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Positive Parenting

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

Malaysia

Education Starts from Home

Polio: The Next Target for Eradication

How Can Parents Prevent Birth Defects

A Guide on Autistic Meltdowns

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Parents, You Are Your Child's First Teacher!

When we talk about children's education, we often think of the roles played by teachers at school. But education and learning does not only happen at school. In fact, it starts way earlier at home before a child enters school with parents being their first ever teacher.

Our Feature article in this edition discusses how parents can carry out their duties as a teacher to their children and promote their development, learning and life skills. There are also other informative write-ups by our experts on various topics relevant to parents, e.g. the changing work-family dynamics in the post-pandemic era, the global effort in eradicating polio, a primer on meltdowns among autistics, and other interesting subjects.

With these articles, we intend to assist you and many other parents out there in this challenging-yet-rewarding journey of raising our next generation. Do check out other articles from previous issues on our website (www.mypositiveparenting.org) and don't forget to be our followers on Facebook (@positiveparentingmalaysia), Instagram (@mypositiveparenting), YouTube (ParentFlix) and Spotify (ParentFlix) too!

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Malaysia Association of Registered
Early Child Care and Development
(MyECCD)

Education Starts from Home

In the journey of education, parents are the initial guides, laying the foundation from birth and extending their role as a child steps into formal schooling.

Active parental involvement in children's learning and education is a cornerstone for their holistic development. Research underscores the important role that hands-on engagement plays in shaping a child's academic success and overall well-being.

"When parents actively participate in their child's learning journey, this fosters a sense of security and

confidence in the child," says **Datuk Dr Zulkifli Ismail**, Chairman of the Positive Parenting Programme. "Children whose parents are hands-on in their education tend to perform better academically, exhibit improved social skills and display a higher level of motivation. These children are also more likely to develop a life-long love for learning."

Hands-on involvement goes beyond just helping with homework; it involves fostering a conducive learning environment at home, engaging in conversations, and participating in educational activities. The positive impact is not confined to academic achievements but extends to emotional and psychological resilience.

“As children navigate the complex landscape of education, having parents who are actively involved provides crucial support. It enhances communication skills, problem-solving abilities, and critical thinking. The bond formed through hands-on engagement becomes a solid foundation for a child’s future successes,” Dr Zulkifli says.

He adds that parents can also participate in extracurricular activities, such as attending school events, volunteering for field trips, or getting involved in parent-teacher associations, which can help forge a deeper connection among parents, children, and the school community. This engagement goes beyond the classroom, enriching the overall educational experience.

Being hands-on with a child’s learning is not just about imparting knowledge; it is about taking a keen interest in what’s going on in your child’s life, as well as instilling a passion for learning and nurturing well-rounded individuals equipped to face life’s challenges. Dr Zulkifli says: “Parental involvement is the key that unlocks a child’s full potential, paving the way for a brighter and more fulfilling future.”



Holistic development starts at birth

Parents play an active role in their child’s learning right from infancy. Consultant developmental paediatrician **Dr Cindy Chan** says infants start learning from the moment they are born. With their senses, including the sense of touch, hearing, smell and sight, infants are constantly learning through their interactions with the people around them and their environment. By engaging infants through positive stimulation of a baby’s senses, parents can really encourage cognitive development from a very early age.

“Early attachment and bonding between parent and child are crucial for an infant’s mental health and holistic development,” Dr Chan explains. “By being attentive and responsive to your baby’s needs, your baby will in turn learn to tune in and respond to the emotions and social cues of others. When this emotional and social connection is strong, it gives your baby the best start in their world.”

She also stresses how a secure social and emotional attachment lays a strong

foundation for your baby’s language development. “In the first few months, your baby’s language development is stimulated by mostly non-verbal interactions. There is a lot of eye contact, physical touch, and playful or soothing vocalisations between you and your baby – whether during daily routines such as bathing, feeding, playing together or putting her to sleep.

“Before a child is able to use verbal language to communicate with other people, he or she learns to communicate in other ways and this begins with interactive play, even as a newborn. Interactive play is very social and emotional. It’s about connection. Even before words are understood, an infant will start learning how to interpret facial expressions, body language, and how to anticipate what someone else is thinking or feeling. All these will help provide a solid foundation to developing spoken language and two-way communication later on.”



Dr Chan suggests parents should provide playtime activities that nurture fine and gross motor development. "From tummy time and reaching out for sensory objects, to climbing and playing in the outdoors, these physical abilities will be necessary to go on to develop the skills they need to explore and learn from their exciting world. At the same time, as difficult as it will be for parents, it is essential that parents allow children the opportunities to make mistakes and learn from their own mistakes, within a sensible and safe environment. This will nurture diverse problem-solving skills and a positive growth mindset when children are faced with challenges in life as they grow."

Dr Chan further encourages reading with young children as this can have a profound positive effect on their language and cognitive development. "Parents can establish a simple reading routine even from infancy. The simple act of pointing to pictures while reading and incorporating facial expressions or playful gestures is setting the stage for vital learning to take place."

She recommends spending short spurts of time reading. "You don't have to sit and 'formally' read for half an hour with a toddler. Just a few minutes of looking through a picture book together will make a very positive impact. Equally important is that you promote lots of eye contact, give your child lots of social and communicative cues, and encourage him to respond. This is also very helpful to train his attention span as he grows."

"Parents further contribute to their child's learning by establishing structure and predictable routines at home. Consistent meal times and a predictable sleep routine are essential to provide young children with the necessary nutrition and rest they need to learn," Dr Chan adds.

Finally, Dr Chan agrees that many infant and young children are now being exposed too early to screen gadgets, and excessively so. "The problem with a screen device is that it does not watch

for your baby's social and emotional cues and respond in flexible ways. It is very different from interacting with, and learning from another human."

"Technology in education can be very useful, but the key is YOU need to be the first point of connection for your child from the early years. Technology cannot replace your presence and it cannot take the place of human-to-human communication and socialisation. If you choose to integrate tech into your child's early years, then ensure that you are present to engage your child in a socially interactive manner, with tech as a supplement to their learning," Dr Chan concludes.



The preschool years

President of the Malaysia Association of Registered Early Child Care and Development (MyECCD) **Pn Anisa Ahmad** says that when little children grow into toddlers and preschoolers, it is vital that parents continue to engage with them in joint activities such as reading, drawing, singing, storytelling, reciting rhymes and playing games.

“When reading together with your toddler or young child, allow them to choose which story book they’d like to read, even if it is the same book every day! For older children, you can take turns reading passages in a book. For younger children who can’t read yet, ask them to make up a story from pictures. Have them tell you more about what they are thinking. When parents give positive feedback and ask open-ended questions, you are boosting your child’s interest, creativity and critical thinking skills,” Pn Anisa shares.

She adds that it is important that parents “walk the talk”. That is, don’t just expect your child to want to read. You need to be a model for reading.

“There are other simple things you can do. Nursery rhymes are helpful for early literacy and language development. You can also label objects in your home. This shows the importance of reading and writing. Help your child build background knowledge on a topic. Talk about everyday experiences, show your child pictures, and tell them stories or ask them to tell you their story. This can increase their curiosity and readiness to learn at school.”

When it comes to Mathematics, Pn Anisa says it is never too early for kids to start learning! “As early as 2 years old, children are ready to explore the world of values and objects, grasping concepts like ‘two is more than one’ and understanding big and small. It’s a key time

to impart basic concepts and important values.”

Learning to count is a great introduction to Maths for toddlers, the educator says. Counting fingers and toes from one to 10 is particularly fun when accompanied by counting-out rhymes such as “One, Two, Buckle My Shoe.” Pn Anisa says that parents should incorporate counting in their daily activities such as when serving out food onto plates – two scoops of rice, three pieces of chicken, one glass of milk.

“To help your child understand groups, you can sort things based on categories, such as colour, size, shape, texture or use. For instance, have them separate their toys according to colours, sizes or spoons from forks.”

In fostering good manners and social aptitude, parents play a crucial role in teaching their children the art of expressing gratitude with “please”, “thank you” and “I’m sorry”. Additionally, imparting the basics of polite greetings with a simple “hello”, emphasising the importance of refraining from touching others’ belongings, instilling tidiness in personal possessions, and cultivating patience in waiting for their turn are fundamental lessons. Though seemingly straightforward, these principles serve as the essential foundations for effective social interaction.

Pn Anisa says that learning about the body and its functions also starts at home. “Begin by teaching children the names of their body parts using proper vocabulary. It’s essential to impart the functions of these body parts and emphasise that it’s not appropriate for others to look or touch. At the same time, guide them to understand the importance of not looking at or touching others without permission.”

Asking for consent from your child is important, according



to Pn Anisa. “Ask your child ‘Do you want me to shower you today?’ or ‘I will unzip your dress so that I can shower you, will that be ok?’ This will help the child to understand the importance of asking consent before doing certain things and to teach our child that it is okay to say ‘No’ if they feel uncomfortable about something. This will lead to a better understanding of safe touch and bad touch.”

Pn Anisa also emphasises the importance of acknowledging that readiness for formal education varies on a personal timeline. She advises parents to play a proactive role by creating a nurturing home environment where children feel safe, understood and stimulated. She says: “Parents who actively engage in play and communication with their young children, and participate in their daily activities, can meet their child’s emotional needs while also fostering the development of motor skills, creativity and critical

thinking. This contributes to a well-rounded educational foundation for their child.”

As children advance through various grade levels, parents play evolving roles in enriching their educational journey and facilitating seamless transitions between school years. Active involvement in various aspects, including interactive play and reading in early childhood to fostering good manners and social skills, are the building blocks to academic success and holistic development, affirming that education does indeed start at home! PP



How Can Parents Prevent Birth Defects?

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

A pivotal moment in the parenting journey is the arrival of your child. However, the challenges posed by birth defects and complications can significantly impact many families. Therefore, it is important for parents to understand the different types of birth defects and preventive measures. So, with these challenges present, how can parents ensure the healthy arrival of their little one?

What are birth defects?

A birth defect refers to any malformations or abnormalities that occur during pregnancy. In most cases, birth defects are detected during pregnancy, at the time of birth, or during the early childhood phase. Birth defects can either be **structural** (affect the physical structure or form of a body part or organ) or **functional** (affect the metabolic functions of a body system, organ, or tissue).

What are the causes and risk factors for birth defects?

Genetic factors

Certain genetic conditions can cause birth defects. These conditions may affect:

- **Specific parts of genes.** Small changes in the DNA (microdeletions or microduplications) can affect small segments of genetic material. This can result in intellectual disability, autism spectrum disorders, dysmorphic

features, and multiple congenital anomalies.

- **Entire chromosomes.** Some genetic conditions cause changes to entire chromosomes, this can result in conditions like Down syndrome – which involves having an extra copy of an entire chromosome.
- **Single gene disorders.** Caused by variations (or mutations) in the DNA sequence of a specific gene. The DNA changes affect the product that the gene codes for—usually a protein—causing it to be altered or missing. Example of single-gene disorders include Cystic fibrosis, hemochromatosis, Tay-Sachs, and sickle cell anaemia.

Personal factors

- **Having certain medical conditions.** Some medical conditions, such as being obese or having uncontrolled diabetes (before and during pregnancy) can increase the risk of birth defects.
- **Pregnancy during old age.** Pregnancy at an older age

increases the risk of birth defects. This is because the risk of chromosomal abnormalities increases with age.

- **Family history of birth defects.** If someone in your family has a birth defect, this can increase the risk of your child having a birth defect

Environmental factors

- **Maternal infections,** e.g. syphilis, rubella, Zika, cytomegalovirus, etc.
- **Radiation exposure**
- **Exposure to toxic pollutants,** e.g. mercury, lead, etc.

- **Exposure to certain drugs/ substances,** e.g. recreation drugs, isotretinoin (a drug used to treat severe acne), certain blood pressure medications, alcohol, tobacco, etc.

Examples of birth defects and their causes

Birth Defect	Type	Description	Common Cause
Cleft Lip and/or Palate	Structural	Malformations of the lip or mouth during foetal development	Unknown (influenced by genetic and environmental factors)
Neural Tube Defects	Structural	A group of conditions that describe a malformation of the neural tube during foetal development	Maternal nutrition (deficiency of folic acid)
Phenylketonuria	Functional	A metabolic disorder that prevents the breakdown of a certain amino acid, causing it to build up in the body	Genetic
Muscular Dystrophy	Functional	A group of degenerative conditions that cause muscle weakness and loss of muscle mass over time	Genetic

How to prevent birth defects/complications?

- **Regular and early prenatal and antenatal care.** Ensure that you attend prenatal check-ups. This can include getting antenatal tests throughout your pregnancy journey (during different trimesters) in order to monitor and check on the health of your little one to see if he/she is developing healthily. Such tests may include screening tests (evaluate the risk of certain birth defects) or diagnostic tests (confirm the presence of specific birth defects).
- **Control chronic conditions.** Take the right steps to monitor and manage any chronic condition (e.g. diabetes, hypertension, etc.) that you have, as it may be a risk factor to certain birth defects.
- **Achieve and maintain a healthy body weight.** It is also important to achieve and maintain a healthy weight during pregnancy, especially in those who are obese, as this may also increase the risk of birth defects.



- **Ensure sufficient nutrition.** Eat a healthy diet that includes a wide variety of whole foods (e.g. fruits, vegetables, etc.). Ensure an adequate intake of vitamin and minerals to prevent certain birth defects. For example, taking folic acid supplements (4-5 mg daily) is vital to prevent neural tube defects.
- **Get vaccinated.** Certain maternal infections may cause birth defects but some of them can be prevented with vaccinations. For example, the rubella vaccine can help prevent rubella virus infections.
- **Avoid harmful substances.** Avoid the consumption

of, or exposure to, harmful substances like alcohol, tobacco, and environmental pollutants (lead, mercury, etc.). Speak with your doctor to learn more about the medications to avoid during pregnancy.

- **Explore counselling and testing options.** If you have a family history of birth defects, speak with your doctor to learn more about genetic counselling and various testing options available.

It is important for parents to understand the risk of birth defects. By practicing early preventive measures, parents can ensure a healthy pregnancy and arrival of their little one. It is also crucial for parents to speak with a healthcare professional for more information on birth defects. PP

An educational collaboration with



Obstetrical and Gynaecological Society of Malaysia

The Future of Work and Family

By **Mr Alexius Cheang**, Behavioural Psychologist

The aftermath of the global pandemic has reshaped the traditional work environment, ushering in an era of remote and flexible working arrangements. This shift, propelled by the need for adaptation, has given rise to unparalleled professional flexibility. As these flexible working arrangements persist, the intersection of work and family life has become more apparent, presenting parents with both benefits and challenges.



Embracing flexibility

Hybrid and remote work have revolutionised the way parents manage their professional and family responsibilities. The newfound flexibility empowers parents to tailor their work hours, enabling active participation in significant family events, attending to medical needs, and being present for crucial moments in their children's lives. The elimination of having to commute to work, a former daily burden, liberates parents from travel and traffic-jam strains, offering more time for efficient work and quality family interactions.

Central to this shift is the promise of a better work-life balance. The ability to structure work hours allows parents to navigate professional responsibilities without compromising their vital role within the family, resulting in reduced stress and improved mental well-being.

A balancing act

However, remote/hybrid work is not without challenges. The blurred line between work and personal life poses a significant hurdle, making it challenging for parents to be fully present during family moments. Isolation, stemming from reduced face-to-face interactions with colleagues, also disrupts the

social connections and support parents once relied on in the workplace.

Being constantly connected via emails and online meetings makes juggling work tasks amidst domestic responsibilities a substantial challenge. The struggle to effectively manage constant interruptions at home, like temper tantrums and sibling conflicts, can disrupt even the best laid plans in balancing work and parenting responsibilities.

Adaptive arrangements

A growing number of employers are responding to these challenges by offering flexible scheduling, granting parents the freedom to choose their working hours within specified limits. This proves beneficial for parents juggling various family responsibilities. Although there may be some concern regarding a possible reduction in promotion opportunities by not being a full-time staff onsite, nevertheless, the flexibility to manage one's family responsibilities is a worthwhile trade-off for this transitional period where flexibility is necessary.

Simple steps to harmony

Achieving equilibrium between

work and family life is a common challenge for parents in the modern workplace. To address this, **establishing clear boundaries is crucial**. Setting **specific work hours** and creating **a dedicated home workspace** helps separate professional and personal life. **Effective communication on expectations** with employers, colleagues and family members fosters a supportive environment. **Engaging with online parenting communities or workplace support groups** offers shared experiences and valuable tips, building a network that provides camaraderie and insights to navigate the delicate balance of work and family with ease.

No doubt the future of work is intricately woven with the future of family life. Equipping parents with strategies to harness the benefits of remote or flexible working arrangements is essential as we embrace these transformative changes. Creating an environment that nurtures both professional growth and family well-being becomes paramount in this evolving landscape. PP

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Navigating COVID-19 Treatments as a Parent

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

When children are infected with COVID-19, navigating the different treatments for children can be overwhelming. With cases rising at the start of the new year, it is important for parents to ensure the best care for their little ones in the face of a COVID-19 infection.



The clinical stages of COVID-19

Stage 1 & 2: Mild Disease

- Can be asymptomatic or symptomatic with no pneumonia.
- Stage 1 refers to asymptomatic individuals – meaning they have a positive COVID-19 test results, but no physical symptoms.
- Stage 2 refers to symptomatic individuals with no pneumonia (infection of the lungs) – meaning they show physical symptoms like congestion, sore throat, cough, or fever for less than 7 days.

Stage 3: Moderate Disease

- Refers to infected individuals who exhibit the physical symptoms mentioned above, alongside an infection of the lungs (pneumonia). This causes an increased effort to breathe and respiratory rate.
- Additional symptoms may also occur, such as vomiting, diarrhoea, abdominal pain, fatigue, and loss of smell/taste.

Stage 4: Severe Disease

- Refers to infected individuals who exhibit physical symptoms, have pneumonia, AND require supplemental oxygen.
- Additional symptoms that affect different organ systems may also occur. For example, the nervous system (i.e. lethargy, decreased level of consciousness, seizures, etc.), and digestive system (i.e. dehydration, difficulty feeding, etc.).

Stage 5: Critical Illness

- Refers to infected individuals with rapid disease progression. These individuals commonly experience respiratory failure and require mechanical ventilation.
- These individuals can present with or without other organ failures (e.g. heart failure, liver injury, kidney injury, etc.).

Treatments for various age groups

Children & Adolescents

At the time of writing, there is currently no one medicine or therapy that effectively treats children and adolescents infected with COVID-19. But the good news is, most infected children get better with supportive care, which may include the following:

- **Antipyretics** (e.g. paracetamol)

– To reduce fever that arise during COVID-19 infection.



- **Supplemental oxygen** – To

provide additional oxygen, which relieves breathing difficulties, and prevents complications related to insufficient oxygen in the body.



- **Intravenous hydration** –

Direct administration of fluids into the veins. This is a quick way to restore electrolytes, maintain fluid balance, and prevent dehydration.



- **Antibiotics** – Antibiotics may be used if a secondary bacterial infection occurs.



Adults

In most cases, supportive care is also sufficient enough for adults infected with COVID-19. For individuals with mild-moderate infections, antivirals may be used, especially in those who are unvaccinated, have incomplete vaccination, or has risk factors (e.g. obesity, chronic heart conditions, etc.). On the other hand, if severe or critical disease develops, more aggressive treatments like immune-modulators or anticoagulation therapy may be used.

The role of vaccinations in controlling COVID-19

Recent studies in adults have indicated that the COVID-19 vaccines are effective. In fact, a local study found that chances of death due to COVID-19 infection is 40x lower with two doses and 62x lower with a booster. The COVID-19 vaccine can also prevent severe illness and hospitalisation.

In addition to this, the vaccine also reduces the risk of transmitting the virus to others, which is particularly important in children, as it contributes to the overall family's safety, keeps them in school, and contributes to the community-wide effort to reduce the spread of COVID-19. In Malaysia, COVID-19 vaccination is recommended for all children aged 5-11 years. Speak to your doctor to learn more about COVID-19 vaccinations in children.

All about the booster shots

Who should get booster shots?

Boosters are recommended for vulnerable groups like those with health conditions (NCD), seniors, and individuals with high blood pressure or diabetes. These groups can benefit significantly from the added protection provided by the third dose, known as the booster dose.

When to get booster shots?

For high-risk individuals aged 12 to 17, wait three months after the third primary dose before getting the first booster. Those 18 and above should go for their second booster six months after the first. Consult medical professionals for personalised advice on the second booster.

Where to get booster shots?

Speak with your doctor to learn more about where to get booster shots.

When it comes to COVID-19, it is important for parents to understand the different stages of infection and available treatments. While specific treatments and therapy protocols for children are constantly being updated, the majority of infected children recover with supportive care. Vaccinations significantly reduce the risk of severe illness, benefiting not only individuals but the broader community. As the saying goes, "Prevention is better than cure", and as parents, staying informed and updated on treatment options for COVID-19 in children is paramount. PP

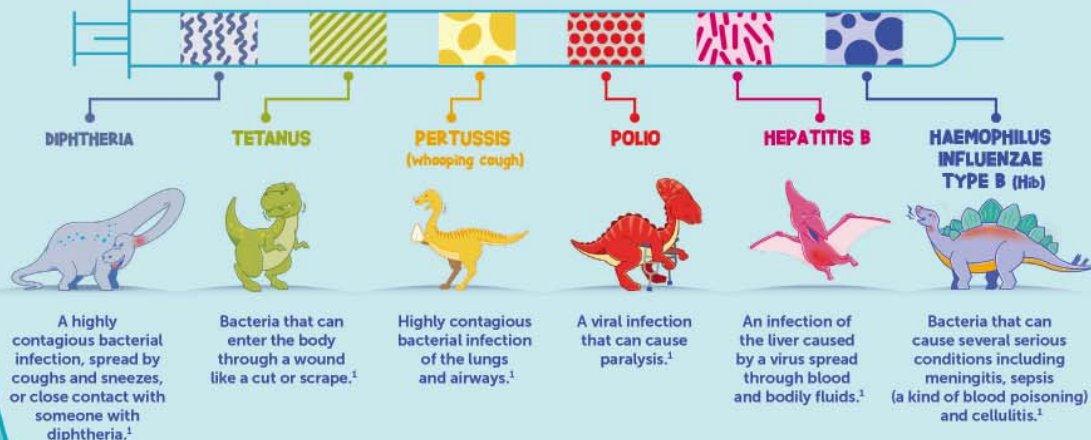
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DON'T LET YOUR CHILD BE AN EASY TARGET

A single vaccine can immunize your child against the following diseases



High (primary) protection against life-threatening diseases including diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B and invasive diseases caused by *Haemophilus influenzae* type B²

Talk to your doctor on how to prevent infection from these diseases



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Polio: The Next Target for Eradication

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

According to the World Health Organization (WHO), the only human disease that has been officially eradicated until now is smallpox. This means that there is no longer any new smallpox case detected globally. Among the diseases targeted for eradication in the future, polio is a primary target. But, how achievable is this mission?

What is polio?

Polio, or poliomyelitis, is a highly infectious disease caused by the poliovirus that can infect nerves in the spinal cord or brain stem, leading to paralysis. It usually affects children under five years old but anyone who has not been vaccinated is at risk of being infected. The disease spreads through faecal-to-oral and oral-to-oral transmission, and one of the risk factors for transmission is the lack of access to clean water and good sanitation.

Most people who get infected have no symptoms or only experience mild flu-like symptoms (e.g. fever, headache, sore throat). Some may have more severe flu-like symptoms, as well as stiffness or pain in the neck or limbs. Most infected individuals will recover after a few days (non-paralytic polio), but in some cases, the disease may cause permanent paralysis (paralytic polio), which can also lead to death due to paralysis of the respiratory or chest muscles.

Why is polio dangerous?

Polio is a debilitating and life-threatening disease that can lead to severe complications like:

- **Permanent paralysis:** Weakness or inability to move the arms, legs or both. It is estimated that 1 in 200 infections leads to paralysis and 5-10% of paralysed patients will die because their breathing muscles are paralysed and they are unable to breathe. During polio outbreaks in the past, "iron lungs" had to be used to assist patients to breathe.
- **Meningitis:** Inflammation of the protective membrane covering the brain and spinal cord. It may happen to about 1-5 in 100 infected people.
- **Post-polio syndrome:** This is a condition that affects polio survivors long after their recovery from the initial infection. It affects 25-40% of polio survivors, who may experience symptoms like muscle weakness, joint pain and fatigue 15-40 years after the infection. It is not contagious or life-threatening but can affect one's ability to function independently.
- **Other complications** include chronic pain and muscle shortening that causes deformed bones or joints.



A polio patient in an "iron lung", a mechanical respirator that is used to stimulate breathing when muscle control is lost

The plan to eradicate polio

Elimination	Eradication
<ul style="list-style-type: none"> • Non-permanent reduction of infection incidences to zero due to deliberate efforts • Applicable to a specific area • Infection can return if efforts are not sustained 	<ul style="list-style-type: none"> • Permanent reduction of infection incidences to zero due to deliberate efforts • Applicable worldwide • Infection cannot return

In 1988, the Global Polio Eradication Initiative (GPEI) was established by the World Health Organization (WHO) and its partners with a mission to eradicate polio from the world. Due to the initiative, more than 2.5 billion children have been immunised against the disease and an estimated 20 million cases of paralysis in children have been prevented.

Since then, polio has been practically eliminated from most parts of the world – cases have decreased by over 99%, from an estimated 350,000 cases in more than 125 endemic countries to just two endemic countries today, Afghanistan and Pakistan. However, intermittent

outbreaks of poliovirus variants may still occur in other countries due to low immunisation rates or other factors.

This happened in Malaysia at the end of 2019, when we saw the first polio outbreak in 27 years. Four cases were reported in Sabah and the children were found to have not received or completed their polio immunisations. Prior to this outbreak, the last reported polio case in Malaysia was in 1992 and Malaysia was declared polio-free since 2000. Thankfully, due to proactive efforts by the Ministry of Health to contain the outbreak, the WHO has once again declared Malaysia to be polio-free in September 2021.

The role of vaccination

Vaccination plays a major role in preventing and eradicating polio since there is no cure or specific treatment for the disease. There are two types of polio vaccines:

- **Inactivated polio vaccine (IPV):** Contains dead polioviruses and is administered via intramuscular injection.
- **Oral polio vaccine (OPV):** Contains live polioviruses and are administered through the mouth.

In Malaysia, polio vaccination is part of the national immunisation programme. IPV is given as the hexavalent vaccine that protects against tetanus, diphtheria, pertussis, hepatitis B and *Haemophilus*

influenzae type b, in addition to polio. The vaccine is given to children at the age of 2, 3, 5 and 18 months.

The world is on the brink of eradicating polio but comprehensive political, economic and social education efforts are required to reach this goal. Routine polio immunisation needs to be strengthened by ensuring that all infants – no matter their location, status or citizenship – complete their polio vaccinations. Apart from that, a robust disease surveillance programme and quick responses to outbreaks are also



vital to this effort. By working together, we can achieve our mission of ending polio once and for all! PP

An educational contribution by



Chickenpox

It's Not Just a Rash

By **Dr Husna Musa**, Paediatrician



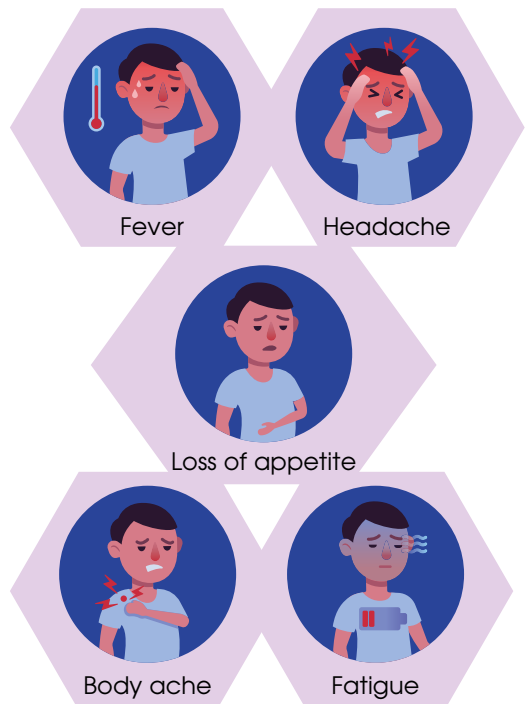
Smallpox, chickenpox, cowpox, and monkeypox are all “pox” diseases, referring to skin infections with eruptive sores. But chickenpox is different from the others that are caused by orthopoxviruses; it is actually caused by the varicella-zoster virus, which only infect human.

Chickenpox 101

Chickenpox (also known as varicella) is a viral infection that causes itchy rashes with small, fluid-filled blisters. The varicella-zoster virus is highly contagious and up to 90% of unimmunised individuals who are exposed to the virus can get infected. About 90% of all cases occur in young children, especially those under two years old. But older children and adults who have never been infected or vaccinated are also at risk of being infected.

Chickenpox is spread through direct contact with the rash or blister fluids from an infected individual. It also can spread by breathing in respiratory droplets (i.e. from coughs or sneezes) from an infected person. An infected person can spread the disease one to two days before the rash appears until all blisters have dried and formed crusts.

The most common and identifiable chickenpox symptom is an itchy rash. Some **general symptoms** may appear a few days before the rash, such as:



Chickenpox rashes can appear 10 to 21 days after exposure to the virus and typically last about 5 to 10 days. The rash will appear on the face, chest, and back first, but it can spread to the rest of the body too. In some cases, the rash can form in the mouth, eyes, anus, or genitals.

The rash will undergo three phases:

- **Papules:** Raised bumps, which break out over a few days.
- **Vesicles:** Small fluid-filled blisters, which later will break and leak.
- **Scabs:** Crusts that cover the broken blisters and will heal in a few days.
- During the course of the disease, all three rash phases may appear at the same time at different parts of the body.

The effect of chickenpox

Apart from the itchy rashes and painful sores, chickenpox can also cause severe complications. Babies who have not yet been vaccinated are at a higher risk of developing chickenpox complications. Teens, adults and individuals with a weakened immune system due to cancer, HIV or other conditions are also at risk.

Here are some possible complications:

- **Shingles:** The varicella-zoster virus stays in one's nerve cells for years after recovery from

chickenpox. Then, the virus can become active again years later and cause shingles, which causes painful blisters that forms on either side of the body or face. Only people who had chickenpox can get shingles and the risk is higher in the elderly.

- **Dehydration**
- **Secondary bacterial infections** due to open wounds
- **Toxic shock syndrome**
- **Encephalitis** (brain inflammation)
- **Reye's syndrome** (swelling of the brain and liver in children with chickenpox who take aspirin)
- **Pneumonia**
- **Congenital varicella syndrome** (in newborns whose mothers had chickenpox during pregnancy)
- **Death** (very rare)

In addition to the physical complications, chickenpox patients and their parents also have to deal with other consequences. For example, children with chickenpox should not attend day care, kindergarten or school to prevent the spread of infection to other children; hence, they may miss valuable lessons during their absence. Parents also have to incur medical expenses and take leave from work to care for their children.

Managing chickenpox

Fortunately, in most cases, chickenpox is a mild disease in healthy children and can be managed at home. Here are some steps to manage chickenpox:

- **Alleviate symptoms:** Give paracetamol to your child if he has a high fever or painful sores. To relieve itchiness, dab calamine lotion on itchy spots. Get plenty of rest.

- **Don't scratch:** Scratching can cause open wounds and lead to a bacterial skin infection and scarring. Let your child wear



gloves and make sure that their fingernails are trimmed. If they accidentally scratch their rash, ask them to wash hands to avoid spreading the virus to others.

- **Stay cool and hydrated:** Avoid heat and sweating because these can intensify itchiness. Drink lots of fluids, preferably plain water, to prevent dehydration. Avoid hard, spicy or salty foods if there are sores in the mouth.

Protection against chickenpox

Vaccination is the best way to prevent chickenpox. The varicella-zoster vaccine is not included in the National Immunisation Programme but is available at private healthcare institutions. It is offered as the monovalent vaccine or as the quadrivalent vaccine MMRV, which protects against measles, mumps, rubella and chickenpox. The vaccine can be given to children as early as 12 months old. People working in childcare or school settings are also recommended to be vaccinated. Consult your doctor to learn more about chickenpox vaccinations. PP

An educational contribution by



Malaysian Paediatric Association

CHICKENPOX VS. MEASLES: KNOW THE DIFFERENCES!

CHICKENPOX

MEASLES



Headache



Tiredness or Fatigue



Red spots first appear on the chest, face and back



Decreased appetite



Spots turn into itchy blister



Red, blotchy rash first appears on the forehead



Red, inflamed eyes



Runny nose



Hacking cough and sore throat



Koplik's spots inside the mouth

CHICKENPOX

MEASLES

VIRUS

Varicella-zoster virus

Measles virus

INCUBATION

Typically 10-21 days after exposure to the virus

Typically 10-14 days after exposure to the virus

INFECTIOUS PERIOD

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>

Systemic Lupus Erythematosus

By **Dr La Reina Sangaran**, Paediatrician

Systemic lupus erythematosus, also known as SLE or lupus, is an autoimmune disease that happens when the body's defence system, which is supposed to help our body fight infections, turns against us and attacks our own organs instead. SLE can attack vital organs such as the kidneys, brain, blood, skin, joints, lungs, and other organs. SLE is a chronic disease and can lead to death if left untreated.

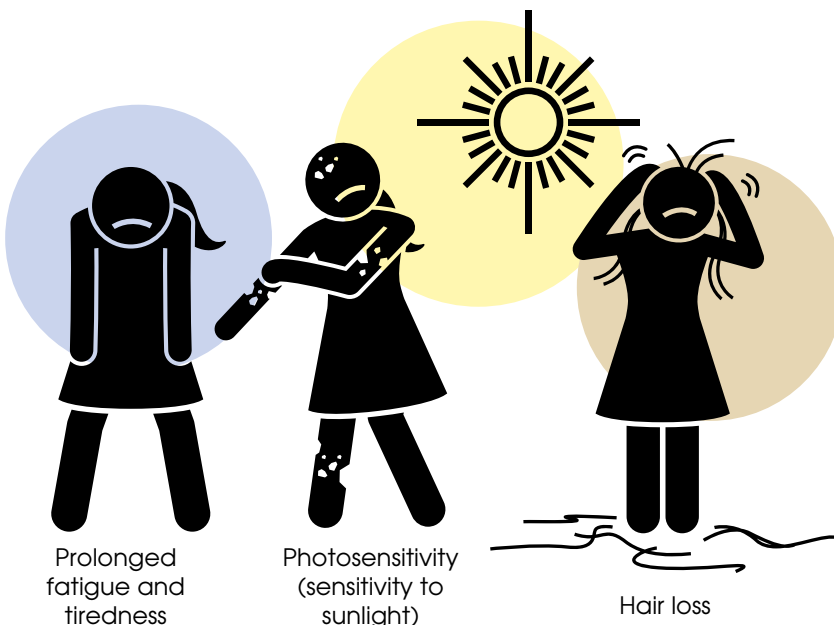
Can SLE occur in children?

SLE tends to appear during adulthood, but the disease can also occur in children, especially in girls going through puberty. Typically, a child with SLE will have a more severe illness compared to adults.

What are the symptoms of SLE?

SLE can cause different symptoms depending on the affected organ. If the kidneys are attacked, patients will show symptoms like body swelling, foamy urine, and high blood pressure. If the brain is attacked, patients may experience headaches, seizures, or confusion that causes them to act differently.

Other symptoms that may occur in SLE patients include prolonged fever, low appetite, decreased body weight, and fatigue. SLE patients may also show symptoms like a specific facial rash (a malar/butterfly rash), hair loss, ulcers on the palate, and sensitivity to sunlight.



A 'butterfly-shaped' rash on the cheek and forehead, sparing the folds of the nose and mouth



Redness or ulcers on the palate that are not painful

What causes SLE and can it be prevented?

There is no one specific cause of SLE, but factors such as genetics, hormones, as well as exposure to certain infections, medications or sunlight can increase the risk of developing SLE in susceptible individuals. Unfortunately, it cannot be prevented.

How can it be diagnosed?

Individuals suspected to have lupus symptoms should consult medical experts. Usually, this disease is diagnosed and treated by autoimmune disease experts, who are also known as rheumatologists. Doctors will conduct a thorough medical history, full body examination, blood, urine and cerebrospinal fluid tests, as well as radiological examinations, like X-ray, ultrasound, and MRI, depending on the affected organs. Patients with signs of kidney damages may require a kidney biopsy.

How can it be treated?

Medications are prescribed to patients depending on the severity of the disease. Generally, SLE patients require drugs that suppress the immune system like steroids, cytotoxic medications like cyclophosphamide, and biologicals like rituximab. Patients suffering from a severe kidney damage may require haemodialysis and blood pressure medications. Some patients may also require blood transfusions.

SLE patients may also need to take calcium and vitamin D supplements. All SLE patients need to avoid exposure to strong sunlight by wearing hats and long-sleeved shirts and applying sunscreen. Additionally, SLE patients are also advised to avoid contact with people suffering from infectious diseases like chickenpox and tuberculosis, because they are more vulnerable to infections.

What is the prognosis of SLE?

Even though there is no cure for this disease, most patients will be able to control it with treatment. Patients who manage to control their disease will be able to experience a normal life similar to other children. They can go to school, play sports, continue their studies up to college or university, have a career, get married, and build their own family in the future. Hence, it is important for these children to get a proper treatment and to not give up once they are diagnosed with SLE.



An educational contribution by



Malaysian Paediatric Association

Tips to Reduce Salt, Oil, and Sugar (SOS) in Children

By **Assoc Prof Dr Sharifah Wajihah Wafa**, Nutritionist & Member of Nutrition Society of Malaysia (NSM)



Urbanisation has brought about many shifts in our lifestyles, especially when it comes to what we eat. Unfortunately, these changes have led to increased consumption of salt, oil, and sugar (SOS) in our diets, particularly among children. This surge in SOS intake comes with grave consequences, as it is linked to the development of numerous non-communicable diseases. So, how can parents effectively reduce SOS in our little ones?

Breaking down the SOS

What is salt?



Salt, scientifically known as sodium chloride (NaCl), is a common ingredient found in many foods and often used to enhance flavour. Salt, or sodium, can be found in some whole foods (e.g. milk, meat, shellfish, etc.). However, a large portion of salt in our diet comes from commercially

pre-prepared foods (e.g. instant noodles, salted eggs, canned meats, potato chips, etc.). Even condiments and sauces like oyster sauce, tomato/chilli sauce, and fish sauce can be high in salt.

Recommended Daily Intake of Sodium for Children

- Infants (0-6 months): 120 mg
- Infants (7-12 months): 370 mg
- Children (1-3 years): 1000 mg
- Children (4-8 years): 1200 mg
- Children & Adolescents (9-18 years): 1500 mg

What are oils?

Oils are a type of dietary fat, which is made up of saturated or unsaturated fatty acids. They are commonly found in various forms (i.e. vegetable, nut, or seed oils). A significant portion of dietary oil intake often comes from consuming foods cooked in excessive oil like deep-fried foods and fast food.



Recommended Daily Intake of Oils for Children

- A maximum of 2½ teaspoons of oil, butter, or margarine.

What are sugars?



Sugar is a type of carbohydrate that is commonly associated with the sweet taste in foods and beverages. The most familiar form is table sugar, also known as sucrose. However, various

other types of sugars are found naturally in foods such as in fruits and honey, as well as sugars added to foods during preparation as well as prepackaged foods. Excessive intakes of sugars from all sources are to be avoided. These include local *kuihs*, sweetened *bubur*, and sugar-sweetened beverages in various forms. This contributes significantly to the excessive consumption of sugar in our diet. It is also important to bear in mind that excessive consumption of carbohydrate foods can also lead to excessive sugar intake.

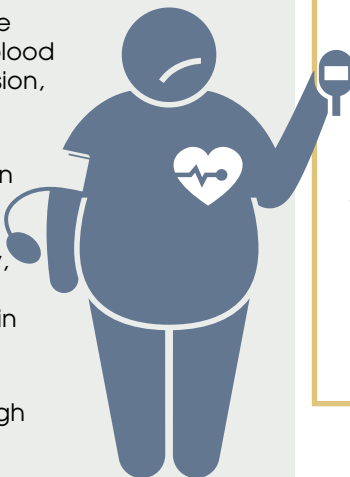
Recommended Daily Intake of Sugar for Children

- Sugar should make up less than 10% of their total energy intake for each day.

Importance of reducing SOS

Research has shown a clear association between excessive consumption of SOS and various health issues.

- Excessive salt intake may lead to high blood pressure, hypertension, and stroke.
- Excessive intake of fat and oil has been associated with an increased risk of developing obesity, coronary heart disease, and certain types of cancers.
- Excessive intake of sugar results in a high intake of calories, which can lead to obesity, and an increased risk of developing diabetes and dental caries.



Tips to reduce SOS in children

- **Eat a healthy and balanced diet.** Use the Malaysian Food Pyramid and the Malaysian Healthy Plate as guides to eating a healthy diet/meal that is balanced, moderate, and varied.
- **Create a healthy eating environment.** Create an eating environment that encourages your child to make healthier food choices. This includes stocking the kitchen with healthy food options and limiting the availability of high-SOS foods.
- **Reduce salt intake.** When cooking at home, use minimal salt and instead opt for natural seasonings (e.g. herbs, spices, etc.). It is also important to limit the intake of salty snacks (e.g. potato chips, *keropok lekor*, etc.). Parents should also choose lower-sodium packaged foods when grocery shopping – this is also the perfect time to teach children how to read nutrition labels.
- **Reduce oil and fat intake.** When cooking, choose leaner meat options or discard any excess fats (i.e. removing poultry skin). Parents should also adopt healthier cooking methods (i.e. steaming, stewing, and grilling) instead of deep frying. It is also important to use fats and oils sparingly when cooking. Finally, parents should limit the intake of fast foods and unhealthy snacks in children.
- **Reduce sugar intake.** Substitute sugary treats with healthier food options such as fresh fruits, vegetables, cereal bars, etc. Parents should also limit the intake of sweet desserts in their children, opting to indulge in them occasionally. It is also important to reduce the consumption of beverages with added sugar (e.g., sugar-sweetened drinks in packages and cans, bubble tea, *teh tarik* etc.).

By cutting back on salt, oil, and sugar (SOS), parents can help their little ones make healthier food choices, ultimately preventing the development of non-communicable diseases. By making small adjustments, parents can take proactive and preventive actions early, which can make a significant difference in their child's long-term health. PP

An educational
collaboration with



Nutrition Society of Malaysia



A Guide on Autistic Meltdowns

By **Dr Zahilah Filzah Zulkifli**, Paediatrician

As a parent, dealing with temper tantrums is common. But have you encountered a child having a meltdown? Meltdowns are typically experienced by autistic individuals. It may be difficult to distinguish between a meltdown and a tantrum for those who are unaware of the differences.

What is a meltdown?

A meltdown is an intense involuntary reaction causing someone to lose control of their behaviour due to an overwhelming situation. Autistic individuals of any age can have meltdowns, not just children. It is important to note that a meltdown is not a bad behaviour or a form of manipulation. It is also not due to bad parenting. Since autistics often struggle with communication difficulties, sensory differences, and emotional regulation, they are more susceptible to meltdowns.

It is important for everyone, not just parents, to understand what a meltdown is. Meltdowns are incredibly taxing, both mentally and physically, and are one of the most misunderstood parts of the autistic experience. In children, this is often confused with tantrums.

Meltdowns vs tantrums

Meltdowns

- An overwhelming emotional response that lasts longer
- Can occur at any age
- Beyond one's control
- Does not require an audience
- Triggered by sensory/emotional overload
- Unable to redirect
- Triggered by sensory/emotional overload
- Unable to redirect

Tantrums

- A typical emotional behaviour
- Common in toddlers and young children
- Driven by one's will/motivation
- Seeks attention and requires an audience
- Related to not getting their way or was told "no"
- Can redirect child to something else

Meltdown triggers

Meltdown is a diverse experience that holds a different meaning to different autistic individuals but these are some of the common triggers:

- Sensory overload, e.g. due to strong smell or taste, loud noises, flickering lights, being in a crowd, etc.
- Changes in routine, life or environment, e.g. moving to a new house, sudden changes in school schedule
- Challenges in communication
- Anxiety or stress
- Loss of autonomy (choice and control)

Signs of a meltdown

Here are some behaviours that may be shown during a meltdown:

- Biting
- Hitting or punching
- Kicking or foot-stomping
- Running off (eloping)
- Stimming (self-stimulatory behaviours used by an autistic person as a calming method, e.g. rocking, humming, finger flicking)
- Self-injury, e.g. banging their head, hitting themselves, or pulling their own hair
- Throwing and breaking objects
- Vocal outbursts, e.g. crying, sobbing, yelling, name-calling, or intense screaming
- Zoning out



Anticipating a meltdown

If you are supporting an autistic child, it is important to learn to anticipate a meltdown.

- **Recognise triggers.** Whenever a meltdown happens, take note of the possible triggers. Patterns may emerge. Once you have identified your child's

trigger, find ways to avoid or minimise it.

- **Keep an eye on early signs.** Before a full-on meltdown, an autistic child may show signs of distress, e.g. biting nails, covering ears with hands, irritability, stimming. Take steps to remove the cause or move the child to a calmer environment.
- **Prepare sensory aids/self-soothing tools,** e.g. sensory toys, a weighted vest/blanket, sunglasses, noise-cancelling headphones, "chewy tops" for pens/pencils, etc. These can help to comfort and calm them during difficult situations.
- **Plan and practise coping strategies.** Develop suitable strategies that your child can follow whenever they start to feel overwhelmed or stressed. Practise with your child when they are calm so that they can self-advocate and apply these strategies when needed.



Supporting a child during a meltdown

The key is co-regulation. A child needs to first learn how to regulate with others before he or she is able to use the regulation tools independently. Frequent co-regulation is a process that leads to self-regulation.

- **Stay calm.** Before we can invite them into our calm, we need to self-regulate first. Focus on taking deep breaths and consider sipping some water.
- **Reframe the behaviour.** Remind ourselves that the child is struggling and the meltdown was not intentional.
- **Give them space.** Don't try to stop their behaviour but stay nearby to ensure their safety. Keep other people away.
- **Decrease stimulation.** Limit talking as this will add further stress.

- **Adjust the environment.**

Look around and see what can be done to help your child calm down, e.g. turning down the light or music, closing a door, asking others to leave the room.

- **Find a safe space.** If it is possible or there is a risk of injury, try to guide them to a safe, quiet room.
- **Use the preferred calming method.** If you know something that can calm your child during a meltdown, offer it. This may include a favourite toy, playing a calming music, deep breathing, punching pillows, rubbing their back, tight hugs, etc.
- **Allow space for 'autistic regulating strategies'.** We now know that stimming is a form of self-regulation and should not be stopped or changed.
- **Don'ts:** Don't shame or threaten your child. Avoid trying to reason or argue with them. Never leave them alone.

Once the child is feeling better, show them that you understand. Validate their feelings by telling them that you can see that the meltdown was really upsetting and distressing. Find out what could have caused the meltdown; this may be communicated through augmentative and alternative communication (AAC) in some autistic children.

When a meltdown occurs in public, do not feel embarrassed. Remember, your child is not trying to give you a hard time; they are having a hard time. Hence it is crucial to be empathetic and kind during a meltdown. However, if you are struggling to support your child, talk to your child's paediatrician. They can suggest guides and therapies to support your child's emotional development. PP

An educational contribution by



Malaysian Paediatric Association

Parents as Friends: Where to Draw the Line?

By **Dr Thiagar Nadarajaw**, Consultant Paediatrician & Adolescent Medicine Specialist

As children transition into their challenging teenage years, parenting strategies must adapt to meet their evolving needs. One common problem parents face is whether or not to adopt a friendlier approach, blurring the lines between parent and friend. While building a close relationship with your teen is essential, it is just as important to establish boundaries to ensure their well-being and development.



Research indicates that **teens thrive when their parents strike a balance between affection and age-appropriate limits**. The challenge is for parents to maintain a personal connection with their child, while still upholding the responsibility that comes with being an adult. Remember, you don't have to treat your child as an equal to show you care. Your role as a parent, rather, should include guidance and authority. Micromanaging by constantly interfering with your teen's decision-making processes can be detrimental to their emerging independence.

Children feel secure when there is a clear authority figure in their family. Setting boundaries does not mean you are not a caring parent. It just helps your child know that it is okay for them to become more independent as they grow up, giving them room to explore on their own.

Furthermore, if you become too "friendly" with your child, the

boundaries blur and your ability to set essential rules diminishes. Parents often have to impose rules that teens might not enjoy or may rebel against. However, **setting limits (e.g. curfew, screen time, appropriate attire, social activities) is important for your child's well-being and safety.** It helps them learn what is safe, appropriate and what is not.

Becoming your child's BFF can have unintended consequences. Children, unprepared for the complexities of the adult world, may feel too much pressure trying to navigate issues beyond their emotional maturity. It's vital to **avoid burdening them with adult concerns**, such as disagreements with your spouse or financial issues, as this can lead to anxiety and disrupt their natural development.

By avoiding excessive sharing of adult problems, you allow your child the space to enjoy their teenage years without the premature responsibilities of

adulthood. This approach frees up time for shared activities, creating opportunities to relax, have fun and understand your child's needs and emotions. Not only does this build up your teen's emotional well-being but it also **nurtures a healthy relationship where both guidance and independence coexist harmoniously.**

Navigating the challenges of parenting during adolescence is an intricate balancing act, and parents need to remember that you can be a caring friend without having to sacrifice your role as an authoritative figure. The key is finding the right balance and knowing where to draw the line so that you create a nurturing environment where your teen can flourish. 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.

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Positive Parenting

Malaysia



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.



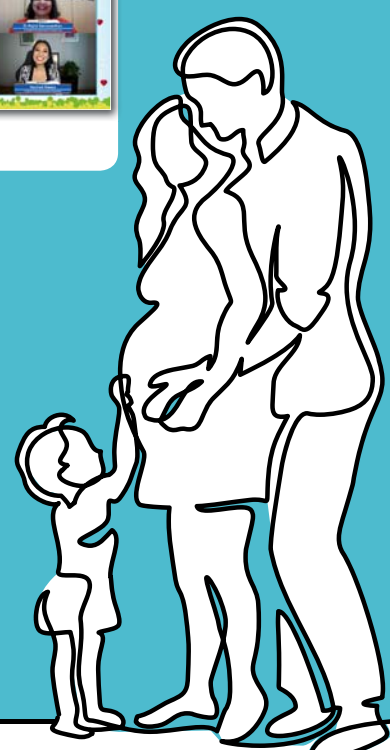
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Participate in our forums, dialogues and seminars – whether online or face-to-face. And don't miss out on our contests and giveaways – awesome prizes are up for grabs!



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