruits?

By **Dr Yasmin Ooi Beng Houi**, Nutritionist & Council Member of Nutrition Society Malaysia

The latest edition of the Malaysian Dietary Guidelines (MDG) was recently released with a significant change: vegetables and fruits now form the base of the Malaysian Food Pyramid 2020. How can parents ensure that their kids consume enough vegetables and fruits?

MDG recommendations on veggies and fruits consumption for children

 <p>Below 7 years old: 2 servings of veggies and 2 servings of fruits daily (MDG 2013)</p>	 <p>7-12 years old: ≥ 3 servings of veggies and 2 servings of fruits daily (MDG 2020)</p>	 <p>12-18 years old: ≥ 3 servings of veggies and 2-3 servings of fruits daily (MDG 2020)</p>	<p>Eat a variety of vegetables and fruits everyday</p> 
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8 ways to increase veggies/fruits intake & variety in your child's daily diet

1. Include veggies/fruits as part of every meal or snack

- Have 1 veggie serving during every main meal (breakfast, lunch, dinner) and 1 fruit serving as snacks (morning, afternoon)
- Veggies can be added to rice porridge, fried rice, noodle soup, curries, pancakes, and enjoyed as dishes during meals

2. Keep vegetables and fruits ready as quick snacks

- Baby carrots, cherry tomatoes, bananas, apples are all great healthy snack options
- Cut them into appropriate sizes for young children to avoid choking hazards

3. Try out vegetarian recipes

- Replace meat with mushrooms, beans, nuts and legumes

4. Choose fresh fruits over fruit juices

- Fresh fruits are richer in healthy dietary fibre and more fulfilling

5. Add vegetables and fruits to their favourite foods

- If they like breakfast cereals, add slices of banana








6. Make healthy foods fun

- Cut and arrange veggies and fruits in cute shapes for snacking
- Include your kids when choosing, preparing and cooking meals

7. Be a role model, eat more vegetables and fruits yourself

- Kids are more likely to eat what their parents love to eat

8. Include all types of produces/products to increase variety and keep it interesting

 <p>Various coloured fruits/veggies</p>	 <p>Dark green leafy veggies</p>
 <p>Fruit veggies</p>	 <p>Bean veggies</p>
 <p>Ulam</p>	 <p>Frozen veggies</p>
 <p>Dried fruits</p>	

With these tips, getting your kids to eat more veggies and fruits is no longer a hassle!

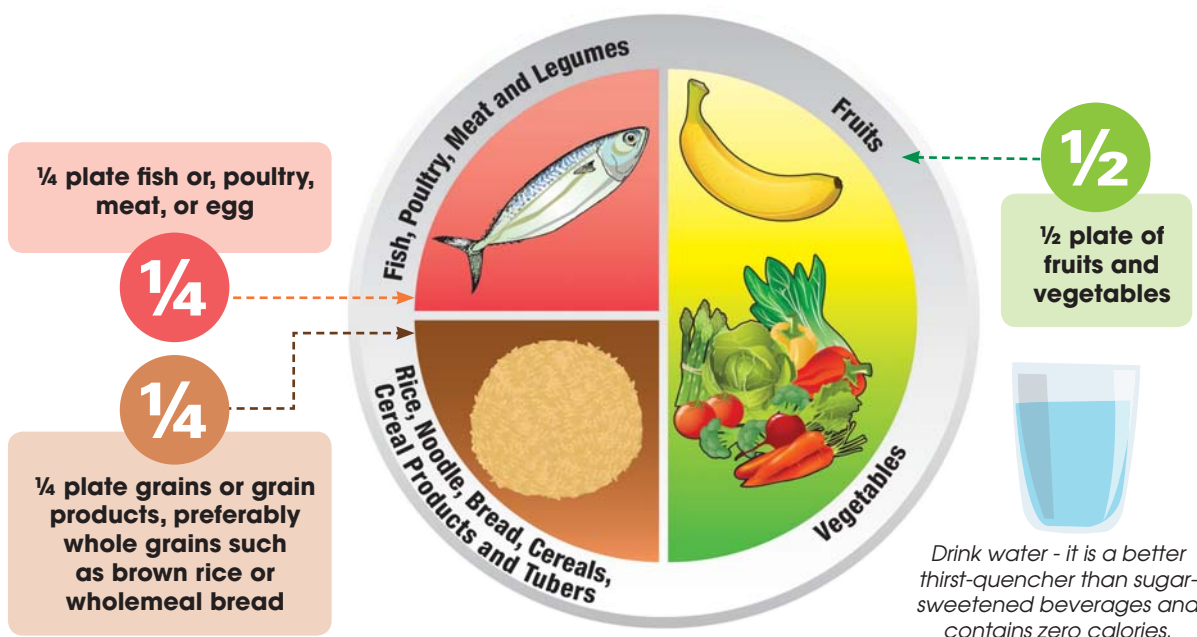
Quarter Quarter Half: A Guide to Healthy, Balanced Meals

By **Dr Roseline Yap**, Nutritionist & Hon Treasurer, Nutrition Society of Malaysia (NSM)

If you think that healthy eating is difficult to achieve, think again! There are ways you can go about eating right and staying healthy. One of the ways starts right at your plate!

The Malaysian Healthy Plate (MHP) which emphasises on *Suku Suku Separuh* or Quarter Quarter Half (QQH) concept is a quick visual technique that helps you to immediately identify whether a meal is healthy and balanced or not.

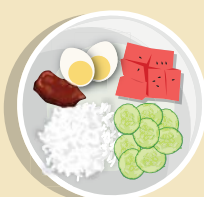
QQH is a single-meal intake guide. All you have to do is “divide” your plate in the following manner:



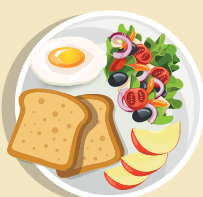
Here are some examples of local dishes that follow QQH guidelines.



White rice with grilled fish and vegetables



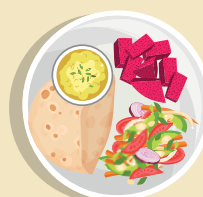
Nasi lemak



Bread with egg & salad



Mee hoon soup



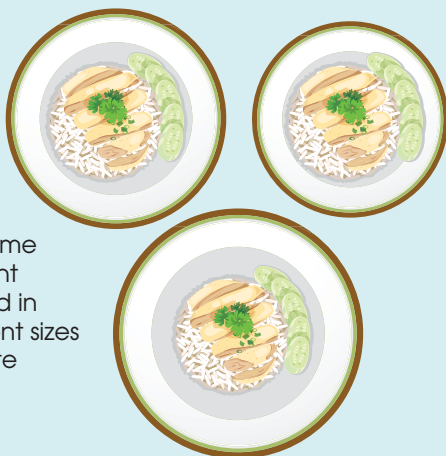
Chapati & dhal

Plate size does matter too!

Simply adhering to QQH alone is not enough. Avoid using adult-sized plates for children, as it is easy to misjudge how much food you are serving them. Not sure of the right plate size to use? Here's a quick reference:

Adults
23cm (9 inches)

Children
18 cm (7 inches)



The same amount of food in different sizes of plate

BMV in a plate

Do you know that MHP is consistent with the principles of a healthy diet and that it follows the key concepts of Balance, Moderation and Variety (BMV) and the Malaysian Food Pyramid?

- **Balance.** A complete meal comprises of major food groups in the Food Pyramid so that one can obtain the required nutrients daily - Rice, cereals and grains which are carbohydrates ; fish, poultry, meats, eggs, and legumes as a source of protein; and fruits and vegetables for vitamins and minerals.
- **Moderation.** Stick to the recommended portions for every meal in order to achieve the required servings of each food group in the Food Pyramid.
- **Variety.** Vary the major food groups in your child's plate so that your child gets different "surprises" daily or even in each meal, but more importantly is using a variety of foods ensures that you child obtains different nutrients that are needed for the body.

Healthier cooking methods

Cooking methods can play a large role in determining how healthy a dish is. For example, deep-fried food contains more oil which is not desirable. Opt for foods prepared using healthier methods such as steaming, baking, grilling or blanching.



Steaming



Boiling



Poaching



Grilling



Roasting/Baking



Stir-frying/Sautéing



Stewing/Braising

Keeping junior healthy

Teach your child about the QQH concept of MHP from young. Also, do make sure he has his three regular healthy meals daily with 1-2 healthy snacks between meals. Most importantly, as parents, be his role model and practise these rules in every meal, whether at home or when eating out. PP

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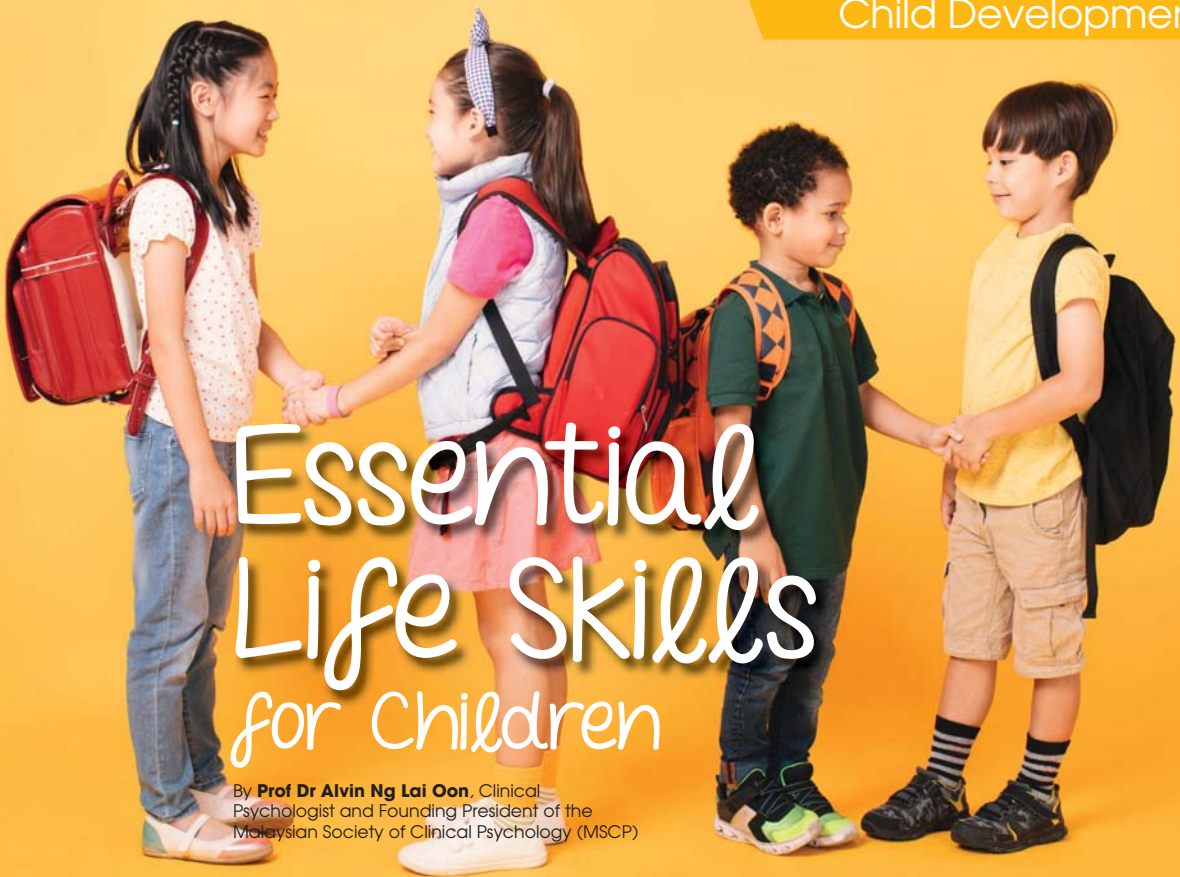
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By **Prof Dr Alvin Ng Lai Oon**, Clinical Psychologist and Founding President of the Malaysian Society of Clinical Psychology (MSCP)

Adaptive behaviour and executive function are interrelated and important for children to learn as they grow up so that they can function effectively and be independent.

When we talk about life skills, what comes to mind? In the field of psychology and child development, “adaptive behaviour” and “executive function” are two terms that can be defined as essential life skills, especially for children who are still developing.

Adaptive behaviour & executive function

Definition	Examples
<p>Adaptive behaviour:</p> <ul style="list-style-type: none"> • A set of age-appropriate behaviours required to live independently, to function well in daily social life and to be able to problem-solve through life • Also referred as activities of daily living, social competence, independent living, life skills or adaptive behavioural functioning • Consists of several domains, e.g. motor movement skills, communication, socialisation, community skills, domestic skills and personal care 	<ul style="list-style-type: none"> • Active listening • Taking turns in conversation • Self-grooming and hygiene • Housekeeping skills • Staying safe and avoiding danger • Being street smart • Managing money • Demonstrating civic-mindedness • Making and keeping friends 

Definition	Examples
<p>Executive function:</p> <ul style="list-style-type: none"> • A set of cognitive processes needed to manage and control our behaviours and emotions • Allows us to stay focused, follow directions, achieve goals and basically survive in life • Important for mental and physical health, for success in school and in life, and for cognitive, social, emotional and physical development 	<ul style="list-style-type: none"> • Self-regulation • Impulse control • Task-switching • Problem solving • Reasoning • Making decision • Organising • Coordinating • Applying fluid intelligence

Skills for life

Both adaptive behaviour skills and executive functions are essential in life and they are interconnected. Executive functions facilitate adaptive behaviour skills, which in turn allow us to function as an individual in society. Having both skills essentially means that an individual is resourceful enough to solve any problems on his own or to seek help when necessary.

No baby is born with these skills, but every child is equipped with the capability to learn them. It is the parents' role to ensure their child learns and develops these skills as they grow. With adequate adaptive behaviour skills and executive function, children become more empowered with self-confidence and a sense of self-efficacy towards independence. As children demonstrate competency in being independent, parents are more likely to have confidence in their children and feel less burdened in parenting them.

Consequences of dependency in children who lack these skills are increased likelihood of stress and frustrations on the part of the parents, siblings, friends and teachers of these children.

Get help early!

Children with learning or developmental issues, e.g. attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder may have difficulties acquiring and retaining some of these life skills. Thus, it's important for parents to detect these issues and seek help early, so that appropriate measures can be taken to help the child learn these skills. With the right support, they can be independent too!

Parents' roles

Here are some ways for parents to support their children to develop these life skills according to their age and ensure that they become independent problem-solvers.

- **Monitor milestones:** Be aware and keep track of age-appropriate developmental milestones in your child. If there are any possible issues, take early steps to address and rectify the problems.
- **Practise makes perfect:** These skills are trainable and can be improved as children grow. For example, your child may have trouble making friends during her first year in preschool, but as she builds her confidence, she will be better.
- **Don't be helicopter parents:** Don't do everything for them and avoid being

overprotective! Let your child make mistakes and learn to problem-solve towards independence. She wouldn't be able to learn new skills if everything is done for her, e.g. tying shoelaces, cleaning her room, etc.

- **Focus on effective communication and social skills:** These skills are the most basic skills necessary for your child to master as they facilitate the learning of other skills. To teach your child certain skills, you first need to be able to effectively communicate with your child. Their survival in the community would also depend on their socialisation skills.

Life skills, as the name suggests, are skills necessary to thrive in life. However, they are not similar to certain developmental milestones that are innate to every human. These life skills need to be learned, whether directly or indirectly. Parents play a major role in making sure that their child develops essential life skills to grow up into a fully-functional adult. The more skills we have, the more adaptive we become, and the more likely we will survive!

An educational collaboration with



Malaysian Society of Clinical Psychology



Resolving Conflict with Your Teen

By **Dr N. Thiyagar**, Consultant Paediatrician & Adolescent Medicine Specialist

Conflicts between parents and teens are a normal part of life but it can be stressful. For example, you may face conflicts when trying to advise teens, as they are likely to find it irritating, intrusive or too critical.

The situation can spiral out of control, leading to a war of words. Staying cool and finding a reasonable yet neutral solution that is acceptable to all can become difficult, which may escalate things.

Understanding how teens think

The teenage years are a time of much change. Other than puberty, many other factors come into play, such as studies, social life, and of course family. Brain development during adolescence is believed to play a role in this, and it can lead to increased susceptibility to intense emotional responses. Some teens may even become inclined to engage in risky behaviour. This volatile mix of high emotions and risk-taking can be a major factor in the parent-teen conflict. If you want something from your teens, you won't get it by being an authoritarian. Being firm and open is the most effective parenting style for all teens, and is it is essential for teens with emotional and behavioural

difficulties. Everyone needs rules in life to live safely and peacefully. Teenagers need rules too, even if they may sometimes break them.

Don't do/say things you may regret

If the situation isn't urgent, agree to disagree and postpone the discussion on the issue at hand to a later time. Once everyone's emotions have cooled, it should be possible to have a productive talk. Above all, don't hold grudges or resort to the cold-shoulder/silent treatment. Do your best not to be overly critical with remarks, as this would only further escalate the situation.

Tips on dealing with conflict

So how can you work toward resolving conflicts with your teen? You definitely need to be more proactive. Here are some tips on how to deal with conflicts:

- **Have a talk later:** Your teen may do or say spiteful things. To avoid responding negatively, you can 'disengage'. Step back and let him or her know you are available when your teen is ready. For example, "I'm quite upset right now. Let's talk about this once we've both cooled off," or "You seem to be very upset/angry right now. Why don't we discuss this after we've both calmed down?"
- **Don't get personal:** When things get heated, the chances for a talk to devolve into an argument is much higher. As a general rule of thumb, don't let emotions get the better of you when talking with teens, as this would be counterproductive. Tell them your logic and reasoning for making certain decisions.
- **Teens need space:** Don't use ultimatums to get your way - this only drives a wedge in your relationship and doesn't present your point of view in the best light. Instead, try to reach an agreement, but do give your teen time to come to terms (and agree) with you. Show some flexibility.
- **Listen to your teen:** Communication is a two-way street, so when you talk to him/her, be open to his/her point of view as well. There may be valid reasons for them, and by listening, you acknowledge and validate his/her opinions as well as feelings. Listen to and hear your teen's point of view. The key is to listen with the goal of understanding.
- **Don't jump the gun:** Assumptions are dangerous as they can easily undermine your relationship with your teen. Before placing the blame or responsibility on him/her, make the effort to find out what really happened. Teens tend to be more sensitive, so you may need to explain things clearly.
- **Avoid personal attacks:** Don't use an accusatory tone or phrases such as "You never listen," "Why are you so stupid?" or "You're so careless." Remember that what you say should target the behavior, not your teen, otherwise it becomes a barrier to communication. Deliver your messages even when your teen won't listen.
- **Keep it on track:** Stick to dealing with one issue at a time by focusing on what started the conflict. Trying to deal with multiple issues is counterproductive as it would make your teen feel like you're finding fault over everything. However, make your teen accountable for their action.
- **Be specific:** Specify your expectations clearly. Being vague only opens the door to unnecessary conflict as your teen may fail to understand what you expect. At the same time, ensure that your expectations are reasonable and something that your teen can achieve. For instance, you could say, "I noticed you've been having trouble finishing your homework. Can you start doing it after dinner instead of at 9pm?"

Resolve conflicts

Today's teens and parents often don't interact enough to get to know each other. No conflict is resolved until you and your teen see eye-to-eye. You can't expect teens to read your mind. Conflicts with your teen should be handled by resolving the issue in question.

It's easier to use the parent trump card but this can easily be viewed as being confrontational. To your teen, heavy-handed approaches

would only serve to further alienate him/her from accepting your point of view. Remember that his/her opposition is just one part of problem - how you react is another. Do understand that you will always view some things differently, based on differing levels of experience.

Don't burden your teen with your own issues. Know what you really want, and focus on that. Take responsibility for your own behavior and be open to understanding your teen's

feelings and seeing his/her perspective. This allows you to communicate with empathy, which goes a long way toward resolving conflicts with your teen. Let him/her know that you are willing to listen and he/she will feel accepted, valued and supported. PP

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Positive Parenting is a non-profit community education initiative. Companies wishing to support or wish to collaborate with the programme are welcome to contact the Programme Secretariat.

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