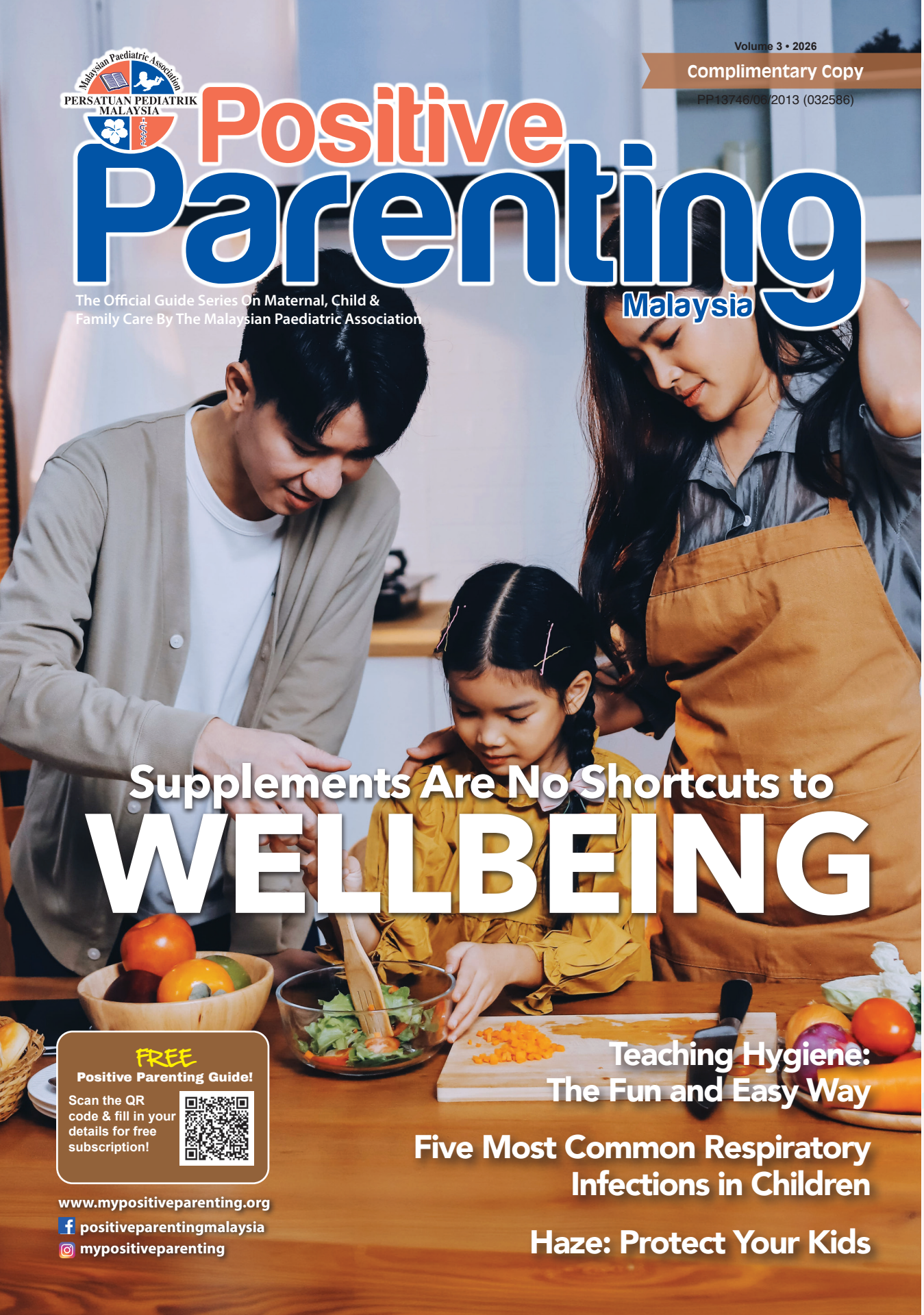
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PERSATUAN PEDIATRIK MALAYSIA

Positive Parenting Malaysia

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



Supplements Are No Shortcuts to WELLBEING

Teaching Hygiene: The Fun and Easy Way

Five Most Common Respiratory Infections in Children

Haze: Protect Your Kids

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2nd Parenting Summit 2026

Event Schedule

2.30 pm - 6.00pm (All Day)
Health Screening & Interactive Children's Activities

2.30 pm
Registration

3.20 pm - 3.30 pm
Opening & Welcome Remarks

3.30 pm -3.55 pm
Supporting Your Child's Growth Starts from The First 1000 Days
Dr Rakhee Yadav, Consultant Paediatrician

3.55 pm - 4.20 pm
Does My Child Have Learning Difficulties?
Assoc Prof Dr Subhashini Jayanath, Consultant Developmental Paediatrician

4.20 pm - 4.40 pm
Tea Break

4.40 pm - 5.05 pm
Raising Children With Developmental Differences: Practical Strategies for Home & School
Dr Rajini Sarvananthan, Consultant Developmental Paediatrician

5.05 pm - 5.30 pm
Growing Well: Understanding Child Growth, Height Concerns & When to Seek Help
Prof Dr Muhammad Yazid Jalaludin, Senior Consultant Paediatric Endocrinologist

5.30pm - 5.55pm
Expert Panel & Q&A Session

5.55pm - 6.00pm
Closing Remarks

Have questions?
WhatsApp us at 011-15423328



2nd Parenting Summit 2026

About the Summit



Datuk Dr Zulkifli Ismail
Chairman of Positive Parenting Management Committee

Welcome to the 2nd Positive Parenting Summit 2026 in conjunction with the Annual Congress of the Malaysian Paediatric Association (MPA). This year, the theme is "Growing Beyond Height: Nurturing Healthy Growth, Learning & Development."

Parents, teachers and caregivers are invited to join us for expert insights, practical knowledge and meaningful conversations to better support children as they grow, learn and develop.

2nd Parenting Summit 2026

Growing Beyond Height:

Nurturing Healthy Growth, Learning & Development

Saturday, 31 October 2026
2.30pm – 6.00pm
Sheraton Hotel, Petaling Jaya
In conjuction with the 47th Annual Congress of the Malaysian Paediatric Association



Come learn, connect and grow together — because healthy growth goes beyond height.

What You'll Learn

Talk 1: Supporting Your Child's Growth Starts from The First 1000 Days

- Why the first 1,000 days are crucial for your baby's lifelong health and development.
- How breastfeeding provides the foundation for healthy growth, immunity, and development.
- The importance of good nutrition, responsive caregiving, and nurturing environment during infancy.



"The first 1,000 days offer a once-in-a-lifetime opportunity to build the foundation for your child's lifelong health and development."

Dr Rakhee Yadav, Consultant Paediatrician

Talk 2: Does My Child Have Learning Difficulties?

- The different types of learning difficulties that children may have.
- Ways to identify learning difficulties at an early stage.
- The key roles that parents play to empower their children to reach their full potential.



"Every child develops differently but recognising early signs and seeking support at the right time can make a meaningful difference."

Assoc Prof Dr Subhashini Jayanath, Consultant Developmental Paediatrician

Brought to you by: Positive Parenting Malaysia

Malaysian Paediatric Association · 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 Paediatric Dentistry · Malaysian Association of Registered Early Child Care and Development (MyECCD) · Malaysian Association of Kindergardens · Academy of Family Physicians of Malaysia · Early Childhood Care & Education Council

What to Expect

Expert talks by leading child health specialists on:



Breastfeeding & early nutrition



Healthy growth & height



ADHD & learning difficulties



On-site health screening for children



Child development & wellbeing

Other Activities



Free Child Screening

1. BMI
2. Vision test
3. Color blindness test
4. Diet consultation



Tea break



Goodie bags



Lucky draws & prizes

What You'll Learn

Talk 3: Raising Children With Developmental Differences: Practical Strategies for Home & School

- How consistent routines and positive encouragement help children build confidence and independence.
- Small, practical strategies at home that can make every day learning easier.
- The importance of collaboration between parents, teachers, and healthcare professionals to support a child's emotional well-being.

Talk 4: Growing Well: Understanding Child Growth, Height Concerns & When to Seek Help

- Understanding various factors that influence a child's growth.
- When you should be concerned about your child's growth and seek help.
- The importance of regular growth monitoring and early assessment to detect potential problems early.



"Children thrive when families, schools and healthcare professionals work together to support their individual strengths and needs."

Dr Rajini Sarvananthan, Consultant Developmental Paediatrician



"Growth is more than a number on the height chart. Understanding your child's growth pattern helps you know when to be reassured—and when to seek help."

Prof Dr Muhammad Yazid Jalaludin, Senior Consultant Paediatric Endocrinologist

Connect & share with fellow parents, teachers and caregivers.
Learn together and gain practical tips you can apply both at home and in the classroom.

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1. Ow MYL, et al. Front. Nutr. 2024; 11:1341963

^With daily consumption of one serving PediaSure® and one serving PediaSure® Night. #As demonstrated by longer duration of night sleep, fewer night awakenings, and better sleep quality in children 2–5 years with or at risk of undernutrition who received two servings of PediaSure® per day and dietary counseling (DC), compared to DC alone encouraging habitual milk intake.[1] *Total 140mg per serving. **Referring to FOS/oligofructose, vs. regular PediaSure®.

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Guided by its *Mom First* philosophy, Momcozy combines innovaton with real maternal experiences, working alongside experts and communities to provide both practical solutions and meaningful support throughout the motherhood journey.

Because supporting moms means supporting every part of motherhood.

*Source: Based on global market share of wearable breast pumps. Grand View Research 2024.



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expert collaborators & management committee

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

---

Malaysian Paediatric Association
mpaeds.my

"Parental awareness and education is vital in raising healthy children."



Dato' Dr Musa Mohd Nordin
Honorary Treasurer, MPA and Consultant Paediatrician & Neonatologist



Dr Mary Joseph Marret
Consultant Paediatrician



Dr Rajini Sarvananthan
Consultant Developmental Paediatrician

Nutrition Society of Malaysia
www.nutriweb.org.my

"Healthy eating habits and active living habits must be inculcated from young."



Dr Tee E Siong
Nutritionist and Immediate-Past President, NSM



Dr Roseline Yap
Nutritionist and Hon. Treasurer, NSM

Obstetrical and Gynaecological Society of Malaysia
www.ogsm.org.my

"A healthy pregnancy gives your baby a good start in life."



Dr Shilpa Nambiar
Consultant Obstetrician & Gynaecologist and Council Member, OGSM

Malaysian Psychiatric Association
www.psychiatry-malaysia.org

"Mental health is a key component in every child's total health and well-being."



Dr Yen Teck Hoe
Consultant Psychiatrist

Malaysian Society of Clinical Psychology
www.mscp.my

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



Dr Serena In
Clinical Psychologist and Vice President, MSCP

National Population and Family Development Board Malaysia
www.lppkn.gov.my

"Strong families are central to raising children with values and principles."



En Hairil Fadzly Md. Akir
Deputy Director-General (Policy), LPPKN

Malaysian Mental Health Association
mmha.org.my

"Mental health and resilience starts with the family."



Dato' Dr Andrew Mohanraj
Consultant Psychiatrist & President, MMHA

Malaysian Association of Paediatric Dentistry
mapd.my

"Ensuring bright smiles for our children begins with early dental care and positive oral health habits."



Dr Suriani Sukeri
Senior Paediatric Dentist & Member, MAPD

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

"Early childhood care and development helps children grow and discover their potential."



Pn Norsheila Abdullah
President, PPBM

Malaysian Association of Kindergartens

"A quality preschool education prepares children for formal schooling and lifelong learning."



Ms Eveleen Ling
Chairman, PTM

Academy of Family Physicians of Malaysia
https://www.afpm.org.my/

"A happy healthy family leads to a happy healthy society."



Dr Haslina Mukhtar Aajamer
Council Member, AFPM

Early Childhood Care & Education Council
https://eccecouncil.org/

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



Ms Yew Tian Tian
Honorary Secretary, ECCE Council

Malaysian Paediatric Association

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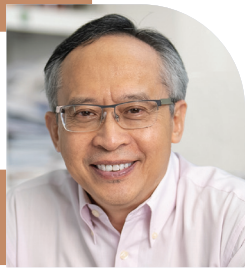
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Positive Parenting Malaysia



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Chairman, Positive Parenting Management Committee
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Supplements for Kids: Yes or No?

Dietary supplements have surged in popularity during the fast-paced modern era as people increasingly turn to proactive wellness and preventive healthcare due to high rates of chronic diseases. In fact, supplement use in children is becoming more common as parents frequently use over-the-counter options to ensure their children get enough nutrients. But is this the right approach to long-term health and wellbeing?

To answer this pertinent question, we invite reputable experts in the field to share their thoughts and perspectives on the use of supplements for children in the Feature section. Other important topics are also discussed in this issue, including fun ways to teach hygiene to kids, common respiratory infections, as well as tips for dealing with haze.

As you go along the winding road of parenthood, we hope these articles will be helpful as your guide. 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!

The articles contained in this magazine are not in any way intended as substitutes for medical attention. When in doubt, consult your doctor. Malaysian Paediatric Association, the experts and their respective organisations do not endorse any brands and are not responsible or liable for any advertisement or advertorial by sponsors.

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Unit 16-07, 16th Floor, Menara Arina Uniti, 97,
Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur.
Tel: 03-2202 7099 Fax: 03-2602 0997
Email: secretariat@mpaeds.my Website: https://mpaeds.my

For enquiries, please contact:

Positive Parenting Secretariat
VERSACOMM 1993 0100 9036 (263773-W)
12-A Jalan PJS 8/4, Mentari Plaza, Bandar Sunway,
46150 Petaling Jaya, Selangor, Malaysia

Tel: (03) 5632 3301
Email: parentcare@mypositiveparenting.org
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SUPPLEMENTS ARE NOT SHORTCUTS TO WELLBEING

WHY PEOPLE TAKE SUPPLEMENTS



Datuk Dr Zulkifli Ismail,
Chairman, Positive Parenting Management Committee

What the expert says…

"As a healthcare professional, I am increasingly concerned by the rising trend of parents relying on pills, gummies, and powders to secure their family's health. While well-intentioned, these products cannot replace the essential, foundational pillars of family wellness: wholesome foods, active play, and restorative sleep."

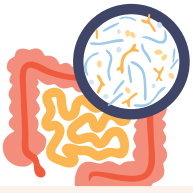
Common types of supplements



Vitamins & minerals: Micronutrients like Vitamin D or iron meant to fill perceived nutritional gaps.



Herbs & botanicals: Plant-based extracts such as ginseng or elderberry frequently used for immune support.



Probiotics: Live bacteria and yeasts marketed to promote gut health and digestion.



Amino acids & proteins: Supplements often targeted at adolescent athletes aiming for muscle recovery.

Perception vs. reality: why people take them

PERCEPTION

Marketing mirage:
Glossy packaging, celebrity endorsements, and exaggerated claims create a false sense of security and promise effortless health.

The convenience trap:
Busy families often view a daily chewable as an easy shortcut to bypass meal planning.

REALITY

The true role:
Supplements are designed to add to—not substitute for—a balanced diet. Their true role is correcting diagnosed deficiencies under medical supervision, not serving as a magic bullet for well-being.

True family wellbeing is built on unglamorous daily pillars: shared whole-food meals, active play, and rest. Supplements can fill a specific gap, but they can never replace a healthy foundation.

RISKS OF UNGUIDED INTAKE



Prof Dr Muhammad Yazid Jalaludin
Senior Consultant Paediatric Endocrinologist

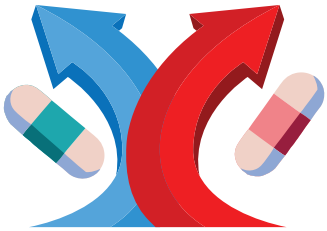
What the expert says…

"Nowadays, I see more families turning to over-the-counter bottles without professional guidance, assuming more is always better. Unfortunately, unguided supplementation carries hidden dangers. Supplements taken without expert oversight pose significant risks such as overconsumption and drug interaction, potentially causing unwanted side effects."

Key risks



Risk of overconsumption:
Exceeding recommended doses of certain vitamins and minerals can lead to toxicity, as some nutrients build up in the body rather than passing harmlessly through.



Interactions with medications and other supplements:
Unmonitored combinations can alter how prescription drugs work, potentially reducing their effectiveness or causing dangerous adverse reactions.



Replacing necessary medications:
Relying on supplements instead of prescribed treatments for medical conditions can delay proper care and severely compromise health outcomes.

Potential side effects



Gastrointestinal distress:
High doses of iron, calcium, or herbal products frequently trigger stomach pain, nausea, cramping, or severe constipation.



Allergic reactions and toxicity:
Poorly regulated botanicals or excessive fat-soluble vitamins (e.g. A, D, E, and K) can cause allergic rashes, liver strain, or organ toxicity over time.



Masking underlying issues:
Popping pills for fatigue or recurring symptoms can delay the diagnosis of serious underlying medical conditions that require professional intervention.

Before adding any pill, powder, or gummy to your family's routine, always consult a qualified healthcare provider to ensure safety and proper dosage.

THE RIGHT WAY TO SUPPLEMENTATION

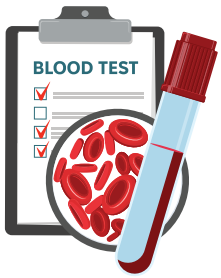


Prof Dr Muhammad Yazid Jalaludin
Senior Consultant Paediatric Endocrinologist

What the expert says…

"I frequently remind parents that supplements should act as a targeted bridge, not a daily guess. Taking them the right way requires medical guidance, precision, and purpose. You need to know why supplements are needed, which ones are needed, as well as when and how to take them. This is why consulting an expert is encouraged before taking supplements."

When children may need supplements



Diagnosed nutritional deficiencies:
Blood tests confirm a lack of specific micronutrients, such as iron-deficiency anaemia or low Vitamin D levels.



Restricted diets or allergies:
Strict elimination diets, severe food allergies, or vegan/ vegetarian lifestyles that eliminate major food groups.



Medical conditions affecting absorption:
Chronic gastrointestinal issues or health conditions that hinder normal nutrient uptake from food.

Appropriate types, timing, and duration



Appropriate types:
Choose pharmaceutical-grade, third-party tested products specifically formulated for a child's age and weight, avoiding megadoses.



When to take them:
Administer supplements alongside appropriate meals (especially fat-soluble vitamins with dietary fats) to maximise absorption and minimise stomach upset.



How long to take them:
Use them strictly as a temporary, finite intervention to correct a verified deficiency, re-evaluating levels with your paediatrician rather than continuing indefinitely.

Supplements can be valuable tools when used correctly, but whole foods and healthy lifestyle habits must always remain the foundation of your family's nutrition.

HEALTHY DIET IS IRREPLACEABLE



Dr Tee E Siong
Nutritionist

What the expert says…

In an era of quick fixes, it is easy to view supplements as nutritional insurance for our children. As a nutritionist, I often remind parents that no pill can ever replicate the complex chemistry of a nourishing meal. Healthy, balanced diet remains irreplaceable as the basis of wellness, on top of other lifestyle factors such as active living and adequate sleep.

Why supplements cannot replace foods





True 'nutritional needs' of children:
Children need macronutrients such as protein, carbohydrates and fats, as well as micronutrients like vitamins and minerals for growth and development. Children also need a variety of other non-nutritional food components in their daily diets. These include many plant nutrients, some of which can function as antioxidants to protect the child. Supplements are not able to provide all the nutrients as well as other food components required by children. A balanced, nutritious diet can meet the true nutritional needs of children.

Synergy of whole foods:
Whole foods provide a complex matrix of macro- and micronutrients, as well as other non-nutritional food components that work together synergistically, something isolated nutrients in supplements cannot replicate.

The illusion of health:
Relying on a vitamin gummy can create a false sense of security, masking poor dietary habits and drawing attention away from genuinely nutritious meals.

How to prevent nutrient deficiencies



Prioritise a balanced diet:
Offer a vibrant, colourful variety of whole foods – including whole grain carbohydrates, lean protein foods, legumes, fruits, vegetables – to naturally cover the true nutritional requirements of children.

Support lifestyle factors:
Ensure children get regular physical activity, adequate restorative sleep, and low-stress environments to optimise nutrient absorption and utilisation.

Consult healthcare professionals:
Before introducing a supplement, partner with a healthcare professional to test for genuine deficiencies rather than guessing your child's needs.

Taking supplements is not a short cut to getting a balanced and nutritious diet, especially for children. Taking nutrient supplements to replace meals is never a wise move.

Some children may need some form of supplements at some time. Parents must consult a healthcare professional such as a nutritionist or paediatrician to find out what supplements are needed, how much to consume them, and for how long such products are needed.

True wellness cannot be bottled. By focusing on whole foods and healthy daily habits, parents can build a strong foundation for their family's lifelong health.



ENDOMETRIOSIS: WHY SEVERE PERIOD PAIN SHOULD NEVER BE IGNORED

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

Many girls and women are told that painful periods are something they simply have to live with. They are encouraged to "be strong", take painkillers, or accept that discomfort is part of womanhood. But for some, the pain is far more severe than normal. It may be a sign of endometriosis, a chronic condition that affects millions of women worldwide.

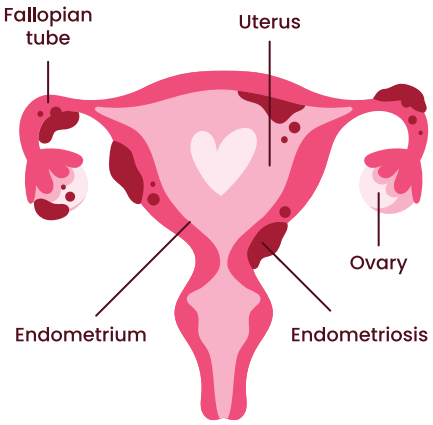
Because symptoms can be mistaken for ordinary menstrual cramps, many women live with the condition for years before receiving the right diagnosis. Early recognition can make a significant difference to quality of life, fertility, and emotional wellbeing.

What is endometriosis?

Endometriosis occurs when tissue similar to the lining of the uterus grows outside the womb. These growths are commonly found on the ovaries, fallopian tubes, bladder, bowel, and the tissues lining the pelvis.

Like the lining inside the uterus, this tissue responds to monthly hormonal changes. It thickens, breaks down, and bleeds during each menstrual cycle. However, because the blood has no way to leave the body, it can cause inflammation, scarring, and adhesions.

Although endometriosis most often affects women during their reproductive years, it can also occur in teenagers. It is estimated that one in 10 women of reproductive age has the condition.





Common symptoms

Symptoms vary from one person to another. Some women experience severe pain, while others have few or no symptoms. Common signs include:

- Severe menstrual cramps that interfere with daily life
- Pelvic pain before or during menstruation
- Pain during or after sexual intercourse
- Pain when passing urine or opening the bowels, especially during menstruation
- Heavy menstrual bleeding or bleeding between periods
- Bloating, diarrhoea, or constipation during periods
- Difficulty becoming pregnant
- Fatigue that affects work, school, or daily activities

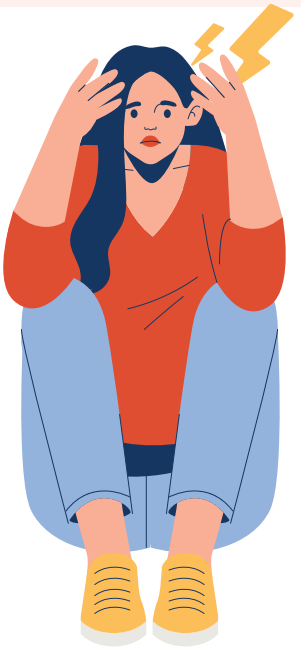
What causes it?



The exact cause remains unknown. Researchers believe several factors may play a role, including genetics, hormones, and the immune system. Possible contributing factors include:

- A family history of endometriosis
- Menstrual blood flowing backwards through the fallopian tubes into the pelvis
- Changes in cells within the pelvic cavity
- Immune system problems that prevent the body from removing misplaced tissue

Endometriosis is not caused by poor hygiene, exercise, or lifestyle choices.



Who is at higher risk?

Certain factors may increase the likelihood of developing endometriosis:

- A mother or sister has endometriosis
- Menstruation started at a young age
- Short menstrual cycles or heavy periods
- Never having given birth
- Certain abnormalities of the reproductive tract

Possible complications

If left untreated, endometriosis can affect many aspects of a woman's life. Complications may include:

- Chronic pelvic pain
- Fertility problems
- Ovarian cysts known as endometriomas
- Scarring and adhesions
- Anxiety, depression, and emotional stress caused by ongoing pain
- Disruption to work, studies, and family life

Many women with endometriosis are able to conceive naturally. Others may need fertility treatment.

Management and treatment



Although there is currently no cure, treatment can successfully control symptoms and improve quality of life. Management may include:

- Pain-relieving medication
- Hormonal treatments to reduce or stop menstruation
- Laparoscopic surgery to remove endometriosis tissue
- Fertility treatment where necessary
- Regular follow-up with a gynaecologist

Support is available

Living with endometriosis can be physically and emotionally exhausting. In Malaysia, **Persatuan Endometriosis Malaysia (MyEndosis)** provides education, advocacy, and peer support for women living with the condition. Connecting with others who understand the challenges can reduce feelings of isolation and encourage women to seek timely treatment.

Painful periods should never be dismissed as something women simply have to endure. When pain is severe, persistent, or interferes with everyday life, it deserves medical attention. Greater awareness among parents, teachers, and healthcare professionals can help girls and women receive an earlier diagnosis. With the right treatment and support, most women with endometriosis can manage their symptoms, protect their health, and continue to lead active, fulfilling lives.

An educational collaboration with

Obstetrical and Gynaecological Society of Malaysia

WHY SAYING "NO" IS ESSENTIAL FOR YOUR CHILD'S DEVELOPMENT

By **Dr Serena In**, Clinical Psychologist



For many parents, saying "no" to a child can feel difficult. We want to protect their feelings and avoid unnecessary conflict, but setting boundaries is an important part of raising emotionally resilient children.

Learning that they cannot always get what they want helps children develop patience, self-control, and the ability to cope with disappointment – essential skills for adulthood.



The psychology behind saying "no"

In recent years, many parents have worried that saying "no" too often might damage a child's confidence. Some parents also feel that saying "no" might reflect that they are being too strict or controlling. While kindness and encouragement are important, experts also agree that children need healthy limits. Boundaries help them feel secure, learn self-control, and understand that not every wish can be granted.



How to say "no" without causing a scene

Refusing a request does not have to result in conflict. Whether your child wants a new toy at the shopping mall or refuses to leave the playground, the way you respond can make all the difference.

- **Stay calm and confident:** Children notice when you hesitate. A calm, confident "no" is easier for them to accept.
- **Accept emotional outbursts:** Tantrums are a normal part of learning to process frustration. Offer comfort while maintaining your boundaries.
- **Stand your ground:** Do not yield to pleading simply to keep the peace. Giving in teaches children that persistent pleading or tantrums will eventually work.

Alternative ways to say "no"

Saying "no" too often can make the word less effective. Parents can guide children effectively using alternative approaches:

- **Provide guidance:** Tell the child what to do instead. If a child jumps on the sofa, explain why it's not a good idea (i.e. to take better care of things), what are the consequences (i.e. having to pay for damages to property) and direct them to play outside.
- **Offer future options:** If your child asks for bubble tea every time you go out, you might say, "*Not today, but we can have it this weekend.*" This teaches patience and that "not now" doesn't always mean "never." Also, explaining the "why" again here is always helpful.
- **Discuss reasons:** If your child asks for another packet of *keropok* or potato chips at the supermarket, explain that the family has a budget or that too many snacks are unhealthy. This helps them understand the reasons behind your decision.

When to use the direct, strict "no"



A direct refusal should be reserved for dangerous, harmful or highly inappropriate actions.

- **Stop immediate danger:** Use a firm command when a toddler runs towards a busy street or reaches for a sharp object.
- **Intervene in physical harm:** Give a firm "no" if a child hits a playmate or hurts themselves.
- **Step in when behaviour affects others:** Apply direct limits when behaviour negatively impacts others.

Connection before correction

It is vital to not tolerate behaviours that are unacceptable rather than rejecting the child. Calling a child "naughty", "useless", or "lazy" is deeply hurtful and encourages them to accept that negative label. Parents must reassure the child that they are loved and capable. This provides the emotional security needed to accept correction and adjust their actions.



Principles over rules

While consistency is vital, parents should avoid defending poor decisions purely out of pride.

- **Adapt to new facts:** If you forbid outdoor play because of predicted rain but the weather stays clear, it is acceptable to relent in the end.
- **Encourage negotiation through leadership:** An older child who wants extra time for games or YouTube after tuition could earn it by finishing homework or helping with household chores.
- **Model humility:** Changing a decision based on altered circumstances teaches children flexibility, cooperation, and humility.

Setting healthy boundaries and expectations

Uncertainty and inconsistency cause anxiety. Clear boundaries make children feel safe because they know exactly where they stand. For example, if screen time ends after homework or tuition, stick to that routine instead of extending it after repeated requests.

Parents should stay consistent while accepting that children may be disappointed or upset. Experiencing these limits early on ensures children are capable of establishing healthy boundaries in adult relationships.

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TEACHING HYGIENE: THE FUN AND EASY WAY

By **Dr Husna Musa**, Paediatrician



Malaysia's hot and humid climate means children sweat easily, spend plenty of time outdoors, and bring home all sorts of germs from school and the playground. Good personal hygiene is one of the simplest ways to keep them healthy. Regular bathing, handwashing, and good oral care help prevent common problems such as skin rashes, fungal infections, tooth decay, and the spread of viruses.

Good hygiene also helps children feel fresh, comfortable, and confident at school and when spending time with friends. By teaching these habits early, parents lay the foundation for a lifetime of healthy routines. Best of all, with a little creativity, these daily tasks do not have to become a constant battle.

The FUN-damentals of good hygiene

A solid foundation in basic cleanliness sets children up for a lifetime of good health.



Handwashing:
Children should wash their hands with soap and water for at least 20 seconds. This practice is crucial after using the toilet, playing at the playground, football field or park, touching animals, coughing, or sneezing.



Dental care:
Introduce brushing twice a day as soon as the first tooth appears. Use a pea-sized amount of child-safe fluoride toothpaste. Parents should assist with brushing until around age five to prevent cavities.



Bathing and body care:
Regular baths or showers remove dirt, sweat, and bacteria. Teach children to clean all areas thoroughly, including underarms, toes, and the genital area. Ensure they dry themselves completely before getting dressed.

Make it visual

Young children process visual cues more effectively than spoken commands.



Create a daily chart tracking key times for handwashing, such as before meals or after school. Children find a sense of accomplishment in ticking off completed tasks.



Conduct a glitter experiment to demonstrate how invisible germs spread. Sprinkle glitter on your child's hands and challenge them to wash it off. They will quickly see that water alone leaves the glitter behind, proving why soap and thorough scrubbing are necessary.



Design homemade posters with your child that illustrate correct bathroom steps. Hanging their artwork near the sink provides a constant, friendly reminder.

Turn hygiene into playtime

Turning everyday tasks into games helps children join in willingly and makes life easier for parents.



Turn handwashing into a musical game. Singing "Happy Birthday" twice or using a favourite pop song ensures children scrub for the full recommended 20 seconds.



Introduce friendly competitions, such as seeing whose hands smell the cleanest or look the brightest after washing.



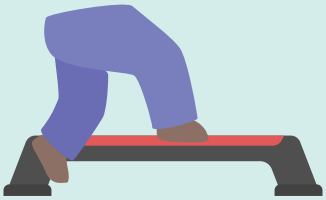
Use positive reinforcement rather than material rewards. A sticker chart on the fridge, praise from Mum and Dad, or letting them choose the bedtime story can be just as motivating as toys or treats.

Give choices, not orders

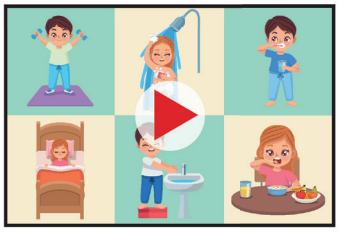
Children are more cooperative when they feel they have control over their environment.



Let your child pick their own supplies. Allowing them to choose a toothbrush with a cartoon character, a brightly coloured towel, or a mild, child-friendly shampoo gives them ownership of the routine.



Set up an accessible washing station. A sturdy step stool and easy-to-reach liquid handwash make the process seamless.



Use video modelling. Showing short educational videos can encourage children to mimic correct hygiene behaviours without feeling forced.

Lead by example

Consistently demonstrating excellent hygiene practices is the most effective teaching tool.



Model good habits openly. Let your children see you washing your hands immediately after returning from work or the supermarket.



Practise strict cough etiquette. Always sneeze or cough into a tissue or your elbow, discard the tissue immediately, and wash your hands.



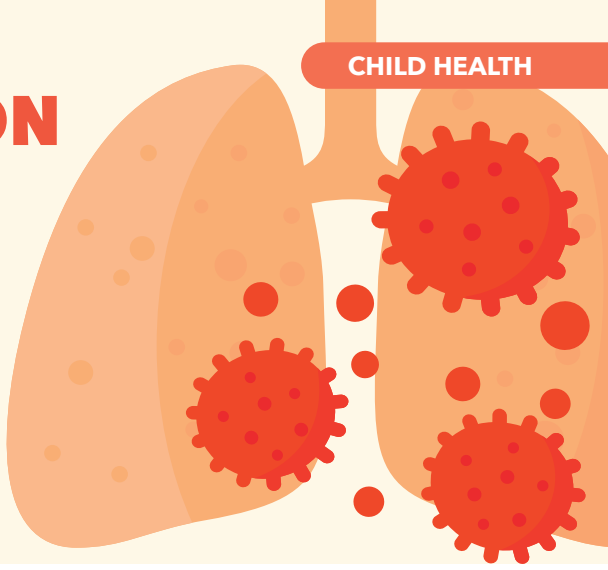
Maintain a clean home environment. Involve children in tidy-up habits like putting away toys, throwing rubbish in bins, and clearing away plates to teach them that hygiene extends to their surroundings.

Good hygiene is about much more than staying clean. It teaches children responsibility, self-care, and consideration for others. By making these daily routines enjoyable instead of stressful, parents can help build healthy habits that last well beyond childhood.

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FIVE MOST COMMON RESPIRATORY INFECTIONS IN CHILDREN



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

Childhood respiratory infections are a normal part of growing up, as young immune systems encounter and learn to fight off new viruses and bacteria. While most illnesses resolve smoothly at home, understanding the distinct characteristics of these frequent childhood conditions can help you navigate cold and flu season with greater confidence.



1. Common cold and rhinitis

What it is:
A mild viral upper respiratory tract infection caused by rhinoviruses, enteroviruses, and others. Children can experience six to 10 colds per year as their immune systems develop.
Key symptoms:
Stuffy or runny nose, mild sore throat, sneezing, mild cough, and low-grade fever.
Care approach:
Focus on supportive comfort measures, including adequate hydration, saline nasal drops, and rest. Avoid over-the-counter cough and cold medications in young children unless explicitly advised by your paediatrician.

2. Croup

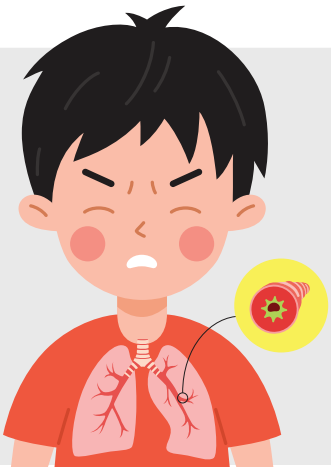
What it is:
A viral infection that leads to inflammation and swelling around the voice box (larynx) and windpipe (trachea), most common in children between six months and three years of age.
Key symptoms:
A characteristic, sharp "seal-bark" cough, hoarseness, and a hoarse whistling sound when breathing in (known as stridor), often worsening at night.
Care approach:
Keep your child calm, as agitation worsens airway narrowing. Exposing the child to cool night air or steam from a hot shower can help ease breathing. Severe cases may require medical evaluation for anti-inflammatory medications. All children with noisy breathing should be checked by a paediatrician.





3. Influenza (flu)

What it is:
A contagious viral respiratory illness caused by influenza viruses that affects the entire respiratory system and causes more systemic body symptoms than a standard cold.
Key symptoms:
Sudden onset of high fever, chills, severe muscle or body aches, intense fatigue, headache, dry cough, and sore throat.
Care approach:
Prioritise rest and hydration. Antiviral medications may be prescribed by a physician if started within the first 48 hours of symptom onset to reduce illness severity and duration.



4. Bronchiolitis

What it is:
Inflammation of the smallest airways in the lungs (bronchioles), most frequently caused by respiratory syncytial virus (RSV). It primarily affects infants and toddlers under two years old.

Key symptoms:
Starts with cold-like symptoms, progressing over a few days to a persistent cough, rapid or laboured breathing, wheezing, and potential feeding difficulties due to shortness of breath.

Care approach:
Supportive home care involves frequent small feeds and nasal suctioning. Close monitoring is essential, as infants can tire quickly from the breathing effort. Hospital admission may be needed in most cases.

5. Pneumonia

What it is:
An infection that inflames the air sacs in one or both lungs, which may fill with fluid or pus. It can be caused by viruses, bacteria, or both.

Key symptoms:
Persistent cough producing mucus, high fever, chills, rapid breathing, shortness of breath, and chest discomfort or pain when breathing or coughing.

Care approach:
Requires professional medical assessment. Bacterial pneumonia is treated with antibiotics, while viral pneumonia is managed with supportive care. The child will most probably need hospital admission.





Beware of red flags!

Certain signs indicate a more serious respiratory illness requiring urgent evaluation or emergency room visits:

Severe breathing difficulty: Noticeable chest retractions (skin sucking in around the ribs or neck), nasal flaring, or grunting with each breath.

Rapid breathing: Consistently fast respiratory rates, especially if accompanied by lethargy.

Cyanosis: A bluish tint around the lips, tongue, or nail beds, indicating low blood oxygen levels.

Dehydration: Inability to keep fluids down, significantly fewer wet diapers, or crying without tears.

Extreme lethargy: Difficulty waking up, lack of eye contact, or unresponsiveness.



Prevention strategies & immunisations

Proactive prevention is your best defence against severe respiratory illness:

Basic hygiene habits: Frequent handwashing with soap and water, teaching children to cough into their elbows, and regular disinfection of high-touch household surfaces.

Pneumococcal conjugate vaccine (PCV): Protects against invasive bacterial pneumococcal infections, pneumonia, and ear infections.

Annual influenza vaccine: Recommended for all children aged six months and older to reduce flu-related illness and hospitalisation.

RSV immunisation: An emerging preventive option designed to protect high-risk infants and young children from severe bronchiolitis and RSV complications.

Consult your doctor to learn more about available vaccination options for your loved ones.

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HFMD: WHEN TINY BLISTERS CAUSE BIG WORRIES



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

On Monday morning, four-year-old Adam seemed unusually quiet. He pushed away his breakfast and complained that his throat hurt. His mother, Aina, felt his forehead – slightly warm, but nothing alarming. By evening, Adam was refusing even his favourite noodles. When Aina looked inside his mouth, she noticed several small ulcers.

The next morning, red spots appeared on his palms and soles. "Is this chickenpox?" she wondered. The doctor confirmed what many parents have come to recognise: **hand, foot, and mouth disease**, *better known as HFMD. And then Aina received calls from the nursery that several other children were sick and also diagnosed with HFMD.*

More than just a rash

HFMD is a contagious viral infection caused by a group of enteroviruses, commonly coxsackieviruses and Enterovirus A71 (EV-A71). It mainly affects children below five years of age, although older children and adults can also become infected.

HFMD occurs throughout the year in Malaysia, particularly in childcare centres, kindergartens and other settings where young children interact closely. In 2025, Malaysia recorded **268,343** cases, more than three times the 80,964 cases reported in 2024. No HFMD-related deaths were reported that year.

Despite its name, the rash is not always limited to the hands and feet. Spots or blisters may also appear around the mouth, knees, elbows, buttocks, or genital area. Different viruses can cause HFMD, so having it once does not provide lifelong protection. A child may therefore develop HFMD more than once.

Spotting the symptoms

Adam's illness followed a typical pattern, with symptoms occurring three to seven days after exposure to virus. HFMD often begins with fever, sore throat, tiredness, poor appetite, or irritability, followed by painful ulcers that appear inside the mouth, particularly on the tongue, gums, cheeks, or back of the throat. A red, flat or blister-like rash commonly appears on the palms and soles and may spread to other areas. The mouth ulcers are often the most troublesome. A thirsty child may take one sip and immediately cry because swallowing hurts. They may not be able to explain the pain; instead, you see them drooling, refusing food, or becoming cranky.



When HFMD becomes concerning

Most children recover within **seven to ten days** without specific medical treatment. However, "usually mild" should not mean "ignore completely." The most common complication is dehydration because painful ulcers make drinking difficult. Parents should seek medical attention if their child passes much less urine, has a dry mouth, cries without tears, appears unusually sleepy, or cannot keep fluids down.

Rarely, certain viruses that cause HFMD, particularly EV-A71 may affect the brain, lungs, or heart. Warning signs include persistent vomiting, abnormal sleepiness, severe headache, limb weakness, breathing difficulty, or seizures. These require urgent medical assessment.

Helping your child recover

HFMD is viral, so antibiotics do not cure it. For Adam, the priority was comfort and hydration. His mother offered frequent small sips of cool water, milk, and oral rehydration solution. Soft, cool foods are usually easier to tolerate. Paracetamol or ibuprofen may be given for pain or fever. Aspirin should be avoided for children. Numbing mouth preparations should not be used without medical advice, as some may be harmful to young children.

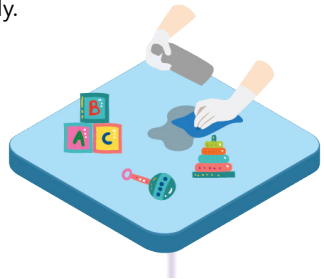
Stopping the spread

HFMD spreads through saliva, nasal secretions, respiratory droplets, blister fluid, and faeces. Children are most infectious during the first week, but the virus may remain in their stools for several weeks.

1. Handwashing with soap and water is essential after toileting and changing nappies, and before preparing food.



2. Frequently touched surfaces such as toys, tabletops, and doorknobs should be cleaned regularly.



3. Cups, utensils, towels, and toothbrushes should not be shared.



4. Children who are unwell should remain at home according to their doctor's advice and local childcare requirements.



EV-A71 vaccines are available in China, but they only protect against the EV-A71 virus type. They do not cover other causes of HFMD and are not part of Malaysia's routine childhood programme yet.

A week later, Adam was eating and playing again. For Aina, the episode was a reminder that HFMD is often manageable when parents focus on hydration, hygiene, and warning signs.

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HFMD

WHEN TINY BLISTERS CAUSE BIG WORRIES

As of Epidemiological Week 17 in 2025,
Malaysia recorded

99,601

HFMD cases nationwide,
nearly 300% increase compared to the same period in 2024.[2]

What is HFMD?

HFMD is a contagious viral infection caused by a group of enteroviruses, commonly Coxsackieviruses and Enterovirus A71 (EV-A71).[3,5]

It mainly affects children below five years of age, although older children and adults can also become infected.[4]

Spotting the symptoms[4]



Fever



Sore throat



Tiredness



Poor appetite



Painful mouth ulcers



Red or blister-like rash on the hands and feet

How does HFMD spread?[4]



NOSE & THROAT SECRETIONS
- Saliva
- Nasal mucus



DROPLETS
- Coughing
- Sneezing
- Talking



BLISTER FLUID
Contact with infected fluid



FAECES
Contact with infected stool

How to prevent the spreading of HFMD?

1. Wash hands with soap and water regularly.
2. Clean frequently touched surfaces, toys, and tables regularly.
3. Do not share cups, utensils, towels, or toothbrushes.
4. Keep sick children at home and follow your doctor's advice.

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FROM "I GIVE UP" TO "I'LL KEEP TRYING": BUILDING PERSISTENCE IN CHILDREN

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



Imagine this: Your child begs for piano lessons, then quits after two weeks. They sign up for football training, then refuse to go back after losing their first match.

Sound familiar? Many parents watch their children abandon new skills, hobbies, or challenges almost as soon as things get hard – and it can be frustrating, even worrying. If they can quit so easily at the first sign of friction, then how will they make it through all of life's hardships?

The good news is that quitting quickly usually isn't a character flaw; it's a set of learnable habits, and it can be unlearned with the right support at home.

Understanding root causes



Discomfort of the learning curve: Every new skill starts with feeling clumsy and incompetent. For a child who is used to things coming naturally, that awkward beginner stage can feel unbearable – so they look for the exit instead of pushing through it.



Fear of failure: Some children equate mistakes with being bad at something, rather than seeing errors as part of the learning process. If a child sees failure as a reflection of who he is, quitting can feel safer than risking disappointment.



Instant gratification: Kids raised in a world of on-demand videos, one-tap games, and quick rewards can struggle when progress is slow and effort doesn't pay off immediately. Waiting weeks to see improvement in swimming or maths can feel pointless compared to the instant hit of a screen.



Parental intervention: When a parent consistently swoops in to fix a jigsaw puzzle, finish a homework problem, or solve a friendship dispute, the child never gets to practise sitting with difficulty – and never discovers they can push through it themselves.



How to stop this

Break big goals into small ones
A goal like "get better at badminton" is broad. Instead, break it down:

- Week 1: Learn the correct grip.
- Week 2: Rally with a parent or friend five times without missing.
- Week 3: Play a short game using what they've learned.

Each small success builds confidence and encourages children to keep practising, even when they don't get everything right straight away.

Normalise struggle
Say it out loud, often: "*This is supposed to feel hard right now – that's how you know you're learning.*"

Share your own stories of struggling before improving. When struggle is expected rather than alarming, children are less likely to read difficulty as a sign to stop.

Use specific praise
Swap generic praise for specific, effort-focused feedback:

Instead of...	Try...
"Good job!"	*"I noticed you kept trying even after you got it wrong the first two times."*
"You're so smart."	*"You worked out a new way to solve that – that's smart problem-solving."*



Specific praise tells a child exactly which behaviour worked, so they know what to repeat when things get tough next time.



Don't help too early or too often
Before jumping in, pause and ask: "*Does my child actually need help, or just a moment to struggle a bit longer?*"

Try a simple rule – wait, watch and only step in if your child is truly stuck or distressed, not just uncomfortable.

A quick self-check for parents
Ask yourself before intervening:

- Is my child in genuine distress, or just frustrated?
- Have I given them at least a few minutes to work it out alone?
- Am I about to solve this for them, or guide them to solve it themselves?

Helping children push through the early, uncomfortable stage of learning – rather than rescuing them from it – is one of the most valuable gifts a parent can give.

It's not about being harder on your child; it's about trusting them with just enough struggle to grow.

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HAZE: PROTECT YOUR KIDS

Haze is an airborne mixture of pollutants that include soot particles, carbon dioxide and other toxic gases.

Haze can bring about breathing difficulties and allergies, especially in children, elderly and those with respiratory problems (asthma).



Here's how you can minimise your risks:



Stay indoors and limit outdoor activities as much as possible.



Keep your doors and windows closed.



Always use a mask when the haze is bad.



Maintain hydration by drinking water regularly.



Consult a doctor if your child faces difficulty breathing, has a cough/chest pain or teary eyes.

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Every Child Deserves the Freedom to Focus on Childhood –

NOT DAILY TREATMENT ROUTINES



What is growth hormone deficiency (GHD)?[2,3]

GHD occurs when a child's body does not produce enough growth hormone, leading to slower growth.

Recognize the signs of growth hormone deficiency (GHD) in children

The **most common symptom** of GHD in children is that the child is **significantly shorter** than children of the same age[1]

Other symptoms of GHD in children include:[1]

1. Face appears younger than children of the same age
2. Mild to moderate chubbiness
3. Slow tooth and hair growth

Regular pediatric check-ups help doctors track your child's growth using growth charts and identify possible GHD[4]

If your child has GHD, what comes next?

If your child is diagnosed with GHD, their doctor may recommend growth hormone treatment, which is given by injection.[5,6]



Concerned about your child's growth?

Speak to a doctor for advice. Early assessment and treatment can make a difference in your child's life![7,8]

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