



Positive Parenting

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

Malaysia

Childhood Respiratory Diseases & Its Hidden Toll on the Family

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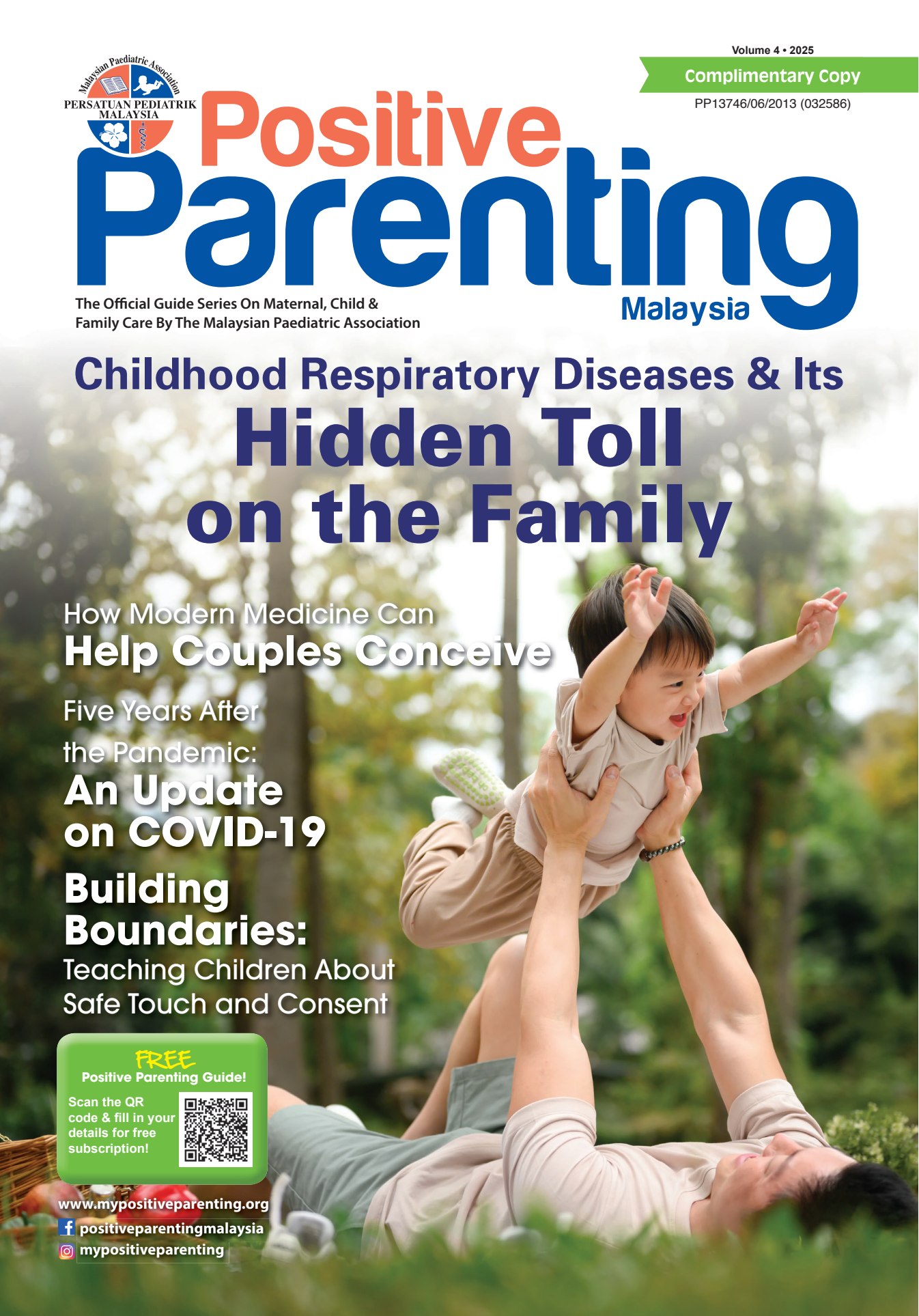
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Let's Protect Our Children from CRDs

Last October, rising influenza cases at schools and kindergartens in Malaysia, which ended up affecting around 6,000 children, have prompted multiple school closures in an effort to contain the spread. This outbreak was not as serious as the COVID-19 pandemic, but it surely reminded us of the bitter experience.

Realising the importance of safeguarding our children against childhood respiratory diseases (CRDs) such as influenza, we invited our esteemed experts to provide their insight on the topic in the Feature article of this issue. Other pertinent topics are also included in this issue: how couples can conceive with the help of technology, steps for parents to teach their kids about consent, travel vaccines to take before your vacation, and others.

These articles are our small initiative to assist you in the lifelong journey of parenthood. Other topics from our previous issues are also accessible on our website (www.mypositiveparenting.org). Lastly, be sure to follow us on Facebook (@positiveparentingmalaysia), Instagram (@mypositiveparenting), YouTube (ParentFlix), and Spotify (ParentFlix) for more cool contents and latest updates!

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Childhood Respiratory Diseases & Its Hidden Toll on the Family



Childhood respiratory diseases (CRDs) are not just medical issues. They create significant, often unseen, physical, emotional, and financial burdens that fundamentally alter the family dynamic.

Defining CRDs

What the expert says...



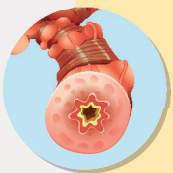
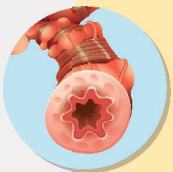
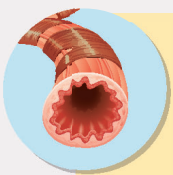
Datuk Dr Zulkifli Ismail,
Consultant Paediatrician
& Paediatric Cardiologist

“ I want to reassure parents that while coughs and sniffles are a normal part of growing up, understanding the serious respiratory conditions that affect children is vital. Childhood respiratory diseases are a diverse group of illnesses impacting the nose, throat, airways, and lungs. These conditions are primarily caused by viruses, bacteria, allergies, or genetic factors. ”

Because a child’s immune system is still developing and their airways are smaller, they are particularly susceptible to infections and inflammation. CRDs, even mild ones like the common cold, are the single biggest factor behind school absenteeism. Recognising the difference between a mild cold and a more serious condition like bronchiolitis, influenza or pneumonia is the first step in protecting your child’s long-term health.

Common types and their impact

A childhood respiratory disease (CRD) is an acute or chronic condition affecting the respiratory tract, from the sinuses (upper respiratory) to the small airways and lungs (lower respiratory). Here are some of the most common types and their profound impact:



Asthma: A chronic condition causing airway inflammation and narrowing. It’s the most common chronic disease among children globally, affecting roughly 1 in 10 in some countries. It is a major cause of both school absenteeism and emergency room visits.

Pneumonia: An infection that inflames the air sacs in one or both lungs, which may fill with fluid or pus. Globally, it remains one of the leading causes of death in children under five. It often requires antibiotics or even hospitalisation, especially if bacterial.

Bronchiolitis: Inflammation and narrowing of the smallest airways in the lungs (bronchioles). It is a leading cause of hospitalisation in babies and toddlers. Respiratory Syncytial Virus (RSV) infection, which results in cold-like symptoms, is one of the most common cause of bronchiolitis, often leading to hospitalisation in infants under 1 year of age.

Croup: An infection that causes swelling in the voice box and windpipe, characterised by a distinctive, barking cough. Most often caused by parainfluenza viruses.

Risk Factors

What the expert says...



Dato' Dr Rus Anida Awang,
Consultant Paediatrician
and Paediatric Respiratory
Specialist

“ I often tell parents that a child’s lungs are not just miniature adult lungs – they are actively developing and are highly vulnerable to environmental threats. While genetics certainly play a role in respiratory conditions like asthma, the environment a child lives in can be equally, if not more, influential. ”

Key environmental and social risk factors

The risk of a child developing an acute or chronic respiratory disease is often compounded by multiple overlapping factors, many of which are environmental or social.

Tobacco smoke exposure

• **Second-hand smoke:**

Exposure to smoke from a burning cigarette significantly impairs lung growth, increases the risk of new onset asthma, and worsens existing symptoms (e.g. bronchitis, pneumonia).

- **Third-hand smoke:** Residue from tobacco smoke clinging to clothes, furniture, and surfaces can also contribute to respiratory problems.



Air pollution

- **Outdoor:** Living near busy roads or in areas with high levels of particulate matter (PM) or nitrogen dioxide is strongly linked to the development and exacerbation of childhood asthma.
- **Indoor:** Exposure to mould, dampness, cooking with solid fuels, and allergens (like dust mites and pests) increases the risk of infections and chronic issues.



Inadequate nutrition and immune factors

Poor nutrition, including Vitamin D deficiency and low intake of antioxidants, can weaken the immune system, making children more susceptible to severe and recurrent respiratory infections.



Early group care exposure

Frequent exposure to viruses in crowded settings, such as daycare or nursery

in urban areas, leads to repeated infections (often called “nursery school syndrome”). While this builds immunity, it also increases the total burden of illness, hospitalisation risk, and antibiotic use in the early years.



Housing and socioeconomic factors

Children living in crowded houses or lower socioeconomic conditions face a significantly higher risk due to poor ventilation, increased exposure to pathogens, and limited access to timely medical care.

Pre-existing conditions

Premature birth, low birth weight, and a family history of asthma or allergies predispose children to chronic respiratory problems like bronchopulmonary dysplasia (BPD).



The Hidden Toll on Family

What the expert says...



Datuk Dr Zulkifli Ismail,
Consultant Paediatrician
& Paediatric Cardiologist

“When a child struggles to breathe, the entire family holds its breath. Chronic or recurrent childhood respiratory diseases, such as severe asthma or RSV or influenza infections, extend far beyond the child’s physical symptoms. As a paediatrician, I’ve observed that the constant worry, the broken sleep, and the financial strain create a significant, yet often unseen, burden on parents and siblings. We call this the ‘hidden toll’. Recognising this stress is crucial because a healthy family unit is the best support system for a sick child. Understanding and addressing these profound impacts is the first step toward improving the quality of life for everyone involved.”

Emotional, financial, and lifestyle burdens

The frequent hospitalisations, emergency room visits, and chronic care management associated with childhood respiratory diseases place immense stress on the family unit, impacting their emotional, psychological, and financial stability.



Emotional and psychological toll

- **Parental anxiety:** Parents often experience high levels of anxiety and distress due to the constant worry about their child’s breathing and the fear of a sudden, life-threatening flare-up (e.g. an asthma attack).
- **Sleep deprivation:** Frequent night-time coughing, breathing treatments, and emergency visits lead to chronic sleep deprivation for both parents and the affected child, significantly worsening mood and coping abilities.
- **Sibling impact:** Siblings may feel neglected or resentful because the ill child requires so much parental time, attention, and resources, leading to family conflict.

Financial and lifestyle burden

- **Medical costs:** The necessity of continuous medication, specialised equipment (like nebulisers), frequent doctor visits, and high-cost emergency care can lead to substantial financial strain or debt.
- **Work and school disruption:** High rates of school absenteeism for the child often translate to missed workdays for parents, affecting job performance, income, and career advancement.
- **Restricted lifestyle:** Families often avoid activities, travel, or social events that could expose the child to triggers (like outdoor pollen or crowds), resulting in social isolation and a lower overall family quality of life. The need to constantly monitor the environment becomes a pervasive stressor.



Building Resilience

What the expert says...



Dr Patrick Chan,
Consultant Paediatric
Respiratory Physician

“Parents often ask, ‘How can I stop my child from getting sick so often?’ The answer lies in actively supporting their developing immune system. Think of immunity as a complex security network: it needs the right training, fuel, and environment to function optimally. While we can’t eliminate all risks, the proactive steps you take – from ensuring proper nutrition to maintaining a cleaner living space – are the most powerful tools you have. These habits don’t just reduce the frequency of illness; they also help your child fight off infections more effectively, leading to less severe symptoms, prevent life-threatening complications and faster recovery from common childhood respiratory diseases.”

Key strategies for immune system support

Building a robust immune system is a long-term project centred on consistent, healthy habits that enable your child’s body to fight viruses and bacteria that cause respiratory illnesses.

Vaccination and immunisation

Ensure your child receives all routine and recommended childhood vaccines, including the annual influenza shot and the pneumococcal vaccine, which protect against severe, life-threatening respiratory diseases like pneumonia.



Good hygiene habit

- Teach and enforce frequent handwashing with soap and water (the single most important defence against viral spread).
- Practice cough and sneeze etiquette (e.g. coughing into a tissue paper or elbow) to minimise the airborne transmission of respiratory pathogens.



Optimal nutrition

- **Breastfeeding:** Offers essential antibodies and immune-boosting factors that provide protection against infections, especially early respiratory tract infections.
- **Complementary feeding:** Timely introduction of a diet rich in fruits, vegetables, and whole grains to ensure adequate intake of vitamins C and D, zinc, and other micronutrients critical for immune cell function.



Cleaner environment

- Reduce indoor pollutants by eliminating exposure to all forms of tobacco smoke.
- Maintenance of adequate ventilation can reduce allergens (dust mites, mould) and airborne viruses in the home. The use of HEPA filters may also help.



Exercise and active lifestyle

Encourage regular daily physical activity, preferably outdoors, to improve overall cardiovascular health, which aids immune system and function.



Adequate sleep

Prioritise consistent, age-appropriate sleep schedules. Quality sleep is essential for the body to produce protective cytokines that fight infection.



The importance of support and resilience

While focusing on physical health is critical, supporting your child’s emotional resilience is also an immune booster.

- **Foster resilience:** Teach your child that getting sick is part of childhood but taking care of their body helps them recover quickly. This reduces anxiety surrounding illness.
- **Prioritise rest:** During recovery, emphasise the importance of rest and hydration. A supportive, low-stress environment is key to allowing the immune system to allocate its full resources to fighting the infection.
- **Parental wellness:** Remember, managing chronic or frequent illness episodes is stressful. Seeking support for yourself – whether from family, friends, or a professional – ensures you maintain the energy and emotional stability needed to be your child’s best advocate and caregiver. A resilient family is the best defence against the toll of childhood illness.



By **Dato' Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist and **En Hairil Fadzly Md Akir**, Deputy Director-General (Policy), National Population and Family Development Board (LPPKN)

How Modern Medicine Can Help Couples Conceive

Malaysia's fertility rate has been falling steadily over the years and has dropped below the replacement level of 2.1 children per woman, the point needed for each generation to replace itself. While many factors influence this trend – including lifestyle choices, career priorities and the cost of raising children – one medical factor that deserves attention is infertility.

Understanding the decline

Fewer babies are being born partly because more couples are struggling to conceive. Infertility, defined as the inability to get pregnant after a year of regular, unprotected sex (or six months if the woman is over 35), affects about one in six couples worldwide – and Malaysia is no exception.

One key reason is delayed childbearing. Many Malaysian women today are pursuing higher education and career goals before starting families. This means marriage and first pregnancies often happen later in life. Unfortunately, age has a major impact on fertility. A woman's egg quality and quantity decline after age 35, making conception more difficult and increasing the risk of miscarriage or genetic abnormalities. In addition, many couples delay having children or decide to have a smaller family due to increased cost of living and raising children, contributed by economic inflation and declining purchasing power.

Other medical conditions can also affect fertility:

- **Lifestyle diseases:** Rising rates of obesity, diabetes and polycystic ovary syndrome (PCOS) can interfere with ovulation and reproductive health.
- **Male factor infertility:** Low sperm count, poor sperm movement or abnormal sperm shape contribute to nearly half of infertility cases.
- **Tubal disease:** Blocked fallopian tubes, often caused by pelvic infections, can prevent eggs and sperm from meeting.
- **Endometriosis:** A painful condition where tissue similar to the uterine lining grows outside the womb, which can cause inflammation and affect fertility.



How Assisted Reproductive Technology (ART) helps

For couples facing such medical challenges, Assisted Reproductive Technology (ART) offers hope. ART refers to fertility treatments where eggs or embryos are handled outside the body to assist conception. These medical techniques help overcome biological barriers such as blocked tubes, low sperm quality or reduced egg supply. While ART cannot reverse Malaysia's overall fertility trend, it gives couples who genuinely want children a chance to build their families.

Common types of ART

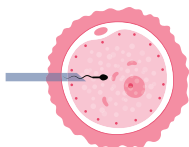
In vitro fertilisation (IVF): This is the most well-known procedure in Malaysia. It involves retrieving eggs from a woman's ovaries, fertilising them with sperm in a lab, and transferring the resulting embryo back into the womb.



Intrauterine insemination (IUI): IUI is a fertility treatment that involves placing specially prepared sperm directly into the uterus around the time of ovulation to facilitate fertilisation. It is a minimally invasive procedure that increases the chances of conception by shortening the distance the sperm needs to travel to the egg.



Intracytoplasmic sperm injection (ICSI): Often part of an IVF cycle, ICSI is designed for severe male infertility. A single healthy sperm is injected directly into an egg to aid fertilisation.



Cryopreservation (freezing eggs, sperm or embryos): This option allows individuals or couples to preserve their fertility for the future. For example, women who wish to delay motherhood or those undergoing medical treatments such as chemotherapy can freeze their eggs while still young, when fertility potential is higher.



Government support for couples

Recognising the emotional and financial strain of fertility treatment, the Malaysian government has introduced several measures to help ease the cost:

- **EPF withdrawal:** Malaysian citizens and permanent residents under 55 can withdraw savings from their Employees Provident Fund (Account 2) to pay for fertility treatments such as IVF or intrauterine insemination (IUI) for themselves or their spouses.
- **Tax relief:** General medical tax relief of up to RM 10,000 also covers fertility treatments for the individual or their spouse. Couples are encouraged to check with the Inland Revenue Board (LHDN) for details.
- **BuAI initiative:** Under the Fertility Treatment Assistance and Infertility Advocacy (BuAI) initiative in Budget 2025, the government has allocated RM6 million to create public awareness on infertility and to provide up to two cycles of fully subsidised Intrauterine Insemination (IUI) treatment for 1,300 eligible couples through LPPKN Subfertility Clinics and LPPKN Nur Sejahtera Clinics. Couples with a household income of less than RM10,000, who have never received financial assistance for fertility treatment from any agency, are eligible for this subsidy.
- **Wide fertility care access:** Through LPPKN's wide network of 50 clinics throughout the country, Malaysian couples are presented with a convenient entry point into affordable infertility treatment.
- **Men's wellness clinic (MWC):** Recognising the need for a dedicated service to improve men's health and fertility, LPPKN has established an affordable men's wellness service in seven of its clinics nationwide to better cater to their needs.



These initiatives, as well as other childcare and workplace policies and financial incentives, show the government's commitment to supporting couples who need medical assistance to start a family.

The bigger picture

Fertility decline is a national concern, but it is also deeply personal for couples who long for children. While social and economic policies play a role, access to medical support like ART ensures that infertility is not a barrier to parenthood. For many Malaysians, the journey to conception can be challenging – but with the right information, professional guidance, and available support, hope remains within reach. **PP**

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Fostering Gratitude

Turning “I Want” Into “Thank You”

By **Dr Serena In**, Clinical Psychologist

In an age of instant gratification, it's easy for children to fall into the trap of wanting things constantly – more toys, more screen time, more everything. While it's natural for children to express their desires, unchecked “I want” moments can turn into entitlement.

The good news? Gratitude is a skill that can be nurtured – at home, in school, and through the everyday actions of adults around them.

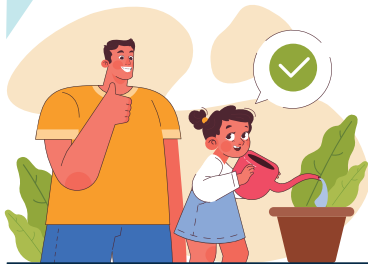
Why it's hard to say “thank you” today

In today's hyper-connected world, children in Malaysia are constantly exposed to ads, influencers, and trends – especially on platforms like YouTube and TikTok – that fuel wants rather than appreciation, making it harder for gratitude to take root.

- **Consumer culture:** Children are constantly exposed to advertisements and influencers promoting the next big thing.
- **Peer pressure:** Social media and peer comparisons heighten feelings of “not having enough”.
- **Busy parenting:** When parents are overwhelmed, giving in to requests may feel like the easier option.
- **Lack of perspective:** Young children struggle to understand what it means to have “enough” or to appreciate the value of things.

Start at home: cultivating a culture of gratitude

Gratitude begins with what children see and experience daily. Home is where values are caught more than taught. Simple, consistent practices can help gratitude become second nature. Here are some ideas to get you started:



- **Connection before correction:** Spend intentional time with your child daily – even 10 minutes matters. Use mealtimes and car rides for open conversations. Children who feel connected are more receptive to values like gratitude.
- **Model grateful behaviour:** Say thank you – to your spouse, your children, your domestic helper, and the food delivery rider. Reflect out loud: “I’m so thankful we have clean water today.” Share stories of when someone helped you or showed kindness.
- **Create gratitude rituals:** Keep a gratitude journal, adding one thing you’re thankful for each day. Always encourage your children to write or draw a thank-you note. And perhaps before bedtime, teach your kids to reflect on what made them happy today.

Encourage giving and helping

One of the most effective ways to teach gratitude is by guiding children to think of others and take part in meaningful acts of service. You can:

- Assign age-appropriate chores to build responsibility and empathy.
- Get involved in community or charity projects as a family.
- Let them choose old toys or books to donate.



In the classroom: gratitude can be taught

Schools play a key role in reinforcing gratitude by creating spaces where appreciation, kindness, and reflection are part of the learning experience. Educators can inspire in simple ways:

- ✓ **Praise the process, not just the product:** Acknowledge effort and kindness: “I noticed how you helped clean up today – thank you!”
- ✓ **Storytelling and role play:** Use local folktales and books that highlight values like sharing, appreciation, and humility. Re-enact situations where characters choose to be thankful.

What to avoid

While teaching gratitude, it’s important to be mindful of approaches that may hinder rather than help a child’s emotional growth. Stay away from these:

- ✗ **Forced gratitude:** Making children say thank you without helping them understand why.
- ✗ **Overindulgence:** Saying yes to every request may dilute appreciation. When children receive things too easily or too often, they may begin to expect rewards without effort and lose sight of the value behind them.
- ✗ **Comparisons:** “Other kids have less” can lead to guilt, not true gratitude.
- ✗ **Shaming:** Avoid labelling your child as “spoiled” or “ungrateful” – it backfires.

Gratitude is not a one-off lesson but a way of life. When children learn to appreciate what they have, they become more content and compassionate individuals. By modelling thankfulness and making it part of daily life, parents and educators can help turn “I want” into “thank you” – one heartfelt moment at a time. **PP**

An educational collaboration with



Malaysian Society of Clinical
Psychology

Keep Little Lungs

Safe from RSV

(Respiratory Syncytial Virus)

What you need to know



RSV is a common respiratory virus which causes infections of the nose, throat, and lungs.^{1,2}



Most RSV infections are mild but can lead to **severe illness in infants** younger than 1 year of age which may require hospitalisation.²



9 out of 10 infants are infected with RSV within the first 2 years of their life.¹

Prevent and Protect Against RSV

Help prevent the spread of RSV by³:

- Covering your coughs and sneezes
- Washing hands frequently
- Disinfecting frequently-touched surfaces
- Staying away from others when infected



Protect your child against RSV through immunisation^{1,4}

Speak to your doctor to learn how you can protect your child against RSV

Find out more at
[TogetherAgainstRSV.my](https://www.togetheragainstrsv.my)



References: **1.** Mortensen GL, et al. *Arch Pediatr* 2024;31(8):484–92. **2.** Centers for Disease Control and Prevention. About RSV. Available at <https://www.cdc.gov/rsv/about/index.html>. Accessed on 23 Jan 2025. **3.** Centers for Disease Control and Prevention. How RSV spreads. Available at <https://www.cdc.gov/rsv/causes/index.html>. Accessed on 23 Jan 2025. **4.** Centers for Disease Control and Prevention. Immunizations to protect infants. Available at <https://www.cdc.gov/rsv/vaccines/protect-infants.html>. Accessed on 23 Jan 2025.

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A Parent's Guide to Respiratory Syncytial Virus (RSV)

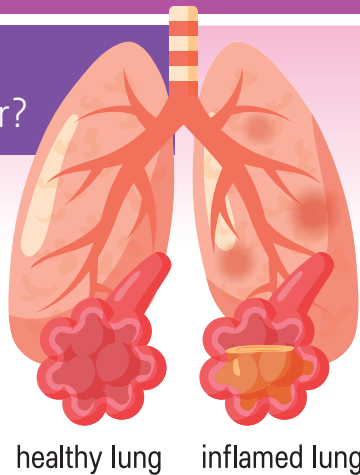
By Dr David Ng Chun-Ern, Paediatric Infectious Disease Consultant



Respiratory Syncytial Virus (RSV) is a common, highly contagious respiratory virus that infects the lungs and breathing passages. It can cause serious illness in infants and certain vulnerable groups. Understanding how RSV spreads, what symptoms to look out for, and how to protect your baby is key to keeping your family safe.

What is RSV and why does it matter?

- RSV is one of the most common causes of respiratory tract infections in children, and a leading cause of hospitalisation in young children.



healthy lung

inflamed lung

- Almost all children will get RSV by the time they turn two years old, and for most, it only causes mild, cold-like symptoms. But in some infants – especially those under six months old, premature babies, or those with underlying heart or lung problems – the infection can be more serious and may require hospital care.
- While RSV tends to peak during the winter months in temperate countries, it circulates throughout the year in Malaysia and other tropical regions.

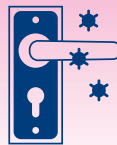
How does RSV spread?



- RSV spreads through respiratory droplets when an infected person coughs or sneezes.



- It can spread through direct contact (like kissing) or indirect contact (touching a contaminated surface, like a toy or doorknob, and then touching the eyes, nose, or mouth).



- The virus can survive on hard surfaces for several hours.



- People are usually contagious for three to eight days, but infants and those with weakened immune systems can shed the virus for weeks, even after symptoms improve.

What are the symptoms of RSV?

Symptoms usually appear 4 to 6 days after exposure and can range from mild to severe.

- **Mild symptoms** (often like a common cold in older children/adults):



- Runny or stuffy nose
- Cough
- Low-grade fever
- Sneezing
- Sore throat
- Irritability or lethargy

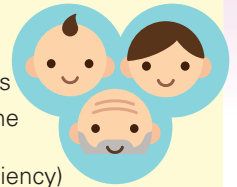
- **Severe symptoms** (especially in infants):

- High fever
- Persistent or worsening cough
- Wheezing (a high-pitched sound when breathing out)
- Fast, or laboured breathing (you may see the chest muscles pulling in with each breath)
- Bluish lips or fingernails (a sign of low oxygen)
- Poor feeding or reduced fluid intake, leading to dehydration
- Unusual tiredness, drowsiness or pauses in breathing (apnoea)



Who is most vulnerable to severe RSV?

- Infants, especially those under 6 months old
- Premature infants
- Children with congenital heart disease or chronic lung diseases
- Children with weakened immune systems (e.g. due to chemotherapy or immune deficiency)
- Older adults, particularly those over 65



What are the potential complications?

The most severe complication for infants is the spread of the virus to the lower respiratory tract, which can cause:

- **Bronchiolitis:** Inflammation and blockage of small airways in the lungs, causing breathing difficulty.
- **Pneumonia:** Infection and inflammation of the lungs.
- **Otitis media:** A middle ear infection that occurs when RSV spreads to the space behind the eardrum.

When these complications occur, some children may need hospitalisation for oxygen support, intravenous (IV) fluids, or even ventilatory support in the intensive care unit in more severe cases.



How is RSV treated?

There is no specific medicine to treat the RSV virus itself; antibiotics do not work against RSV since it is a virus. Treatment focuses on supportive care.

- **Home care (for mild cases):**

- Ensure plenty of fluids to prevent dehydration (offer small, frequent feeds for babies).
- Use a saline nose spray and bulb syringe to clear mucus, especially before feeding and sleeping.
- Manage fever with age-appropriate doses of paracetamol.
- Use a cool-mist humidifier to ease breathing.

- **Prevention is key:**

- Wash hands frequently and thoroughly.
- Avoid crowded places and sick people, especially during RSV peaks.
- Keep babies away from smoke (from cigarettes or vaping), as it can irritate their airway.
- Disinfect frequently touched surfaces such as toys, doorknobs and tables.
- New RSV immunisations options are now available. Speak to your healthcare provider to learn more during your next visit.

An educational contribution by



Malaysian Paediatric Association

Teen Obesity: A Growing Concern

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

Teen obesity is becoming one of the biggest health problems facing young people today – in Malaysia and around the world.

According to the World Health Organization (WHO), the number of adolescents living with obesity has quadrupled since 1990. In Malaysia, the National Health and Morbidity Survey (NHMS) 2022 found that one in three teenagers aged 13 to 17 is overweight or obese. Even more worrying, four in five teens are physically inactive and two in three spend most of their time sitting down, whether it's studying or on their phones.



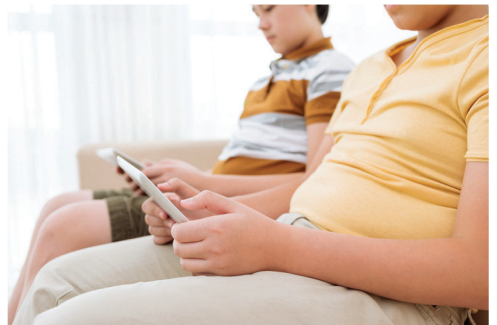
Why is it happening?

Obesity happens when there's an imbalance between what a person eats (energy in) and how much they move (energy out). But the causes are rarely that simple.



Today, most Malaysian teens have easy access to cheap fast food and sugary drinks. Bubble tea, burgers and pisang goreng are everywhere – often cheaper and easier to get than fruits or healthy meals. At the same time, many young people live in areas where it isn't safe or convenient to play outdoors or walk to school.

Lifestyle also plays a big role. Hours spent on social media, gaming or streaming shows mean less time for movement. In addition, lack of sleep – common among teens who stay up late scrolling or studying – can disrupt metabolism and make weight gain more likely.



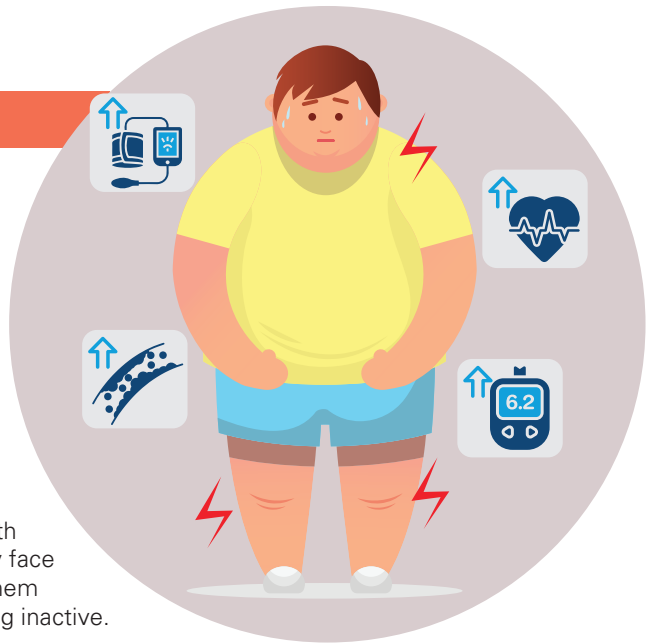
In some cases, genetics or medical conditions such as hormonal disorders may contribute, but these are much less common. These include hypothyroidism, where an underactive thyroid slows metabolism and causes weight gain and fatigue; Cushing syndrome, caused by excess cortisol leading to rapid weight gain and mood changes; and in girls, polycystic ovary syndrome (PCOS), which can result in irregular periods, acne and abdominal obesity. If a teen's weight gain seems sudden, severe or accompanied by symptoms such as tiredness, menstrual irregularities or changes in growth, a medical assessment by a paediatrician or endocrinologist is recommended.

The health risks

Obesity in adolescence doesn't just affect appearance – it can harm health in many ways.

Physically, overweight teens are more likely to develop high blood pressure, high cholesterol and type 2 diabetes at a young age. These increase the risk of heart disease later in life. Extra weight also puts stress on joints, which may lead to knee or back pain, and can cause sleep apnoea (pauses in breathing during sleep), leaving them tired and irritable during the day.

Emotionally, many teens with obesity struggle with low self-esteem, anxiety or depression. They may face teasing or bullying from peers, which can make them withdraw socially and spend even more time being inactive.



What parents can do

Preventing and managing teen obesity works best when the whole family gets involved. Small, consistent lifestyle changes make the biggest difference.

- **Be a role model:** Children learn from what they see. Eat balanced meals, drink plenty of water and stay active together as a family.
- **Encourage movement:** Teens need at least 60 minutes of physical activity every day. It doesn't have to mean joining a gym. Encourage them to cycle with friends, play badminton at the park, or even dance at home. The key is to make it fun, not a punishment.
- **Limit screen time:** Keep non-school screen use to less than two hours a day and avoid using devices in the bedroom. A consistent sleep schedule (good sleep hygiene) helps regulate appetite and energy levels.
- **Eat better together:** Aim for five servings of fruit and vegetables a day, and reduce foods high in sugar, oil and salt, like fast food, salty snacks and sweet drinks. Simple home-cooked meals, such as rice with vegetables, grilled fish or chicken, are much healthier and more affordable.
- **Get professional help if needed:** If your teen is already overweight, speak to a doctor or dietitian. A multidisciplinary team, which may include a mental health professional, can help with nutrition advice, behaviour changes and emotional support.



There's no single solution to teen obesity, but every small step counts. By helping teens eat better, sleep well and move more – and by doing it together as a family – parents can make a huge difference to their child's health and confidence, now and in the years to come. **PP**

An educational
contribution by



pandemic CORONAVIRUS 2019-nCoV

endemic



Five Years After the Pandemic: An Update on COVID-19

By Dato' Dr Musa Mohd Nordin, Consultant Paediatrician & Neonatologist

It's hard to believe it's been five years since the world first grappled with COVID-19. For parents, those early pandemic days were a whirlwind of remote learning, heightened anxieties, and a constant flow of information. Now, as we navigate 2025, many of us are wondering – what's the current landscape of COVID-19, and how does it impact our families today?

Is COVID still around?

The short answer is a resounding yes. COVID-19 is no longer the novel virus it once was, but it hasn't vanished. Instead, it has transitioned from a pandemic into an endemic presence, meaning it's consistently present within the population, much like the flu or common cold viruses. This doesn't mean we should let down our guard entirely, but it does mean our approach to living with the virus has evolved.

Endemic, seasonal, and still learning

The shift to an endemic state is a significant one. While we initially saw unpredictable surges, there's a growing pattern suggesting COVID-19 is becoming increasingly seasonal. We're observing more cases during cooler months, similar to other respiratory viruses, as people spend more time indoors, facilitating easier transmission. However, it's not as predictable as the flu yet, and sporadic outbreaks can still occur outside typical seasons, especially with the emergence of new variants. This means staying informed and having a plan for illness in your household remains crucial.



The ever-evolving cast of variants

One of the most defining characteristics of SARS-CoV-2 (the virus that causes COVID-19) is its ability to mutate. Five years in, we've seen numerous variants come and go. Currently, the landscape is often dominated by descendants of the Omicron lineage. These variants tend to be highly transmissible but, for most vaccinated individuals, generally cause less severe illness compared to the early Alpha or Delta waves.

Health agencies worldwide, like the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC), continuously monitor these variants, providing updates on their prevalence and potential impact. While the names might change, the key takeaway for parents is that the virus is still evolving, and new variants will continue to emerge. This dynamic nature is precisely why staying updated on public health recommendations is so important.

Moving forward

Living with COVID-19 in 2025 means finding a balance between vigilance and normalcy. It's about being prepared without being paralysed by fear. Encourage good hand hygiene, consider mask-wearing in crowded indoor spaces during peak respiratory virus season, and most importantly, stay home and test if you or your children feel unwell to prevent further spread.

The pandemic has changed many aspects of our lives, but armed with current information and the tools we have, we can continue to protect our families and communities as we navigate this evolving health landscape. **PP**

What are the benefits of the updated COVID-19 vaccines?

Here are some of the benefits:

- **Protection against severe illness:** COVID-19 vaccines have consistently proven highly effective at preventing severe illness, hospitalisation, and death across all variants. While you might still get infected after vaccination, the likelihood of a serious outcome is drastically reduced.
- **Reduced spread:** While not a perfect barrier, vaccination can help reduce transmission, protecting vulnerable family members and the wider community.
- **Updated formulations:** Just like the flu shot, COVID-19 vaccines are now regularly updated to target the most prevalent circulating variants. This ensures the best possible protection against the current strains. Keeping up with these updated boosters is crucial for maintaining robust immunity.
- **Long-term health:** Beyond acute illness, we're still learning about the long-term effects of COVID-19, often referred to as "long COVID." Vaccination appears to offer some protection against developing these persistent symptoms.



An educational contribution by



Malaysian Paediatric Association

Hydration for Health

The Power of Choosing Plain Water for Kids

by Dr Roseline Yap, Nutritionist



In Malaysia's hot and humid weather, staying hydrated isn't just important – it's essential. Yet, while most parents pay close attention to what their children eat, many overlook what they drink.

Why hydration matters

Children are more sensitive to dehydration than adults. Even mild fluid loss can affect their energy levels, mood and focus.

Not drinking enough plain water can lead to tiredness, headaches and constipation – issues often mistaken for a mild illness. A dehydrated child might also seem cranky or moody for “no reason”, when in fact, their body just needs more fluids.

Dehydration doesn't just affect how your child feels, but how they learn and play too. A thirsty brain struggles to focus, while muscles tire more easily, reducing endurance during sports or physical education (PE) class.

The sweet trap of sugary drinks

Plain water is the only drink that your child truly needs. It's calorie-free, sugar-free and supports every function in the body – from digestion to temperature regulation.

On the other hand, many popular drinks in Malaysia – juices, bubble tea, flavoured milk – are loaded with hidden sugars. Just one serving can exceed your child's recommended daily sugar intake!

These "empty calories" not only increase the risk of body weight gain and type 2 diabetes mellitus later in life, but the sugar and acid also damage tooth enamel, leading to cavities.

Even worse, the sugar rush is short-lived and followed by an energy crash that leaves your child feeling tired, cranky and hungry again.



5 tips to get kids to drink more plain water

Teaching kids to love plain water takes creativity and consistency. Here are a few easy, home-grown strategies:

- 1 Make it fun and flavourful:** Infuse plain water with slices of lemon/orange, cucumber, watermelon or mint for a hint of natural sweetness. You can even freeze fruit slices into ice cubes – it looks colourful and keeps water cool longer.



- 2 Get them their own bottle:** Let your child pick a bright, reusable water bottle featuring their favourite colour or cartoon character. Whether at school or at the playground, kids are more likely to drink water if it feels like theirs.



- 3 Set water routines:** Encourage drinking plain water at specific times – after waking up, before school, during playtime and at mealtimes. Even if they don't feel thirsty, this helps them develop a habit.



- 4 Keep water within reach:** At home, place a jug of cool water (you can add fruit slices for colour) on a low counter so children can help themselves anytime. The easier the access, the more likely they'll drink.



- 5 Be the role model:** Children copy what they see. If they see you reaching for a glass of plain water instead of *teh o ais limau* or soda, they'll follow suit. Turn it into a family habit – "We all drink *air kosong* with our meals!"



A healthy habit for life

Small daily choices can make a big difference. Encouraging your child to reach for plain water instead of sugary drinks not only keeps them healthy today – it sets them up for a lifetime of better habits, stronger teeth, sharper minds and happier moods.

So, the next time your child asks for a sweet drink, start small. Offer a glass of cold, refreshing plain water – maybe with a slice of orange or two – and show them that the best drink in the world doesn't come in a packet. **PP**

An educational collaboration with



Nutrition Society of Malaysia

Building Boundaries

Teaching Children About Safe Touch and Consent

By **Assoc Prof Dr Norazlin Kamal Nor**, Consultant Developmental Paediatrician



As parents, our children's safety is always a top priority. In an increasingly complex world, teaching them about safe touch, personal boundaries and consent is an essential part of keeping them protected.

Understanding safe touch and consent

The core of this lesson is empowering children to understand that their body is their own. This idea helps them build confidence to say "no" and to recognise what feels right or wrong.

- **Safe touch** refers to touches that are caring, loving and respectful, like a hug from a parent, a gentle pat on the back, or a doctor's examination. It should always feel comfortable and never secretive.



- **Unsafe touch** is any touch that makes a child feel scared, confused, uncomfortable or wrong, or any touch that someone tells them to keep a secret. If this happens, children must know they can always tell a trusted adult right away.



- **Consent** is a simple but powerful idea: asking for permission before touching someone and respecting their answer. For young children, this can start small:

- "Can I have a hug?" and accepting "No" if they decline.
- Checking before hugging a relative at a family gathering.



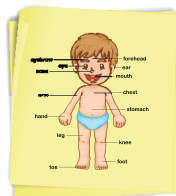
When children learn to ask and give consent for small, everyday things, they'll be better equipped to understand it for bigger, more personal boundaries later in life.

Age-appropriate language and practical steps

When discussing these topics, use clear, consistent and non-shaming language. The goal is to make body safety a normal part of growing up, not something to fear or feel embarrassed about.

For toddlers and preschoolers (2-5 years old):

- **Focus on naming body parts** correctly and establishing simple rules about their body. Some parents may prefer using modest or familiar local terms for private parts. What matters most is clarity and comfort, not shame.
- **Use the “private parts” concept.** Explain that the parts covered by their swimsuit or underwear are private, and only trusted adults – like parents or doctors – may touch them, and only for health or cleanliness.
- Introduce this rule: **“If someone asks you to keep a touch a secret, it’s not a safe touch.** You must tell Mama or Papa right away.”
- **Use books, songs or games** to role-play asking permission, even before giving a hug.



For school-age children (6-12 years old):

- **Talk about feelings and private space more deeply.** Teach them to recognise “good secrets” (like planning a surprise party) versus “bad secrets” (anything that makes them feel unhappy or confused).
- Emphasise that **unsafe touch or behaviour is always a bad secret** that must be told.
- Help them create their **“circle of trust”** – at least five trusted adults (e.g. parents, grandparents, an older sibling or a teacher) they can turn to if they ever feel unsafe.
- Teach them to notice **“red flags”** – like a racing heartbeat, stomach discomfort or wanting to run away – signs that something doesn’t feel right. When this happens, they should seek a trusted adult immediately.



Model behaviour and encourage conversation

Children learn best by observing. As parents and caregivers, our everyday behaviour sets the strongest example. Model respectful behaviour by practising the same boundaries you want your child to learn – ask before hugging, taking photos or entering their room, respect their “no” when they need space, and encourage habits like asking before using someone’s things. These everyday actions show that consent, privacy and personal boundaries apply to everyone.

In many Malaysian families, children interact closely with extended family – grandparents, uncles, aunties, neighbours. It’s important they know that safe touch and consent apply with everyone, *even those we love and trust.*

Conversations about safe touch don’t need to be heavy or formal. You can weave them into daily life — in the car, while folding laundry or during bedtime stories. What matters most is creating an open, trusting space where your child knows they will always be believed, heard and supported. By consistently modelling respect and encouraging honest communication, we help raise children who are confident in their boundaries and compassionate towards others. **PP**

An educational contribution by



Malaysian Paediatric Association

BEFORE THEIR FIRST CRY

WILL YOU PROTECT THEIR FIRST BREATH?



RSV

RSV (Respiratory Syncytial Virus) is one of the leading causes of severe lung infections, hospitalisations, and even death in babies under six months^{1,2}.

Healthy newborns can end up in the ICU within days of infection³. Seeing a tiny baby struggle to breathe while parents stand by, unable to help, is one of the most heartbreaking experiences in paediatric care. And it happens far too often.

But now, there is something parents can do³.

Your First Act of Love

-  Chosen a name they'll carry for life
-  Made space in your home
-  Ask your doctor about their first protection against RSV



Scan the QR code or visit
PREVENTLAH.COM.MY

to learn more



Image is for representation only

ICU: Intensive Care Unit
References:
1. Ithor C, et al. 2012. Epidemiology and seasonality of respiratory viral infections in hospitalised children in Kuala Lumpur, Malaysia: a retrospective study of 27 years. BMC Pediatrics, 12(32), 1-9. Available at: World Health Organization. Respiratory syncytial virus (RSV). Last accessed: 28 July 2025. Retrieved from: [https://www.who.int/news-room/fact-sheets/detail/respiratory-syncytial-virus-\(rsv\)](https://www.who.int/news-room/fact-sheets/detail/respiratory-syncytial-virus-(rsv)). Accessed on 30 July 2025.
2. Liu Y, et al. 2022. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in children younger than 5 years in 2019: a systematic analysis. The Lancet, 399(10340), 2047-2064. DOI: 10.1016/S0140-6736(22)00478-0.
3. Cleveland Clinic. RSV in Babies & Children. Available at: <https://my.clevelandclinic.org/health/diseases/rsv-in-babies-children>. Accessed on 30 July 2025.

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PP-UNP-MYS-0648-30JUL2025

UNDERSTANDING CHICKENPOX

CHICKENPOX ALSO KNOWN AS VARICELLA/CACAR AIR IS CAUSED BY THE VARICELLA-ZOSTER VIRUS

Chickenpox is transmitted from person to person by directly touching the blisters, saliva or mucus of an infected person

The virus can also be transmitted through the air by coughing and sneezing

Direct contact with the blisters of a person with shingles can cause chickenpox in a person who has never had chickenpox and has not been vaccinated

Chickenpox can spread indirectly by touching freshly contaminated items such as clothing from an infected person



HOW LONG WILL CHICKENPOX LAST?

Chickenpox symptoms usually last for 1 to 2 weeks

There are **3 stages** of chickenpox infection in the body:



1 Red or Pinkish Bumps

2 Fluid-filled Blisters / Vesicles

3 Crusts & Scabbed Lesions

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

References: 1. <https://healthclinics.superdrug.com/chickenpox-symptoms/> 2. <https://www.welldricks.co.uk/news/chicken-pox-symptoms-and-stages>