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

Children's Mental Health & Wellbeing in the Digital Age Safe Home for Kids



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The Rise of the Digital Native

Since the inception of Facebook in 2004 and the launch of the first iPhone in 2007, social media and smartphones have significantly changed the way we lead our lives. Can you imagine a life without these conveniences today? In fact, children nowadays are being exposed to the internet and gadgets earlier than before even during infancy, that those who are born in the omnipresence of these technologies are dubbed as "the digital native."

However, are we paying attention to the impact of these technological advances on us and our children? Do we know how their concentration and attention span have been affected? What about their mental health? The Feature article in this issue focuses on how the exposure to the digital world can affect children's mental health and what we can do as a parent.

Other matters relevant to parenting are also elaborated by our multidisciplinary experts, including the importance of prenatal testing, what to prepare for your children as they return to school next year, tips on ensuring a safe home for little ones, as well as how to get your teens ready as they enter tertiary education.

We would be glad if these articles can benefit our readers and parents out there during their parenting journey. You are also invited to visit our website, where you can find past articles on wide-ranging topics. Don't forget to follow us on Facebook (Positive Parenting Malaysia) and Instagram (@mypositiveparenting) for easy tips, informative posters and educational videos. We are also expanding our platforms to Spotify & YouTube, where you can find us as ParentFlix. See you there!

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Positive Parenting guide is published by VersaComm Sdn Bhd, Secretariat of the Positive Parenting programme initiated by the Malaysian Paediatric Association. No part of this publication may be reproduced without the written consent of the Positive Parenting Secretariat.

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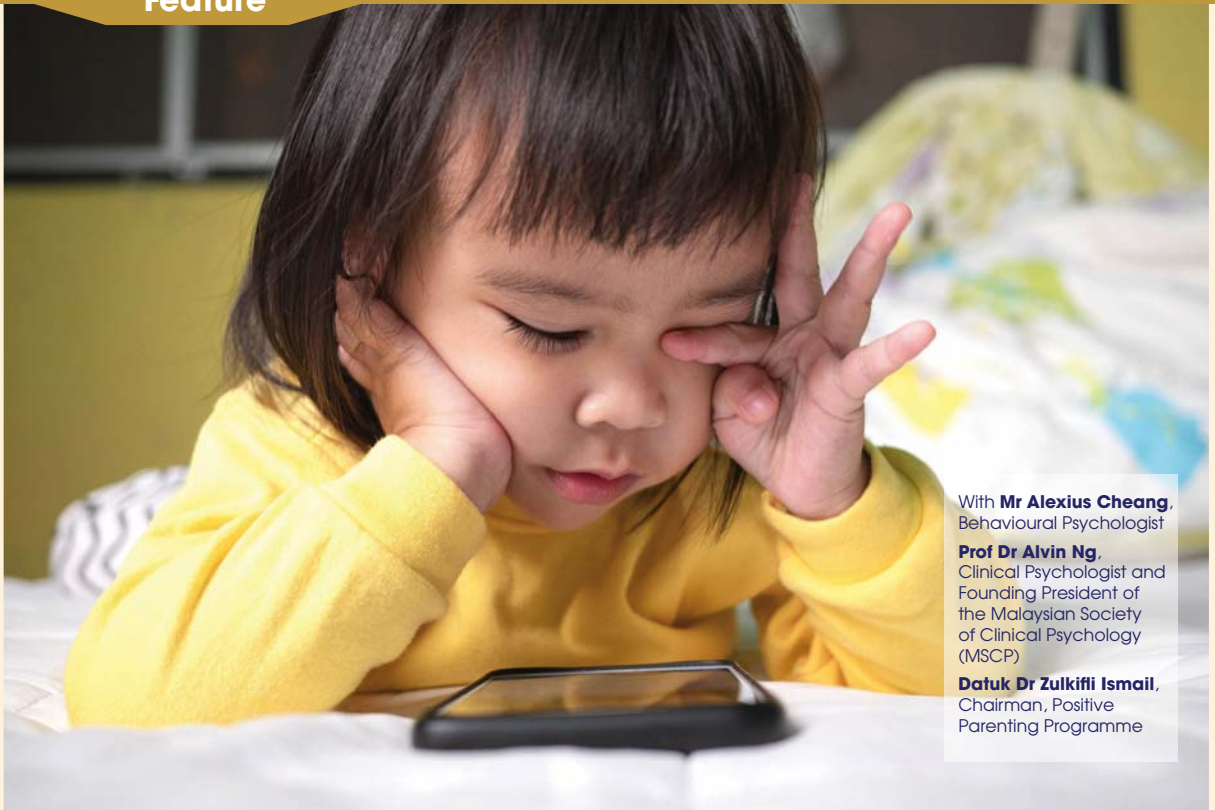
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Printer: Percetakan Osacar Sdn Bhd, No. 16 Jalan IDA 1A,
Industri Desa Aman, Kepong, 52200 Kuala Lumpur, Malaysia.



With **Mr Alexis Cheang**,
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(MSCP)

Datuk Dr Zulkifli Ismail,
Chairman, Positive
Parenting Programme

Children's Mental Health and Wellbeing in the Digital Age

As technologies become smarter and more connected, there is little doubt that our lives today are immersed in a digital environment, and our children are truly digital natives.

Coined by American writer Marc Prensky in 2001, the term **"digital native"** describes a generation of people growing up in the era of ever-present digital technology, who are comfortable with computers at an early age and consider technology a necessary part of their lives. Many teenagers and children are adept at communicating and learning via computers, social networking services, and texting.

However, while technology offers numerous opportunities to digital natives, it also exposes them to many risks. Young people's reliance on digital technology has given rise to concerns that these technologies and social media are worsening anxiety and depression, disturbing sleep patterns, as well as leading to problems such as cyber-bullying and distorted body image.

Hence, parents need to educate themselves and keep abreast of the latest research and technology so they can adopt an approach that minimises the risks without restricting the opportunities that digital technologies and social media have to offer their children.

When to start?

You may think that living in a digital world has little to no effect on the mental health of young children. But that would be erroneous. Children are spending more time in the digital environment than ever before and at younger ages.

It's not uncommon to see toddlers glued to a telephone, tablet, or computer screen these days. In fact, research has shown that children have their first experience with digital technologies before turning two, often when they can't even walk or talk!

According to behavioural psychologist **Alexius Cheang**, "It is important to understand that current studies have demonstrated the link between excessive screen time and its negative effects on physical and mental development in children, leading to obesity, behavioural issues, anxiety and even depression."

"For example, spending too much time on devices hinders children from getting the recommended amount of sleep each night, which



negatively affects their physical development and also impacts their performance academically, particularly when it cuts into the time they should be devoting to schoolwork," he continues.

So, when is the best time to introduce your child to digital technology? Some experts feel that **children under two** should have **no screen time** at all. Meanwhile, kids **between two and five** should have **no more than one hour per day** and for **school-going children, no more than two hours per day**, apart from homework.

Apart from the when, parents should also give thought to what to start kids off with. "For children between two and five, it would be best to start with high-quality content. That



doesn't mean simply handing your child a device with YouTube, which is a popular platform for both younger and older kids. There needs to be supervision through co-viewing," says Cheang.

"With thoughtful and supervised use of technology, parents and teachers can engage their children and hone key skills such as self-expression and computational thinking which will inspire curiosity and support success in academic disciplines later on."

However, while parents may credit YouTube for entertaining and educating their children, there is also a huge concern that children are being exposed to inappropriate content. Do you keep a close eye on your children while they are on YouTube? Do you have any parental controls in place?

How much is too much?

As a parent, are you aware of how much time your children spend on their gadgets?

Data from a National Institutes of Health (NIH) study that began in 2018 in the United States indicates that children who spent more than two hours a day on screen-time activities scored lower on language and thinking tests, and some children with more than seven hours a day of screen time experienced thinning of the brain's cortex, the area of the brain related to critical thinking and reasoning.

"There have been many studies that have noted how children tend to have a poorer attention span, to the point of having attention deficit, when they are exposed to multiple stimuli at once during screen time, thus conditioning them to shift their attention very quickly between activities," says **Prof Dr Alvin Ng**. "Their brains then 'short circuit', and that contributes to a lot of learning problems, social difficulties and cognitive fatigue, which in turn may result in emotional problems."

Prof Ng shares that with rapid technological developments making access to electronic devices pervasive, there are growing concerns about the psychological impact of prolonged screen time, particularly in children and adolescents.

"Childhood and adolescence are sensitive periods in which neurobiological systems are developing, making them particularly vulnerable. Excessive screen time can displace important behaviours such as physical activity, getting adequate sleep, social interactions, and academic activities."

The clinical psychologist says, "If young children spend most of their time engaging with gadgets like tablets and phones – and this is apparent when we look around us – it can be hard to get them engaged in other activities such as exploring the outdoors and playing with other children to develop social skills."

Prof Ng is an ardent supporter of green time over screen time. **Green time**, as the name suggests, is time spent in or exposed to natural environments such as parks, where children can play on the grass and soil, and enjoy the natural sunlight.

Common problems

"Digital devices also come with certain physiological problems. One example is the development of the 'text neck syndrome', which is related to the prolonged posture when reading text messages on the mobile phone. Misuse of earbuds may cause damage to your child's hearing. Plus, too much time on any device can result in a host of problems including sleep deprivation, bad eyesight or hearing, damage to muscles, and others. All of which contribute to a child's wellbeing," says **Datuk Dr Zulkifli Ismail**, Chairman of the Positive Parenting Programme.

There are also social problems associated with media and

social media. "Social media is part of everyday life for over 4.6 billion people worldwide. And with social media, young people are bombarded with all sorts of content: fake news, sex, violence and harmful content, which can lead to anxiety, body image issues, depression, suicide and other mental problems," the consultant paediatrician and paediatric cardiologist adds.

"Parents should also be alert about addiction, be it social media addiction, gaming addiction, porn addiction, gambling addiction, gadget addiction, as these issues are growing more common. On top of this, you also have to be aware of online security and privacy invasion, sexting, sexual predators, scams and the likes. Technology is ever changing, persistently challenging the ability of law enforcements to keep up, let alone parents!"





Parental concerns

Parents are naturally concerned about their children, but as they are not digital natives themselves, they may often lag behind their kids when it comes to tech or digital know-how.

“Researchers have organised the wide range of risks encountered online into three categories: **content**, **contact** and **conduct**. It is good for parents to be aware of these risks so they can watch out for signs that children are in danger,” says Dr Zulkifli.

Content risk describes a child being exposed to inappropriate content, such as pornographic and violent images, or content that promotes dangerous behaviours, such as self-harm and suicide.

Contact risk is when a child befriends or communicates with someone unknown online, possibly leading to risky behaviours. For example, there may be adults out there soliciting a child for sexual purposes.

Conduct risk is when a child behaves inappropriately online, for example, by bullying or writing hateful things about other individuals, or carelessly distributing sexual images of others or even themselves.

Supporting digital natives

If leveraged in the right way, digital technology can be a game changer for children, connecting them to great opportunities and providing them with skills they need to succeed in a digital world. Therefore, it’s important for parents to keep an open mind and not think of digital technology as a bad thing. So how can parents support their children?

While attitudes vary by culture, children often turn first to their peers when they experience risks and harms online, making it harder for parents to protect their children.

“Therefore, one should always practise open communication at home, so that your children make it a habit to discuss what they are seeing and doing online with the family. This could be as simple as making it a practice at dinner time to talk about daily activities, including what they are doing online and how much time they are spending on their devices,” says Dr Zulkifli.

Prof Ng agrees, saying that parents and kids should always have open channels of communication and a safe space to share and discuss latest trends and developments without judgement. “Above all, parents need to also acknowledge the amount of time they themselves are spending on their devices. We need to be aware of our own actions and be role models ourselves.”





Thanks to digital technology, there are wellness apps, easy access to information, support groups and self-help videos which have made it easy for children and youths to get help when they need it. Online communities are also quickly becoming the gateway for youth to learn about mental health. In this day, even remote treatment and consultation is available.

However, Cheang reminds parents that they should advise their children on choosing the right platform. “Websites and wellness apps need to be assessed for accuracy and evidence. Look for sites that show references, and always go the extra mile to check sources and compare findings,” he advises.

As a parent, you can also take advantage of parental control devices, monitoring apps and features on your child’s phone or computer to keep them safe and help them develop a balanced lifestyle. “With monitoring apps in place, you can better understand usage patterns and

later have discussions based on recommended guidelines,” Cheang says.

Families can provide support by having joint screen time activities and co-viewing sessions. Co-viewing has a range of positive effects, including supporting early literacy skills, boosting empathy, and managing aggression after exposure to violent media.

“You can also play online games together. This way, parents can better understand what is attractive to their kids and also have a common language to communicate with them as you learn to understand their lingo via the games,” Cheang says.

He also adds that parents should also befriend or follow their children’s Facebook, Instagram and even TikTok. “Children will be more mindful of what they post online if they know their parents are likely to see it too,” says Cheang.

Last but not least, encourage activities outside the home, so that your children have

enough green time, exercise and socialisation. “Keep in mind that these activities should be children-centred. This means, the activity has to be something that they like to do, for example, ice skating, playing in the park, or going to a petting zoo, instead of what you would like to do,” explains Cheang.

Raising children today is hugely different from how your parents may have raised you. However, the digital world is unavoidable nowadays. Hence, a balance between online life and real life is healthy and necessary.

If parents make the effort to keep up to date with research, and then make time to supervise, communicate and educate their children, they will be able to mitigate the harms, nurture children’s mental health and wellbeing, and expand the opportunities digital technology makes possible for children everywhere. PP

A Parent's Guide to Prenatal Testing: 5 Frequently Asked Questions

By **Dr Yap Moy Juan**, Consultant Obstetrician & Gynaecologist

Prenatal testing is an important consideration during pregnancy that allows parents to monitor the health and condition of their baby throughout all stages of pregnancy.

What is prenatal testing?

Prenatal testing encompasses two components: screening and diagnostic tests. **Screening tests** refers to testing a baby's relative risk of having common birth conditions like Down Syndrome, Patau Syndrome, Edward Syndrome, etc. **Diagnostic tests** on the other hand, function to confirm the presence of a particular condition in a baby.

When should it be done?

- **Screening tests.** Primarily done during the first and second trimesters. Additional tests are also available, which are carried out in the third trimester.
- **Diagnostic tests.** Only performed if initial screening tests indicate a high risk, or if the ultrasound detects abnormalities.

What screening and diagnostic tests are available?

Stage of Pregnancy	Examples of Screening Tests	Examples of Diagnostic Tests
First Trimester Tests (11-13/16 weeks)	Ultrasound, biochemical tests (PPAP-A, beta hCG), non-invasive prenatal testing, etc.	Chorionic Villus Sampling (CVS) Used to diagnose chromosomal abnormalities and other genetic problems using tissue samples of the placenta.
Second Trimester Tests (15-26 Weeks)	Triple/Double Test (>15 weeks), detailed ultrasound (18-22 weeks), etc.	Amniocentesis Used to diagnose chromosomal abnormalities and detect the presence of infections using a sample of the amniotic fluid.
Other Tests	Glucose Tolerance Test Screening for Gestational Diabetes. Full Blood Test Screening for anaemia, hepatitis B, blood group and Rh type, syphilis, HIV, etc. Group B Strep Test Screening for presence of bacteria in the vagina or rectum. It can cause pneumonia, blood poisoning, or foetal meningitis.	Foetal Blood Sampling Used to diagnose chromosomal abnormalities and check for severe anaemia or blood problems (e.g. Rh disease) using the foetus' blood. Also to detect foetal infections (TORCH).

Why is prenatal testing important?

1. Helps to monitor the health of the foetus and detects any potential issues (e.g. birth defects, genetic problems, etc.).
2. Eases any anxiety or concerns that may stem from uncertainty of the foetus' health.
3. If results indicate that the foetus has a birth condition, it allows for early diagnosis and parents can make early informed decisions and treatment plans.
4. For parents who know they have certain inherited disease traits, such testing allows for future planning and help in making decisions about various aspects of family life.

What to do after receiving the results?

No matter the results, it is important to keep in mind that no test is 100% accurate. Consult with your doctor about your test results and what they mean. For certain genetic conditions, consulting with a genetic counsellor may also be beneficial to help prepare for the future.

Prenatal testing is important to monitor the development and general health of your baby throughout all stages of pregnancy. To learn more, speak to your family doctor about prenatal testing during pregnancy. PP



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1. Nietfeld JJ, Pasquini MC, Logan BR, et. al. 2008. Life Probabilities of Hematopoietic Stem Cell transplantation in the U.S. Biology of Blood and Marrow Transplantation. 14:316-322.
2. Moise K Jr. Umbilical cord stem cells. Obstet Gynecol. 2005;106(6):1393-1407.
3. Beatty PG, Boucher KM, Mori M, et. al. 2000. Probability of Finding HLA-mismatched Related or Unrelated Marrow of Cord Blood Donors. Human Immunology. 61, 834-840.

*These references are referring to data obtained from the research studies done in the United States of America (USA).

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Insuring Your Little One's Future Health with Cord Blood Banking



Parents often worry about the various potential health problems their little one may develop in the future. Do you know that you can take action to protect your child's health the moment your child is born?

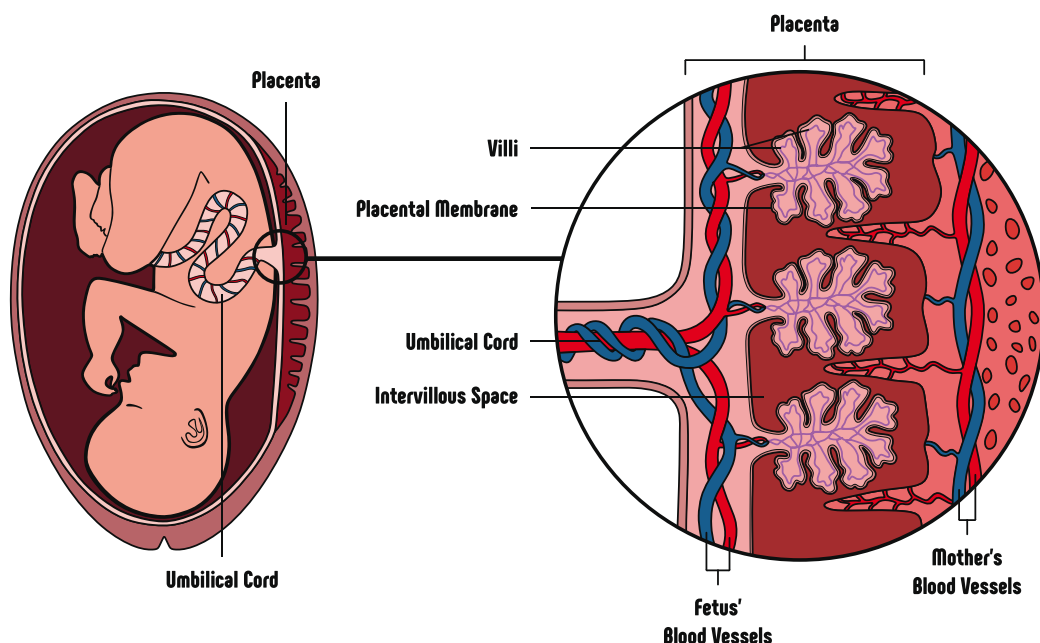
"How?" you may ask. Cord blood banking is one way to help secure the future health of your baby. Here's everything you need to know about cord blood banking.

What are stem cells?

Stem cells are the "basic building blocks" of a human body, from which our tissues and organs (such as the heart, brain, blood cells, bones, etc.) are formed. This means that stem cells are able to differentiate into different types of cells and tissues when the need arises – an ability that is unique to stem cells.

What is cord blood banking?

In essence, cord blood banking refers to the procedure of collecting and processing a newborn's cord blood for long-term storage. It is not a required process following childbirth, but it is an optional service available to parents.



The concept of cord blood banking revolves around the fact that the umbilical cord of a new-born contains blood (known as cord blood) which is abundant in stem cells. These stem cells can be stored and used to treat the baby or family members in the future for various conditions like cancers, certain types of

anaemias, and genetic conditions, as the stem cells can be genetically similar to those within the family. However, this requires patient-donor matching to confirm that the stem cells are genetically matched so that the patient's body does not reject the donor stem cells.

What are the advantages?

1. **Emergency supply:** Storing a child's cord blood can act as an 'emergency source' of stem cells should the child or family require it in the future.
2. **Multiple storage:** Storing the cord blood of multiple siblings not only provides multiple sources of stem cells for the future, but also provides a better chance of having matching stem cells should anyone in the family require it.
3. **Low risk:** The process of cord blood banking is a relatively low risk method of collecting stem cells, which is safe for the newborn and the mother.
4. **Long-term storage:** After collecting a child's cord blood, it can be stored for a long period of time. In fact, with the right conditions, the cord blood can be stored for more than 21 years, thereby providing long-term insurance.

What diseases can be treated with cord blood stem cells?

Cord blood stem cells have already been approved by the US Food and Drug Administration (FDA) for the treatment of numerous diseases, with many clinical trials for other diseases currently in the works. Treatments using cord blood stem cells can be categorised as either autologous or allogeneic.

Autologous Treatments - Cord blood stem cells from the baby are used to treat the baby. Examples of FDA-approved disease for autologous treatment include certain leukaemias, lymphomas, and tumours.

Allogeneic Treatments - Cord blood stem cells from the baby are used to treat siblings or other family members. Examples of FDA-approved diseases for allogeneic treatment include certain leukaemias, genetic disorders of the immune system, and metabolic disorders.

Cord blood
banking:
the takeaway
message



Cord blood banking provides options for parents to help insure the future health of their little ones, and to some extent, the future health of the family. Regardless, some people may believe that stem cell treatments are primarily experimental. The fact is, cord blood stem cell treatment has already been approved for up to 80 diseases and more than 40,000 cord blood stem cell transplants have been conducted globally since the procedure was first introduced.

As parents seek out more options to protect the health of their little one, cord blood banking is a possible avenue parents may want to consider. Consult a healthcare professional to learn more about cord blood banking and how it can benefit your family. PP

Safe Home for Kids

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

The home should be a safe place for children of all ages to relax and enjoy. Yet it contains multiple objects that could be hazardous if left unattended, such as furniture, batteries, medicine, detergents as well as hot and sharp objects.

It's important that parents and caregivers are properly attuned to the safety of children and provide the necessary supervision by childproofing the home, so common injuries like falls, burns and scalds, poisoning, drowning, strangulation and suffocation can be avoided. Note that at different ages, there will be different things to consider.



Infants (≤ 1 year old)

Safety should be a priority during bath time, bed time and feeding. Babies need full supervision when they are being bathed, and water temperature is important too! Bedding should be kept to a minimum – there's no need for items such as pillows, comforters, and stuffed toys which could cause suffocation. When babies are transported in cars, be sure to get an age-appropriate car safety seat. Mobility from age 6 months onwards opens up the possibility of falls happening.



Toddlers (1 to 3 years old)

Now that they are able to walk and explore on their own, it's vital that doorways to the kitchen, bathroom and garden are kept locked. You can install a safety gate to prevent your toddler from walking up and down staircases. Be sure not to leave any medication, detergents and other substances simply lying around the home as that may prove hazardous to children.



Pre-schoolers (4 to 6 years old)

They will need to learn how to cope with traffic, playground equipment and strangers. Even simple things like cycling and swimming can pose dangers. At this stage, children must not just be supervised but also taught how to stay safe. Parents should always be a role model for safe behaviour and give them clear instructions.



Where possible, parents and caregivers should know basic first aid and CPR, so in the event of an emergency, they can be the first responders.

Safety tips around the home

Bedroom and hall

- Keep appliance cords out of reach, especially those connected to hot items such as irons, electric kettles, rice cookers, or hair dryers
- Never leave an unconnected appliance cord plugged in and switched on (e.g. phone charger)
- Switch off all appliances when not in use

Bathroom

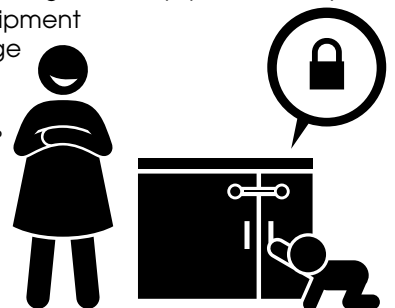
- Install non-slip pads on the shower floor to prevent falls
- Bath time should **always** be supervised (children can drown in a matter of minutes)
- Keep the toilet seat down and secure with a lock if possible
- Keep soaps and shampoos locked away when not in use

Kitchen

- Keep pot handles turned inwards toward the stove
- Store kitchen utensils appropriately
- Keep flammable objects away from hot surfaces
- Use a baby gate to keep babies and toddlers out
- Have a fire extinguisher ready for emergencies

Front yard

- Store all pesticides and garden equipment safely
- Keep electrical equipment (lawn mowers, hedge cutter, etc.) and sharp objects away from reach





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Many school children as well as parents may find it a little disorienting that the new school year starts in March 2023, since traditionally school would begin in January after a long year-end break. To circumvent any concerns, it is best that parents prepare for the new school year ahead of time.

Going Back to School in the New Normal

By **Dr Husna Musa**, Paediatrician & Lecturer

Preparing for school

Even though the mask mandate was relaxed in September this year and life seems to have reverted back to its former pace, children (and parents!) may still have lingering questions about COVID-19 and its continuing effects on all of us.

There are many ways to approach school preparations. You can visit your child's school and talk to the administration about its latest regulations and policies regarding health and hygiene in school. Individual schools may differ, so it's best to check with the school if masks are still mandatory and if children are still required to practise strict physical distancing.

Another thing you can do is to prepare a daily schedule for your child before the next school year starts. Try including a scheduled time and space each day for them to unwind at the end of the day and talk about their issues as well as coping strategies. Make sure to give them special one-to-one time, talking about the things they do every day. Try and incorporate this into your schedule so it becomes part of the family routine.

Don't forget to stock up on things that your child will need, including uniforms, exercise and reference books, stationery and art supplies. Start meal planning together with your child and include a list of nutritious meals and snacks that they will enjoy. You may also want to plan ahead for your family holidays, as holiday schedules may be slightly different than previous years.

Health matters

When it comes to health, the new year is the best time to evaluate the family's health and get the **necessary vaccination** jabs that your children may need. As part of the National Immunisation Programme, if your child is in Primary 1, or in Secondary 1 or 3, they will probably be due for some jabs, i.e.:

- **7 years old:** diphtheria-tetanus (dT)
- **13 years old (girls):** HPV (2 doses)
- **15 years old:** tetanus (ATT)



Apart from these, parents should also consider getting the annual flu shot for their kids. A flu vaccine is the best defence against influenza and reduces the spread to others. It reduces illnesses, doctor's visits and missed school days. The chickenpox (varicella-zoster) vaccine is also recommended for children as schools are a setting where children come in close contact with each other. Children who have never contracted chickenpox are especially vulnerable to it. Consult a healthcare professional to learn more about **recommended vaccinations** for children.

The beginning of the year is also a great time to remind your child about the practice

of **good personal hygiene**, including proper handwashing, as well as good sneeze/cough etiquette, e.g. coughing and sneezing into tissues and discarding them properly.

In addition, monitor your child's **developmental milestones and learning abilities** to look out for any concerns which then can be discussed with teachers and healthcare professionals. As mental health is also of great concern after the pandemic, be sure to look out for any symptoms or behavioural concerns in your child so you can attend to them quickly.

Parents should practise **open communication** with their school-going children and make it a habit to talk about school and whatever concerns their children may have, if any, about going back to school next year. This plus all measures mentioned above will allow you to give your child a head start as they return to school in the new year.

Back-to-school to-do list

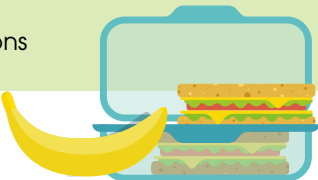
Here's a quick checklist so you don't miss out on anything before school starts again:

Before school starts:

- ☐ Transportation to and from school
- ☐ Schedule for school/tuition/extra-curricular activities
- ☐ Pocket money
- ☐ School lunch & after-school snacks
- ☐ School fees and when it's due
- ☐ Kids' health & vaccinations

Activities with your child:

- ☐ Wrap school books
- ☐ Buy new uniforms, bags, shoes, stationery
- ☐ Create bedtime and morning routines
- ☐ Make time to talk to your children about their day



MAT-MY-2200973-0, 1-12/2022

An educational contribution by



Malaysian Paediatric Association

Milestones of the Developing Dentition

by **Assoc Prof Dr Annapurny Venkiteswaran**,
Consultant Paediatric Dentist & Senior Lecturer



Some parents may think that since baby teeth are not permanent, they don't have to prioritise their young child's dental health. This is actually a grave misconception.

Growth of baby and permanent teeth is a crucial part of child development. Apart from other developmental milestones, parents should also monitor and be aware of their child's dental development during the early years.

Dental 101

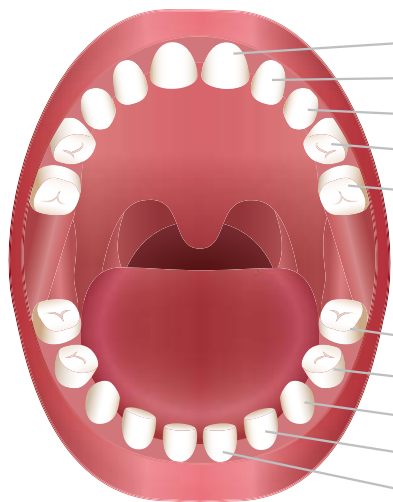
First of all, it is good to learn about the types of teeth, both baby teeth and permanent teeth.

- **Incisors:** The front teeth with a thin cutting edge composed of central and lateral incisors that function to bite and cut food. There are 8 incisors in both baby and permanent teeth.
- **Canines:** The pointy teeth located next to the incisors and used to tear food. There are

4 canines in both baby and permanent teeth.

- **Molars and premolars:** Teeth with broad, flat surfaces located to the side and back of the mouth that crush and grind food. There are 8 molars in baby teeth and 12 molars in permanent teeth. The 8 premolars are smaller than molars and present in permanent teeth only.

Dental development



Upper Teeth

Central incisor
Lateral incisor
Canine (cuspid)
First molar
Second molar

Lower Teeth

Second molar
First molar
Canine (cuspid)
Lateral incisor
Central incisor

Tooth Erupts

8-12 months
9-13 months
16-22 months
13-19 months
25-33 months

Tooth Erupts

23-31 months
14-18 months
17-23 months
10-16 months
6-10 months

Tooth Lost

6-7 years
7-8 years
10-12 years
9-11 years
10-12 years

Tooth Lost

10-12 years
9-11 years
9-12 years
7-8 years
6-7 years

Teething is the process of baby teeth erupting or breaking through the gum. Typically, the first teeth to erupt are the 2 central incisors on the lower jaw at around the age of 6 months. This is followed by the 2 central upper incisors, upper and lower lateral incisors, the 4 first molars, the 4 canines and finally, the 4 second molars. Usually, 1 tooth will erupt per 1-2 months once teething starts.

The timing of eruption may vary among children, while the sequence tends to be more consistent. In general, a child should have **a complete set of**

20 baby teeth by the age of 2-3 years. Do note that it is normal to have some spacing between the upper front teeth and no treatment is required. This is a natural growth process to provide the necessary space for the larger permanent teeth.

Permanent teeth of a child will begin to emerge between the ages of 6-7 years. Typically, the first permanent teeth to erupt are the first molars, which may emerge behind the baby molars. Next, the lower permanent incisors may also emerge behind the baby incisors, giving an impression of double layer. This is not a cause

for concern since baby teeth will get wobbly and fall out as permanent teeth emerge and move into the correct position. Parents must ensure that the erupting teeth are cleaned as well.

The rest of the permanent teeth will follow and grow into the gaps left by baby teeth that are lost. Between the ages of 6 and 12, children will have a mixture of both baby and permanent teeth in their mouth. By the age of 21 years, a person will have a full set of 32 permanent teeth, including the wisdom teeth (or the third molars).



Dealing with teething

Teething may feel uncomfortable to children. Here are some ways to provide relief:

- Massage the gum with a clean, soft, wet cloth
- Chilled teething rings
- Unsweetened teething rusks
- Pain-relief medications

The importance of caring for baby teeth

Baby teeth are not permanent, but they are a crucial part of your child's dental development. Baby teeth reserve and create space for permanent teeth to grow into. They also play a role in the normal development of speech and facial structure. Healthy baby teeth also help in attaining good nutrition and giving a good start to the permanent teeth, as decay

or infection in baby teeth can affect food consumption and dental development.

Hence, taking care of dental health should start from an early age. Parents should teach their child to brush their teeth with fluoridated toothpaste as soon as the first baby tooth appears. You can take your child to their first dental visit when the first tooth emerges or

latest by the age of 12 months. Starting early is the best way to establish good dental care in your child. PP

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^{*} 9EAA: 9 Essential Amino Acids

For Healthcare Professionals Only

The A to K of Vitamins

By **Dr Siti Raihanah Shafie**, Nutritionist & Member of Nutrition Society of Malaysia (NSM)

Vitamins (from vita + amine) are a group of organic substances that are needed in small amounts for normal body functions, growth, and development.

There are 13 essential vitamins which can be grouped into two categories, (a) fat-soluble, and (b) water-soluble:

Vitamin	Function(s)	Recommended Nutrient Intake (RNI) for Children (per day)	Sources
Fat-soluble Vitamins			
A	<ul style="list-style-type: none"> Eye health Cell regulation Immune function 	1-3 years = 400 µg 4-6 years = 450 µg 7-9 years = 500 µg	Liver, egg, green leafy vegetables, yellow and orange fruits or vegetables, sweet potatoes
D	<ul style="list-style-type: none"> Calcium absorption Bones and teeth maintenance 	1-3 years = 15 µg 4-6 years = 15 µg 7-9 years = 15 µg	Fatty fish, cod liver oil, egg yolk, fortified milk, skin exposure to sunlight
E	<ul style="list-style-type: none"> An antioxidant 	1-3 years = 5 mg 4-6 years = 5 mg 7-9 years = 7 mg	Vegetable oil, seeds, nuts, whole grains
K	<ul style="list-style-type: none"> Blood coagulation 	1-3 years = 15 µg 4-6 years = 20 µg 7-9 years = 25 µg	Green leafy vegetables, vegetable oil, <i>natto</i> (fermented soy beans), cheese
Water-soluble Vitamins			
B1 (Thiamin)	<ul style="list-style-type: none"> Carbohydrate metabolism Nervous and digestive systems functioning 	1-3 years = 0.5 mg 4-6 years = 0.6 mg 7-9 years = 0.9 mg	Legumes, nuts and seeds, fortified grain and bread, yeasts, fortified milk
B2 (Riboflavin)	<ul style="list-style-type: none"> Carbohydrate, amino acid and lipid metabolism An antioxidant 	1-3 years = 0.5 mg 4-6 years = 0.6 mg 7-9 years = 0.9 mg	Milk and dairy products, leafy vegetables, mushrooms, legumes
B3 (Niacin)	<ul style="list-style-type: none"> A coenzyme in various biological reactions 	1-3 years = 6 mg 4-6 years = 8 mg 7-9 years = 12 mg	Tuna, anchovies, beef, liver, peanuts, wholemeal wheat flour
B5 (Pantothenic acid)	<ul style="list-style-type: none"> Fat and carbohydrate metabolism Red blood cell and hormone formation 	1-3 years = 2 mg 4-6 years = 3 mg 7-9 years = 4 mg	Oily fishes, beef, eggs, avocados, mushrooms, rice bran

Vitamin	Function(s)	Recommended Nutrient Intake (RNI) for Children (per day)	Sources
Water-soluble Vitamins			
B6 (Pyridoxine)	<ul style="list-style-type: none"> Amino acid metabolism Hormone regulation 	1-3 years = 0.5 mg 4-6 years = 0.6 mg 7-9 years = 1 mg	Beef, tuna, bananas, lentils, beans, whole grains
B7 (Biotin)	<ul style="list-style-type: none"> Protein, fat and carbohydrate metabolism Keratin production 	1-3 years = 8 µg 4-8 years = 12 µg 9-13 years = 20 µg (US recommendation)	Egg yolk, liver, broccoli, spinach, cheese
B9 (Folate)	<ul style="list-style-type: none"> Red blood cell and DNA production 	1-3 years = 160 µg 4-6 years = 200 µg 7-9 years = 300 µg	Legumes, leafy vegetables, fortified grain products
B12 (Cobalamin)	<ul style="list-style-type: none"> Red blood cell production Nervous system maintenance DNA synthesis 	1-3 years = 1.5 µg 4-6 years = 1.5 µg 7-9 years = 2.5 µg	Shellfish, fishes, poultry, beef, milk and dairy products
C (Ascorbic acid)	<ul style="list-style-type: none"> Collagen production Wound healing Bone formation Iron absorption An antioxidant 	1-3 years = 30 mg 4-6 years = 30 mg 7-9 years = 35 mg	Guava, papaya, citrus fruits, green leafy vegetables, bell peppers, broccoli

Reference: Recommended Nutrient Intakes for Malaysia 2017, Ministry of Health Malaysia

Multivitamin supplements: Are they necessary?

Vitamins are important for children's growth, development, and overall wellness. Vitamin deficiencies can therefore result in serious health problems. To ensure children get enough vitamins, provide them with a balanced diet containing a variety of foods from different food groups. Consuming different colours of fruits and vegetables is also an advantage as they contain different vitamins. However, more is not better in the case of vitamins as they are only required in small amounts.

While water-soluble vitamins are quickly absorbed and excreted



from the body, fat-soluble vitamins are metabolised slowly, and any excess is stored in the liver. This means that too much of fat-soluble vitamins can lead to toxicity, especially in cases of over-supplementation.

Our main source of vitamins should come from fresh foods, e.g. veggies, fruits and whole

grains. Fortified foods and supplements may be appropriate in some cases, e.g. during pregnancy, for people with restricted diets, and for people with specific health issues. Consult a healthcare professional to find out if supplements are needed for you or your family. PP

An educational collaboration with



A Primer on Global Developmental Delay (GDD)

By **Dr Cindy Chan Su Huay**, Consultant Developmental Paediatrician

Your child is already three years old but his speech development appears to be slower than his peers. You notice that he has a limited vocabulary and hasn't started speaking in phrases. He seems to be a bit slower in meeting his major motor milestones too. Is this a concern? What should you do?

Important terms to know!

Developmental milestones:

Important skills that babies and toddlers learn as they grow up (e.g. sitting up, rolling over, crawling, walking, babbling, talking, etc.), which typically occur in a certain sequence and at a certain age range.

Developmental delay:

When a child reaches one or more of these milestones much later than expected as compared with peers of the same age. Developmental delays can be transient or persistent, and classified as mild, moderate or severe.



Defining Global Developmental Delay

There are many terms used to describe different patterns of developmental delay and atypical development. Global Developmental Delay (GDD) is one such term. When there are **significant delays in two or more developmental domains in children under the age of 5 years**, we describe this as GDD.

These domains include:

- **Gross motor (locomotor) skills**, e.g. sitting up, crawling, walking and running.
- **Fine motor (hand manipulative) skills**, e.g. handling tiny objects, stacking blocks, drawing and writing.
- **Expressive language and speech**, e.g. babbling, imitating speech sounds, putting words together to form phrases and sentences, learning to converse.
- **Receptive language and comprehension**, e.g. identifying sounds, responding to names of objects and people, taking verbal instructions.
- **Cognitive skills**, e.g. ability to learn new things, process information to solve problems, organise thoughts, remember things.
- **Social and emotional skills**, e.g. interacting with others, development of personal traits and feelings, understanding and responding to the needs and feelings of others.

Possible causes

GDD may be caused by various factors or conditions such as the ones in the table below:

Types	Examples
Prenatal (during pregnancy)	<ul style="list-style-type: none"> Genetic disorders (e.g. Down syndrome, fragile X syndrome) Problems with brain or spinal cord development Exposure to drugs/toxic substances (e.g. alcohol, smoking) Maternal infections (e.g. rubella, toxoplasmosis, malaria, HIV)
Perinatal (during or immediately after birth)	<ul style="list-style-type: none"> Premature birth Complications during delivery Neonatal hypoglycaemia
Postnatal (after birth)	<ul style="list-style-type: none"> Childhood infections (e.g. meningitis, encephalitis) Metabolic diseases (e.g. inborn errors of metabolism, hypothyroidism) Accidents (e.g. suffocation, near-drowning, head injury)
Others	<ul style="list-style-type: none"> Psychosocial (e.g. significant and prolonged under-stimulation, severe emotional deprivation, maltreatment, malnutrition)

Identification & diagnosis

During early childhood, children's growth and development will be monitored periodically during scheduled visits to health clinics. Parents or caregivers can raise any concerns to the doctors during the visits. Doctors will conduct a thorough physical examination, ask the parents specific questions regarding the child's development, and perform a quick developmental screening.

If there are significant concerns, your child may be referred to specialists which often include paediatricians, psychologists, speech-language therapists or occupational therapists. Additional assessments and/or medical and genetic tests may be needed to identify the cause or ascertain a diagnosis. Evaluations by these professionals can also help us understand your child's developmental needs as well as individual strengths.

Managing GDD

Some children with GDD may catch up to their peers with timely intervention and continue to develop without problems. Other children may need more specific and longer-term support. Every child is different. Hence, intervention or therapy needs to be tailored to each child's unique strengths and difficulties.

Possible interventions or supports include physiotherapy, speech-language therapy and occupational therapy. Some children benefit from early intervention programs which are more intensive and incorporate multi-disciplinary supports.

A definite diagnosis may not always be clear when a child is very young. In these instances, the doctor may advise for the child to undergo a re-evaluation when he/she is older. In the meantime, pre-emptive intervention and supportive therapy should not be delayed.



Early intervention is important to provide appropriate support for a child with developmental delays. With timely and accurate support that is based on your child's strengths and vulnerabilities, your child will have a better chance of narrowing the developmental gaps and achieving their best potential. PP

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Preparing Teens for College

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

Heading off to college is an exciting milestone for teenagers. But leaving behind the routine of school and the comfort of living with parents can also be overwhelming.

Parents, you may find it difficult to let go of your children after years of taking care of them. But the time will come when your child is ready to head off to college, and because it's such a big step, preparation is key for both you and your teen.

Why is it so nerve-racking?

For many teens, this will be a series of "firsts" – the first time they are living on their own, manage their own budget, set their own schedules, and possibly even live in a new city. Former school structures that teens are used to are no longer in place, and they will have to make new friends. This can be a very daunting prospect.

College will also present new academic pressures and social problems. Common issues include trouble managing assignments, projects, presentations and exams, anxiety about meeting family expectations, having low self-esteem, peer group pressure, homesickness that can lead to loneliness and depression, as well as procrastination and poor time management.

How can parents help?

Parents can assist their teenagers by encouraging them to start preparing well ahead of the college year.

- **Starting out:** Today, there is an overwhelming number of choices when it comes to career and course options. Your teen may need your help with their college applications and in choosing their path. Try making a list of all their skills and strengths and explore their interests and passions. If they have to fill out forms or write entrance essays, be sure to lend them support if needed. You can also help to connect them with seniors who can assist them with practical matters at the college.



- **Accommodation:** Talk to your teen about where they would be most comfortable living while they are in college. Should they move out of home and into a dorm, hostel or a shared home? If they have to move to another state, what would be their best options for accommodation?
- **Basic life skills:** You might also want to start coaching

them on simple life skills, such as cooking, laundry, ironing and sewing. Many children may not realise how much effort goes into handling these daily chores, so it is best to give them a heads-up before they leave home.



- **Money matters:** Mentor your child early when it comes to managing money. If they don't have a bank account yet, help them to open an account, get an ATM card and set up online banking. Show them how to use these tools properly, safely and responsibly. It is also good to let your child know how much college fees will amount to and how much allowance you will be able to support them with.
- **Open communication:** Encourage open channels of communication, so they can always turn to you if they need an advice. Advise your teenagers about making good decisions and avoiding high risk behaviours, e.g. substance abuse. Remind them to choose the right group of friends – having a good support system can either make or break them later on. But avoid dictating too much, since this is the best time to foster independence in your teen.

- **Goals and balance:** Talk to them also about setting goals. Set a reasonable target of academic achievement without imposing undue pressure. Advise them on how to balance their studies and extra-curricular activities, as well as part-time work, if that is something they would like to consider doing.
- **Health and wellness:** Don't forget that physical and mental health should also be a priority. It would be a good idea to identify all your teens' allergies and have the appropriate medication for them to take. It would be helpful also to identify a good clinic nearby their college or numbers to call in case of emergency.

In addition, make sure your teen gets all their vaccinations up to date before heading off to college. These should include meningococcal, pneumococcal and flu vaccinations, among others. Vaccination is essential to college students given how quickly diseases can spread in shared spaces like dormitories, lecture halls, and cafeterias.

Yes, preparing for college life can be nerve-racking but it is also an exciting time for both parents and teens. As you prepare for your teen to leave the nest, you can take steps to make this transition as smooth as possible. By preparing for it early and thoroughly, you can support your teen in a healthy way as they continue to grow into adulthood. PP

An educational contribution by



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In many countries, a second peak of meningococcal disease incidence occurs in adolescents and young adults.¹⁻³



Adolescents & young adults aged 15-24 years old^{1,4,5}

Close Living Quarters



Crowded conditions such as military barracks or college dormitories



Typical adolescent behaviours promote the transmission of *N. meningitidis*

Sharing Drinking Glasses



Smoking (active and passive)



Prevention

While meningococcal meningitis is unpredictable⁶, the good news is that you can help protect your children and family against it, through vaccination⁷

Vaccinate yourself and your loved ones today to help get protected from 5 of the most common serogroups A, C, W, Y and B that cause meningococcal meningitis.^{7,8}



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We understand the challenges parents face in raising a child, and it is our vision to bridge the gap between the healthcare professionals and parents to empower you with unbiased, accurate and practical information. Together, we can give our children the best start in life to ensure a brighter future.

Key Activities

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