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# Positive Parenting

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

Malaysia

## Understanding Autism and Fostering Inclusivity

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## A Different Way of Looking at Autism

Do you know any parents with an autistic child? Do you have an autistic child? Or are you an autistic person yourself? Most people often see autism as a condition that needs to be treated or corrected. But autistics should be regarded as people who view, experience and respond to the world in a different way than neurotypical people.

As Feature in this issue, Positive Parenting interviews two individuals who strongly believe in this perspective on autism to understand the importance of fostering inclusivity for autistic people. In addition, other current and relevant topics related to parenting are also discussed in this issue, including safety tips to plan playdates, an introduction to dental braces, the difference between chickenpox and measles, the challenge of dealing with sensitive children, and so on.

We hope these articles will be helpful in guiding you in your parenting journey. Please find past articles on other topics on our website ([www.mypositiveparenting.org](http://www.mypositiveparenting.org)). And don't forget to follow us on Facebook (@positiveparentingmalaysia), Instagram (@mypositiveparenting), YouTube (ParentFlix) and Spotify (ParentFlix) too!

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# Understanding Autism and Fostering Inclusivity

With **Datuk Dr Zulkifli Ismail**, Chairman of Positive Parenting Programme

**Dr Zahilah Filzah Zulkifli**, Paediatrician and Co-founder of DoktorBudak.com

**Beatrice Leong**, Founder of AIDA (Autism Inclusiveness Direct Action Group)

*How can we as a nation champion neurodiversity and make life more inclusive for the autistic? According to a news report, Malaysia has an estimated 300,000 autistic people, and a shift towards inclusivity must start from increased empathy and understanding. Policies in institutions and workplaces should be in place to accommodate the needs and strengths of autistic persons, thus creating supportive environments that foster inclusivity.*

“For Malaysians to embrace a fresh outlook on autism, we must learn to see each autistic person as a unique individual, not just a ‘patient’ or someone who needs correction,” says **Datuk Dr Zulkifli Ismail**, chairman of the Positive Parenting Programme. “On top of this, we need to provide opportunities for autistic individuals to participate in various activities, from schooling to employment as well as in social endeavours, so we are all able to develop meaningful connections.”

“Inclusion is paramount as it fosters a sense of belonging, promotes self-esteem, and enhances overall well-being. By embracing neurodiversity and accommodating individual needs, we allow autistic individuals to thrive and contribute their talents to society, creating a more compassionate and enriched world for everyone,” he adds.





Dr Zahilah, paediatrician  
& co-founder of  
DoktorBudak.com

**Dr Zahilah Filzah Zulkifli**, paediatrician and co-founder of DoktorBudak.com, reckons we need to start by changing the autism narrative. “We need to reframe how we view autism,” she says. “It’s about being different, *not less*. Different, *not disordered*. For many decades now, the terminology for autism has always been from the appearance of it – for example, autistics have poor eye contact, they may not speak, they have repetitive behaviour, etc.”

She states, “It’s time we look at how it’s being experienced instead. Today, even in research, universities are working on ‘participatory autism research’, meaning that we are looking into the lived experience of autistic individuals, rather than what is merely observed.”

A big hurdle, Dr Zahilah says, is that society has always viewed autism using the medical model. “When we talk about autistic individuals, for instance, we place these individuals on the ‘autism spectrum’ and diagnose them with a ‘disorder’, inadvertently suggesting that there is something not right with them and that they need to be ‘fixed’.”

## How do we do this?

“We have overlooked how language shapes our thinking. If we want to move into acceptance and appreciation, we need a societal mind-shift; we need to start using more inclusive, positive language because it has such a powerful impact on people,” she explains.

Dr Zahilah also feels that we should not be benchmarking autistics against neurotypical developmental milestones. “Oftentimes in paediatrics, for example, we will diagnose someone as autistic when there is presence of unusual behaviours or an absence of what typical children might be able to do.”

Today, however, autism is being regarded as a different way of thinking, a different way of living and experiencing the world, and a different way of learning.

Society also needs to stop thinking that autism is a childhood condition, says the Certified Advanced Autism Specialist. “If you are autistic, you will always be autistic, and there is nothing wrong with that. It’s time we support autistic adults so they are able to have a good life and be able to integrate into education and employment.”

Sure, there may be roadblocks along the way. For instance, some autistics will encounter challenges in social communication and interaction, but there is research that suggests this may not be due to autistic cognition alone. British sociologist Dr Damian Milton, for instance, talks

about the “double empathy problem”, which refers to a mismatch or disconnect in mutual understanding.

Dr Zahilah, who is also a licensed SPELL (Structure, Positive approaches and expectations, Empathy, Low arousal, Links) lead trainer, breaks this down as not just the autistic person lacking understanding of typical people, but typical people who also lack understanding of autistics! Empathy is a two-way street, after all, she says. “And if there is a breakdown, this mismatch is due to both groups having different experiences of the world around them.”

She says to foster inclusivity, it is crucial that we befriend an autistic person. “Work with them at a professional level. Make friends with them. These relationships can be very rewarding. But we must meet in the middle. We must learn to change the way we interact and communicate.”



## Confused in the real world



*Beatrice Leong, filmmaker & founder of AIDA*



For **Beatrice Leong**, who was diagnosed with autism only at the age of 35, her journey has been long, winding and fraught with challenges at every step.

Leong, who is a filmmaker and founder of autistic advocacy group Autism Inclusiveness Direct Action Group (AIDA), says she always knew she was different. "I just never had the vocabulary to be able to articulate the what, why, or how of my life. Even as an adult, I was always struggling and wondering why I couldn't get things 'right' – especially with work. It was only after I began to reframe my perspectives and started doing the advocacy work that I do now, that I found purpose; my work with AIDA not only allows me to reconcile my experiences, but also helps other people better understand the lives of autistics and how misunderstood we all are."

Before being diagnosed, Leong says she spent a lifetime seeking help due to various mental health challenges. "As a child I had a lot of challenges at school. From being constantly misunderstood, to difficulty in maintaining friendships, and then realising I was dyslexic. Often people thought I was just being stubborn when I didn't speak, but later on this was identified as selective mutism. A lot of my behaviours were thought of as anxiety or attention seeking as I had a lot to deal with due to my parents' tumultuous relationship," she says.

Leong added that things became even more difficult after high school. "I went to multiple colleges, and finally went off to Australia, where it became really bad as I was unable to attend classes or go out anywhere. When I finally got medical treatment, they

concluded I was suffering from depression, anxiety and being home sick."

Leong says her moment of realisation came when she was managing a gallery in KL in her 30s and crossed paths with an autistic boy and his family who were visiting a show. "I felt this overwhelming connection with that boy, and thought we were alike in many ways. So, I began exploring the idea with a therapist, and we went through some assessments and the diagnosis was given to me a year later."

## Finding solutions

As an adult with autism, what are the challenges Leong faces? "I am always highly strung," she says. "I didn't understand this before and would always chalk it down to being in the bustling entertainment industry and the long punishing hours I had to put in."

But now she says she knows better. "I also used to be very disturbed when I would see flashes of colour, light and always struggled to focus on my environment, but now I know that I have a co-occurring condition called 'synaesthesia', where sound and music can appear as lights or blocks of colour in my vision. I sleep better now without thinking that I have a brain tumour or worse, that I am being haunted by colourful ghosts!"

Knowing her sensory triggers, Leong has learnt to protect herself better. "I don't force myself to stay in conversations for too long unless I'm comfortable. I don't force myself to go to places that I dislike. I use ear plugs which are made to filter out high-pitched noises but still allow me to listen to conversations. I have also become a lot more comfortable NOT wanting to go out; my home is my sanctuary. The outside world, because it isn't built for people



like us, is truly an assault on our senses. It isn't just discomfort, there's a literal pain that I feel when I go out. Knowing these things helps to

keep me calm to some extent."

Leong does admit to still finding communication a challenge, especially since it is such a big part of her career. She says: "Because I was not properly diagnosed for years, I inherently feel that I am always in the wrong and I can't seem to communicate clearly to people. Also, when highly stressed or experiencing a meltdown, I communicate less, and this often is misunderstood as apathy. By the time I find my calm, or can work out the situation in my head, it's always too late or people have moved on."

On top of this, Leong shares that she doesn't always intuitively recognise other people's emotions, subtle hints

or double meanings. "Whenever I speak to people, I am guessing all the time. However, as you experience life from day to day, you learn to decipher things by memory – hence I find comfort in the same people, same restaurant, same food, same conversation topics. I used to blame myself a lot in the past, but now I am trying to be kinder to myself."

When it comes to misconceptions, what would Leong like more people to be aware of? "The most common misconception," she says, "is that there is such a thing as 'low functioning' or 'high functioning', 'severe' or 'mild' autism. I feel like I'm a Nando's chicken every time this gets said to me or asked of me!"

She also explains, "With newer knowledge and insights from autistics with lived experience, and people like me, who are out there talking about our experiences publicly – you will learn that autism is a dynamic disability. Just because I have the ability to speak, does not mean I am high functioning nor does it mean that I don't need help."





### Do you know what these mean?

Leong explains: “I have days when I am unable to do things, I still struggle with communication every day and I have chronic loneliness as I am unable to intuitively find connection. I also have a life-long eating disorder which is rooted in autism. I have severe and debilitating anxiety that gets hidden underneath my ability to speak.”

Society tends to look at autism as a tragedy, she says, and infantilise autistics, often disregarding their autonomy and not acknowledging their dignity at all.

“Do try and remember that autistics are not broken persons – we just view and respond to the world differently.”

**Neurodiversity:** This term refers to the idea that neurological differences, including autism, should be recognised and respected as natural variations of the human brain rather than being pathologised or stigmatised.

**Sensory processing:** Sensory processing refers to how the nervous system receives and interprets sensory information from the environment. Autistic individuals may have differences in sensory processing, such as being hypersensitive or hyposensitive to certain sensory stimuli.

**Stimming:** Stimming, short for self-stimulatory behaviour, refers to repetitive movements, sounds, or actions that autistic individuals engage in to regulate their sensory experiences or self-soothe. Stimming behaviours can include hand flapping, rocking, or repeating words or phrases. It is important to note that stimming is a natural and often helpful coping mechanism for many autistic individuals. PP





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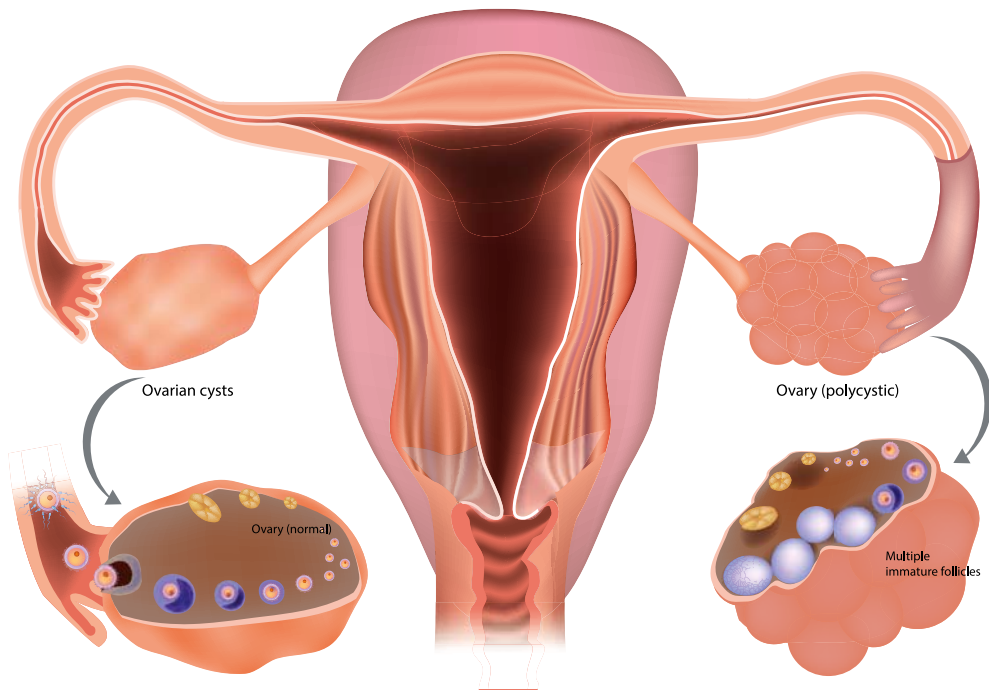
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# PCOS: Exploring the Complexities, Risks and Solutions

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

*Polycystic Ovary Syndrome (PCOS) is a complex hormonal disorder that affects a significant number of women. It is characterised by imbalances in reproductive hormones, presenting various symptoms and potential health risks. PCOS can have a profound impact on a woman's overall well-being and fertility.*

## Understanding PCOS

PCOS is a condition in which the ovaries develop small cysts, which are fluid-filled sacs. These cysts are actually follicles that contain eggs, but due to hormonal imbalances, they fail to mature and release an egg during the menstrual cycle. Consequently, the ovaries become enlarged and produce excessive amounts of androgen, the male hormone.

The symptoms of PCOS can vary, but common signs include irregular or no periods at all, excessive hair growth on the face or body (hirsutism), acne or oily skin, weight gain, thinning hair and difficulty in conceiving. Women with PCOS



may be prone to experiencing depression and anxiety, which can be related to the hormonal imbalances, difficulties with fertility, and the impact of PCOS on body image and self-esteem.

But beyond these symptoms, PCOS can also pose other significant health risks. One of the primary dangers of PCOS is the increased risk of developing metabolic disorders like type 2 diabetes. This is because insulin, the hormone that regulates blood sugar levels, may become less effective in women with PCOS. Over time, this can develop into diabetes.

PCOS is also associated with an increased risk of cardiovascular diseases. Women with PCOS often have higher levels of cholesterol and triglycerides, and they are more prone to develop hypertension and obesity. These factors, combined with insulin resistance, can contribute to the development of heart disease and other cardiovascular conditions.

## Are you at risk?

Identifying those at risk of PCOS is crucial for early detection and management. Although the exact cause of PCOS remains unknown, certain factors contribute to its development. Genetics play a role, as PCOS tends to run in families. Additionally, insulin resistance and high levels of insulin in the body can trigger the hormonal imbalances associated with PCOS. Lifestyle factors, such as poor diet and sedentary habits, can also contribute to the risk of developing the condition.

If you suspect you have PCOS, seeking medical advice is essential for proper diagnosis and management. Doctors will typically conduct a thorough physical examination, review your medical history, and perform hormone level tests to confirm the diagnosis. They may also recommend an ultrasound to check for the presence of cysts.

## Finding solutions

Medical solutions are usually focused on symptom management. Lifestyle modifications are often the first line of treatment and this may include adopting a healthy, balanced diet, having regular exercises and adequate sleep, and maintaining a healthy weight. Losing as little as 5-10% of body weight can significantly improve symptoms and hormonal imbalances.

In some cases, medication may be prescribed to help regulate hormones and alleviate symptoms. Birth control pills can be effective in regulating menstrual cycles and reducing excessive hair growth. Anti-androgen medications can also help control androgen levels and minimise hirsutism and acne. For women trying to conceive, fertility medications may be prescribed to induce ovulation.

Although PCOS is a complex hormonal disorder, identifying the condition early can help reduce health risks and improve overall well-being. By adopting a healthy lifestyle and using prescribed medication, women with PCOS can effectively manage their condition and lead fulfilling lives. PP



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# Managing Family Finances in Challenging Times

By **Alina Amir**, Co-founder of Arus Academy



*In today's economic landscape, managing family finances has become increasingly challenging. The rising prices of foods and goods, high inflation rates and poor exchange rates can strain even the most well-planned budgets.*

However, with a strategic approach and effective financial management, families can navigate these difficult times and ensure their financial well-being. Here are some practical tips for you to try out in order to manage your family's finances during these challenging times.

**Create a realistic budget:** Start by assessing your income and expenses. Take into account all essential expenses such as housing, utilities, groceries, transportation and healthcare. Allocate a portion of your income towards savings and emergency funds. Identify areas where you can cut back, such as going for movies or eating out. By creating a realistic budget, you can gain better control over your finances and prioritise essential needs.

**Track and analyse spending:** Keep a record of your expenses to understand where your money is going. Regularly review your expenses to identify areas where you can make adjustments and cut costs. Analysing your spending patterns will help you make informed decisions about your finances and find potential

areas for saving. These days there are budgeting apps that make it easier to track your spending, e.g. Money Manager, Mint, 1Money.

**Prioritise saving:** Despite the challenging financial environment, it's important to prioritise saving for both short-term and long-term goals. Set aside a portion of your income for emergency funds, which can provide a buffer during unforeseen circumstances such as accidents and medical emergencies. Additionally, consider setting up separate savings accounts for specific goals such as education, retirement or a down payment on a house. You may even want to save up for family holidays this way. Automate your savings by setting up regular transfers to these accounts at the start of each month, to make it easier to save consistently.

**Embrace smart shopping habits:** With rising prices and inflation, it's crucial to adopt smart shopping strategies. Prioritise needs over wants and compare prices before making purchases. Look for deals, discounts, and coupons when buying groceries or household

items. Consider buying in bulk for items you frequently use to save money in the long run. Take advantage of loyalty programs and cashback offers to maximise savings.

**Involve the whole family:** Managing family finances requires open communication and involving all family members. Discuss financial goals, priorities and challenges as a family. Encourage everyone to contribute ideas and suggestions for saving money and cutting costs. By involving the entire family, you create a sense of shared responsibility and accountability towards financial well-being.

Managing family finances during challenging economic times requires a proactive approach. With planning and preparation, you can navigate through financial uncertainties with confidence. Remember that financial management is an ongoing process, and adjustments may be required as circumstances change. With perseverance and discipline, you can successfully manage your family's finances and secure a brighter financial future. PP



# Flu-Proofing Your Home

By **Dr Shalini Shanmugam**, Consultant Paediatrician

*When a family member comes down with the flu (influenza), it is often the case that unaffected members continue with their daily routines. However, it's crucial for families to recognise that influenza can easily spread, and even pose risks to some people within the family. We need to equip ourselves with the knowledge about the preventive measures required to protect our family from influenza.*



## How does influenza spread?

To understand why it's important to prevent the spread of influenza in our homes and how we can do so, we must first know how the virus spreads.

The influenza virus mainly spreads through respiratory droplets. When an infected person coughs or sneezes, they release respiratory droplets that carry the virus. These droplets can then get inhaled by another person and infect them too.

Another way the virus can spread is by touching surfaces in our homes (like doorknobs, light switches, and kitchen counters) that have been contaminated

with respiratory secretions from an infected individual. If someone else touches these surfaces, and then touches their mouth or nose, the virus can enter their body and infect them too.

## Why is it important to prevent the spread of influenza within the household?

Particularly in Asian countries, the presence of multigenerational families and households is common (a household containing grandparents, parents, and children). This can have major healthcare implications, as a single household can contain numerous vulnerable individuals who

are likely to develop severe disease, require hospitalisation, or even cause death.

Examples of those at high risk:

- Young children below 5 years old (especially those below 2 years old)
- Elderly individuals above the age of 65
- Individuals with chronic conditions (e.g. asthma, chronic lung disease, weakened immune systems)

Influenza may cause severe complications in these vulnerable groups. For example, elderly people may suffer from complications such as pneumonia, ear infections, inflammation of the heart or brain, and worsening of existing chronic conditions. Therefore, it is important for families to take extra precautions when there is a confirmed case of influenza within the household, to prevent the virus from spreading and putting their loved ones at risk.

## Tips to prevent the spread of influenza within the household

Here are some tips to reduce the spread of influenza once a family member has been infected:

### (1) Practice respiratory etiquette.

Especially for the infected individual, ensure that you cover your nose and mouth when coughing or sneezing. This can be done either with the inside of the elbow, a tissue, a handkerchief, or by using a face mask. Used face masks and tissues must be discarded and disposed of properly.

**(2) Practice hand hygiene.** Regardless if you are the infected individual or not, you should wash your hands using soap regularly. Especially after coughing, sneezing, or before touching your face. In addition to this, you may use alcohol-based sanitisers.



**(3) Isolate infected individuals.** This can be achieved by creating a “Sick Room”, which reduces the amount of close contact between healthy family members and the infected individual.

**(4) Clean surfaces regularly.** Make sure to regularly wash, disinfect, or sanitise high-touch surfaces around the house. For example, light switches, bathroom surfaces, door knobs, etc. This is important as influenza viruses can survive up to 48 hours on these surfaces.

**(5) Avoid sharing utensils and kitchenware.** Refrain from sharing cutlery, plates, and other kitchen items with those who are infected.

## Prevention Over Cure

One of the best preventive measures we have to protect against influenza is vaccination. It is recommended that family members get their influenza shot annually, especially those who are considered at high-risk (e.g. young children, elderly, or those with existing chronic conditions). In Malaysia, the influenza shot can be given as early as 6 months of age.

In conclusion, it is important for families to be aware of the dangers of flu infections within the household. Taking proper preventive steps when someone is infected and implementing measures to prevent infection in the first place are essential for protecting the well-being of everyone at home. PP

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# Planning Playdates the Safer Way

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

*The COVID-19 pandemic has drastically changed the way we approach social interactions and parenting. This includes the way our children socialise with their peers, i.e. through playdates and sleepovers, at school, etc.*

Playdates, where parents arrange their children to meet and play together, is one way to encourage social interaction in children. Unfortunately, the pandemic and lockdowns prevented children from having playdates, and the lack of interaction with their peers were a concern among parents. Now, as we move on in the post-COVID-19 era, parents have started planning playdates again for their children.

However, as we have learned during the pandemic, it is better to be safe than sorry. Parents have to remain vigilant, not just against COVID-19, but also other infections like influenza, HFMD, and respiratory syncytial virus (RSV). In fact, COVID-19 is still considered a threat as it can

mutate into new variants of concern. Hence, it is important that parents continue to maintain safety measures during playdates by reinforcing the basics such as hand hygiene and respiratory etiquette.

## Hand hygiene: a foundation for safety

Hand hygiene has always been essential, but its significance grew even stronger during the pandemic. Before organising a playdate, it is crucial to educate both your child and their playmates about proper hand hygiene.

Teach them to wash their hands with soap and water

for at least 20 seconds, especially upon arrival, before and after using the toilet, before eating, and before leaving for home. If soap and water are not available, using hand sanitiser with at least 60% alcohol is a suitable alternative. Encourage frequent handwashing throughout the playdate to reduce the risk of spreading germs.

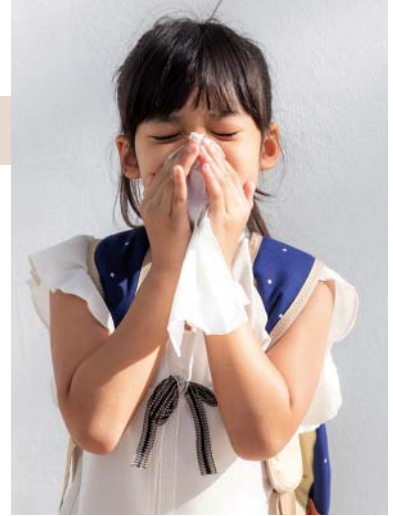




## Respiratory etiquette: caring for others

Children often forget about respiratory etiquette, such as covering their mouths and noses when they cough or sneeze. As a parent, it is crucial to reinforce these habits during playdates. Teach your children to use their elbow or a tissue when coughing or sneezing, and to dispose of the tissue immediately.

Remind them not to touch their faces, particularly their eyes, nose, and mouth, to minimise the risk of transmitting germs. Encourage open communication with the other children's parents, ensuring they are also reinforcing these practices at home too.



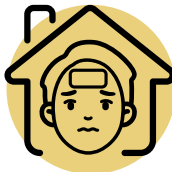
## Planning a safe playdate

To plan a safe playdate, there are additional factors to consider beyond hand hygiene and respiratory etiquette:

- **Communication:** Before organising a playdate, have an open and honest conversation with the other children's parents. Discuss concerns, expectations and the safety measures you both intend to follow. Mutual understanding and cooperation are crucial for a successful and safe playdate.



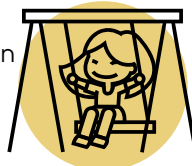
- **Don't attend if unwell:** If you or your child are not feeling well, let the other parents know and do not go to the playdate. If you are the organiser, you may have to postpone the playdate until everyone is healthy. Be responsible and stop the infection from spreading to others.



- **Keep it small and short:** Consider keeping playdates limited to a small group of children. Smaller groups allow for better control and supervision, making it easier to enforce safety measures effectively. The duration should also be kept short –

a social session lasting for 1-2 hours is enough for your toddlers and pre-schoolers.

- **Outdoor activities:** Opting for outdoor activities whenever possible is a wise choice, as fresh air and open spaces help reduce the risk of transmission. Engage in activities like picnics, nature walks, or trips to the park, where children can maintain physical distancing more easily.



- **Sanitise toys and surfaces:** Before and after playdates, clean and sanitise toys, games and high-touch surfaces to reduce the risk of contamination.



- **Have ground rules:** Establish some ground rules, e.g. no hitting or biting, no name-calling, respect each other's toys and belongings. Discuss with other parents regarding adult supervision,



dietary guidelines, play space, etc.

- **Vaccination:** Make sure your child's vaccination is up-to-date according to the national immunisation programme. Don't forget to get the COVID-19 vaccine and the booster shot if they are eligible (above 5 years old). Other additional recommended vaccines are also available. Consult your child's doctor to learn more.



- **Have fun!** Don't let the rules and restrictions hinder your child's joy. The most important thing is to let them socialise and play with their friends.

As we transition into the post-COVID-19 era, it is vital to prioritise the safety and well-being of our children during playdates. By following these tips, we can ensure that our children can enjoy the benefits of social interactions while keeping their health a top priority. PP

An educational contribution by



Malaysian Paediatric Association

# CHICKENPOX VS. MEASLES: KNOW THE DIFFERENCES!



CHICKENPOX	MEASLES
 Headache	 Red, blotchy rash first appears on the forehead
 Tiredness or Fatigue	 Red, inflamed eyes
 Red spots first appear on the chest, face and back	 Runny nose
 Decreased appetite	 Hacking cough and sore throat
 Spots turn into itchy blister	 Koplik's spots inside the mouth

	CHICKENPOX	MEASLES
<b>VIRUS</b>	Varicella-zoster virus	Measles virus
<b>INCUBATION</b>	Typically 10-21 days after exposure to the virus	Typically 10-14 days after exposure to the virus
<b>INFECTIOUS PERIOD</b>	From 2 days before the appearance of the first symptoms until 7 days after onset	From 4 days before the appearance of the rash until 5 days after onset

**CHICKENPOX IS A VACCINE-PREVENTABLE DISEASE. ASK YOUR HEALTHCARE PROVIDER ABOUT THE NEW CHICKENPOX VACCINE TODAY.**

References: 1. <https://www.medicalnewstoday.com/articles/322637> 2. <https://www.who.int/news-room/fact-sheets/detail/measles>



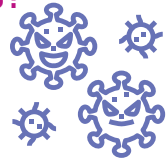
# Is It Chickenpox or Measles?

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

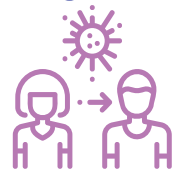
*Chickenpox and measles infections in children can look similar to one another, especially during the early phase of infection. This can make it difficult for parents to distinguish between the two infections. Understanding the difference between these two illnesses is crucial for timely and appropriate care.*

## Chickenpox vs measles: what are the similarities?

**Viral infections.** Chickenpox and measles are both caused by a virus.



**Highly contagious.** Both infections are known to be highly contagious and can spread rapidly.



**Mode of transmission.** Chickenpox and measles are both transmitted through inhalation of respiratory droplets from an infected individual. In addition to this, both viruses can also be transmitted through direct contact with infected bodily fluids, such as respiratory fluid in the case of measles, and fluid from ruptured blisters in the case of chickenpox.



**Rash-causing diseases.** Both infections cause the development of a rash on the body.





# Chickenpox vs measles: what are the differences?

## Difference #1: Cause of infection

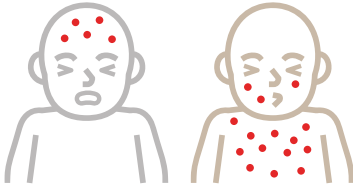
Chickenpox and measles are caused by two different viruses. Chickenpox is caused by the **varicella-zoster virus**, while measles is caused by the **measles paramyxovirus**.

## Difference #2: Type of rash

The type of rashes produced are different from each other. Chickenpox often begins with raised red spots on the chest, stomach, face, and back. These can then develop into fluid-filled blisters, which may rupture and leak fluid, ultimately forming scabs. In contrast, measles usually starts with a flat, red, and blotchy rash on the forehead that can spread to other parts of the body.

## Difference #3: Associated symptoms

Apart from the development of rashes, children infected with chickenpox and measles can also have additional symptoms. Those infected with chickenpox often have headaches, loss of appetite, and fatigue. This is not commonly seen in those infected with measles, who are more likely to develop a runny nose, sore throat, and cough instead.



## Difference #4: Duration of infection

Chickenpox tends to last for a relatively shorter period, usually around 4-7 days. In contrast, measles may persist for a more extended period, typically lasting 10-12 days, and in some cases, it can even last for several weeks.

## Conclusion

As chickenpox and measles infections in children can appear similar, parents play a crucial role in recognising the differences between the two. Understanding these differences is vital for ensuring timely and appropriate care for their children's health. By being vigilant and informed, parents can take the necessary steps to protect their children and seek medical attention when needed. PP

## How are chickenpox and measles treated and prevented?

Treating chickenpox and measles in children focuses on easing symptoms and reducing complications. This includes taking medications like paracetamol for fever and pain relief, preventing night time scratching by wearing gloves, as well as taking a cool bath to alleviate itching.

One of the best preventive measures available to us are vaccines against chickenpox and measles. For chickenpox, the varicella-zoster vaccine is used. This vaccine is not included in the national immunisation programme (NIP) but is available upon request at many private clinics and hospitals. The chickenpox vaccines are administered from 12 months onwards.

For measles immunisation, the MMR (Measles, Mumps, and Rubella) vaccine is used. This vaccine is included in the national immunisation programme (NIP) and is administered at 9 months old and again at 1 year old. To learn more about vaccines for measles and chickenpox, speak with your healthcare provider or paediatrician.



An educational contribution by



Malaysian Paediatric Association





# The Story of Pertussis Survivors

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

*A total of 329 pertussis cases and 23 deaths have been reported in Malaysia this year from January until 19 August. Worryingly, infants under the age of 12 months were the most affected, with 189 cases. The numbers paint a concerning picture of the situation but what about the real experiences of these patients?*

## Surviving pertussis

Three weeks after giving birth to her second son, Sofea started coughing and sneezing but the symptoms were mild and intermittent. But as her symptoms became more frequent, she was worried that she might transmit the illness to her newborn and decided to see a doctor. Since Sofea used to suffer from asthma, the doctor suspected that it was her asthma recurring. She was then provided with a course of antibiotics and treated for asthma.

Despite this, Sofea's cough intensified over the following days, accompanied by episodes of vomiting. Occasionally, a "whoop" sound was audible as she panted for breath during a coughing fit. She consulted a few more clinics to figure out what was wrong with her, but she was told that it was either a slight cough that would subside soon or possibly food poisoning.

Sofea's biggest concern became a reality when her baby also started coughing and vomiting. She quickly brought her baby to see a doctor but was also told that it was a normal cough. The baby was given a course of antibiotics too, but his cough persisted with increasing frequency. Over the next few days, the baby was coughing and gasping for breath every few minutes. Even Sofea's coughing fits had worsened and she had trouble breathing due to her history of asthma.

Unfortunately, both Sofea and her little baby were admitted to a hospital as their health had deteriorated so much. The doctor who was treating them immediately suspected that both of them had pertussis, also known as whooping cough. Mucus samples were sent for testing, which confirmed the diagnosis. Sofea and her baby were then treated with the appropriate medications and antibiotics for respiratory infections caused by the culprit bacteria, *Bordetella pertussis*.

They were both discharged from hospital after a few days. Luckily, both mum and baby didn't suffer any major complications. However, Sofea remembered how distressed she was when she saw her baby coughing so intensely. If she was given another chance, she would have been more cautious and taken preventive steps to protect her little one from being infected.

## What could go wrong?

Pertussis is highly contagious but can be difficult to diagnose since its early symptoms are often non-specific and similar to other respiratory illnesses. But once it worsens, pertussis may cause serious complications, especially in babies and young children.

Babies and young children are more likely to be hospitalised when they get pertussis. Of children below 1 year old who need treatment in the hospital:

- 2 in 3 may have apnoea (life-threatening pauses in breathing)
- 1 in 5 may get pneumonia (lung infection)
- 1 in 50 may have convulsions (violent, uncontrollable shaking)
- 1 in 150 may have encephalopathy (disease of the brain)
- 1 in 100 may die



Pertussis in teens and adults tend to be milder, but they can also experience complications due to severe cough, such as:

- Losing consciousness
- Bruised or fractured ribs
- Losing bladder control
- Abdominal hernia

## What could be done?

Pertussis can be prevented with vaccination. In the National Immunisation Programme, the hexavalent vaccine, which protects against six diseases including pertussis, is given to babies at age 2, 3, 5 and 18 months. However, in Sofea's case, her baby is still too young to be vaccinated. So, what could she have done to protect her baby from the illness?

Protection should start from pregnancy. Women are also recommended to get Tdap vaccination, which protects against tetanus, diphtheria and pertussis, during the early part of the third trimester of each pregnancy. By doing this, mothers are not only protecting

themselves, but also their baby. Antibodies that are produced in the mother's body after vaccination will be transferred to her baby during pregnancy. Babies with vaccinated mothers will already have passive immunity when they are born. Hence, they are protected against these life-threatening diseases during the first few months of life, even before they complete their own vaccination later.

Apart from that, mothers who receive the maternal Tdap vaccination are protected from pertussis themselves and are unable to spread the disease to their newborns after birth. Other steps that a mum like



Sofea could have taken is to quarantine herself when she got infected and limit contact with her baby and family members until she recovers. However, the best prevention is always to start early and get vaccinated during pregnancy. PP

An educational contribution by



# Protect your baby from Day 1

Tdap vaccination during pregnancy protects newborns against whooping cough and diphtheria.<sup>1,2</sup>

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

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

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



## How does vaccination during pregnancy protect your baby?



Mother receives Tdap vaccination during pregnancy



Mother creates antibodies in her body



Antibodies pass through the placenta to the baby



Mother and newborn are both protected

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

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



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

Tdap: tetanus, diphtheria and pertussis.

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# The Protectors



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*Certain common childhood diseases can have devastating consequences. Pneumococcal disease is one of these diseases, so it is important for parents to truly understand the nature of the disease in order to keep your little one safe and healthy.*

# Pneumococcal Disease, Pneumonia, and Ear Infections: What's the Link?

## What is pneumococcal disease?

Pneumococcal disease refers to an infection caused by a type of bacteria called *S. pneumoniae*, which is commonly referred to as pneumococcus.<sup>1</sup> This bacterium can be transmitted from one person to another through respiratory droplets of an infected individual (e.g. when an infected person sneezes or coughs).

The majority of individuals infected by pneumococcal disease often experience mild symptoms.<sup>1</sup> However, young children below the age of 2 years old are at a particularly high risk for developing severe complications.<sup>2</sup> These occur when the bacteria spreads from the throat to other parts of the body, which can include

the blood, lungs, ears, and brain.<sup>3</sup>

Other high-risk groups include individuals who<sup>1</sup>:

- Have a weakened immune system (e.g. from chemotherapy, immunosuppressive therapy, etc.)
- Have chronic diseases (e.g. diabetes, heart disease, kidney disease, etc.)
- Have a hearing aid/cochlear implant
- Are above 65 years old

## How does pneumococcal disease cause pneumonia?

If *S. pneumoniae* spreads from the throat to the deeper structures in the respiratory system, this can cause pneumococcal pneumonia. In mild cases, this can cause

symptoms such as fever, cough, chest pain, headache, difficulty breathing, etc. However, in more serious circumstances, this can result in an infection of the brain (meningitis), respiratory failure, or even death.<sup>3</sup>

## How does pneumococcal disease cause acute otitis media (middle ear infection)?

*S. pneumoniae* also has the ability to travel from the throat to the narrow passage that connects the nasal passage to the ears (eustachian tubes).<sup>4</sup> When this happens, it can infect the surrounding structures, leading to a middle ear infection. This can cause symptoms like ear pain, headaches, fever, ear discharge, etc.<sup>3</sup>

## How to protect your child from pneumococcal disease?



- **Maintain good hygiene.** Ensure children wash their hands with soap and water. If this is not possible, you may use alcohol-based hand sanitisers.<sup>5</sup> This is especially important if your child spends time in crowded and enclosed spaces, like day care centres.



- **Ensure a strong immune system.** Take the right steps to optimise your child's immune system. This includes ensuring that your child partakes in sufficient physical activity, has a healthy nutrition, and gets sufficient sleep every night.<sup>5</sup>



- **Avoid close contact with sick individuals.** If you suspect that a close contact or family member is infected with pneumococcal disease, keep the child away from that person.



- **Maintain good respiratory hygiene.** As pneumococcal disease is commonly spread through respiratory droplets, it is important to practise good respiratory hygiene. This includes wearing a face mask in crowded areas.



- **Stay updated with vaccinations.** Ensure that your child is up-to-date with the necessary vaccinations according to the national immunisation programme (NIP).<sup>6</sup> This includes the pneumococcal conjugate vaccine (PCV), which is available in any government or private clinic.

## About the Pneumococcal Conjugate Vaccine (PCV)

Vaccinations are one of the best options parents have to protect their children from infections. In the case of pneumococcal disease, Malaysia has adopted the pneumococcal conjugate vaccine (PCV10) into the national immunisation schedule.<sup>7</sup> The PCV10 vaccine protects against 10 serotypes of pneumococcus and is administered in three doses: two primer doses (at ages four and six months) and a booster shot at age 15 months.<sup>7</sup>

Speak with your doctor about the vaccination to learn more about protecting your little one from the risk of pneumococcal disease.

## Conclusion

Parents play a vital role in protecting their child's health, and therefore, understanding common childhood diseases like pneumococcal disease is essential. Take the right steps to keep your little one safe and healthy. Together, we can create a healthier future for our precious children. PP

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# Dental Braces for Kids

By **Assoc Prof Dr Ahmad Faisal bin Ismail**,  
Consultant Paediatric Dentist & Senior Lecturer

*Did you have to wear dental braces during your childhood? What about your child? Do you think they need braces too? Let's learn more about dental braces!*

## What are dental braces?

Dental braces are devices that are fitted inside the mouth to apply mild, steady pressure on the teeth. Over time, this slowly moves them into a straighter and proper position. Braces are used to correct various orthodontic issues (e.g. misaligned teeth).

Braces are often installed by orthodontists (dentists specialised in preventing and correcting jaw and teeth alignment problems), but general dentists may offer the service too. Usually, braces are worn by children and teens, but adults can use them too. There are different types of braces available:

- Metal braces
- Ceramic braces
- Self-ligating braces
- Lingual braces (worn on the back side of teeth)
- Clear aligners (an alternative to braces)

## Why do children need braces?

Children may need braces for many reasons, typically involving orthodontic issues like:

- Crooked teeth
- Overlapping teeth
- Overcrowding teeth

- Gapped teeth
- Missing teeth
- Extra teeth
- Bite problems (problems with the way teeth fit together, e.g. overbite, underbite)
- Misaligned or incorrect jaw position
- A disorder of the jaw joint

## When and how long should my child wear braces?

The ideal timing is when the permanent dentition is established at the age of 12-14 years old. However certain problems can be detected as early as 7-8 years old, so bringing your child to see your dentist early is advisable. At these ages, jaws and facial bones are still developing, thus they are more flexible. Adults can also get braces but it may take a longer time to achieve the result. The duration depends on the severity of the misalignment, but typically, it takes about two years to complete the braces treatment.

## What are the benefits and side effects of wearing braces?

### Benefits

- Enhance the appearance of teeth, i.e. a straighter, more beautiful smile

- Make it easier to clean teeth
- Correct jaw joint disorders
- Improve proper functions like chewing and speaking

### Side effects

- Mild discomfort (usually on the first day and after tightening the braces)
- Trouble eating (especially after a tightening)
- Irritation on the tongue, lips or inner cheeks
- Jaw pain

Plaque can build up around brackets and wires of braces, leading to dental problems. Thus, good oral hygiene is key for those wearing braces. Teach your child to brush their teeth after every meal and to floss daily. Bring your child regularly to dental cleanings and check-ups to detect cavities. They should also avoid hard, crunchy or sticky foods. If they are feeling uncomfortable, give them over-the-counter pain relievers and feed them soft foods. PP

An educational collaboration with



Malaysian Association of Paediatric Dentistry

# The Launch of Positive Parenting 360° Growth & Development Toolkit



*Datuk Dr Zulkifli Ismail giving his welcome speech*

*YB Dato' Sri Hajah Nancy Shukri giving her officiating speech*



*MPA President among the guests during the launch ceremony*



*Part of the expert panel that developed the toolkit*

*Minister of Women, Family and Community Development launched Malaysia's first all-in-one expert-endorsed reference toolkit for monitoring child's growth and development One World Hotel, Petaling Jaya, 20 July 2023*

On 20 July 2023, the Minister of Women, Family and Community Development, **YB Dato' Sri Hajah Nancy Shukri**, launched the 360° Growth & Development Toolkit, the latest initiative by Positive Parenting Programme, which is a parenting educational programme by Malaysian Paediatric Association (MPA).

The 360° Growth & Development Toolkit is an all-in-one reference toolkit developed by key medical experts designed specifically to help Malaysian parents track and monitor their child's growth and development from birth to five years of age.

In his welcome speech, **Datuk Dr Zulkifli Ismail**, Chairman of the Positive Parenting Management Committee and Exco Member

of MPA, introduced the toolkit and stated the rationale behind the development of the toolkit. He also mentioned how this initiative is in line with MPA's mission in advocating for child health.

**YB Dato' Sri Hajah Nancy Shukri** in her officiating speech voiced her keen support of this novel toolkit: "Let us embrace this new initiative with enthusiasm and commitment, ensuring that every child in Malaysia receives the opportunity to thrive and reach their full potential." She further added, "I believe that these kinds of initiatives will play a crucial role in helping parents navigate this important period in their child's life, and act as an invaluable resource that will shape the lives of countless children and pave the way for a brighter future for our nation."

The toolkit comprises four key components: Child Growth, Child Development, Child Health, and Child Nutrition and Healthy Living, and features integrated QR codes to provide easy access to additional resources. It is currently available in English, with pull-out materials in both Bahasa Malaysia and English. PP

To learn more about the toolkit, please scan this QR code:



*An educational contribution by*



# My Child is Too Sensitive: What Can I Do?

By **Dr Serena In**, Clinical Psychologist



*Some children are naturally more sensitive than others – they break down, cry easily and get upset when the world doesn't conform to their expectations. If you have kids that are emotional, empathic or anxious, is that something that you should worry about as a parent? Will you have trouble disciplining them?*

## Who are sensitive kids?

While most children cry every now and then, emotionally sensitive children become overwhelmed much more easily. They cry often, worry about getting into trouble frequently, require a great deal of reassurance and are typically resistant to change. Sensitivity in children is not a bad trait; in fact, many sensitive children can be very kind and compassionate. However, because they feel every emotion more intensely than the average child, they can become overly excited, extremely scared and overwhelmingly angry.

There are some indicators that will help you determine if your young child might be a highly sensitive child. For example, if your child doesn't like surprises, or if they don't do well with even slight changes, then they are probably sensitive. You may also notice that they perform best when strangers aren't present as they tend to be very shy. Sometimes, they are prone to feeling hurt, take criticism very harshly, may overreact in certain unfamiliar situations and fuss a lot when there is a change in their routine.



## What can you do?

As a parent, you can help create a conducive environment for your child and teach them coping strategies to make it easier to navigate through the large, loud world around them. As much as you can, **avoid using labels** to describe them – for example, don't say things like "Aliya is too sensitive," "Chee Kian is so shy," or "Rayna is very quiet" – even when talking about them amongst your own friends and family.

Instead, always **focus on positive qualities** that come from being highly sensitive. Children with high sensitivity or sensory-processing sensitivity can have many positive qualities such as empathy, intuition, deep thinking, creativity, reflectivity and attention to detail. With proper guidance, love and support, you can nurture these wonderful qualities in your child.

Always **respect their feelings** and **give them enough room and time** to process their feelings. Don't invalidate or downplay their feelings by saying things like "Don't be so sensitive!" Provide adequate downtime, set reasonable limits and suggest replacement actions when necessary.

It is worth noting that everyone has their own combination of strengths and weaknesses. Being highly sensitive can bring a number of positive qualities, but it may also present some challenges that children and their parents will need to work through. The good news is that with positive strategies in place, these children can embrace their sensitivity, and thrive. If need be, getting professional help to connect better with your child is highly encouraged. Lastly, remember to stay positive and utilise all the necessary resources in your journey to guide your child into becoming a healthy, happy and well-adjusted adult in the future! PP

An educational collaboration with



Malaysian Society of Clinical Psychology



# Is It Moodiness or Mood Disorder?

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



*Your child is going through puberty and you notice that he/she tends to be moody, overreactive or behave differently from usual. Is this just moodiness due to puberty or actually a sign of mood disorder?*

Sadness and moodiness are normal emotions within a teen's experience. However, when these emotions become extreme, prolonged, or appear without response to external setting and interfere with normal functioning, these emotional responses are considered mood disorders.

During puberty, some behaviours (e.g. moodiness, recklessness) are often observed in teens because their amygdala, which is a part of the brain involved in immediate, emotional reactions, develops earlier than their prefrontal cortex, the part of the brain that is responsible for rational thinking and behavioural inhibition. But it can be difficult for parents to distinguish between normal moodiness experienced by most teens and an underlying mood disorder, like depression or bipolar disorder, since the signs may seem similar.

## Moodiness or mood disorder?

A mood disorder is a mental health condition that disrupts one's emotional state. Someone with a mood disorder may experience a period of extreme or persistent emotions like happiness, sadness, anger or irritability. The symptoms must be present for several weeks or longer to be considered a mood disorder. It can also affect one's daily routine, relationships and performance at school or work.

Mood disorders include:

- **Depression** (e.g. persistent depressive depression, seasonal affective disorder)
- **Bipolar disorder** (e.g. bipolar I & II, cyclothymia disorder)
- **Premenstrual dysphoric disorder** (PMDD)
- **Disruptive mood dysregulation disorder** (DMDD)

There are three key factors to differentiate normal moodiness from mood disorders.

### Severity

If the symptoms are more noticeable and severe, it is likely that the problem is a mood disorder and not a passing mood. Symptoms may include changes in mood, behaviours like sleeping or eating more than usual, withdrawing from family and friends, feeling hopeless or loneliness, etc.

- **Normal:** Sleeping late on weekends and being tired on school mornings
- **Concerning:** Sleeping all the time and refusing to get out of bed

### Duration

Any symptoms persisting continuously for two weeks or longer may indicate a mood disorder. In some mood disorders, symptoms may appear irregularly but for most of the time in a year.

- **Normal:** Mood changes that seem excessive to the causing event (from an adult perspective)
- **Concerning:** A persistent negative mood or irritability lasting for weeks

### Domain

Any symptoms affecting multiple domains of a teen's life, such as at home, in school and with friends, may indicate a mood disorder instead of a bad mood related to a specific situation.

- **Normal:** Not bothered to interact with family
- **Concerning:** Avoiding any interactions with family and friends, decline in school performance and other symptoms

Some teens have a higher risk of developing mood disorders, e.g. teens who have self-esteem issues or a learning disability, victims of physical/sexual abuse, those with a family history of mental health problems, those who had a recent traumatic life events and others. If you suspect that your teen is experiencing a mood disorder, please consult a healthcare professional and continue to provide support to your teens. PP

An educational contribution by



Malaysian Paediatric Association



**LET'S CONTINUE TO DO OUR PART AND PROTECT OURSELVES, OUR FAMILY, AND OUR COMMUNITY FROM COVID-19.**

**SCAN ME**



Please scan the QR code to find out if you and your family are eligible for a booster vaccine and where you can get one.

A community message by



Pfizer (Malaysia) Sdn Bhd 197801003134 (40131-T)  
Level 10 & 11, Wisma Averis (Tower 2),  
Bangsar South, No. 8, Jalan Kerinchi,  
59200 Kuala Lumpur, Malaysia.  
Tel: 603-2281 6000 Fax: 603-2281 6388  
PP-CMR-MYS-0037-09MARCH2023

*Image used is for illustration purposes only*





# Positive Parenting

Malaysia

Malaysia's  
Pioneer  
Expert Driven  
Educational  
Programme

Initiated in the year 2000 by the Malaysian Paediatric Association (MPA), the Positive Parenting programme offers expert advice and guidance by key healthcare professionals from various Professional Bodies in the field of maternal health, family wellness, child health, growth and development, nutrition and teen issues.

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

### Positive Parenting Guide



Published quarterly, it is distributed through healthcare professionals in private and government clinics and hospitals, selected kindergartens and confinement centres nationwide, and designated retail partners in Klang Valley.

### Website



Our one-stop digital portal with hundreds of articles, infographics, recipes and our E-Guide version.

### Social Media

Follow us on Facebook and Instagram to gain access to the latest parenting tips, videos, infographics and updates.



### ParentFlix

We are now on YouTube and Spotify as ParentFlix! Watch our educational videos and tune in to our informative podcasts on these two platforms.



### Joys of Parenting

Participate in our forums, dialogues and seminars – whether online or face-to-face. And don't miss out on our contests and giveaways – awesome prizes are up for grabs!



### Educational Press Articles

Look out for our Positive Parenting columns every fortnight and monthly in Malaysia's leading English, Bahasa Malaysia and Chinese newspapers.



### ~ Our Collaborating Expert Partners ~



Nutrition Society of Malaysia



Obstetrical and Gynaecological Society of Malaysia



Malaysian Psychiatric Association



Malaysian Society of Clinical Psychology



Malaysian Mental Health Association



National Population and Family Development Board Malaysia



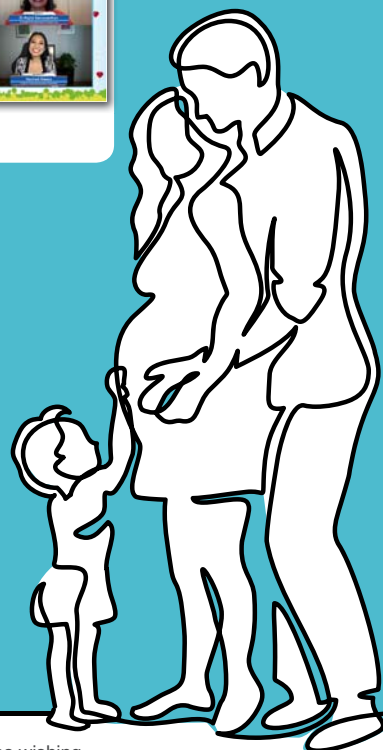
Malaysian Association of Kindergartens



Association of Registered Childcare Providers Malaysia



Malaysian Association of Paediatric Dentistry



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

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