



PERSATUAN PEDIATRIK
MALAYSIA

Positive Parenting Malaysia

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

Ignored Cries, Lost Lives: Stop the Bullying!



Are We Parenting the "Strawberry Generation"?

Children Can Have Arthritis Too

How Your Family's Flu Vaccine Is Made

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Datuk Dr Zulkifli Ismail

Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist



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Consultant Psychiatrist



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“If a child cannot learn in the way we teach, we must teach in a way the child can learn.”



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Clinical Psychologist and Vice President, MSCP



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Pn Norsheila Abdullah
President, PPBM



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“A happy healthy family leads to a happy healthy society.”



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“When your child is having a problem, stop, listen, then respond to the need, not the behaviour.”



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Honorary Secretary, ECCE Council

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No More Bullying!

Bullying cases, especially in schools, are often highlighted in the media, and despite the various measures and steps taken to address the issue, bullying remains a significant challenge at our schools. Hence, the recent passing of the Anti-Bullying Bill in late 2025 is hoped to be a positive turning point which can help us put a stop to the problem.

Understanding the weight of the bullying problem at our schools, credible experts in the field were invited to share their perspectives on the topic in the Feature article of this issue. You may also check out other topics relevant to modern parenting in this issue: how parents should raise "the strawberry generation", arthritis in children, how flu vaccines are made, and many more!

We hope you will learn new things from these articles to help you in your parenting voyage. 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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IGNORED CRIES, LOST LIVES: STOP THE BULLYING!



The Changing Tide: Understanding Bullying in Malaysia



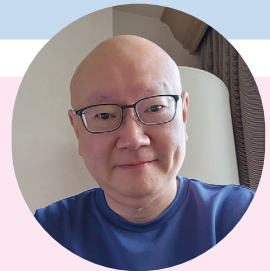
**Datuk Dr
Zulkifli Ismail,**

Chairman, Positive Parenting
Management Committee

What the experts say...

“ As we move into 2026, Malaysia has taken a monumental leap in child protection with the recent passing of the Anti-Bullying Bill 2025. For the first time, educational institutions are legally mandated to implement comprehensive anti-bullying guidelines. The Bill also establishes a dedicated Anti-Bullying Tribunal, empowering victims to seek justice and compensation. As a parent, understanding this shift is vital; the law now recognises that safeguarding our children is a shared responsibility between schools, the government, and the home. ”

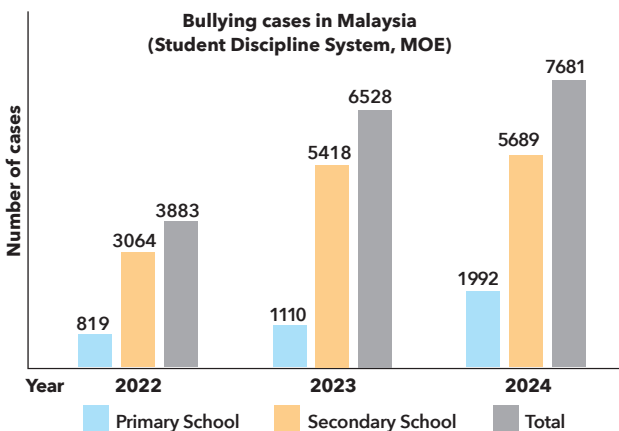
“ Bullying in school occurs due to a complex mix of social, emotional, and environmental factors, often driven by a desire for power, control, or popularity. Common causes include insecurities in the bully, a lack of empathy, or a desire to emulate aggressive behaviour seen at home or online. Boys are more likely to experience physical bullying, while girls are more likely to experience psychological bullying. ”



Dr Yen Teck Hoe,
Consultant Psychiatrist

Defining the Scourge: Figures and Forms

According to recent data from the Ministry of Education (MOE), there is a 17% increase of bullying cases in Malaysian schools from 2023 to 2024.



To protect our children, we must recognise the evolving forms of this behaviour:

Verbal bullying:

Still the most common form in Malaysia, involving name-calling, insults, and demeaning language.

Cyberbullying:

This includes “doxing” (exposing private info), shaming on TikTok or WhatsApp, and sending threatening messages.

Physical bullying:

Includes hitting, kicking, or damaging a child’s belongings.

Social (relational) bullying:

It includes spreading rumours or deliberate social exclusion from peer groups.

Psychological bullying:

Includes manipulation or intimidation that causes severe mental distress and anxiety.

The Hidden Scars: Understanding the Impact of Bullying

What the expert says...

“Bullying can have harmful and long-lasting consequences for children. Besides the physical effects of bullying, children may experience emotional and mental health problems, including depression and anxiety, that can lead to substance abuse and decreased performance in school. Meanwhile, unlike in-person bullying, cyberbullying can reach a victim anywhere, at any moment. It can cause profound harm, as it can quickly reach a wide audience and leave a permanent footprint online for all involved. Your child has the right to a safe, nurturing school environment that respects their dignity. All children have the right to an education, and protection from all forms of physical or mental violence, injury or abuse.”

Dr Yen Teck Hoe,
Consultant Psychiatrist

The Ripple Effect: Impact on Growth

Academic decline:

Victims often experience a sharp drop in grades due to “cognitive interference” – the brain is too focused on survival to focus on algebra or history.



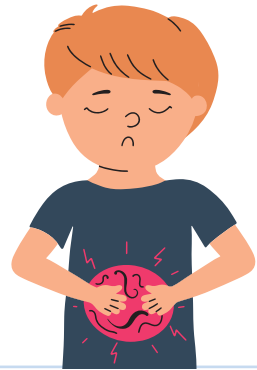
Social withdrawal:

A loss of trust in peers leads to isolation, making it difficult for the child to form healthy relationships later in life.



Physical ailments:

Stress often manifests as psychosomatic symptoms, including chronic headaches, stomach pains, and disrupted sleep patterns.



Mental health struggles:

Increased risk of chronic anxiety, clinical depression, and, in severe cases, suicidal ideation.

Red Flags: How to Detect the Signs



School avoidance:

Making frequent excuses to stay home or “faking” illnesses on Sunday nights.

Emotional volatility:

Unexplained outbursts of anger, sudden tearfulness, or becoming unusually clingy or quiet.

Physical evidence:

Unexplained bruises, torn clothing, or lost belongings and lunch money.

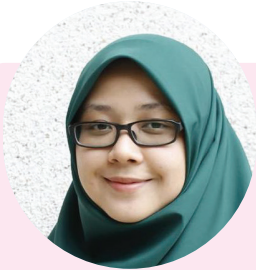
Digital distress:

If your child appears visibly upset, nervous, or secretive after using their phone or laptop.

Changes in habits:

Sudden loss of appetite or a significant shift in sleeping patterns, including frequent nightmares.

Taking Action: A Roadmap for Parents



**Cikgu Najwa
Abd Halim,**
School Counsellor

What the expert says...

“With the Anti-Bullying Bill 2025, parents in Malaysia have a clearer legal path, but the emotional journey remains complex. Whether your child is the one coming home in tears or the one being called into the principal’s office, your reaction is the most critical factor in their recovery. We must move away from blame and toward constructive intervention. As parents, we are our children’s primary teachers of empathy and resilience. Addressing bullying is not about winning a fight; it is about restoring safety and teaching accountability in an increasingly digital and social world.”

If Your Child is the Victim: Support and Advocacy

Listen without judgment:

Allow them to tell the full story without interrupting or blaming them for not “fighting back.”



Document everything:

Keep a log of incidents, screenshots of cyberbullying, and physical evidence to present to the school or the Anti-Bullying Tribunal.

Contact the school formally:

Schedule a meeting with the administration to discuss their specific anti-bullying policy and safety plan.

Seek counselling:

Professional support can help your child process trauma and rebuild shattered self-esteem.



If Your Child is the Perpetrator: Accountability and Change

Stay calm but firm:

Address the behaviour directly. Ensure your child understands that bullying is a violation of the law and school policy.

Identify the “why”:

Bullying is often a symptom of underlying stress, a need for control, or peer pressure. Address the root cause.

Enforce meaningful consequences:

This may include loss of digital privileges or making direct amends (an apology or restitution) to the victim.

Foster empathy:

Engage in discussions about the impact of their actions and model respectful behaviour at home to reset their social compass.

Don’t be a bully yourself:

When receiving a report from the school, accept responsibility and take necessary steps to address the matter. Don’t be defensive of your child’s wrongdoings, or worse, going as far as attacking teachers personally.



It Takes a Village: A Unified Front Against Bullying

Dr Yen Teck Hoe,
Consultant Psychiatrist

“Prevention begins with nurturing a child’s internal world. The first step to keeping your child safe, whether in-person or online, is making sure they know the issue.”

The Psychiatrist’s View: **Building Emotional Fortitude**

Educate your children about bullying:

Once they know what bullying is, your children will be able to identify it more easily, whether it is happening to them or someone else.

Talk openly and frequently to your children:

Check in with your children daily, inquiring not only about their classes and activities, but also about their feelings.

Help your child be a positive role model:

There are three parties to bullying: the victim, the perpetrator, and the bystander. Even if children are not victims of bullying, they can prevent it by being inclusive, respectful, and kind to their peers. If they witness bullying, they can stick up for the victim, offer support, and question bullying behaviours.

Help build your child’s self-confidence:

Encourage your child to enrol in classes or join activities they love in your community. This will help them build confidence and connect with a group of friends with shared interests.

The Counsellor’s View: **Structural Prevention**

Implement “upstander” training:

Shift the focus from the bully-victim duo to the bystanders, empowering them to intervene safely or report discreetly.

Data-driven monitoring:

Use incident reporting trends to identify “hot spots” like corridors or playgrounds during recess for increased supervision.

Peer mediation programmes:

Train older students to mentor younger ones, creating a vertical culture of protection and mentorship.

Regular awareness workshops:

Conduct monthly sessions for both parents and students on the legal definitions and consequences of bullying under Malaysian law.

Cikgu Najwa Abd Halim,
School Counsellor

“In the school environment, prevention is about visibility and clear boundaries. Since the new legislation, counsellors are now the bridge between student safety and academic success.”



Datuk Dr Zulkifli Ismail,
Chairman, Positive Parenting
Management Committee

“Bullying does not stay within school gates; it is a reflection of the environment we create as adults. A community that tolerates aggression will produce aggressive children.”

The Overview: **A Collective Responsibility**

Model respectful behaviour:

Children mirror the adults in their lives. Practice kindness in your interactions with service workers, neighbours, and online.

Monitor digital environments:

Communities must promote responsible social media use, as cyberbullying often originates in unsupervised group chats.

Support local legislation:

Stay informed about the Anti-Bullying Tribunal proceedings to understand how the law protects our local youth.

Encourage inclusive activities:

Support local sports and arts programmes that emphasise teamwork over individual dominance, fostering a sense of belonging for all.



POSTPARTUM FITNESS TIPS FOR MUMS

By **Dato' Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist

The weeks after childbirth can feel overwhelming. Between feeding schedules, sleepless nights, and adjusting to a new routine, exercise may seem like the last thing on your mind. However, gentle and appropriate movement during the postpartum period can support both physical recovery and emotional well-being.



Understanding your postpartum body

The **puerperium** refers to the first six weeks after delivery, when your body gradually returns to its pre-pregnancy state. Common changes include:

- A shrinking uterus and ongoing vaginal discharge (lochia)
- Hormonal shifts that may affect mood and energy levels
- Weakened abdominal and pelvic floor muscles
- Joints that feel less stable or “wobbly”, especially if you are breastfeeding
- General fatigue due to disrupted sleep



These changes are normal. Recovery is not a race, and every woman’s journey is different.

When and how to start exercising again

As a general guide:

Normal vaginal delivery: Gentle activity can begin as early as one to two days postpartum, if you feel comfortable.

Caesarean section: Wait until after your six-week postnatal review, unless advised otherwise. Start activity to your comfort level. Pain will help you make decisions. Mobility reduces complications.

Start slowly:

- Begin with five to ten minutes a day.
- Focus on breathing, movements while lying down, and posture.
- Stop if you feel pain, dizziness, or excessive fatigue.

Always seek clearance from your doctor, especially if you had complications during your delivery, e.g. heavy bleeding or perineal tears.

Types of gentle postpartum workouts

Exercise type	Benefits
Pelvic floor exercise	Prevents urinary leakage, supports core recovery
Walking	Improves circulation, boosts mood, reduces blood clot formation
Postnatal yoga	Enhances flexibility and relaxation
Gentle stretching	Relieves muscle tension
Low-impact strengthening	Rebuilds core and back muscles
Deep breathing exercises	Prevents lung stasis and infections

Reminder: Avoid high-impact activities (such as running or jumping) until your pelvic floor and core are stronger.

When to stop: knowing the “red flags”

If you experience any of the following symptoms during or after exercise, stop immediately and consult your doctor:

- **Sudden increase in vaginal bleeding**
- **Severe pelvic or abdominal pain**
- **Shortness of breath or dizziness**
- **Signs of mastitis:** Fever, flu-like symptoms, or a painful, red, hot lump in the breast
- **Calf pain or swelling:** This can be a sign of a blood clot (deep vein thrombosis or DVT).

In Malaysia, many community centres and hospitals offer postnatal fitness sessions tailored for new mums. Progress may be gradual, and that is perfectly normal. Instead of focusing on “getting your body back,” aim for improved energy levels and better sleep quality. Listen to your body, be kind to yourself, and seek professional advice if you are unsure.

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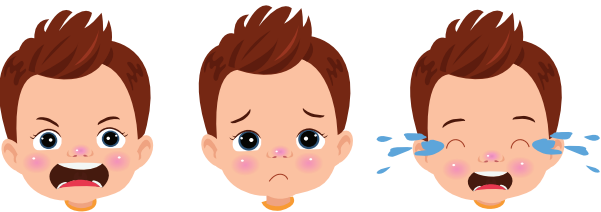


Obstetrical and Gynaecological Society of Malaysia

ARE WE PARENTING THE “STRAWBERRY GENERATION”?

By **Dr Serena In**, Clinical Psychologist

The term “strawberry generation” has been used more often in recent years to describe young people who are seen as easily hurt, quick to give up, or unable to cope with pressure. Like strawberries, the label suggests they look appealing but bruise easily. However, labels such as this can often be unfair – and even harmful – when used without understanding where it came from and what today’s children are really facing.



Where did the term come from?

The phrase is believed to have originated in East Asia in the late 1990s and early 2000s, particularly in Taiwan, to describe younger workers who struggled with workplace stress compared to older generations. Over time, it spread across the region, including Malaysia, becoming shorthand for emotionally fragile children and young adults.

What began as a social observation has since hardened into a stereotype. Instead of asking why children seem more sensitive today, the label often places blame on the child or on “modern parenting”, without considering the wider picture.

Why do children today seem more “fragile”?

Children today are growing up in a very different world from their parents. In Malaysia, pressure to succeed often starts early. Long school hours are followed by tuition, weekend enrichment programmes, and co-curricular activities, all building towards major milestones such as school assessments and the SPM. Many children feel they are constantly being evaluated, not just in school but at home and within the wider family.

Parenting styles also play a role. Well-intentioned but overly protective approaches may limit opportunities for children to develop independence and problem-solving skills, leaving them less confident in handling setbacks.

Too early or excessive digital exposure without adequate parental monitoring adds another layer. Social media and class WhatsApp groups can amplify comparison, whether it is exam results, achievements, or perceived “progress”. A small setback can feel much bigger when children believe everyone else is coping better as compared to them. “Why am I the only one struggling?” might be a common question, not realising that actually there are others out there who feel the same way.

At the same time, many children are now more aware and savvy at being able to name their emotions. They may talk about feeling anxious or overwhelmed – not because they are weaker, but because emotional awareness is more accepted than in previous generations.

Raising resilient children

Resilience does not mean ignoring emotions. It means learning how to recover, adapt, and keep going – with support. Parents can help by **allowing children to face age-appropriate challenges**. If a child forgets to prepare for a spelling test or struggles with a co-curricular commitment, resist stepping in immediately. Instead, guide them to reflect, plan, and try again.

In many multigenerational households, this can be challenging. Parents may encourage independence, while grandparents intervene out of love. Open communication between adults helps ensure children **receive consistent messages about learning from mistakes**. When parents acknowledge feelings while still encouraging responsibility, children learn that emotions are acceptable and challenges are manageable.

Beyond the home, **the wider community also plays a crucial role**. Extended family members, teachers, and schools can support resilience by reinforcing similar values: allowing manageable setbacks, offering guidance rather than quick fixes, and normalising effort and failure as part of growth. When children hear the same messages at home, in school, and within the community, they are more likely to internalise healthy coping skills.



Another key factor is to **model positive behaviour**. Children learn resilience by watching adults handle stress. When parents, educators, and caregivers talk calmly about challenges, admit mistakes vulnerably, and demonstrate healthy coping strategies, children absorb these lessons.

Finally, **focus on effort rather than outcomes**. Praise persistence, problem-solving, and improvement – not just results. This helps children see setbacks as part of learning, not personal failures; and understand that life is richer as a continuous process of growing and learning from experiences.

Do's and don'ts for parents

Do

- ✓ Encourage independence in small, manageable ways, as appropriate according to your child's age
- ✓ Teach children that mistakes are normal and fixable, instead of just giving up easily
- ✓ Create a safe space for open conversations about feelings and for clarification
- ✓ Help children build problem-solving skills

Don't

- ✗ Label children as "soft," "weak," or "too sensitive"
- ✗ Rush to rescue them from every discomfort
- ✗ Constantly compare them with other children or past generations

Children today are not broken or more fragile; they are growing up in a complex, fast-moving world. Sensitivity and resilience are not opposites – they can exist together. With guidance, patience, and trust, parents can raise emotionally aware children who are capable of facing life's challenges, without the weight of an unhelpful label.

An educational contribution by



Malaysian Society of Clinical Psychology

WHICH VACCINES SHOULD WE TAKE WHEN TRAVELLING OVERSEAS?

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



Family trips are an adventure – but before you pack the snacks and hats, make sure your family's vaccinations are up to date. Travel exposes you and your children to new environments, foods and people – which sometimes means new health risks.

Important:

Always consult a general practitioner or paediatrician at least 4 to 8 weeks before your trip for advice tailored to your destination and your child's age.

Routine vaccines everyone needs

Before you travel anywhere, ensure that both adults and children are up to date with their routine immunisations:

- ✓ **MMR** (measles, mumps, rubella)
- ✓ **Polio** (IPV/OPV)
- ✓ **Tdap** (tetanus, diphtheria, pertussis)
- ✓ **Influenza** (seasonal flu shot)
- ✓ **Pneumococcal** (recommended for young children and older adults)
- ✓ **Meningococcal**



Travelling for Hajj or Umrah?

The massive gathering of pilgrims increases the risk of infectious diseases, so Saudi Arabia has strict health requirements. For all pilgrims aged one year and older:

- **Required:** Quadrivalent meningococcal vaccine (**MenACWY**) – certificate needed
- **Conditional:**
 - **Yellow fever:** For travellers from risky countries
 - **Polio:** For those from countries with polio transmission
- **Recommended:**
 - **Seasonal influenza:** Especially for children or those with chronic conditions
 - **Pneumococcal**
 - **Hepatitis A** and **typhoid:** Due to food and water contamination risk



Heading to Africa or South America?

These regions have yellow fever and malaria risks, along with diseases spread through contaminated food and water.



- **Yellow fever:** Required for some countries (e.g. Argentina, Brazil, Congo) (Also given in Sarawak)
- **Influenza, hepatitis A and typhoid:** Essential for all travellers
- **Rabies:** Crucial for children, who are more likely to play with animals
- **Meningococcus (MenACWY):** Advised for travel to sub-Saharan Africa's "meningitis belt" (e.g. Senegal, Ethiopia)
- **Malaria prophylaxis:** Prescription tablets (not a vaccine) are necessary in some countries in Africa

India & China: Urban vs. rural matters

Vaccination needs vary depending on where you're headed and how long you'll stay.



- **Influenza:** Essential for all travellers, especially in crowded areas and enclosed spaces
- **Typhoid & hepatitis A:** Strongly recommended for all ages
- **Rabies:** High risk in rural areas – especially for kids
- **Japanese encephalitis (JE):** Needed for long rural stays (e.g. near paddy fields)
- **Hepatitis B:** For extended or repeat visits

Travelling to the West?

Even in developed countries, outbreaks happen.



- **Routine vaccines:** Keep MMR and polio up to date
- **Seasonal influenza:** Essential when travelling during the flu season
- **Hepatitis A:** Still a risk in parts of Southern/Eastern Europe

Do you really need extra vaccines before travelling?

Not always – but sometimes, yes. It depends on where you're going, how long you'll stay, and what your family will be doing. Here's how to think about it:

- **If you're travelling to low-risk destinations** (like the US, UK, Australia, or most of Western Europe) and your family's routine vaccinations are up to date, you're generally protected. Influenza vaccination may need to be updated.
- **If you're going to places with different climates, sanitation standards, or animal exposure,** your child's immune system may encounter diseases that don't exist at home – that's when extra vaccines become important.
- **Some vaccines are required by law** for entry (for example, meningococcal vaccine for Hajj or yellow fever vaccine for certain African and South American countries). You won't be allowed to enter without proof.
- **Others are strongly recommended,** not because entry rules demand them, but because they protect your child from serious illnesses that might be hard to treat abroad (like influenza, typhoid, hepatitis A, or rabies).



Healthy travel starts with preparation. Checking your family's vaccination record and consulting a doctor early can save your trip and protect your loved ones from preventable illnesses.

Think of it this way: Routine vaccines keep your child safe at home. Travel vaccines help them stay safe away from home, where the risks are different. **PP**

An educational contribution by



Malaysian Paediatric Association

COME OUT STRONGER
PROTECT THEM
BETTER

The COVID-19 pandemic has taught us many lessons. One of the most significant lessons was about protecting our loved ones especially young children, older adults, and those with chronic illnesses. Influenza is out there and with or without COVID-19, it is still dangerous for them.

We've now learnt that we must come out stronger to protect them better. Keep our loved ones safe with the annual flu vaccination.

For more info, visit www.actoflove.ifl.my.



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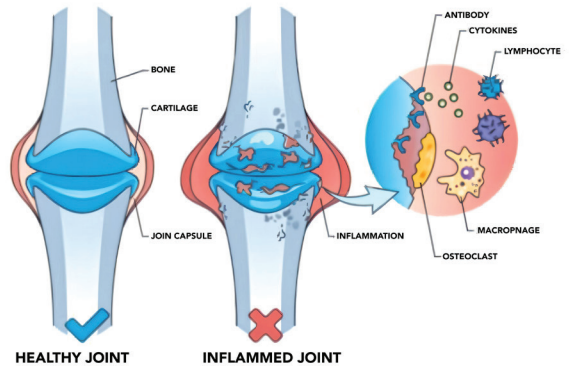


CHILDREN CAN HAVE ARTHRITIS TOO

By **Dr La Reina Sangaran**, Paediatric Rheumatologist



Arthritis in children is called Juvenile Idiopathic Arthritis (JIA). JIA is diagnosed when inflammatory arthritis occurs in a child below 16 years old and lasts for at least six weeks or more. JIA is a type of autoimmune disease, where their own immune system becomes overly active and attacks their own healthy joints. This causes the joint to become swollen and painful. If the inflammation is not treated or controlled, it will gradually damage the cartilage and the bones around the joints.



How common is JIA?

According to global data, about one in every 1000 children have arthritis. In Malaysia, we are seeing more JIA cases every year. In the past, when a child has joint pain or swelling, they are often brushed off as “just growing pains” or a minor viral illness. But today, people are more aware about childhood arthritis. We are getting earlier referrals from doctors, parents, and teachers, who are noticing the signs early.

What causes JIA?

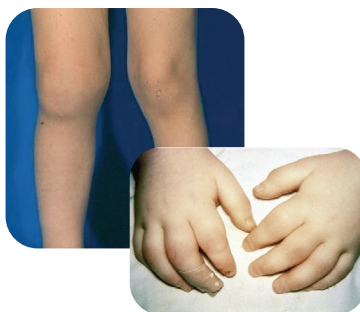
The word “idiopathic” in JIA suggests that doctors still do not know the exact cause of the disease. We know that the joints are inflamed because of an autoimmune process, but we are still not clear on the exact cause of this process. However, some risk factors like having certain genes or relatives with autoimmune diseases may increase a child’s risk of getting the disease. In a genetically susceptible child, environmental triggers such as infection, stress, pollutants, or toxins may activate the disease.

What are the common symptoms in JIA?

Joint pain

Some children may complain of joint pain, but some don’t complain and simply adapt. They avoid running as much as they used to, stop climbing stairs, or only use one hand and avoid using the other. Sometimes, parents or teachers may notice that the child limps, gets tired easily, or is not as active as before.

Joint swelling



Joint stiffness

Stiffness is another important sign of JIA. For example, when the child wakes up in the morning, they feel like their joints are stuck. So, they may take longer to get out of bed or dress very slowly in the morning. This stiffness usually improves after the child moves around for a while, but if it is not treated, it will make daily life difficult.

What are the different types of JIA?

JIA is not just one disease but an umbrella term that encompasses many types of arthritis in children. Commonly, JIA is divided into seven subtypes:

- **Oligoarticular JIA:** When four or less joints are affected.
- **Rheumatoid Factor-Negative Polyarticular JIA:** When at least five joints are affected but the rheumatoid factor (a blood test) is negative.
- **Rheumatoid Factor-Positive Polyarticular JIA:** When at least five joints are affected and the rheumatoid factor is positive.
- **Enthesitis-Related JIA:** When arthritis is coupled with inflammation where the tendons or ligaments attach to the bone.
- **Psoriatic JIA:** When arthritis is coupled with a psoriatic rash.
- **Systemic JIA:** When the inflammation affects the whole body, so the child not only have arthritis but also fever, rash, and swollen glands.
- **Undifferentiated Arthritis:** When the child has JIA but doctors are unable to classify the arthritis into any of the subgroups above.



How is JIA diagnosed?

A doctor will have to take a full medical history which includes detailed information about the joints involved, as well as accompanying symptoms. Then a thorough physical examination will be performed. Later, the doctor may order some blood test and perform certain imaging tests to support the diagnosis. Since JIA can also affect the child's eyes, all children with JIA will have to get an eye assessment too.

How is JIA treated?

The goal of treatment in JIA is to stop or reduce the inflammation, to relieve pain, and to protect the joints from further damage. Some of the common medications used are:

- **NSAIDs (Non-Steroidal Anti-Inflammatory Drugs):** These medications such as ibuprofen and naproxen help to reduce pain and swelling.
- **Steroids:** Steroid medication can either be given through an infusion, taken by mouth, or when only a few joints are affected, injected directly into the affected joints. Steroids are commonly used as a bridging treatment to control symptoms until other medications such as DMARDs and biologics take effect.
- **DMARDs (Disease-Modifying Anti-Rheumatic Drugs):** DMARDs act more slowly than steroids, but once they start working, they keep the arthritis under control, allowing doctors to lower the steroid dose or stop it completely.
- **Biological therapies:** Biological treatment is a more targeted treatment that can target specific immune pathways, allowing good control of the inflammation.

What can happen if JIA is not treated early?

If JIA is not treated early and properly, it can lead to several complications as below:

- Joint damage and deformities
- Growth problems, such as uneven limb length or slowed overall growth
- Permanent stiffness and loss of joint function
- Osteoporosis due to chronic inflammation or prolonged steroid use



Earlier diagnosis and better treatments have changed the lives of many children with arthritis. With proper treatment, children with arthritis can now live an active and pain-free life.

An educational contribution by



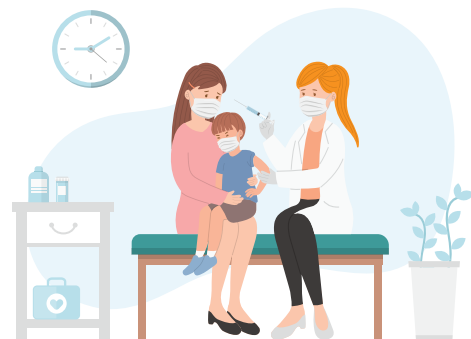
Malaysian Paediatric Association



HOW YOUR FAMILY'S FLU VACCINE IS MADE

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

Every time the new school term starts, the “flu shot” climbs to the top of the parental to-do list. We know it protects our kids, but the process of creating that tiny vial is actually a marvel of global coordination and high-tech biology. If you’ve ever wondered why we need a new one every year or how they actually make the medicine, here is a peek behind the lab curtain.



The global guessing game: strain selection

The influenza virus is a master of disguise, constantly mutating its surface proteins to trick our immune systems. This is why the vaccine isn't a one-time deal like the polio or measles shot. To stay ahead, the World Health Organization (WHO) operates a year-round global surveillance network. They monitor which flu strains are circulating in different hemispheres. Twice a year in February and September, experts meet to decide which specific strains are most likely to dominate the upcoming season.

Understanding “valency”

You might hear your doctor mention the “valency” of a vaccine, which simply refers to the number of virus strains it protects against:

- **Trivalent vaccines:** Historically the standard, these protect against three strains – usually two Influenza A viruses (H1N1 and H3N2) and one Influenza B virus.
- **Quadrivalent vaccines:** The current modern standard for most families, these protect against four strains – adding a second Influenza B virus to the mix for broader coverage.

Three ways to make the flu vaccine

Once the “recipe” for the season is set, manufacturers get to work. There are currently three primary ways to produce the flu vaccine:

1. Egg-based production:

This is the most common and established method and has been used for over 70 years.

- **The process:** Scientists inject the candidate vaccine viruses into fertilised chicken eggs. The virus replicates for several days.
- **The result:** The fluid containing the virus is harvested. For the flu shot, the virus is inactivated (killed), and the antigen (the part that triggers your immune system) is purified.
- **Note:** This is why you are often asked about egg allergies, though most people with egg allergies can now safely receive the vaccine.



2. Cell culture-based production:

Approved more recently, this method bypasses the need for millions of chicken eggs.

- **The process:** Instead of eggs, the flu virus is grown in cultured mammalian cells.
- **The benefit:** It's a bit faster to start up than the egg method. Because the virus isn't adapting to live in an egg environment, some studies suggest the final vaccine might be a closer match to the circulating flu viruses.

3. Recombinant flu vaccine:

This is a high-tech approach that does not require the use of a real flu virus or eggs at any point.

- **The process:** Scientists isolate the gene for the hemagglutinin (HA) protein (the “spike” on the flu virus that helps it enter cells). They combine this gene with a different virus that grows well in insect cells to mass-produce the protein.
- **The benefit:** This process is the fastest to scale up in an emergency and is 100% egg-free.

Why the annual update?

It feels like a chore, but the annual flu shot is necessary for two main reasons:

- **Viral drift:** As mentioned, the flu virus changes its “look” constantly. Last year's antibodies might not recognise this year's version of the virus.
- **Waning immunity:** Our body's immune response to the flu vaccine naturally declines over time. A yearly booster ensures your child's defences are at peak strength when there is an outbreak.

Safety first

Regardless of the production method, every batch of flu vaccine undergoes rigorous testing for safety and potency before it reaches your doctor's office. By getting the shot, you aren't just protecting your child; you're helping build herd immunity that protects grandparents and vulnerable neighbours too.



An educational contribution by



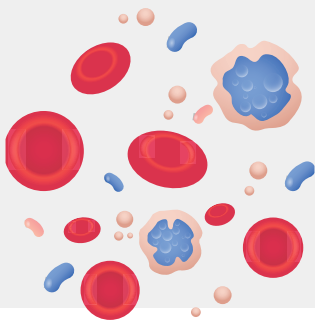
Malaysian Paediatric Association

THE "BODYGUARD" YOUR CHILD IS MISSING: A PARENT'S GUIDE TO G6PD DEFICIENCY

By **Dr Naveen Nair Gangadaran**, Paediatrician

It was barely 24 hours after little Adam was born when his mother, Puan Siti, got the news. The nurse didn't only bring the baby in, she brought a message: "The doctor needs to speak with you. Adam is G6PD-deficient." Siti looked at her perfect, sleeping boy and felt a wave of panic. "Deficient? Is something missing? Will he be okay?"

If you are a parent holding a similar diagnosis, take a deep breath. You are not alone. This condition is common in Malaysia, affecting 3-4% of newborns. More importantly, your child is not "sick", they just need a little extra protection. In some instances, the initial test results might be indeterminate or borderline. If your doctor suggests repeating the test in the future, don't worry; this is simply to double-check and confirm the diagnosis accurately. G6PD is a natural enzyme in red blood cells that works like a shield, helping the cells cope with certain chemicals and stresses. In children with G6PD deficiency, this shield is weak or missing, so their blood cells need more protection.



The "bodyguard" analogy

To understand better, imagine that every red blood cell in your body has a personal bodyguard. This bodyguard's job is to protect the cell from stress caused by certain foods or chemicals. In children like Adam, this bodyguard is either missing or taking a nap. Without it, the red blood cells are vulnerable. If they meet the wrong "trigger", they can break down and burst. But here is the good news: if you keep the triggers away, the red blood cells stay safe and your child stays healthy.

Your three main roles

Because this condition is genetic (usually passed to boys), you can't cure it, but you can manage it easily. Your main job is simply to avoid the "No-Go List":

1. Watch the menu (no fava beans)

The most famous trigger is fava beans (also known as broad beans or *kacang parang*). While they are delicious, they contain substances that can hurt your child's unprotected blood cells.



Tip: Always check ingredient labels on snacks and mixed nuts. Always remind your children to be cautious about *kacang parang* at parties or school events.

2. Check your wardrobe (no mothballs)

This often surprises parents. The smell of mothballs (*ubat gegat*) is dangerous for these children. The chemical in them, naphthalene, can trigger a reaction just by being inhaled or touching clothes stored with them.



Tip: Use natural alternatives for pest control, airtight storage boxes, or regularly sunning clothes.

3. Be careful with medicine

Not all medicines are safe. Certain antibiotics, antimalarials, and traditional herbal remedies can be harmful.



Tip: Always tell every doctor, dentist, or pharmacist: "My child is G6PD-deficient." Ask them to double-check any new medicine against the G6PD "unsafe list" and request a printed or digital list from your hospital to keep on your phone.

The “No-Go List” for children with G6PD deficiency

Food and herbs to be avoided

- Fava beans (*kacang parang*)
- Documented Chinese herbs/medicine
 - Chuen Lin*
 - San Chi*
 - 13 herbs
 - 12 herbs
- Other traditional herbs/medications are also not to be taken unless with medical advice



Other chemicals to be avoided

- Naphthalene (moth balls)
- Mosquito coils and insect repellents which contains pyrethium

Drugs to be avoided or contraindicated

- Acetanilide
- Doxorubicin
- Furazolidene
- Methylene Blue
- Nalidixic acid
- Niridazole
- Nitrofurantoin
- Phenozopyridine
- Primaquine
- Sulfamethoxazole
- Bactrim



When to seek help

Even with the best care, accidents happen. You need to know the “red flags” that show your child’s blood cells are under stress. If you see these, go to the hospital immediately:

- **The “tea” sign:** Dark coloured urine, like strong tea or Coke
- **Pale skin:** Looking unusually pale, tired, or weak
- **Yellowing:** Yellow tint in the eyes or skin (jaundice)



The happy ending

Fast forward seven years, and Adam is now in Standard 1. He plays football, goes camping, and is great at math. Does G6PD deficiency affect his intelligence? Absolutely not. Can he play sports? Yes.

The fear his mother felt on day one has been replaced by a simple routine. As long as Adam avoids the triggers, he lives a life as normal, healthy, and vibrant as any other child.

So, to the parents reading this: relax. Your child is going to be just fine. They just need you to be their bodyguard until they are old enough to be their own. Do not forget to share this knowledge with grandparents, babysitters, teachers, and anyone who cares for your child.

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HELPING SHY CHILDREN THRIVE SOCIALLY

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

In many Malaysian households, children are often praised for being *sopan*, obedient, and not “too noisy”. While these traits are valued, they can sometimes make it harder to notice when a child is struggling socially rather than simply being well-mannered.

Shyness is not a flaw to be “fixed,” but a personality trait characterised by feeling tense or awkward in social encounters. In fact, shy children are often excellent observers and deep thinkers. However, if shyness prevents a child from making friends or participating in school, it requires gentle intervention to prevent long-term impacts on self-esteem.



1. Creating a safe base

For a shy child, the world can feel unpredictable. Parents can provide a “safe base” at home – the emotional security needed to eventually take risks outdoors – by adopting these strategies:

- **Avoid labels:** Refrain from introducing them as “the shy one” or “*pemalu*.” Labels reinforce the behaviour as an identity rather than a temporary feeling.
- **Validate feelings:** Instead of saying “Don’t be shy,” try: “I see you’re feeling a bit uncomfortable. It’s okay, take your time.”
- **Allow the ‘spectator’ phase:** Let your child observe a playground or party from a distance before joining. This helps them process the environment at their own pace.

2. Building social muscles

Social confidence is like a muscle that requires practice. You can help your child exercise this through:

- **Roleplay:** Practise ordering at a local *mamak* or *kopitiam*. Let them tell the waiter what they want to eat or drink.
- **Small playdates:** Start with one-on-one playdates at your home, where your child feels most secure, rather than large parties.
- **Warm-up rituals:** Arrive early to events. Being one of the first there allows your child to “own” the space before it becomes crowded.
- **Modelling:** Model social behaviour (e.g. greeting neighbours, chatting briefly with the security guard or shopkeeper). Children naturally mirror their parents’ social behaviours.
- **Small goals:** Set attainable milestones, such as waving to a teacher or saying hi to one classmate.
- **Praising effort:** Say, “I’m proud of how you stood near the group today,” rather than “Why didn’t you talk to them?”



3. When to seek professional support

While most children outgrow shyness as they gain life experience, it is important to consult a developmental paediatrician if you notice “red flags.” Sometimes, what looks like shyness may be an underlying condition such as:

- **Social anxiety disorder:** Intense fear of judgment that interferes with daily life.
- **Autism spectrum disorder (ASD):** Struggling with social cues and communication rather than just feeling “shy.”
- **Selective mutism:** Speaking comfortably at home but remaining consistently silent in specific settings like school.
- **Extreme distress:** Physical symptoms like stomach aches or intense crying before social events.



4. The path forward

Shyness often fluctuates with age, and children may become more self-conscious as they enter school. Patience is essential. The goal is not to change your child’s personality, but to provide them with the tools to navigate the world comfortably. By supporting their natural temperament while gently encouraging growth, you help them bloom in their own time.

Helping shy children thrive checklist

- ✓ Avoid labels like ‘shy’ or ‘pemalu’
- ✓ Validate feelings: “It’s okay to feel uncomfortable”
- ✓ Allow ‘spectator time’ to observe before joining in
- ✓ Practice ordering food/drinks at *mamak/kopitiam*
- ✓ Stick to one-on-one playdates at home initially
- ✓ Arrive early to events to ‘own’ the space
- ✓ Model social behaviour (greet neighbours)
- ✓ Set small goals: e.g. wave to a teacher
- ✓ Praise the effort of trying, not just the result
- ✓ Watch for red flags: extreme distress or selective mutism



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THE TOY TEST: SPOTTING HIDDEN HAZARDS IN YOUR CHILD'S PLAYROOM

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

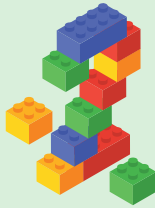
Playtime should be a joyful time for your children – not risky and full of potential hazards lurking all around them. Here's a quick guide to help you check and choose the safest toys.



Hazards hiding in plain sight

• Small parts & choking risks:

A simple rule to remember is that if something fits completely inside an empty toilet paper roll, it's too small for any child under age three. Watch out for small beads, detachable eyes and loose building bricks from toys.



• Strings, cords & strangulation:

Note that any string, ribbon or cord can pose a strangulation risk. Avoid hanging mobiles or pull toys with cords near baby cribs or where children sleep.



• Batteries & magnets:

Small batteries and magnets – often found in musical books, watches or cheap light-up toys – can be deadly if swallowed! Make sure battery covers are screwed tight or sealed with tape if needed.

• Paint & old toys:

Make it a habit to read all toy labels. Bright, colourful toys are fun, but always opt for “non-toxic” or “lead-free” paint. Also, be wary of cheap imports or fake branded toys sold online or at *pasar malam* – they may not meet Malaysian safety standards.

• Soft toys, fabric & stuffing:

Check all seams and edges – loose stuffing or plastic pellets can become choking hazards. Also remember to give your soft toys a bath! Wash new toys before use to remove dust, dye residue or factory odour.



How to choose safe toys in Malaysia

• Pay attention to the age label:

Safety guidelines are age-specific – follow them!

• Look for certifications:

Choose toys with **SIRIM, MS Standard**, or recognised marks like **CE** (Europe) or **ASTM F963** (US).



• Buy from reputable stores:

Stick to trusted brands, departmental stores or verified online sellers – not unlabelled items from random roadside stalls.

• Go for quality:

Durable wooden toys, cotton dolls and BPA-free plastics are great and will last a long time.

Your most important job

• Supervise playtime:

Even the safest toy can be misused – especially during playdates or rough play.

• Do regular “toy tests”:

Every few months, check for wear and tear, broken parts, or recalls announced by the Ministry of Domestic Trade and Cost of Living (KPDN).

• Tidy up after play:

Toys left on the floor – especially on stairs or near fans – can cause falls and injury.



Remember: Toys should spark *imagination*, not *danger*. A few minutes of inspection can keep your child's playtime fun and safe.

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LOVE, CRUSHES, AND HEARTBREAK: A PARENT'S GENTLE GUIDE

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

The moment your teen mentions a crush or disappears into a world of late-night texting, it can be a shock to the system. In many Asian cultural settings, romance is not always openly discussed within families. This can make conversations about teenage crushes unfamiliar territory for both parents and adolescents. But guidance is vital to help your children navigate these intense emotions safely.

Navigating first relationships

Adolescent love is a practice run for adult relationships. Instead of dismissing it as “puppy love”, try acknowledging their feelings:

- **Listen more, talk less:**
Ask open-ended questions like “What do you like about them?” and “How do they make you feel?”
- **Stay curious, not critical:**
Avoid mocking their choices, as this will only drive them to keep secrets from you.
- **Don't overreact:**
If you react with alarm, your teen's “fight or flight” response kicks in, closing the door to communication. Stay calm even if you disagree with the relationship.

Three key pillars

Conversations about love are also conversations about consent, respect, and boundaries. Instead of leaving teens to navigate these pertinent questions on their own, be their voice of clarity.

- **Consent:**
Explain that “No” means “No”, and “Maybe” also means “No”. This applies to everything from holding hands to sharing photos online.
- **Respect:**
Discuss how a partner should make them feel – valued and safe, never pressured or belittled.
- **Boundaries:**
Help them understand that they have agency over their space. Physically, this means the right to say “No” to any touch. Also, remind them that digital footprints are often permanent and explain the risks of sharing intimate details or photos.



Support through the ups and downs

Heartbreak is often a teen's first experience with deep emotional pain. Handling these complex emotions requires support and guidance. Here's how you can support them through it:

- **Validate:**
To them, it feels like the end of the world. Avoid saying “you'll find someone else” and instead, validate their feelings.
- **Be a safe harbour:**
Sometimes they just need a shoulder to cry on and a tub of ice cream, not a lecture on why the person wasn't right for them.
- **Watch for red flags:**
While sadness is expected, keep an eye out for signs of depression, such as skipping meals, grades dropping sharply, or withdrawing from friends. If your teen's mood, sleep, or eating habits haven't started to regulate two weeks after a breakup, or if they express feelings of worthlessness or self-harm, it's time to book a check-up. Sometimes, a neutral third party (like a counsellor or doctor) is easier for a teen to talk to than a parent.

The bottom line

Your teen needs to know that no matter who they like or who breaks their heart, your love for them remains the most stable relationship in their life. Additionally, you can help cultivate positive relationships by being a role model and showing your teen what a healthy, respectful relationship looks like through your own interactions with your spouse at home. When parents stay calm, open, and emotionally available, teens are far more likely to seek guidance when they need it most.

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COMPLETE YOUR PROTECTION

Protect Yourself. Protect Others.
Missing the Influenza Shot Puts Everyone at Risk

Estimated Public Health Impact in 2023-2024 Season:

If all individuals aged 6 months to 64 years vaccinated against Influenza in the US during the 2023-2024 season had received the cell-based quadrivalent influenza vaccine (QIVc) instead of the egg-based version (QIVe), the following could have been prevented:

> 2 million
symptomatic case¹

> 14,000
hospitalizations¹

> 1 million
outpatient visits¹

> 500
deaths¹

Influenza - Symptom



Fever



Muscle Aches



Chill



Runny Nose



Weakness



Diarrhea



Vomiting



Fainting



Cough



Sore Throat



Headache

If you notice
these symptoms,
consult your
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1. Stein, A. N., Thanataveerat, A., McDermott, K., Dean, A., Wall, S., Pack, C., McGovern, I., Sullivan, S. G., & Haag, M. (2025). Superior Effectiveness and Estimated Public Health Impact of Cell- Versus Egg-Based Influenza Vaccines in Children and Adults During the US 2023-2024 Season. *Infectious diseases and therapy*, 14(12), 2693-2718. <https://doi.org/10.1007/s40121-025-01230-2>