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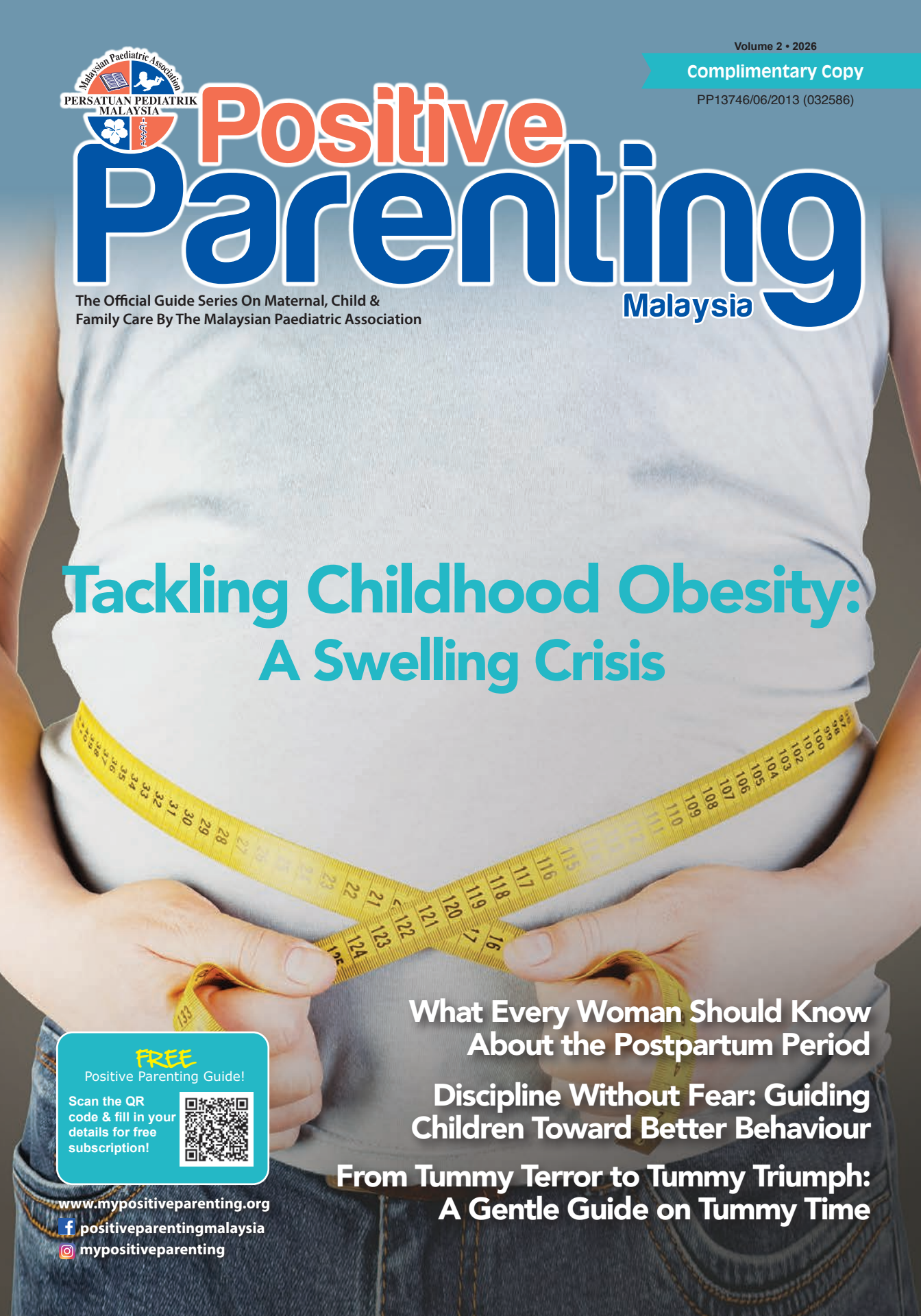
Positive Parenting Malaysia

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



Tackling Childhood Obesity: A Swelling Crisis

What Every Woman Should Know About the Postpartum Period

Discipline Without Fear: Guiding Children Toward Better Behaviour

From Tummy Terror to Tummy Triumph: A Gentle Guide on Tummy Time

Positive Parenting Malaysia

expert collaborators & management committee

Datuk Dr Zulkifli Ismail
Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist

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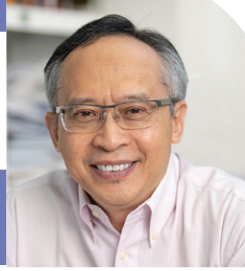

DATUK DR ZULKIFLI ISMAIL
Chairman, Positive Parenting Management Committee
Secretary-General, Asia Pacific Pediatric Association (APPA)

Obesity: A Cause for Concern

Last year, the Child Nutrition Report 2025 by UNICEF found that the global prevalence of obesity among school-age children and teens has exceeded the underweight prevalence for the first time. This means that there are now more obese kids than underweight kids globally. The finding is a cause for concern for parents, paediatricians, and the nation – if this trend continues, the future generation will be more vulnerable to chronic and non-communicable diseases, thus disrupting the nation's growth trajectory.

Realising the weight of the problem, we invited key opinion leaders in the field to share their thoughts and perspectives on the issue of childhood obesity in the Feature section. Check out these interesting topics too: the significance of the postpartum period, how to discipline children without traumatising them, the benefit of tummy time, and many more!

We hope you will learn new things from these articles to help you in the parenting journey. Other topics from previous issues are also available on our website (www.mypositiveparenting.org). Don't forget to follow us on Facebook (@positiveparentingmalaysia), Instagram (@mypositiveparenting), YouTube (ParentFlix), and Spotify (ParentFlix) for more cool contents and latest updates!

contents

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TACKLING CHILDHOOD OBESITY:
A SWELLING CRISIS

In 2025, for the first time, the global prevalence of obesity among school-age children and adolescents aged 5-19 years exceeded underweight (9.4% obesity vs. 9.2% underweight), according to the Child Nutrition Report 2025 by UNICEF. This is a worrying trend that underscores the importance of promoting optimal growth and development of children for a healthier future generation of Malaysians.

Addressing the Growing Shadow: **Childhood Obesity**

Datuk Dr Zulkifli Ismail,
Chairman, Positive Parenting Management Committee

What the expert says…

"Global childhood obesity rates have risen alarmingly, and Malaysia now faces one of the highest prevalence rates in Southeast Asia. Data from the National Health and Morbidity Survey (NHMS) reveals a steady upward trend over the last decade. This "silent emergency" demands our immediate attention. Robust data collection is not merely for statistics; it is the cornerstone of timely, targeted interventions. By understanding the specific demographics and environmental drivers through data, we can move beyond generic advice to precise actions that safeguard our children's future health and wellbeing."

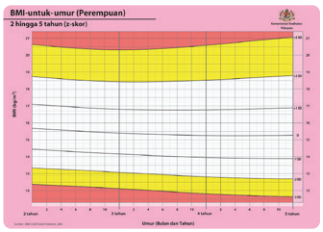
Childhood obesity: **the worrying figures**

Obesity and overweight rates among children in Malaysia are higher than the global statistics, and this is very concerning.

Obesity in Malaysia (5-19 years)*	Overweight in Malaysia (5-19 years)*	Global obesity (5-19 years)
13.6%	**14.4%**	**9.4%**

**National Health & Morbidity Survey (NHMS) 2024*

A sample BMI chart



Defining and diagnosing childhood obesity

Identifying obesity in children is more complex than in adults because children's bodies change rapidly as they grow. Clinical diagnosis relies on standardised growth charts rather than a single weight number. Here are how health professionals define and diagnose the condition:

Body mass index (BMI-for-age): Unlike adults, a child's BMI must be plotted on a BMI chart relative to their sex and age. Health professionals use World Health Organization (WHO) or local growth standards to determine where a child falls compared to their peers.

Overweight vs. obese (5-19 years old):

- Overweight: Generally defined as a BMI-for-age above +1SD
- Obese: Defined as a BMI-for-age above +2SD

Physical assessment: Diagnosis may include checking for physical markers like *acanthosis nigricans* (darkened skin patches), which can indicate insulin resistance.

Growth velocity: Doctors look at the trend of weight gain over time. A "crossing of percentiles" upward is often a more significant clinical indicator than a single high reading.

Note for parents: A high BMI is a screening tool, not a final diagnosis. A full clinical assessment by a paediatrician includes evaluating diet, physical activity levels, and family medical history.

The Complex Roots of Childhood Obesity

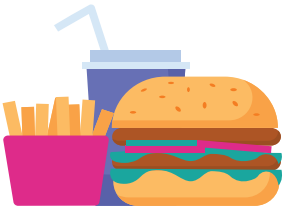
Prof Dr Muhammad Yazid Jalaludin
Senior Consultant Paediatrician and Senior Consultant Paediatric Endocrinologist

What the expert says…

Childhood obesity is rarely the result of a single choice; it is a multifaceted challenge driven by a "perfect storm" of biology, environment, and modern lifestyle. In Malaysia, our rapid urbanisation has shifted diets toward calorie-dense foods loaded with salt, sugar, and fat, while reducing opportunities for active play. As an expert, I see how the "obesogenic" environment – cheap, sugary snacks and beverages, as well as increased screen time – overwhelms a child's natural self-regulation. Recognising these drivers is the first step toward empathy and action. Addressing these factors early is crucial, as they set the physiological foundation for a child's lifelong health trajectory and metabolic well-being.

Causes and risk factors

Understanding why a child gains weight involves looking at various interconnected influences:



Dietary patterns:
Frequent consumption of high-calorie, low-nutrient foods, such as oily or salty snacks and sugar-sweetened desserts or beverages.

Physical inactivity:
Sedentary behaviours, largely driven by excessive screen time on tablets and televisions, replace active play.

Genetics:
A family history of obesity can predispose a child to weight gain, though environment often triggers these genes.

Socioeconomic factors:
Limited access to affordable fresh produce or safe outdoor spaces often forces reliance on shelf-stable, processed convenience foods.

Psychological stress:
Some children use food as a coping mechanism for stress or boredom.

The ripple effect: **consequences of obesity**

The impact of childhood obesity extends far beyond physical appearance, affecting every facet of a child's life:

- **Health:** Immediate risks include type 2 diabetes mellitus, high blood pressure, and sleep apnoea. It also leads to joint stress and early markers of cardiovascular disease.
- **Psychosocial:** Children often face weight-based bullying or stigmatisation, leading to low self-esteem, social isolation, and increased risks of depression or anxiety.
- **Economic:** Long-term consequences include higher personal healthcare costs and potential loss of productivity in adulthood due to chronic illness. For the nation, it places a significant strain on the public healthcare system.

The Hidden Complications: **Understanding Obesity Comorbidities**

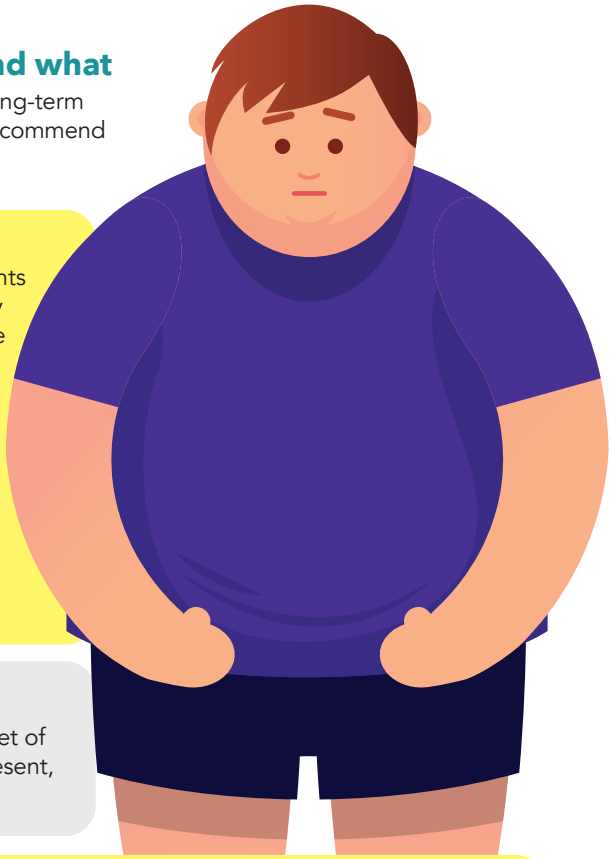
What the expert says…

Prof Dr Muhammad Yazid Jalaludin
Senior Consultant Paediatrician and Senior Consultant Paediatric Endocrinologist

"As a paediatrician, I often remind parents that childhood obesity is not just about physical stature; it is a disease, i.e. a complex metabolic condition that can affect every organ system. Comorbidities – secondary health conditions arising from excess weight – are appearing in children at younger ages than ever before. From insulin resistance to fatty liver disease, these "adult" ailments are now paediatric realities. Early detection is our most powerful tool. By identifying these silent risks through proactive screening, we can implement lifestyle changes that reverse damage before it becomes permanent, ensuring your child's internal health matches their outward potential for growth."

Screening for comorbidities: **who, when, and what**

Proactive medical surveillance is essential for managing the long-term health of children with obesity. Clinical guidelines generally recommend the following screening protocols:



Who to screen:
Screening is recommended for ALL children and adolescents categorised as obese. Children in the overweight category should also be screened if they possess two or more of the following risk factors:

- Insulin resistance
- Strong family history of type 2 diabetes mellitus or cardiovascular disease
- Hypertension or premature coronary heart disease
- Maternal gestational diabetes mellitus
- Birth history: small or large for gestational age
- Symptoms of comorbidities

When to screen:
Routine screening typically begins at age 10, or at the onset of puberty if it occurs earlier. However, if severe obesity is present, a paediatrician may initiate diagnostic tests even earlier.

What to screen for:

- **Prediabetes and type 2 diabetes:** Fasting plasma glucose or HbA1c tests to check how the body processes sugar.
- **Dyslipidaemia:** A lipid profile to measure cholesterol and triglyceride levels, assessing cardiovascular risk.
- **Metabolic-associated fatty liver disease (MAFLD):** Liver enzyme tests (ALT/AST) to check for inflammation or fat build-up in the liver.
- **Hypertension:** Regular blood pressure monitoring using age- and height-appropriate percentiles.
- **Obstructive sleep apnoea:** Evaluation for snoring, restless sleep, or daytime fatigue.
- **Psychosocial distress:** Screening for depression, anxiety, and social isolation related to weight stigma.

Cultivating Healthy Habits: **A Guide to Prevention and Action**

Dr Tee E Siong
Nutritionist

What the expert says…

"Preventing childhood obesity is not about restrictive dieting; it is about building a sustainable foundation of health from the very beginning. As a nutritionist, I emphasise that the window of opportunity starts well before a child enters school. In Malaysia, we are shifting our focus toward holistic, life-stage interventions that empower parents to make better choices. By addressing nutrition and physical activity early, we can "reprogram" a child's metabolic future. Tackling obesity requires a partnership between home and school, ensuring that the healthy choices we teach are mirrored in every environment where a child grows, learns, and plays."

Preventing childhood obesity across life stages

Prevention is most effective when it is age-appropriate and consistent. Here are how parents can intervene at different stages of development:

The first 1,000 days (conception to age 2):
This critical window sets the biological blueprint for health. Parents should focus on maternal nutrition during pregnancy, exclusive breastfeeding for the first six months, and the timely introduction of nutrient-dense complementary foods without added salt or sugar.

The next 1,000 days (toddler and preschool):
This is the habit-forming stage. Parents should encourage "responsive feeding" – recognising hunger and fullness cues – and provide a variety of nutritious foods and meals to prevent picky eating. Physical activity should be integrated through unstructured active play.

School-aged children:
For older children, the focus shifts to balancing caloric intake with energy expenditure. This includes limiting screen time to under two hours daily and ensuring at least 60 minutes of moderate-to-vigorous physical activity daily. The school years, when children are most impressionable, are the best time to inculcate lifelong healthy habits, teach nutrition knowledge and practice, and improve nutritional status and school performance. Parents, family members, and teachers play a key role in modelling healthy habits to children.

Malaysia School Nutrition Promotion Programme (MySNPP):
Where available, parents are encouraged to actively participate in school-based initiatives like MySNPP, led by the Nutrition Society of Malaysia (NSM). Now being implemented across several states, this programme uses the **Good Nutrition – Key to Healthy Children (GNKHC)** modules to provide nutrition education. It also ensures children receive healthy meals monitored by professional nutritionists, reinforcing healthy eating habits outside the home.

WHAT EVERY WOMAN SHOULD KNOW ABOUT THE POSTPARTUM PERIOD

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

The weeks after childbirth – often called the "fourth trimester" – are a time of healing, adjustment, and learning. In Malaysia, many mothers observe confinement, supported by family, traditional foods, and sometimes a confinement lady. While these practices can help with rest and recovery, it's just as important to understand what your body is going through and recognise when something isn't right.

Expected symptoms during the postpartum period

Your body needs time to recover after delivery, whether natural or via C-section. It is normal to experience vaginal bleeding (lochia) for up to four to six weeks, along with mild cramping as the uterus shrinks back to its pre-pregnancy size.

You may also notice breast engorgement, especially in the early days of breastfeeding, as well as soreness around stitches or surgical wounds. Fatigue is common, and many mothers experience mood swings or the "baby blues" in the first couple of weeks. These symptoms should gradually improve with time and rest.

Complications to watch for

While some discomfort is expected, certain symptoms require closer attention. Heavy bleeding that soaks through a pad within an hour or involves large clots could indicate postpartum haemorrhage and needs urgent care.

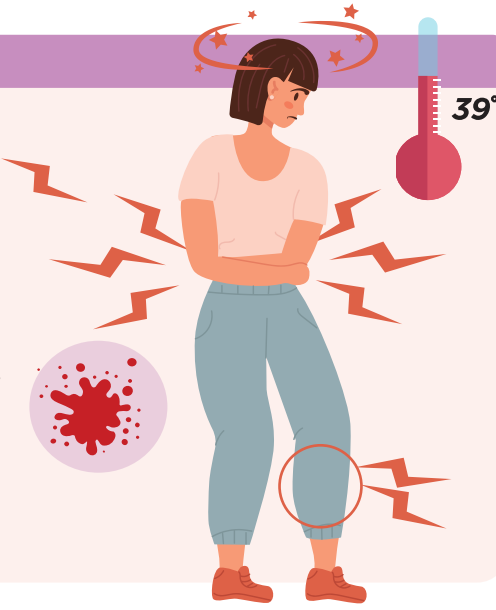
Emotional wellbeing is equally important. Persistent sadness, anxiety, or feeling detached from your baby may be signs of postpartum depression. Infections can present as fever, worsening pain, or unusual discharge, while ongoing urine leakage may signal weakened pelvic floor muscles. These conditions are manageable, especially when identified early. Treatment may include counselling, medications like antibiotics, gentle Kegel exercises, or others, depending on the complications.

When to seek help

Trust your instincts – if something feels off, it's worth checking.
Seek medical attention if you experience:

- Heavy or sudden bleeding
- Fever above 38°C
- Severe abdominal, wound or pelvic pain
- Signs of infection like redness, pus-like discharge, or abnormal swelling around the caesarean section wound or perineum at the episiotomy site
- Severe breast engorgement that is painful, does not improve after feeding or expressing milk, or is accompanied by redness, lumps, or fever (possible mastitis)
- Pain/swelling in legs (possible clot)
- Thoughts of harming yourself or your baby

You can visit your nearest health clinics or private healthcare provider. For emotional support, services like Talian HEAL 15555 are available to listen and guide you.



Self-care after birth

Recovery is not just physical – it's emotional and mental too. Rest as much as possible, even if it means taking turns to sleep when your baby sleeps or accepting help from family members.

Nourishing foods, including traditional options like ginger-based dishes or soups, can support healing – but it's helpful to focus on choices that are also medically supported for recovery.

Evidence-based recommendations include:

Protein-rich foods (eggs, chicken, fish, tofu, legumes) to support tissue repair and wound healing

Iron-rich foods (spinach, red meat, lentils) to replenish blood loss and prevent anaemia

Calcium-rich foods (milk, yoghurt, *ikan bilis*, tofu) to support bone strength, especially if breastfeeding

Fibre-rich foods (whole grains, fruits, vegetables) to prevent constipation, which is common after delivery

Adequate fluids – water, soups, and milk – to stay hydrated and support breast milk production

Ease back into gentle movement once your doctor gives the green light. Just as importantly, check in with yourself. Talk to someone you trust about how you're feeling – because caring for yourself is an essential part of caring for your baby.

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Reference:

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OPTIMISING GUT HEALTH IN PREGNANCY AND BEYOND

By **Dr Shilpa Nambiar**, Consultant Obstetrician & Gynaecologist and Maternal Medicine Specialist

Pregnancy and the postpartum period are times of extraordinary physiological change. While much attention is often focused on foetal growth and caloric intake, the maternal gut microbiome stands as a silent but powerful architect of both mother and child's health. This complex ecosystem of bacteria influences everything from nutrient absorption and immune function to emotional well-being. Maintaining a balanced gut is vital for navigating the metabolic demands of pregnancy and the recovery challenges of the postpartum "fourth trimester."

The microbiome shift

During pregnancy, the gut microbiome undergoes a programmed shift. As the trimesters progress, microbial diversity often decreases while specific bacterial populations increase to help the mother's body store energy and regulate glucose more efficiently. However, these natural shifts, coupled with hormonal surges (like progesterone), can lead to common issues such as constipation, bloating, and heartburn. Postpartum, the microbiome must once again recalibrate as the body heals from birth and initiates lactation.

Essential allies: probiotics and prebiotics

Targeted nutritional intervention can help stabilise this delicate ecosystem. Two of the most effective tools are probiotics, the beneficial bacteria themselves, and prebiotics, the specialised fibres that feed them.

1. Probiotics

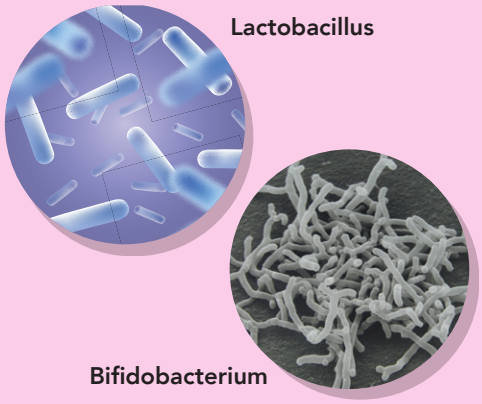
Among the various strains studied for maternal health, ***Bifidobacterium longum BB536*** is a standout. This bacteria strain is remarkably stable and well-suited to the human intestinal environment.

- **Digestive regularity:** BB536 has been clinically shown to alleviate constipation, a frequent complaint during the third trimester, by improving bowel movement frequency and stool consistency.
- **Immune support:** It helps modulate the maternal immune system, potentially reducing the risk of common infections.
- **Seeding the future:** By maintaining a healthy bifidobacteria population, mothers provide a better microbial "starting kit" for their infants during delivery, which is crucial for the baby's early immune development.

2. Prebiotics

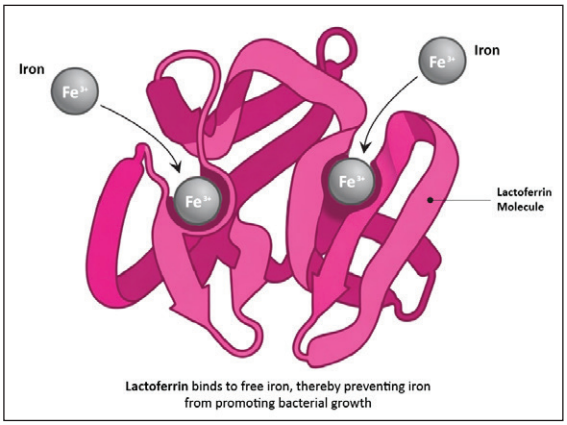
Prebiotics like **fructo-oligosaccharides (FOS)** are non-digestible fibres that act as a "superfood" for beneficial gut microbes. In the maternal gut, FOS performs several critical functions:

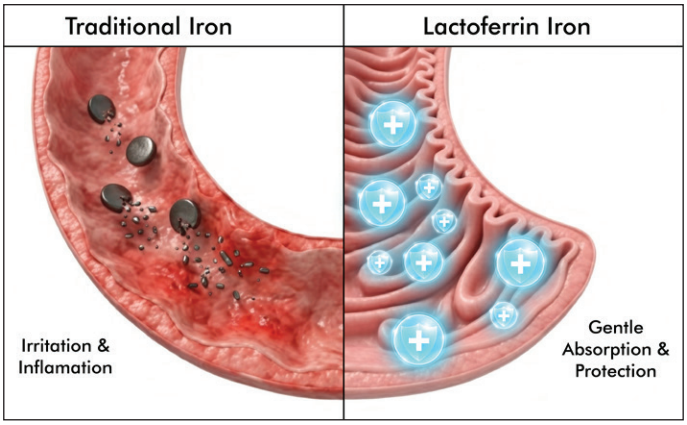
- **Selective growth:** FOS specifically stimulates the growth of Bifidobacterium and Lactobacillus, ensuring they can outcompete potentially harmful bacteria.
- **Metabolic balance:** By promoting a healthy bacterial environment, FOS helps manage the body's inflammatory response and supports healthy glucose metabolism.
- **Mineral absorption:** Prebiotic fermentation can slightly lower the pH of the colon, which may enhance the solubility and absorption of minerals like calcium.



Rethinking iron delivery: the lactoferrin advantage

Iron is a non-negotiable nutrient during pregnancy to support increased blood volume and foetal oxygenation. However, traditional iron salts (like ferrous sulphate) often cause significant gut distress. Unabsorbed iron can sit in the intestinal tract, causing irritation and feeding "bad" bacteria, leading to a state of gut imbalance (dysbiosis).





One alternative is **lactoferrin**, which is a natural iron-binding protein that revolutionises iron supplementation. Instead of flooding the gut with free iron, lactoferrin acts as a smart carrier.

- **High bioavailability:** Lactoferrin binds to iron and helps maintain it in a soluble form, supporting its uptake in the intestine. In addition, by reducing oxidative stress and inflammation, it helps improve iron utilisation in the body.
- **Preserving gut balance:** Because iron is bound to the lactoferrin protein, there is less free iron available in the gut to irritate the lining or nourish pathogenic microbes.
- **Antibacterial properties:** Lactoferrin naturally sequesters iron away from harmful bacteria (like *E. coli*) that need it to survive, effectively supporting a healthier microbiome.
- **Mother's comfort:** Clinical studies suggest that pregnant women taking lactoferrin experience significantly fewer gastrointestinal side effects compared to those taking traditional oral iron.

A holistic path forward

Maternal health is a continuum that starts long before birth and extends well into the postpartum period. To improve your daily comfort and health, and lay the foundation for your little one's long-term vitality, remember the three pillars of gut-friendly maternal health:

- **Probiotics (e.g. *Bifidobacterium longum BB536*)**: For digestive regularity and immune support.
- **Prebiotics (e.g. FOS)**: To selectively fuel and grow your good gut microbes.
- **Smart iron intake (with lactoferrin)**: To protect your gut lining while effectively absorbing essential iron.

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DISCIPLINE WITHOUT FEAR: GUIDING CHILDREN TOWARD BETTER BEHAVIOUR

By **Dr Serena In**, Clinical Psychologist

Every parent hopes that they are able to raise confident, capable children. When rules are broken, it can be tempting to respond with strict control. However, relying on fear to get your children to obey can strain your relationship with them and affect their long-term development.

The trap of fear-based parenting

Scaring children into obedience is often linked to authoritarian or "tiger" parenting. While it may bring quick results, it can limit a child's ability to learn from natural consequences. Frequent use of threats or harsh punishments can create ongoing stress, which has been associated with anxiety, low self-esteem, and difficulty coping with setbacks later in life. Children raised in fear may follow rules, but often struggle with confidence and resilience.

Punishment vs. discipline

It is easy to confuse discipline with punishment. **Punishment focuses on correcting past behaviour, often by making a child feel bad.** Over time, this can lead to resentment or withdrawal.

On the other hand, **discipline looks ahead and teaches children how to reflect and make better choices.** For example, if a child takes a classmate's stationery at school, scolding may stop the behaviour in the moment. But guiding them to understand why it was wrong – and encouraging them to return it – helps build empathy and accountability.

The power of positive reinforcement

Positive reinforcement is a simple but effective approach. By recognising and encouraging good behaviour, parents increase the likelihood of it happening again. Specific praise helps children feel seen and builds confidence.

It is best, however, not to rely too much on material rewards like toys or treats. Instead, acknowledging small, everyday efforts can help children develop patience, empathy, and emotional awareness.

Here are some examples you can try:

For effort and determination:
"I saw how hard you worked on that, even when it got difficult."

"You didn't give up – that's something to be proud of."

For specific behaviours:
"Thank you for helping to clear the table without being asked."

"I noticed you shared your things with your friend. That was kind."

For emotional awareness:
"You used your words to explain how you felt – that helps others understand you."

"It's not easy to stay calm, but you managed it."

Practical steps for parents

Positive parenting begins with connection. Before reacting, take a moment to engage – make eye contact, speak calmly, and set clear expectations. Children are more likely to cooperate when they understand why family rules matter.

When challenges arise, support your child in managing their emotions. Simple techniques like taking deep breaths or taking a short pause can help. By listening, validating their feelings, and gently guiding their behaviour, you build not only self-control, but also trust that lasts. Connection before correction will help you build loving, secure relationships with your children, well into their adulthood and to the future generations.

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NAVIGATING THE STORM OF RSV

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

The story of Alya & her son, Danish

It started with what I thought was a simple "day-care cold." My ten-month-old, Danish, had a runny nose and a slight cough on Tuesday. By Wednesday night, the rhythm of our house had shifted. The usual happy babbles were replaced by a sharp, rhythmic grunting.

I remember sitting on the edge of his crib, watching his chest. Every time he took a breath, the skin around his ribs sucked inward, forming deep hollows. It's a sight that stays with you – what doctors call "retractions." He wasn't just breathing; he was struggling. He was fighting for every pocket of air.

By 2 a.m., we were in the Emergency Room. When the doctor said "RSV" (respiratory syncytial virus), I felt a wave of cold wash over me. I'd heard the acronym before, but I didn't realise it could turn a healthy baby into one who needed high-flow oxygen and a feeding tube in less than 48 hours.

The impact on our family was immediate and taxing. Danish was hospitalised for six days. My husband and I traded shifts in a cramped hospital chair, our lives reduced to the beep of the monitors. I burned through my remaining leaves for the year in a week, and the financial weight of the treatment and specialists started to loom.

Thankfully, Danish managed to recover without any devastating complications. Still, the days at the ward were unforgettable – something I wished we could've avoided. And the hardest part was the guilt – wondering if I could have done something differently to protect his tiny lung.

Understanding RSV: an expert perspective

As a healthcare professional, I see stories like Danish's every year. Statistics show that nine out of 10 infants are infected with RSV within the first two years of their life. Respiratory syncytial virus (RSV) is a virus that infects the nose, throat, and lungs. While it may feel like a cold to adults, it is a leading cause of hospitalisation in infants under one year old.

Why is RSV dangerous?

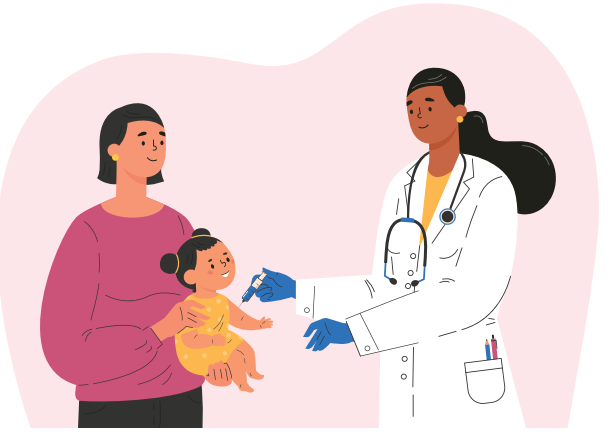
In infants, RSV causes acute **bronchiolitis** (inflammation of the small airways) and **pneumonia**. Because babies have much smaller airways than adults, even a small amount of inflammation or mucus can make it incredibly difficult for them to breathe.

Prevention and protection

Standard hygiene is our first line of defence. Frequent handwashing, cleaning surfaces, and avoiding kissing the baby during cold and flu season are essential. However, because the virus is so contagious, we now look toward immunisation to provide more robust protection. There are currently two primary pathways for RSV :

1. **Passive maternal immunisation:** Given to the mother during pregnancy to pass antibodies to the foetus for protection through the first 6 months of baby's life.

2. **Direct infant immunisation:** Given directly to the baby to provide immediate protection.



The role of monoclonal antibodies

For infants, we now have the option of immunisation through monoclonal antibodies. Unlike a traditional vaccine that teaches the body to make its own antibodies over time, monoclonal antibodies provide ready-made protection the moment they are administered.

- **Immediate defence:** Clinical data supports the role of monoclonal antibodies as a critical preventive option for newborns and infants.

- **Early protection:** Research has demonstrated that this immunisation provides effective protection and can be administered as early as birth, protecting babies before they hit their most vulnerable window.

- **Proven results:** Multiple studies show that immunisation with monoclonal antibodies significantly offers protection against severe RSV disease, reducing the likelihood of hospitalisations like the one Danish experienced.

Protect your baby directly against RSV. Speak to your paediatrician or other healthcare providers about infant immunisation with monoclonal antibodies. By utilising modern preventive medicine, we can give infants the shield they need before the first cough even begins.

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TOGETHER AGAINST RSV

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 by[3]:

- 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

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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Chickenpox:
What Parents Should Do and What They Should Avoid

What is chickenpox?

Chickenpox, medically known as varicella, is caused by the highly contagious virus called varicella-zoster virus

What should parents do when their child has chickenpox?

- Keep your child at home and properly hydrated
- **Give medicine** like paracetamol for fever
- Apply soothing **lotion**

What should parents avoid?

- Do not give **aspirin**
- Do not send them **to nursery or school, or bring them to crowded places**
- Help prevent your child from **scratching**

Chickenpox (varicella) vaccine is safe & effective!

It is one of the best ways to protect your child. Follow your doctor's vaccination schedule and ensure your child receives the recommended doses of the chickenpox vaccine.

References:

1. American Academy of Pediatrics (n.d.) Varicella (chickenpox). Available at: https://www.healthychildren.org/English/health-issues/vaccine-preventable-diseases/Pages/Varicella-ChickenPox.aspx (Accessed: 29 April 2026).
2. Pantai Hospital Ampang (2025) A parent's comprehensive guide to chickenpox. Available at: https://www.pantai.com.my/ampang/news/a-parent-s-comprehensive-guide-to-chickenpox (Accessed: 29 April 2026).

For Healthcare Professionals Only

Further information is available upon request.

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CHICKEN POX: WHAT PARENTS SHOULD AND SHOULD NOT DO?

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

Your child woke up one morning. Usually, he is the one bouncing into the room asking for breakfast, but today he seemed quiet. You noticed a few red bumps on his forehead, one near his neck and when you lift his shirt, there were a few more small red dots.

"Daddy, I feel tired," he said. You touched his forehead. Slightly hot. You gave him some breakfast – he took a few bites and said he didn't want anymore. You gave him some paracetamol and asked him to rest. Later towards the afternoon, more spots appeared, some turning from red bumps into tiny fluid-filled vesicles. "Ah, chicken pox," you said.

Chicken pox or medically known as varicella is caused by the highly contagious virus called varicella-zoster virus. It spreads through respiratory droplets, direct contact with the vesicle fluid, or touching contaminated objects and surfaces. Common symptoms include fever, fatigue, loss of appetite, and the characteristic itchy skin rash that begins as small red dots on the face, body, and limbs, and progresses into small fluid-filled vesicles and eventually the formation of scabs.

The good news is, in an otherwise healthy child, chicken pox is usually a self-limiting disease. This means that in most children, this infection runs its course and resolves on its own without causing lasting problems. It may take a few uncomfortable days, but with rest, fluids, and care, their bodies know exactly how to fight the virus and heal.

What should you do when your child develops chicken pox?

1. **Keep your child at home** until all blisters have crusted over and no new ones forming. This usually takes about one to two weeks after the rash starts.
2. Ensure that they are **properly hydrated**. Offer plenty of fluids in the form of water, milk, soups, or juices, and feed them some easy-to-digest food if they can tolerate it.
3. **Give paracetamol** for their fever and discomfort.
4. For their itchy skin, you may **apply some calamine lotion** or give them **cool baths**. Dress them with loose clothing so that they feel more comfortable. If they have severe itch, visit a doctor for some **antihistamines**.
5. **Ensure proper hygiene** by frequently changing their clothes and encourage frequent hand washing.
6. Antiviral medications are generally not needed for healthy individuals, but in **severe cases** or if your child is **immunocompromised** (cancer patient, taking immunosuppressive medications, immune deficient), bring your child to the doctor to receive an antiviral drug called **acyclovir**.
7. If you need to bring them to the clinic or hospital, please **inform the clinic or hospital staff immediately**. You and your child will be placed in a separate room away from other patients and will be attended to as quickly as possible to limit the risk of transmission of the disease.

Remember: Many people visit the hospital, and you never know which child is immunocompromised or is suffering from chronic illnesses. It is not just about your child's recovery, but also about protecting others in the community.

What parents should not do?

1. **Do not give aspirin** because of the possible risk of Reye's syndrome. Paracetamol may be given for fever control.
2. **Avoid scratching** because this can break the skin and lead to secondary bacterial infection. Scratching also delays healing and increases the risk of permanent marks. When a child scratches, the fluid from the vesicles which contains the virus can get onto their fingers and under their nails. From there, it can spread to other parts of their own body or can be transferred to surfaces, toys, and other people through touch. Encourage gentle patting instead of scratching. You may need to trim your child's nails short or use mittens at night.
3. **Do not send them to nursery or school**, and do not bring them to crowded places until all blisters have crusted over. Chicken pox is highly contagious and easily transmitted to other students or adults. While most healthy children recover well, chicken pox infection can be very serious and even life-threatening for certain groups including children who are immunocompromised (e.g. those on chemotherapy or long-term immunosuppressive medications), children with chronic disease, and pregnant women who are not immune. You may not always know if another child is immunocompromised, so staying home helps prevent outbreaks and protect vulnerable individuals in the community.

When to seek medical attention

1. When your child has an extremely high fever that does not respond to paracetamol.
2. Your child has a severe headache, has a stiff neck, and is feeling dizzy or confused.
3. If your child cannot tolerate fluids or cannot keep anything down due to vomiting and looks dehydrated.
4. If the rash shows signs of bacterial infection (intense tenderness, very red, feels warm, or leaks pus).
5. Your child has trouble breathing.
6. If your child is a newborn (less than one month old).
7. If your child has a weakened immune system.

Prevention is the best medicine

Although chicken pox is often a self-limiting disease, it may cause a lot of discomfort, loss of school days, and disrupts parents' routine. You may consider chicken pox (varicella) vaccine for your child to prevent them from getting chicken pox. Although chicken pox vaccine is not yet compulsory and not part of Malaysia's National Immunisation Program, parents can access it from GP clinics and most private paediatricians' clinic.

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A PARENT'S QUICK GUIDE TO BUYING TODDLER FOOD PRODUCTS

By **Dr Roseline Yap**, Nutritionist

A quick trip to the supermarket can feel overwhelming when shopping for toddler food products. Bright packaging and various nutrition claims such as "no added sugar" often distract from what really matters – nutrition during these crucial early years.

Spotting hidden sugars

- Early exposure to sugary foods and drinks – high-sugar cereals, snacks and desserts, and sugar sweetened beverages (SSBs) such as carbonated drinks, packaged drinks, and cordials, including fruit juices with added sugar – can shape a child's preference for overly sweet taste.
- Added sugar often appears under different names such as maltodextrin, fruit juice concentrate, glucose syrup, corn syrup, or caramel.
- Fruit, on the other hand, provides natural sugars, which also come with fibre, vitamins, and minerals, while added sugars offer little nutritional value.
- **Tips**: Choose products in which sugar and/or other forms of sugar are not the first three ingredients in the ingredient list. Drink plain water or non-flavoured milk instead of SSBs.

The dangers of added salt

- Sodium is common in our daily diet, from sauces (e.g. *kicap manis*) to salty processed foods (e.g. sausages).
- Excess salt during the first 1,000 days can influence taste preferences and increase the risk of hypertension later in life.
- Foods like instant noodles, nuggets, and snacks such as potato chips and crackers can quickly exceed recommended sodium levels.
- **Tips**: Avoid adding salt and sauces high in sodium (e.g. soya sauce, tomato sauce). Use fresh ingredients like herbs and spices so that toddlers learn to enjoy natural flavours.

Identifying additives

- Packaged toddler foods may contain artificial colouring, preservatives, and flavour enhancers.
- These ingredients improve shelf life and appearance to the food products but do not contribute to nutrition.
- Some additives may affect behaviour or digestion in sensitive children.
- **Tips**: If your child is sensitive to these additives, do familiarise yourself and look out for it in the ingredient list. Stick to foods with simple, recognisable ingredients.

Building a balanced diet using the Malaysian Healthy Plate concept

- Many Malaysian children do not get enough vegetables and fruits.
- Follow the Malaysian Healthy Plate *(Suku-Suku-Separuh)*:
  - ½ plate: vegetables and fruits
  - ¼ plate: protein (fish, chicken, eggs, legumes)
  - ¼ plate: carbohydrates (rice, noodles, bread)
- Early exposure to a variety of foods by rotating everyday options of the main food groups helps shape healthier eating habits and build familiarity.

A note on food allergies and intolerances:
Children with food allergies or intolerances need to avoid their triggers. Common food allergens include peanuts, cow's milk, eggs, and shellfish, while food intolerances include lactose, gluten or histamine intolerances. Parents have to carefully check the ingredient list of food products to ensure there are no allergens/triggers.

An educational collaboration with

Nutrition Society of Malaysia

FROM TUMMY TERROR TO TUMMY TRIUMPH:

A GENTLE GUIDE ON TUMMY TIME

By **Dr Naveen Nair Gangadaran**, Paediatrician & Child Health Advocate

Sofea sat at the edge of her sofa one quiet afternoon, gently rocking her three-week-old son Aqif. Like many Malaysian mothers during confinement, her days were filled with feeding, burping, and trying to catch a little sleep whenever the baby allowed it. During their recent visit to the clinic, the paediatrician mentioned something new. "Make sure you start tummy time daily. It's important for his development."

Sofea nodded politely then, but now the words echoed in her mind. "Tummy time? Already?" She looked at Aqif's tiny head resting softly against the pillow. He still seemed so fragile. The one time she tried placing him on his tummy, Aqif immediately protested with loud cries. "Maybe he's too small," Sofea thought. "What if I'm doing it wrong?"

If you have ever felt like Sofea – confused and worried about starting tummy time – you are not alone. Many Malaysian parents hear about tummy time but are unsure how to introduce it gently. The good news is that tummy time doesn't need to be stressful. It can be a rewarding journey.

Why tummy time matters

For babies today, doctors recommend "**Back to Sleep, Tummy to Play**." This means babies should **sleep on their backs** to reduce the risk of sudden infant death syndrome (SIDS). But **when they are awake and supervised**, spending time on their tummy is important. Studies have shown that tummy time helps babies to:

- Strengthen **neck and shoulder muscles**
- Develop **motor skills needed for rolling and crawling**
- Reduce risk of **flat spots on the back of the head**
- Improve **visual and sensory development**

In simple terms, it's the baby's **first workout**.

Stage 1: The gentle start

The next day, Sofea decided to try again. Instead of placing Aqif directly on the floor mat, she leaned back on the nursing chair and placed him on her chest. Aqif could hear her heartbeat and smell the familiar scent of his mother. Slowly, he lifted his chin just slightly, as if curious to look at her face. This is actually one of the **best ways to start tummy time**. Many parents don't realise that tummy time can begin **from the newborn period – even from the first few days at home**, as long as the baby is awake, calm and supervised. Even **one or two minutes at a time** is enough in the beginning.

Stage 2: The towel trick

By the time Aqif was six weeks old, Sofea felt ready to try tummy time on the floor again. This time, she remembered a helpful trick shared by her nurse. She rolled up a small towel and placed it under Aqif's chest. Instead of struggling flat against the mat, Aqif could now lift his head more easily. His eyes widened when he noticed a black-and-white card placed in front of him. He stayed on his tummy for almost **three whole minutes. For a baby, that is a big achievement**.

Stage 3: Making it fun

By three months, tummy time had transformed from a struggle into playtime. Sofea lay on the floor with Aqif, making funny faces and singing nursery rhymes. Sometimes she placed a baby-safe mirror in front of him. Babies are fascinated by faces especially their own. Soon Aqif began pushing himself up on his forearms, looking around proudly as if discovering a whole new world.

How much tummy time is enough?

Parents often ask this question. There is no need to stress about long sessions. A helpful rule is **short and frequent sessions throughout the day**. For example:

- **Start with 1-3 minutes**, several times a day for newborns
- **As the baby grows stronger, slowly increase the total time**. By around 2-3 months, many babies can manage 15-30 minutes spread across the day. Some may do more, but there is no need to force long sessions.

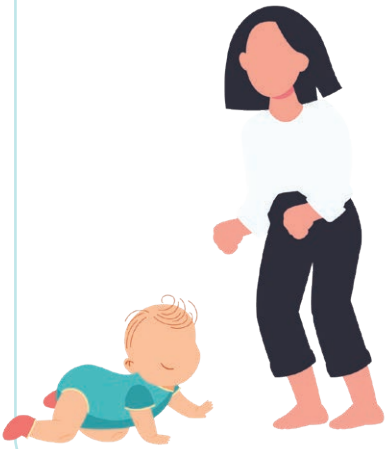
Many parents incorporate tummy time into daily routines such as:

- After diaper changes
- After naps
- During playtime on the floor

Three simple safety rules

As Sofea grew more confident, she kept three simple rules in mind:

1. **Always supervise**: Tummy time should only happen when the baby is awake and **watched by an adult**.



2. **Start small**: Even **one minute** is a good beginning.

3. **Use a firm surface**: A play mat or carpeted floor works best. Sofas or beds are too soft and unsafe.

The milestone moment

At five months, Sofea watched Aqif proudly push himself up on straight arms. Soon he was reaching for toys, pivoting around like the hands of a tiny clock. His neck was stronger, his movements more confident, and his laughter filled the room. Sofea realised something important. Tummy time was never meant to be a chore. It was simply one of the first ways parents and babies **learn to play together**. Some babies will cry and some will resist but that's okay. Like many parenting journeys, what began as **tummy terror** slowly would become **tummy triumph**.

5 Creative Tummy Time Games Parents Can Try

Tummy time doesn't always have to feel like exercise. With a little creativity, it can become one of the most enjoyable parts of the day for both baby and parents.

1. Face-to-face chat

Lie down on the floor facing your baby while they are on their tummy. Babies love looking at faces. Talk to them, smile, make funny expressions, or sing simple songs. Many parents are surprised that babies will lift their heads higher just to maintain eye contact. This simple interaction strengthens your baby's neck muscles while also building emotional bonding.

2. Mirror discovery

Place a baby-safe mirror in front of your baby during tummy time. At first, babies may stare curiously at the "other baby" in the mirror. As they grow older, they begin to smile, coo, and even try to reach out. This game encourages babies to lift their heads and stay longer on their tummy, while also stimulating visual development.

3. Toy treasure hunt

Place a few toys slightly out of reach around your baby during tummy time. Soft rattles, colourful toys, or even simple household objects like a small plastic measuring cup can work well. As babies grow stronger, they will begin to reach, stretch, and pivot to grab the toy. These small movements are the early steps that eventually lead to rolling and crawling.

4. The parent tunnel

While you are sitting on the floor, gently place your baby on their tummy between your shins and thighs. Leaning over them creates a cozy «tunnel» that can help them feel secure. From this position, you can easily engage with your baby by playing peek-a-boo, clapping, or talking to them. This interaction encourages your baby to lift their head and strengthen their neck and shoulder muscles to see you, transforming tummy time into a bonding experience, a social and playful interaction.

5. The family cheer squad

In many Malaysian homes, grandparents, siblings, and cousins are often around. Use this to your advantage. Let family members sit around the baby and talk, smile, and encourage them during tummy time. Babies respond to different voices and faces by lifting their heads and looking around. Suddenly tummy time becomes a mini family activity, and babies stay engaged longer without even realising they are exercising.

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SAFE SLEEP FOR TINY DREAMERS

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

Ensuring a safe sleep environment is one of the most vital responsibilities of a new parent. Every year, thousands of sleep-related infant deaths occur due to accidental suffocation or Sudden Infant Death Syndrome (SIDS). By following evidence-based guidelines, parents can significantly reduce these risks and provide their infants with a secure foundation for growth.

The gold standard: the safe sleep environment

The American Academy of Pediatrics (AAP) emphasises the **ABCs of safe sleep: Alone**, on their **Back**, in a **Crib**. To create the safest space possible, follow these requirements:

- **Back to sleep:** Always place your baby on their back for every sleep – both naps and night time. Once babies can roll over both ways comfortably, they can remain in the position they choose.
- **Firm and flat:** Use a firm, flat sleep surface covered only by a fitted sheet. Avoid inclined sleepers, couches, or armchairs, which pose a high risk of airway obstruction.
- **Clear the clutter:** Keep the sleep area free of soft objects, including pillows, blankets, quilts, stuffed animals, and bumper pads. These items can accidentally cover a baby's face.
- **Room-share, don't bed-share:** It is recommended to keep the baby's crib or bassinet in your bedroom for at least the first six months, but never share a bed, as this increases the risk of entrapment or suffocation.

Establishing healthy bedtime routines

Beyond physical safety, a consistent routine helps regulate an infant's internal clock and improves sleep quality for the whole family. Healthy habits include:

- **Consistency is key:** Perform the same sequence of activities every night (e.g. bath, book, song) to signal to the baby that it is time to wind down.
- **Optimal temperature:** Keep the room at a comfortable temperature (usually between 20-22°C). Overheating is a known risk factor for SIDS; look for signs like sweating or a chest that feels hot to the touch.
- **The "drowsy but awake" technique:** Try to place your baby in the crib when they are sleepy but still awake. This helps them learn the skill of self-soothing and falling asleep independently.
- **Use a pacifier:** Offering a pacifier at nap time and bedtime has been shown to have a protective effect against SIDS, even if it falls out after the baby falls asleep. However, pacifiers are not recommended for constant use other than before sleep.

Safety note: Avoid using wearable monitors or products that claim to reduce the risk of SIDS, as there is no evidence they are effective. Trust the basics of a clear, flat crib and back-sleeping.

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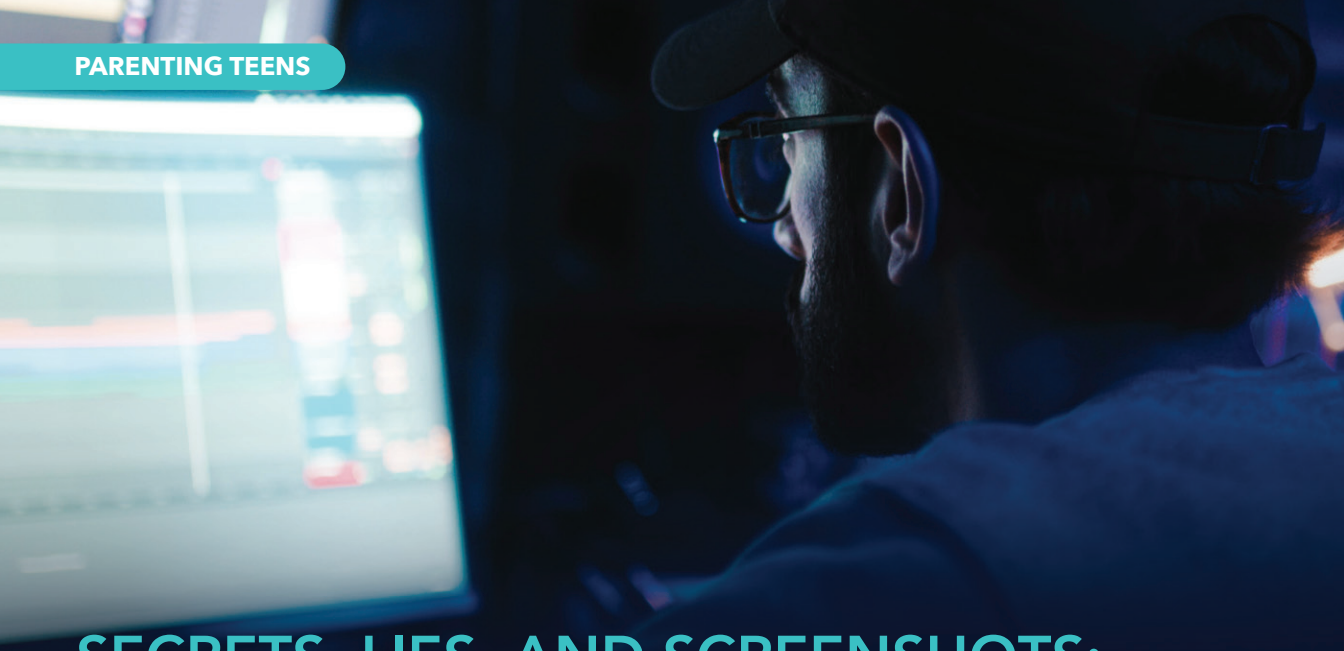


SECRETS, LIES, AND SCREENSHOTS: ONLINE GROOMERS & THEIR FAVOURITE TRICKS

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

The online world is where our children play, learn, and socialise, but it is also where predators quietly operate. Grooming rarely begins with something suspicious or concerning. It often starts with kindness, attention, and a sense of being "understood". That is precisely what makes it dangerous. Here are some of the most common tactics used by online groomers, and what parents need to know.

The "Let's keep this between us" tactic

Groomers work hard to create secrecy early on:

- "Your parents wouldn't understand."
- "This is our special friendship."
- "Promise you won't tell anyone?"

This is not harmless bonding – it is isolation. Once a child feels they must keep secrets, the groomer gains control. The main aim of the groomer is to create a perception of a loving and exclusive relationship.

What to watch for:

- Sudden secrecy around devices
- Switching screens when adults approach
- Emotional attachment to someone you've never heard of

When compliments turn into control

It often starts with flattery:

"You're so mature for your age."

"You're the only one who gets me."

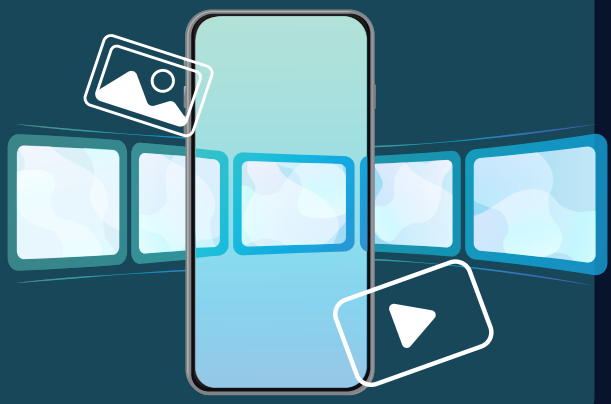
Over time, this shifts into pressure:

"If you really care about me, you'll do this."

"Don't talk to your other friends – they're bad for you."

Affection becomes leverage. Children may feel guilty, pressured, or even responsible for the other person's feelings.

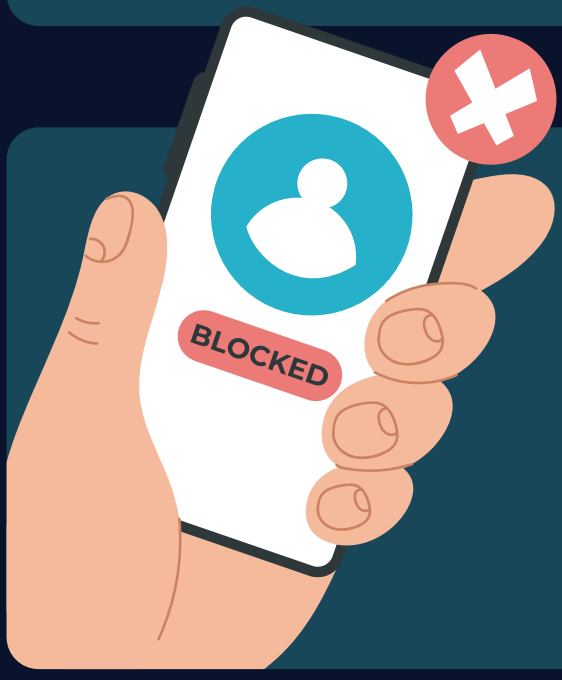
Screenshots as blackmail



This is where things can escalate quickly. Groomers may:
- Encourage sharing of personal photos or messages.
- Take screenshots without the child realising.
- Use these as threats: "If you don't comply, I'll send this to your family or school."

This tactic traps children in a cycle of fear and silence.

Important reminder for young people:
Once something is shared online, control is lost – even in "private" chats.



You don't owe anyone a reply

One of the simplest but most powerful lessons:
Your child does not owe anyone their time, attention, or response.

Teach them:
- It is okay to ignore, block, or report someone.
- They can walk away from conversations that feel uncomfortable.
- Saying "no" online is just as valid as saying it in person.

Healthy boundaries sound like:
- "I'm not comfortable with that."
- "I don't want to continue this conversation."

Why parents must stay alert

In Malaysia, children are going online at increasingly younger ages, often unsupervised. Open communication matters more than surveillance alone.

Practical steps for parents:
- Keep devices in shared family spaces when possible.
- Have regular, judgement-free conversations about online experiences.
- Reassure your child they will not be punished for speaking up.
- Know the apps and platforms your child uses

A simple rule to teach your children is: **No secrets. No pressure. No fear.**

If any online interaction involves:
- Secrecy
- Emotional pressure
- Threats or intimidation

…it is not a friendship. It is grooming.

Children do not always recognise danger in the moment. But with awareness, trust, and open dialogue, parents can become their strongest line of defence.

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Positive Parenting Malaysia

Malaysia's Pioneer Expert Driven Educational Programme

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

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

Key Activities

Positive Parenting Guide

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

Social Media

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

Website

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

ParentFlix

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

Joys of Parenting

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

Educational Press Articles

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

~ Our Collaborating Expert Partners ~

- Nutrition Society of Malaysia
- Obstetrical and Gynaecological Society of Malaysia
- Malaysian Psychiatric Association
- Malaysian Society of Clinical Psychology
- National Population and Family Development Board Malaysia
- Malaysian Mental Health Association
- Malaysian Association of Kindergartens
- Association of Registered Childcare Providers Malaysia
- Malaysian Association of Paediatric Dentistry
- Academy of Family Physicians of Malaysia
- Early Childhood Care & Education Council

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

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