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FACULTY OF MEDICINE & HEALTH SCIENCES

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MEDICAL FMHS

Little Lives Big Care

Physical & Infectious Illness

Learning & Development Conditions

Parenting & Everyday Care

Community & Support

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INSIDE

FACULTY PROFILE

UNIMAS
UNIVERSITI MALAYSIA SARAWAK

FACULTY OF
MEDICINE & HEALTH SCIENCES

Vision

A Global Leader in Medicine and Health Sciences Education.

Mission

To enhance the health and well-being of the global community through the pursuit of excellence in teaching, research, and strategic collaboration.

FOREWORD

Dear readers,

It is a great pleasure to see the fourth issue of ATRIA. Each edition of ATRIA has sought to highlight topics that matter deeply to our community, and this issue is no exception. In this edition, we turn our attention to those who represent our future our children.

The theme, *"Little Lives, Big Care"*, reminds us that the health and well-being of children require more than medical treatment alone. It calls for a collective commitment from families, healthcare professionals, educators, and communities to ensure that every child has the opportunity to grow, learn, and thrive.

Within these pages, readers will find a diverse collection of articles covering childhood illnesses, learning and developmental issues, parenting and caregiving, as well as the importance of early screening and timely intervention. Together, these topics highlight the many dimensions of child health and the vital role that prevention, awareness, and compassionate care play in shaping healthier futures.

At the Faculty of Medicine and Health Sciences, we remain committed to advancing health through education, research, and community engagement. By fostering greater understanding of children's health needs, we hope to contribute towards a society where every child receives the care and support they deserve.

I extend my sincere appreciation to the editorial team and all contributors for their dedication in producing this issue of ATRIA. I hope this edition informs, inspires, and reminds us of the profound responsibility we share in caring for the youngest members of our society. For in every child we nurture today lies the promise of a healthier and brighter tomorrow.

Happy reading.

Prof. Dr. Asri bin Said
Dean

Dear Readers,

This issue brings **Little Lives, Big Care** into focus, reminding us how thoughtful care can make a lasting difference in a child's life. Caring for children is not merely about treating illness; it is about nurturing growth, protecting potential, and shaping healthier futures.

There is a well-known saying, ***"It takes a whole village to raise a child."*** In medicine, that village extends far beyond the clinic walls. It includes families, communities, educators, nurses, doctors, allied health professionals, policymakers, and advocates; each playing a vital role in supporting a child's wellbeing. When this village stands united, care becomes comprehensive, compassionate, and sustainable.

This issue not only explores clinical insights and innovations, but also highlights parent sharing; powerful narratives that remind us of lived experiences, resilience, and the value of partnership in care.

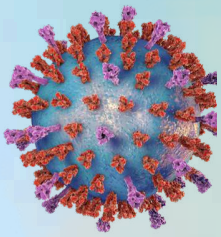
As you read through this issue, we hope it gently reminds you that every role matters, and that your care, compassion, and commitment can make a meaningful difference in a child's life.

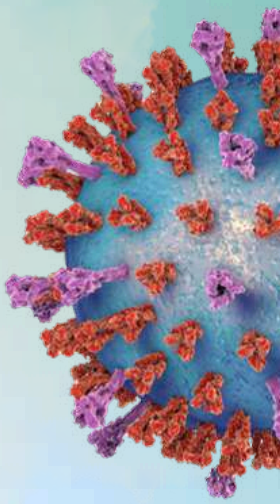
Together, let us continue offering big care to the little lives who trust us most.

Amelia Mohamad
Chief Editor

Respiratory Syncytial Virus Infection in Children: Epidemiology, Seasonality, Severity and Prevention

Assoc. Prof. Dr. Janet Hii Lin Yee
Paediatrician





Respiratory Syncytial Virus (RSV) is a major cause of bronchiolitis and pneumonia in children under 5 years of age. Although infections are often mild and self-limiting, RSV remains a leading cause of hospitalisation in infants, particularly among those with underlying risk factors.

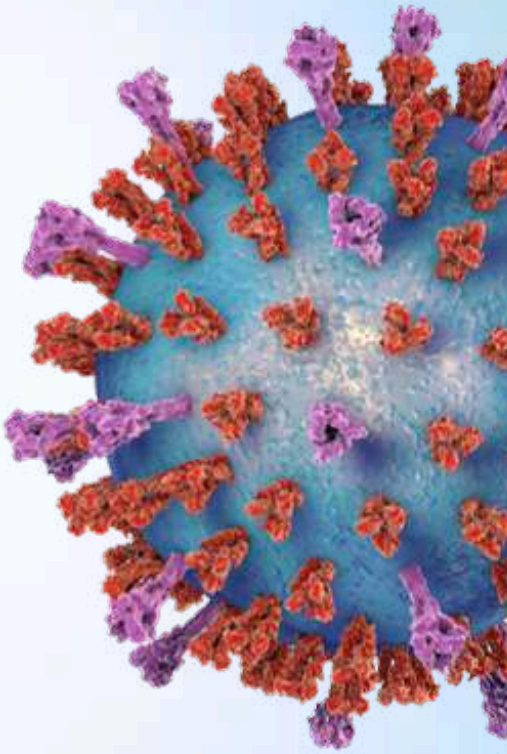
Virology

RSV is an enveloped RNA virus belonging to the Pneumoviridae family, with two subtypes A and B. It primarily infects respiratory epithelial cells, leading to inflammation, mucus hypersecretion, and airway obstruction. Transmission occurs via respiratory droplets, direct contact, or contaminated surfaces, contributing to its high infectivity in both community and healthcare settings.

Epidemiology and Seasonality

Globally, RSV accounts for approximately 3.6 million hospitalisations and 100,000 deaths annually among children under five years of age, with the greatest burden in low and middle-income countries. In Malaysia, RSV predominantly affects children below two years, with peak incidence between 8 to 12 months of age.

Seasonality varies geographically. In temperate regions, RSV peaks during late autumn and winter, whereas in tropical countries such as Malaysia, infections occur throughout the year with increased activity during rainy or monsoon seasons. In Sarawak, local epidemiological data remain limited, highlighting the need for improved surveillance and regional studies to better characterise disease burden and seasonal trends in East Malaysia.



Clinical Severity and Risk Factors

Clinical manifestations range from mild upper respiratory tract symptoms (rhinorrhoea, cough, fever) to severe lower respiratory tract disease such as bronchiolitis and pneumonia. Severe cases may present with hypoxaemia, apnoea, and respiratory failure requiring ventilatory support. Risk factors for severe disease include prematurity, age below three months, haemodynamically significant congenital heart disease, chronic lung disease of prematurity, immunodeficiency, and neuromuscular disorders.

Prevention and Immunoprophylaxis:
As treatment remains largely supportive, prevention is critical. General measures include hand hygiene, breastfeeding, avoidance of tobacco smoke exposure, and limiting infant exposure to crowded environments during peak seasons.

Recent advances in immunoprophylaxis have transformed RSV prevention:

Maternal RSV vaccination (Abrysvo): Administered during late pregnancy (32–36 weeks), provides passive immunity via transplacental antibody transfer. Clinical trials demonstrate approximately 70–80% reduction in severe RSV disease in infants.

Nirsevimab (Beyfortus): A long-acting monoclonal antibody given as a single intramuscular dose before or during RSV season for all infants. It provides sustained protection and reduces RSV-related hospitalisation by 75–82%.

Palivizumab (Synagis): A short-acting monoclonal antibody administered monthly to high-risk infants (5 doses), reducing hospitalisation by 5.8% in preterm infants and 4.4% in those with congenital heart disease, but limited by cost and repeated dosing.

As of late 2025, the American Academy of Paediatrics (AAP) no longer routinely recommends Palivizumab, favouring long-acting agents such as Nirsevimab, **while no RSV vaccines are currently licensed for toddlers or older children**, and prevention remains focused on infants.

RSV remains a leading cause of morbidity and mortality in young children worldwide. While most infections are mild, severe disease occurs in vulnerable infants. Advances in maternal vaccination and long-acting monoclonal antibodies offer promising opportunities to reduce RSV burden. Understanding seasonality patterns is essential for timing preventive strategies.

Diarrhoea in Children Under Five: What Parents and Caregivers Need to Know

Assoc. Prof. Dr. Deburra Peak Ngadan
Public Health Medicine Specialist

Diarrhoea is common among children under five, who are at greater risk of dehydration due to rapid fluid loss. Most cases can be safely managed at home when caregivers are aware of early symptoms and know what steps to take. The Ministry of Health Malaysia (MOH), in line with the World Health Organization (WHO) IMCI guidelines, provides clear recommendations to support families in caring for young children with diarrhoea (Ministry of Health Malaysia, 2019).

Prevention: What Parents and Caregivers Can Do:

- Practise frequent handwashing, especially before meals and after changing nappies.
- Ensure safe food handling, proper cooking, and correct storage.
- Provide only clean drinking water, preferably boiled or treated.
- Continue breastfeeding, which lowers the likelihood of infection.
- Keep feeding equipment thoroughly clean at all times.
- Ensure children receive all recommended vaccinations, particularly the rotavirus vaccine.

Managing Mild Dehydration at Home

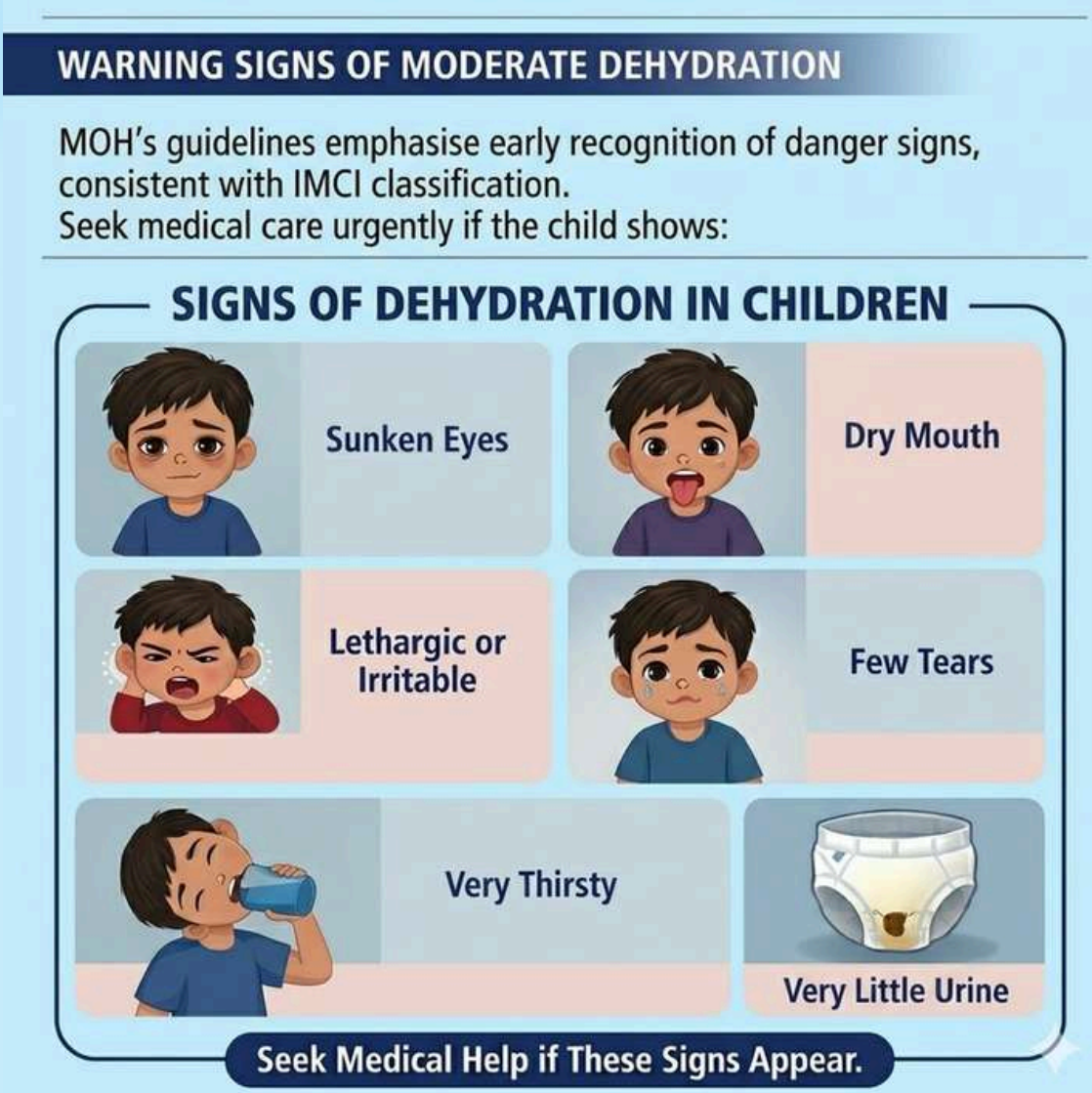
The Ministry of Health (MOH) emphasises oral rehydration therapy (ORT) as the key treatment for diarrhoea in children (Ministry of Health Malaysia, 2019).

Caregivers should:

- Offer Oral Rehydration Solution (ORS) in small, frequent sips.
- Continue normal feeding or breastfeeding.
- Provide zinc supplementation, which helps repair the gut lining, strengthens immunity, reduces stool output, and shortens the duration of illness (World Health Organization, 2014)
- Avoid sugary drinks, cordials, and herbal tonics.
- Monitor urine output, as fewer wet diapers may suggest worsening dehydration.

Why Zinc Helps: A Quick Insight

- Zinc supports faster recovery of the intestinal lining, reducing “leakiness” during diarrhoea (Park, 2025).
- A WHO-commissioned review in 2024 showed zinc shortens the duration of diarrhoea by an average of 13 hours (Ali et al., 2024).
- It also boosts immunity and helps prevent future episodes (Iqbal et al., 2025).
- Zinc is especially beneficial for malnourished children, who are more likely to be deficient (Park, 2025).



These signs often reflect 5–10% dehydration (Malaysian Paediatric Association, 2019)

When to Go to Hospital

Immediate medical care is required if a child has:

- Bloody diarrhoea, persistent vomiting, high fever, or IMCI danger signs (World Health Organization, 2014)
- If the child is alert, feeding well, passing urine normally, and generally active, home care is usually appropriate. However, when in doubt, seek medical attention early.

"CTEV: WHAT PARENTS NEED TO KNOW"

Prof. Dr. Mohd. Anuar Ramdhan bin Ibrahim
Paediatric Orthopedic

Patient's Mom: Doctor, may I know what CTEV is?
Doctor: CTEV stands for Congenital Talipes Equinovarus. It is a common foot deformity seen in babies. The condition is characterised by the forefoot being supinated and adducted, the midfoot having a cavus deformity, and the hindfoot being in varus and equinus.

Patient's Mom: I see. Can it be inherited?
Doctor: Yes, there can be a genetic component, so it may run in families.

Patient's Mom: Can patients with CTEV walk?
Doctor: Yes, they can walk. However, the deformity remains if untreated. They may bear weight on the lateral side of the foot, or in severe cases, walk on the dorsum of the foot.

Patient's Mom: Oh, then how do we treat this condition?
Doctor: Once the diagnosis of CTEV is confirmed, we start treatment early to correct the deformity.

Patient's Mom: Do you mean surgery?
Doctor: Not initially. The first-line treatment is non-surgical. We use a method called Ponseti casting, which involves serial manipulation and casting of the foot, usually performed weekl

Patient's Mom: How often is the casting done?
Doctor: The manipulation and casting are usually performed weekly until the deformity, especially the forefoot and midfoot, is corrected.

Patient's Mom: What about the hindfoot deformity?
Doctor: The hindfoot varus is corrected together with the forefoot. However, the equinus deformity may require a minor procedure called a tendo-Achilles tenotomy if the tendon is tight.

Patient's Mom: I've heard about a CTEV brace. What is that?
Doctor: It is called a foot abduction brace. It is used to maintain the correction after the deformity has been treated.

Patient's Mom: What is the success rate of Ponseti casting?
Doctor: It varies between centres, but overall, the success rate is very high and can approach nearly 100% with proper compliance.

Patient's Mom: Thank you, doctor.
Doctor: You're welcome.

Dr. Haironi Yusoff
Public Health Practitioner

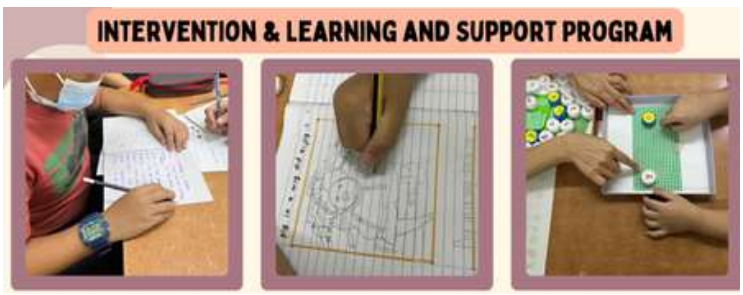
Dyslexia is a specific learning disability that affects the brain's ability to process written and spoken language. Children with dyslexia often struggle with reading, spelling, and writing because they find it difficult to recognise letters, link them to sounds, and decode words accurately. These challenges arise from neurological differences rather than a lack of intelligence. Early signs of dyslexia may include delayed speech, difficulty pronouncing certain sounds, weak phonemic awareness, trouble learning and connecting alphabet letters, difficulty rhyming, and poor spelling or handwriting. Identifying these signs early is crucial, as timely intervention can significantly improve a child's learning progress.

Understanding Dyslexia: Assessment, Intervention, and the Role of the Dyslexia Association of Sarawak

Dyslexia risk assessments are crucial for early detection and tailored educational support to mitigate the impact of dyslexia on learning.

Assessing dyslexia involves systematic screening by trained professionals. The Dyslexia Association of Sarawak (DASwk) conducts assessments using the Pearson Assessment Kit. Children are typically referred by parents, teachers, or medical officers when they exhibit early indicators of reading difficulties. Once diagnosed, children are enrolled in a three-month intervention programme, supported by a special arrangement with the Department of Education that allows them to attend sessions during school hours. Pre and post-assessments ensure that progress is measured objectively and consistently.

Founded in 2008, DASwk plays a central role in supporting children with dyslexia and raising public awareness. As a non-profit organisation, it offers risk assessments, structured intervention programmes, learning support sessions, and training for teachers and caregivers. The association also organises recreational activities, collaborates with institutions for research, and depends largely on government grants and public donations to sustain its operations. While services are mainly concentrated in urban areas, targeted outreach efforts have been successfully carried out in Bakalalan, Bario, Belaga, and Henry Gurney School.



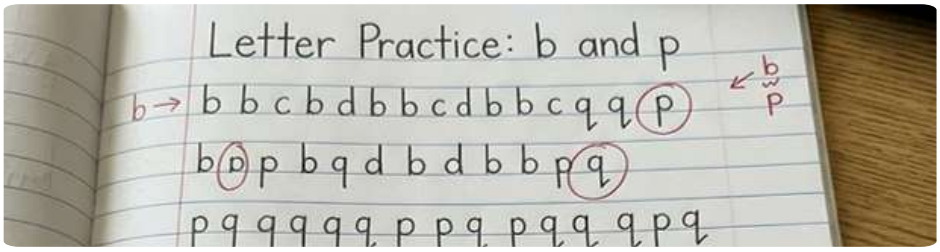
Effective dyslexia intervention programs include daily intensive sessions in Bahasa Melayu, English, and Mathematics to enhance language and numerical skills. Follow-up classes for language and math to further reinforce learning.

To date, DASwk has assessed 756 students, with 45% confirmed to have dyslexia. The intervention programme records an impressive 90% success rate, demonstrating the effectiveness of early identification, structured support, and committed collaboration among parents, educators,and specialists.

Understanding Dyslexia: Why Early Detection Makes a Difference

I still remember the first time I met children with dyslexia during my research work a few years ago. At that time, I observed that these children were active, cheerful, and interacted normally with their peers. However, when it came to reading activities, the situation was noticeably different. Many of them struggled to recognise letters and sounds. Some were confused between letters such as b and d, while others frequently misspelt simple words.

For individuals who do not experience reading difficulties, these mistakes may seem surprising. We often assume that recognising letters and pronouncing words is simple and natural. However, for children with dyslexia, the process of decoding written language is far more challenging. Dyslexia is not related to intelligence or lack of effort; rather, it is linked to differences in how the brain processes language and reading-related information.



Early detection of dyslexia is essential. Children diagnosed early can receive appropriate intervention, such as structured reading programmes and tailored learning support, which can significantly improve their reading skills and academic confidence. Unfortunately, some children are diagnosed late. This delay is often caused by limited awareness among parents and educators, as well as the lengthy diagnostic process. In many cases, children must undergo several clinical assessments and experience long waiting periods at hospitals or specialised centres before receiving a formal diagnosis.

Recent developments in cognitive neuroscience offer promising opportunities to improve early detection. One approach explored in my research involves brain signal measurements, particularly electroencephalography (EEG), to study how the brain responds to visual and auditory stimuli related to reading. By examining differences in brain signal patterns, researchers may be able to identify early neural markers associated with dyslexia.

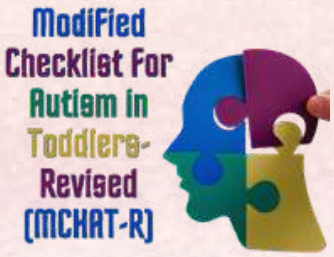
These neuroscience-based approaches have the potential to complement traditional behavioural assessments and potentially support earlier identification of at-risk children. With earlier detection, appropriate intervention can be provided sooner, helping more children overcome reading difficulties and reach their full learning potential.

Dr. Siti Atiyah Ali
Cognitive Neuroscience

Spotting Autism Early: The Crucial Role of Parents in Early Detection

Assoc. Prof. Dr. Liu Yu Chun
Family Medicine Specialist

Autism Spectrum Disorder (ASD), commonly referred to as autism, is increasingly diagnosed in Malaysia (Shair et al., 2024). It is a neurodevelopmental disorder characterized by impairments in social interaction, communication, and behaviour. Early diagnosis and timely intervention are crucial for improving developmental outcomes in affected children (Ministry of Health Malaysia, 2016).



Parents play a central role in the early detection of ASD (Clintberg et al., 2026), as they are best positioned to observe their child's development and behaviour over time. Parental concerns have been shown to be valid predictors of autism (Ozonoff et al., 2009).

Several screening tools, such as the Modified Checklist for Autism in Toddlers (M-CHAT) and the Social Communication Questionnaire (SCQ), are available for ASD screening. In Malaysian government health clinics, autism screening is conducted during routine child health visits at 18 and 24 months of age using the M-CHAT, a well-validated screening tool (Ministry of Health Malaysia, 2016). The M-CHAT is a 23-item parent-completed questionnaire that relies on caregivers' observations of their child's behaviour and development. As such, the effectiveness of screening depends heavily on accurate and honest parental reporting. Parents who have difficulty understanding the M-CHAT items should seek clarification from healthcare staff.

Children who fail the M-CHAT are referred for further clinical assessment. However, failing the M-CHAT does not confirm a diagnosis of ASD, as its symptoms may overlap with other disorders. A definitive diagnosis can only be made by trained health professionals following a comprehensive assessment, including detailed history, behavioural observation, and formal psychometric evaluation.

Parents who have concerns about their child being autistic before scheduled screening should seek early assessment by a doctor. Similarly, parents who continue to have concerns even after their child passes the M-CHAT could still seek doctor's assessment. Early referral is essential, as the average interval between initial parental concerns and formal ASD diagnosis has been reported to be approximately 26 months (Snijder et al., 2022).

In conclusion, early detection of ASD depends largely on parental awareness, vigilance, and proactive engagement with healthcare services.

Matching and sorting skill

Music training

Gym training

Living skill - folding cloth

Gym training

Reading and writing skill

Beadwork training

Sensory room - ball pool

Kimberly Sim
Centre Operations Manager
Kuching Autistic Association

The Needs And Support For Children With Autism And The Role Of Kuching Autistic Association

Children with autism experience the world in unique ways. Many face challenges in communication, social interaction, behaviour, and adapting to daily routines. Without appropriate support, these challenges can affect their learning journey, independence, and future employment opportunities. With early intervention and structured guidance, however, children with autism can develop essential life skills and grow into confident, capable individuals.

The Kuching Autistic Association (KAA) was established to respond to these needs within the community. Guided by its vision to assist people with autism to achieve their fullest potential as independent and productive members of society, KAA provides specialised educational and training programmes tailored to different stages of life.

KAA places strong emphasis on early identification and early intervention, focusing on developing social, communication, and adaptive skills. These foundational programmes help prepare preschool children for integration into the school system. As students progress into adolescence and young adulthood, KAA offers prevocational and vocational training to nurture independence and build pathways towards meaningful employment.

Beyond direct intervention, KAA recognises the vital role of families and educators. The association conducts training programmes, seminars, and support groups to equip caregivers with practical coping and management skills. As a resource centre and advocacy body, KAA also works to raise public awareness and encourage greater community understanding and inclusion of individuals with autism.

Through education, training, family empowerment, and advocacy, KAA continues to make a lasting impact within Kuching and Samarahan area - ensuring that individuals with autism are given the opportunity, support, and dignity to lead fulfilling and productive lives. The association welcomes collaboration with universities, researchers, and community partners to further strengthen inclusive practices and expand opportunities for individuals with autism to thrive.

Gym room

From Communities to Classrooms: Early Detection for Childhood Hearing Loss

Ashyqqeen binti Azhar
Clinical Audiologist

In a bustling classroom in Sarawak, five-year-old Armin has long been known as "the dreamer." Seated at the back, he often appears inattentive and slow to respond to instructions. His speech is unclear and he relies on gestures when he cannot be understood.

But Armin is not dreaming. He is missing pieces of the world around him.

Stories like his reflect a larger reality. In line with World Hearing Day 2026's theme, "From Communities to Classrooms: Hearing Care for All Children," it highlights the urgent need for accessible hearing care. Too often, a "wait and see" approach delays intervention, risking a child's development, communication and learning potential. Early screening must begin in communities and continue into classrooms.

Early Hearing Screening: Otoacoustic Emission (OAE)

Through community and school-based programmes, children who might otherwise be overlooked can be identified early and referred for appropriate care. One widely used screening tool is Otoacoustic Emission (OAE). This quick and non-invasive test measures the response of the inner ear's outer hair cells to sound, providing a simple "pass" or "refer" result.

Pass or Refer Results: What's Next?

A "pass" result indicates that hearing is likely within normal limits, though parents should continue monitoring speech and language development. A "refer" result requires further assessment such as play audiometry or auditory brainstem response (ABR) to confirm hearing status and medical management.

Why Early Action Matters?

Hearing is the foundation of speech, language, and social development. When hearing loss goes unaddressed, it can lead to frustration, withdrawal and long-term educational challenges. The encouraging reality is that nearly 60% of childhood hearing loss is preventable, often linked to infections or noise exposure. No child should be left behind simply because their hearing loss was not identified in time.

Elvie Anak Alison
Speech-Language Therapist

PLAY, CONNECT & GROW

In early childhood, play is the key activity that supports a child's growth. Play helps children develop in many important ways, especially in their speech and language skills. Through play, children build confidence, resilience, independence, curiosity, and self-esteem. When children play, they explore their environment, which strengthens their problem-solving skills and creativity. Research also shows that infants who hear more child-directed speech during play recognise familiar words more quickly and accurately, making it easier for them to learn new words and expand their vocabulary (Weisleder & Fernald, 2013).

FAQ:

Why should I go for speech therapy when the therapist only plays with my child?

The American Academy of Paediatrics (AAP) explains in its report "The Power of Play: A Paediatric Role in Enhancing Development in Young Children," that play is incredibly important for young children because it helps them develop healthy brains, strong bodies, and positive social connections. The report also encourages paediatricians to give parents a "prescription for play" during well-child visits.

Tips and Tricks for Parents

- Turn play into something fun and interactive.
- Spend about 15-30 minutes of quality time daily.
- Be PRESENT with your child.
- Put away all distractions.

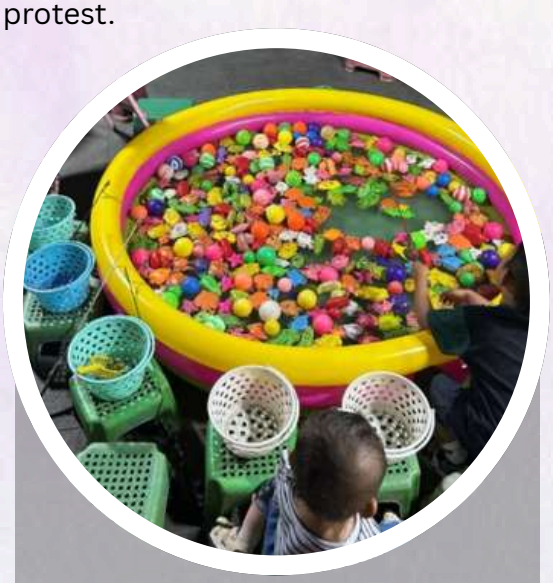
Helpful Play Strategies for Parents

Talk more, reduce questions

Questions can pressure the child, while talking/ commenting keeps the play going. Talk about what captures a child's interest. Talk about what parents are doing. Use simple and short utterances. Attract a child's attention by making sounds related to the object or singing.

Sabotage

Try adding an intentional "oops" moment during play to prompt your child to use their words—this may lead them to request, comment, or protest.



Verbal praise

A positive reinforcement technique to increase a child's motivation to do a desired task, boost confidence, build rapport and shape the attitude.

Examples: (1) Good try! (2) Thank you for waiting. (3) Fantastic!

Wait

Be on eye-level with your child, give an expectant look and wait for the child's response. By giving the child's waiting time, we are allowing the child to process the information. This technique is important to get the child's participation.

THE ART OF COMPASSION AND CREATIVITY

Ross Azura binti Zahit
Clinical Psychologist

Imagine a world where a child's unique neurological wiring is seen as a different operating system rather than a broken circuit. For many families, navigating the landscape of neurodiversity feels like decoding a language without a manual.

The Heart of Compassionate Care

In pediatric mental health, behaviour is rarely the problem because it is the communication of an unmet need. True care begins when we stop seeing a child as a set of symptoms to be managed and instead look at every difficult behaviour as a cry for help or a request for connection. Compassionate care means meeting a child exactly where they are and providing a safe space for them to exist without judgment. When we lead with empathy, we build a bridge of trust that allows for genuine growth and emotional safety.

Healing Through Expression

Play and art are the primary ways children understand their surroundings and express their inner worlds. These therapies are essential because they allow children to communicate feelings they might not yet articulate (Vaisvaser et al., 2024). Play therapy creates a safe environment where children act out anxieties and learn coping skills through their imagination. Similarly, art therapy provides a tactile way to externalize internal struggles and celebrate unique perspectives. Both methods prioritize the emotional bond between the therapist, child, and family over clinical metrics.

Supporting the Family through Sarawak Mandala

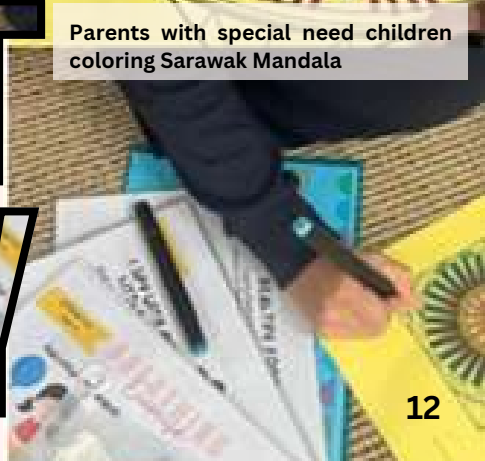
Caring for a child with special needs is a path of deep love and unique challenges. Through the Sarawak Mandala initiative, I provide compassionate care designed to support the mental well-being of parents. This initiative uses the meditative and rhythmic practice of mandala creation to help parents process complex emotions. By doing so, we acknowledge that a parent's emotional health is the essential foundation upon which a child's progress is built (Hofmann et al., 2023).

Conclusion

By embracing creativity and compassion, we can transform the way we care for our children.

Activities of expressive arts therapy with special needs children

Parents with special need children coloring Sarawak Mandala



Self- Development Effects on Traumatic Childhood

Assoc. Prof. Dr. Nor Mazlina Binti Ghazali
Guidance and Counselling

Childhood trauma is often associated with experiences such as abuse, neglect, loss, or unstable environments, all of which can significantly affect a child's emotional regulation, self-esteem, identity, trust, and relationships. These adverse experiences disrupt the emotional and psychological development of children, often leading to long-term consequences that extend into adulthood.

During childhood, individuals are exposed to various situations, some of which may become overwhelming and traumatic as they grow. One of the most severe forms of trauma is sexual abuse at a young age, particularly when the child does not receive protection, validation, or support from trusted individuals such as parents, family members, or caregivers. At such a vulnerable stage, children are often unable to fully comprehend what is happening to them, resulting in feelings of confusion, fear, and helplessness. These unresolved experiences can leave deep emotional and psychological scars.

According to Jesynthia Wong & Nor Mazlina Ghazali (2025), recent research provides critical insights into the culturally situated experiences of trauma survivors in Malaysia. These findings challenge Western-centric models by highlighting unique cultural barriers and naming specific themes of survival. In this context, self-development plays a crucial role in the healing process, especially when viewed through counselling and psychological perspectives. Rather than "erasing" trauma, self-development enables individuals to reshape their understanding of past experiences and develop healthier ways of coping and growing. It involves enhancing self-awareness, emotional intelligence, coping strategies, personal growth, and meaning-making. Activities such as reflection, therapy, journaling, and skill-building are essential components of this process. Through self-development, individuals become more aware of how past trauma influences their current thoughts, behaviours, and emotional responses, allowing them to identify triggers and defence mechanisms.

Furthermore, self-development contributes to improved emotional regulation by helping individuals manage overwhelming emotions such as anxiety, anger, and sadness through techniques like physical exercise and breathing practices. Importantly, it also supports reframing negative beliefs, in which individuals learn to challenge and replace maladaptive thoughts with more balanced and compassionate perspectives. This transformation empowers individuals to regain a sense of control, build resilience, and foster healthier relationships, ultimately promoting long-term psychological well-being and recovery from childhood trauma.

The Impact of Gadgets
on the Rise of Myopia in Children

In our digital world, children are spending more time on gadgets like smartphones, tablets, and computers. The increase in screen time is leading to serious concerns about myopia, commonly known as nearsightedness. Studies suggest that the more kids stare at screens, particularly from close distances, the more likely they are to develop myopia.

for illustration only

Research has shown that prolonged screen exposure, especially during the COVID-19 pandemic when many children were engaged in online learning, resulted in significant growth in myopia cases (1). When children are inside looking at screens, they miss out on essential outdoor time, which is important for healthy eye development. Natural light helps protect against the progression of nearsightedness, but the lockdowns reduced kids' exposure to it.

Gadget use isn't just about screen time; it can also influence the way children interact with their environment. Spending excessive hours playing video games or binge-watching shows leads to less time spent outside, where their eyes can adjust and strengthen (2). Additionally, using devices at improper distances or with poor lighting can further strain their eyes.

Dr. Mohd. Asyraaf bin Abdul Kadir
Trainee Lecturer

Therefore, to combat the increasing rates of myopia, it is vital for parents to manage their children's gadget use. Here are some **simple strategies**:

Limit Screen Time: Set clear boundaries on how much time your kids can spend on screens each day. The American Academy of Paediatrics recommends no more than two hours a day for recreational screen time.

Encourage Outdoor Play: Ensure that your children spend time outside, ideally at least two hours a day, to promote healthy vision.

Promote Good Habits: Teach children to hold their devices at least an arm's length away and take regular breaks to avoid straining their eyes.

By balancing gadget use with healthy activities, we can help protect our children's eyesight and overall well-being in this technology-driven age.

WILL ANAESTHESIA MAKE MY CHILD SLOW & FORGETFUL?

Assoc. Prof. Dr. Johnny Kiu Toh Sing
Consultant Anaesthesiologist

WHY DOES SOME PARENTS WORRY ABOUT ANAESTHESIA AFFECTING THEIR CHILD'S BRAIN?

Some parents fear anaesthesia will make their child slower at learning or more forgetful later in life. This concern arises because early childhood is a particularly important stage for brain development. During the first few years of life, the brain rapidly establishes new connections between nerve cells that are important for memory, learning, and behaviour. Because anaesthetic drugs act on the brain to produce sleep and control pain, research has investigated whether they might influence this newly developing brain.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WHAT DOES RESEARCH IN CHILDREN SHOW?

Large human studies have, for the most part, been reassuring. Research such as the GAS, PANDA, and MASK studies found that individuals exposed for a single short period to general anaesthesia in early childhood did not significantly differ from children who were not exposed to general anaesthesia. The studies found similar measures in children, including IQ, memory, and learning ability, that were consistent over several years of follow-up.

Some studies, however, also indicate that repeated or prolonged exposure to anaesthesia, especially before the age of 3 years, may be associated with small differences in learning ability or behaviour. It is worth noting that these results are not conclusive. Children who require multiple surgical procedures often have underlying medical conditions that can also affect development.

WHAT SHOULD PARENTS KNOW?

Current medical advice stresses that necessary surgery should not be delayed due to fear of anaesthesia. Untreated medical problems have the potential to pose even greater risks to a child's health and development. Anaesthesiologists meticulously choose medicines and techniques to limit exposure and guarantee safety. Procedures may be combined whenever possible to reduce repeated anaesthetic exposure. Taken in the aggregate, current evidence suggests that modern anaesthesia, when used appropriately, is safe and does not generally make a child slow or forgetful. Continued studies address long-term outcomes and enhance the safety of children's anaesthetic care.

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FROM FUSSY EATING TO THRIVING KIDS:

Helping Your Child Eat Better Every Day

Dr. Law Leh Shii
Nutritionist

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During a school gathering, two mothers begin chatting while watching their children play. One mother proudly shares that her son Amir is energetic, growing well for his age, and rarely falls sick. The other mother sighs and explains that her son Ben often looks tired, struggles to keep up with other children, and is smaller than his peers. She adds that Ben frequently gets infections and takes a long time to recover whenever he falls ill.

Ben's mother shared that her son often shows little interest during mealtimes and tends to refuse certain foods, especially vegetables. She also noticed that his appetite fluctuates and he frequently eats very small portions.

These behaviours reflect common feeding problems in children, such as picky eating, low appetite, and irregular eating patterns. As a result, Ben may not be receiving enough dietary variety or essential nutrients needed for healthy growth and development. Over time, inadequate nutrient intake can contribute to low energy levels, slower physical growth, weaker immunity, and frequent illnesses, which explains why Ben often appears tired and struggles to keep up with other children.

Strategies to Encourage Healthy Eating Habits in Children

Adopt 'Makanan Ceria' Concept

Colourful, balanced meals with fruits, vegetables, grains & protein

Make Food Fun & Creative

Use fun shapes & attractive arrangements

Involve Children

- Meal preparation
- Grocery planning
- Simple cooking activities

Teach Hunger & Fullness Cues

Let children eat according to their appetite

Eat Together as a Family

Create a positive eating environment & role model healthy habits

Limit Junk Food, Choose Healthy Snacks

Fruits, nuts, whole-grain options

Consistently Introduce a Variety of Foods

to help children accept different tastes & build lifelong healthy habits.

Navigating the Early Years: Essential Insights for Parents of Special Needs Children

By a mother walking this journey.

Amelia binti Mohamad
Lecturer

> ***When I noticed that my son was reaching his development milestones differently, I knew I had to take action. Here are some important points I hope every parent can learn from my experience.***

1. Early Detection Matters

Trust your instincts. If you feel something is "off," do not wait, even if others say *"lelaki lambat sikit"* or *"nanti pandai sendiri."*
Some red flags I noticed in my son:

- No eye contact
- Delayed speech
- Hyperactivity
- Regression (lost skills he once had)

What I did:

- Requested a developmental screening at Klinik Kesihatan Ibu dan Anak
- Asked for a referral to a paediatrician

'Early assessment means early intervention, and early intervention changes outcomes'.

2. Therapy Is Not a Luxury, It Is a Necessity

Once my son was identified as having a development delay, I enrolled him in therapy immediately, even while waiting for formal diagnosis.
He was enrolled in:

- Speech Therapy
- Occupational Therapy (OT)

'Even 1 or 2 sessions a week can make a difference when done consistently, with continued practice at home'.

Trampoline therapy - help to improve motor skills, balance, coordination, and sensory regulation.

Marbles in clay - Therapy for fine motor skills, hand strength, and pincer grasp.

3. Apply for the OKU Card

Many parents delay applying because they are still "in denial" or afraid of labels.

Why the OKU card matters:

- Access to therapy support and welfare aid
- Easier access to special education services

How to apply:

- Through Jabatan Kebajikan Masyarakat
- Medical report from a government/registered specialist is required

'The card does not limit your child's future, but not applying may limit their support today'.

OKU card

4. Special Education Options

My son was in a special class (PPKI) for three years (2020–2023). He then passed the assessment to join a mainstream class. At that time, at the age of 11, he should have been in Primary 5, but I requested he enter Primary 3 to help him better manage the mainstream curriculum. He is now happily attending a mainstream classroom and thriving.

PPKI (Program Pendidikan Khas Integrasi) offers:

- Smaller class sizes
- Teachers trained in special education
- Focus on functional academics and life skills

Parents should know:

- Placement is based on assessment, not parental preference alone
- Mainstream + PPKI (inclusive model) is possible for some children

Education is about accessing learning in the right way.

5. Progress Looks Different and That's Okay

Success for our children may not look like straight As or trophies. Sometimes success is:

- A new word or a complete sentence
- Toileting independence
- Eye contact
- Emotional regulation

Celebrate small victories. They are not small to us.

At the Rehabilitation Centre

Outside the Special Education Classroom

His achievement in mainstream class

Among the top in science exam

Becoming an imam during KAFA

Represented his class in Dare-to-Spell competition

A Final Note:
This journey is not an easy one, but it is also filled with empathy, growth, and profound love. Early action, the right support, and informed parents change our children's lives.

Living with Autistic Child

***Daddy* @ Assoc. Prof. Dr. Johnny Kiu Toh Sing**
Consultant Anaesthesiologist

Living with a child with Autism Spectrum Disorder changes our view of reality and how we see ourselves. Most of the time, this is the learning-from-experience model where we think that the child must learn from us. But ultimately, with patience and willing to learn from them and interact with them, we will gain truly valuable insights.

One of the biggest takeaways is patience. While autistic children sometimes wait longer to respond or respond in nonverbal ways, which at some points may result in some time to pay careful attention. In our fast-paced world, a tiny taste of that reminder to slow down and give someone space to digest is especially precious. It is a good lesson to be more present, more aware.

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Another powerful insight is seeing the world through another person's eyes. Autistic children tend to notice details others miss such as patterns or faint sounds or reassuring routines. That if we genuinely observe what they experience when they watch, we will experience the richness of life and become more mindful and aware.

Authenticity is at the crux of what autistic kids also teach us. Their unadorned emotional expressions and profound passions contrast sharply with the way many adults suppress or camouflage their emotions. This existence encourages us to feel good about who we truly are andconnect honestly with others. Ultimately, supportive relationships with an autistic child result in compassion and acceptance.

Finally, we accept the fact that there are strengths and challenges faced by everyone and we must be able to embrace uniqueness instead of fixating on differences. This evolution of empathy, patience and openness extends to autism and makes us more empathic and sensitive human beings. Being with a child with autism not only changes our lives drastically, but it also redefines our humanity.

What It Really Feels Like Raising a Child With Cerebral Palsy (CP)

Dayang Zahrina binti Abang Abdul Gani
Registered Nurse

> *"Mak, otak anak kamu sudah rosak."*
> (PAEDIATRIC SPECIALIST, 2018)

Until today, I still remember those words clearly. As a nurse, I understood what the doctor meant medically. But as a mother, I felt like my whole world collapsed. For a very long time, I lived in denial. I kept telling myself maybe the doctor was wrong. Maybe my child would still grow up like other children. Maybe this was only temporary. I held onto those hopes for years because I simply was not ready to accept the truth.

I blamed myself for everything, endlessly wondering if I did something wrong during pregnancy. Daily, my heart kept questioning, *"Why my child? Why me?"*

One of the biggest challenges was childcare. Not everyone is willing to care for a child with CP. Being rejected again and again by nurseries and babysitters broke my heart. There were days I went home crying because I still needed to work, but did not know who I could trust with my precious child.

In Sarawak, support for children with cerebral palsy is still very limited outside government settings. Places like Wishesland Kuching Centre help so much, but there are still not enough centres for families like ours.

I truly hope there will be greater attention and stronger initiatives from the government to expand accessible therapy services and special daycare centres, especially for children with cerebral palsy. Many parents are struggling quietly, trying to balance work, caregiving, therapy appointments, and daily survival with very limited support systems available.

To my healthcare colleagues walking this same journey, please know this, you are not alone.

The Path of 'Redha'

When I slowly learned to accept everything with an open heart and redha, I started to see life differently. The struggles were still there, and life was still not easy, but somehow it felt less heavy.

Slowly, I learned how to go through things that once felt impossible. The situation was still hard, but my heart slowly learned to accept and live with it.

Stay strong!

Raising Generation Alpha:
The Malaysian Ethics & Ambition Blueprint

Dr. Norhida binti Ramli
Anatomist

Born into a world of seamless screens and instant AI, Generation Alpha (born 2010–2024) represents a seismic shift in human development. For Malaysian parents, the challenge is unique: how do we nurture "Digital Natives" while maintaining the ethics and family values that define our soul?
To raise a successful, ethically balanced Alpha, we must pivot on four pillars:

Digital Agency Over Literacy
It is not enough to know how to swipe; Alphas must understand the "why." In Malaysia, this means moving beyond restrictive parenting toward being "Digital Enablers" (LPPKN, 2020). We must blend tech-savviness with Social Responsibility, teaching them that behind every avatar is a human being, mirroring the spirit of Muhibbah in digital spaces.

Example: *When your child wants to post a comment or a photo on social media or a gaming platform, ask them: "Would you say this or show this to Aunty or Uncle at a Kenduri?" If the answer is no, it doesn't belong online. This teaches them that digital spaces require the same Adab as physical ones.*

The "Adab" Quotient (AQ)
While IQ and EQ are standard, the AQ is the Malaysian secret sauce. Contemporary research suggests that "Authoritative Parenting" balancing warmth with firm moral boundaries is the strongest predictor of character in our local context (Mokhtar & Mohamed, 2024). Success isn't just a high-flying career; it's being a "charitable soul" who respects elders and community integrity.

Example: *When you pick your child up from school, make it a habit to ask: "Who did you help or be kind to today?" before asking about their grades or exam results. This subtly shifts their focus from "How can I win?" to "How can I contribute to my community?"*

Resilience through "Susah-Senang"
In an era of instant gratification, Alphas risk low frustration tolerance. Malaysian parenting often emphasizes independence. By allowing Alphas to face controlled "hardships," we build Digital Resilience, converting adaptive potential into long-term psychological grit (Sobczak, 2025).

Example: *When your child encounters a "bug" in their homework or a digital app, implement a 10-minute "no-help" rule. Say: "Try two different ways to fix it yourself first. If it still doesn't work in 10 minutes, we will look at it together." This builds the jiwa kental necessary to handle frustration without giving up.*

Holistic Success: The "Dunia-Akhirat" Balance
True success for a Malaysian Alpha is a Balanced Life. This means pursuing STEM and creative arts while maintaining a grounded spiritual or ethical core. It's about being "Global in Mind, Local in Heart."

RAISING CHILDREN IN THE AGE OF SCREENS

Why Presence Still Matters

Dr. Wong Wai Kit
Anaesthesiologist

As a consultant whose daily work involves life-or-death decisions, I often reflect on life's vital signs. Today's parents face a challenge previous generation never faced: raising emotionally resilient minds in the digital age. The question is not whether technology will be present in our children's lives, it will. The real question is how parents guide their relationship with it. We live in a world of constant notifications, but we must remember a simple truth: to a child, love is spelt T-I-M-E. True connection requires both quantity and quality time.

Here are a few vital principles to guide family's digital wellness

Protect the Family Meal

Make the dining table a strict zero tech zone. Routine family meals without phone interruptions offer a safe space for children to share their day.

Practice Delayed Gratification

For older children, screen time shouldn't be an automatic right or a default boredom killer. Teaching them to wait and earn their digital privileges builds the resilience and focus they will desperately need in adulthood.

Boundaries

Setting boundaries on screen time is essential. Expect resistance - a toddler's tantrum or a young child's defiance when you turn off the tablet is natural. Stay firm; boundaries ultimately give them a sense of security.

Co-View with Purpose

When the devices are on, be present. Watch that show or play that game together and use those experiences as springboards for conversations to teach core life values.

"The digital world is here to stay, but we hold the power to dictate its role in our homes.
When your children recall their childhood, will they remember the glow of your screens or the warmth of your presence?"

RAISING BOYS IN A HYPER-EXPOSED WORLD: A REFLECTION

Dr. Marlynna binti Sarkawi
Physiologist

I am a proud mother of growing boys. I believe that nothing can fully prepare you to raise children, especially in today's world, an era of excessive and unfiltered information!

It has never been easy for me to raise my children to become worthy men for society. With easy access to digital devices, children nowadays are exposed to content far beyond their developmental readiness. One of my greatest concerns is the early, unintended exposure to pornography, which can distort their understanding of relationships and respect. More worrying is the risk of grooming by unknown individuals, where harmful intentions are often hidden behind anonymity.

As a parent, I am in a constant dilemma between protecting my children and preparing them for reality. Building an open, trusting relationship has been one of my priorities, knowing that I cannot fully shield them. Limiting screen time, spending meaningful time together, and engaging in physical activities are part of my weekly commitments. We also have a weekly movie night, creating opportunities for bonding and conversation where they feel safe to share.

At the same time, I believe parenting cannot be done solo. We work closely with teachers, coaches, and mentors, as raising children truly takes a village. Shared awareness and communication are essential in keeping our children safe.

However, one of our biggest challenges is time. Despite working late and on weekends, we strive to be present in the moments we do have, choosing connection over perfection.

Raising boys in this era is not just about imparting knowledge, but about shaping values, respect, and resilience. It's not about perfect parenting, but about being consistently present, aware, and willing to guide them through a world that is far more complex than the one we grew up in. And here I am, ready to unlearn and relearn.

MORE THAN A FRACTURE:

Lesson in Parenting and Support

Parenthood often unexpectedly teaches us.
On 30th January 2026, my 12 years old boy, Jayden, sustained an injury to his right foot at his daycare centre after school. A heavy wooden bench accidentally fell onto his right foot, causing immediate swelling, bruises, and pain whenever he tried to stand. As a parent and a member of the medical staff, I knew this injury required urgent attention.

Dr. Lim Siong Hee
Public Health Medicine Specialist

X-ray of right foot shows fracture over proximal of fifth metatarsal bone.

Jayden was brought to an X-ray at a hospital that same evening. The imaging clearly showed an un-displaced closed fracture of the right fifth metatarsal head. Although the treatment was conservative, he was advised to avoid weight-bearing for at least 1 week or 2, and subsequent follow-up will determine the treatment plan based on the progress of healing. The expected healing period of four to six weeks for his age, provided he follows all the instructions and advice.

I was very fortunate to consult Prof. Dr. Haniza Sahdi, the UNIMAS consultant orthopaedic surgeon, who provided reassurance and appropriate management for Jayden. A backslap was applied, and initially, Jayden required crutches or a walking frame to walk. This posed challenges, as his bedroom was on level one and his classroom was located on the second floor. Prolonged absence from school could have affected his academic progress. Additionally, all his daily activities were affected. This includes simple routine self-cleaning and ambulating.

Initially ambulating using walking frame with most of the body load over the left leg which causing some muscle ache. Walking frame is not suitable for stairs and narrow space.

Medical Air Walkder boot providing stability, comfort, and pain reduction assisted ambulation. This enables him to attending school at day four of injury. This also hugely reducing the barriers of his daily activities.

After a discussion with his school principal, Ms Prisca was very kind and considerate, and promptly relocated the entire class 6.2 from the second floor to the ground floor during Jayden's recovery. At the same time, I obtained an Air Walker Boot, which immediately improved his comfort and mobility. With appropriate support, he ambulated slowly without significant pain, although stairs remained difficult.

This experience taught me that caring for a child with temporary special needs requires more than medical treatment alone. The right supportive aids, understanding educators, and timely intervention play a crucial role in reducing barriers to daily activities. With empathy and teamwork, children can continue learning while healing.

Heart Full, Hands Full

Rasidah Abdul Wahab
Health Psychologist

As a working mother of three children, each born five years apart, I have learned that family planning is not only about timing but about creating space for growth, balance, and shared responsibility. Thoughtful spacing has allowed me to nurture each child's pysical and emotion development, while giving the older one time to grow independently and prepare to welcome a sibling.

Yet, raising children is never a solitary journey. The saying "It takes a whole village to raise a child" reflects my own experience. My husband's role has been vital, sharing tasks, responsibilities, and decisions so that our home becomes a place of cooperation rather than strain. Parenthood thrives when challenges are discussed openly, solutions are found together, and give-and-take becomes a daily practice.

Work-life balance is another cornerstone. As a professional, I have learnt to "switch on" and "switch off" between career and family, ensuring that I am fully present in both roles. Juggling responsibilities is inevitable, but with an open mind and heart, it becomes manageable.

For modern working mothers, my advice is simple: be not only a mother, but also a friend, a listener, and a constant companion. With thoughtful planning and a spirit of partnership, parenting becomes lighter and more joyful. When responsibilities are shared, and support comes from those around us, whether a spouse, family, or community, the journey of raising children is filled with resilience, love, and fulfilment.

BALANCING CAREERS AND PARENTHOOD: Voices of Working Mothers

Dr. Shazrina binti Ahmad Razali
Medical Educationist

PARENTHOOD, when viewed through the lens of career-driven women, reveals a tapestry of resilience, compromise, and profound love. In a recent interview with eleven working mothers, their collective experiences illuminated the challenges and triumphs of navigating professional ambitions alongside family responsibilities.

A recurring theme was the constant negotiation between career progression and parental duties. Many mothers spoke candidly about the guilt of missing milestones, yet equally emphasised the pride in modelling independence and determination for their children. One participant reflected, "My children see me working hard, and I hope they learn that perseverance matters as much as success."

The interviewees highlighted the importance of supportive workplace policies. Flexible hours, remote working options, and empathetic leadership were cited as crucial in enabling them to thrive both at home and in their careers. However, several mothers noted that such support remains inconsistent, leaving many to rely on extended family or costly childcare solutions.

Interestingly, the mothers described parenthood as a source of strength rather than a limitation. Parenthood sharpened their organisational skills, deepened their empathy, and enhanced their ability to manage competing priorities. Yet, the emotional toll of balancing these roles was undeniable, with stress and exhaustion often accompanying their achievements.

Despite these challenges, the women expressed a shared sense of fulfilment. Parenthood, they agreed, is not an obstacle to professional success but a parallel journey that enriches their identity. Their voices underscore the need for workplaces to evolve, recognising that supporting parents is not merely a benefit but an investment in a more inclusive and productive workforce.

In essence, the interview revealed that working mothers embody a dual strength: the determination to excel professionally and the unwavering devotion to nurture their families. Their stories remind us that parenthood and career are not opposing forces, but complementary paths shaping a richer, more resilient society.

From Home to Heart: Nurturing a Child's Reading Journey


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Prof. Dr. Helmy bin Hazmi
Public Health Medicine Specialist

Reading habits grow gradually, beginning at home and strengthened by the community around us. As the editor noted, it truly takes a village to raise a reader.

One of the simplest and most meaningful ways to nurture a love for reading is to read aloud to children. This can begin from infancy, even for just a few minutes before bedtime. Although often shown in Western media, the value of reading together is universal. It becomes a warm family ritual—much like sharing meals—where children feel connected and secure. Research has long shown that eating together protects children from various social challenges, and reading together can offer similar benefits. With consistency, it becomes something children look forward to, not a chore.

Let children choose the books that interest them, whether from a library or a bookshop. Encourage rereading, even if the same story feels repetitive. Familiar stories build confidence, vocabulary, and enjoyment. Comics are also beneficial—even Gila-Gila, Ujang, or Lat. The visuals and speech bubbles help children make sense of emotions, culture, and everyday life in a multicultural society.


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Children also learn by observing adults. When they see us reading, be it a book, recipe, magazine, or the news, they learn that reading is a normal and enjoyable part of daily life. Sharing small snippets, such as "I like this part because...", helps them get used to talking about ideas and stories.

This theme resonates with me as a parent, teacher, and Malaysian. As parents, we feel pride when children read their first word, though early reading is sometimes overemphasised. Play and simple joys still matter. As teachers, we meet students who can read but rarely read deeply. Although Malaysia's literacy rate is high, a reflective reading culture is still growing.

Ultimately, every reading journey begins with a home, a story, and someone willing to read aloud.

The Importance of Preventing Medical Negligence in Paediatric Care

Assoc. Prof. Dr. Noorzilawati binti Sahak
Public Health Medicine Specialist

Medical negligence occurs when a healthcare provider fails to meet the standard of care, resulting in harm. To establish negligence, four elements must be proven: duty of care, breach of duty, causation, and damages. In paediatric cases, this responsibility is heightened because children depend entirely on adults for decision-making and care.

Delays in treatment are particularly critical. For example, failure to promptly manage respiratory distress or infection in infants can rapidly lead to deterioration. In some cases, systemic issues such as understaffing, poor communication, and lack of supervision contribute significantly to these outcomes.

The impact extends beyond physical harm. Families may experience emotional trauma, financial strain, and loss of trust in the healthcare system. Healthcare providers, on the other hand, may face legal consequences, disciplinary action, and reputational damage.

When a child becomes ill, parents place immense trust in healthcare providers. However, when care falls below expected standards, the consequences can be devastating especially for children, who are among the most vulnerable patients.

Several forms of medical negligence are commonly seen in Malaysia. These include failure to obtain proper informed consent, diagnostic and medication errors, delays in treatment, and inadequate monitoring after procedures. In children, even small errors such as incorrect medication dosage or delayed recognition of symptoms can lead to serious complications or lifelong disability.

In Malaysia, medical practice is guided by the Medical Act 1971 and professional codes of conduct, while negligence claims are addressed under the Civil Law Act 1956. These frameworks emphasise patient safety, ethical practice, and accountability.

Preventing medical negligence requires continuous training, effective communication, and strong healthcare systems. Ultimately, all healthcare providers must uphold the principle of “first, do no harm”, ensuring that every child receives safe, compassionate, and competent care.

Research
Highlight

Award
& Recognition

Fresh
Faces

RESEARCH HIGHLIGHT & AWARD

Congratulations

Associate Professor Dr. Diana Ng Leh Ching

Recipient of Industry Grant form Aliran Pasifik (M) Sdn Bhd

RM10,000.00

Barriers and Facilitators to Adherence to Evidence-Based Clinical Guidelines in Routine Clinical Practice in Malaysia

Dr. Siti Zaleha binti Raduan

Winner of Ajinomoto Award (Corporate Award)

RM4,000

At the TECH PLANTER Malaysia 2026 held on 16th May 2026

Innovation entitled "Innovative Engkala Functional Drink Platform for Wellness and Hydration."

AWARD & RECOGNITION

Congratulations!

Emeritus Professor Dr. Balbir Singh

Recipient of the Sandosham Medal 2025
at The 62nd Malaysian Society of Parasitology
and Tropical Medicine

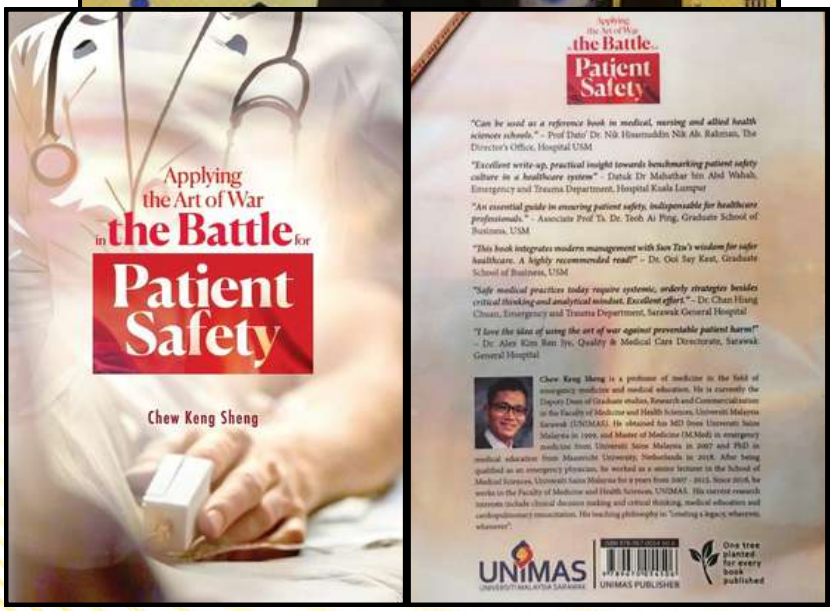
World Top 2% Scientist
Recognition at the
UNIMAS Gemilang Awards Ceremony 2026
(MAGU 2026)

AWARD & RECOGNITION

Congratulations

Professor Dr. Chew Keng Sheng

Recipient of the
National Book Award 2024-2025
Category Best Medical Book



AWARD & RECOGNITION

Congratulations

Assocociate Professor Dr.
Paul Cliff Simon Divis

Finalist of the Study UK Alumni Awards 2026
(Social Action Category)
He was recognized for his impactful "HapusMalaria" initiative.

AWARD & RECOGNITION

Congratulations

MAGU
MAJLIS ANUGERAH GEMILANG UNIMAS
2026

Dr. Melissa Lim Siaw Han

Recipient of 1st Prize at the 32nd International Congress of The Obsterical and Gynaecologal Society of Malaysia 2025

(for Research on Groundbreaking HPV and Cervical Cancer Study)

Dr. Sim Sze Kiat

Anugerah Kecemerlangan Sukan

(Male)

Dr. Abigail Rembui anak Jerip

Recipient of the AFFIN INVIKTA TOP 50 WOMEN OF EXCELLENCE AWARDS 2025

AWARD & RECOGNITION

Congratulations

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MAJLIS ANUGERAH GEMILANG UNIMAS
2026

UNIMAS MICROSITE AWARD (ACADEMIC CATEGORY)

FACULTY OF MEDICINE AND HEALTH SCIENCES

"The best, engaging and informative website content, providing up-to-date information while enhancing the quality of online information dissemination to the wider world"

AWARD & RECOGNITION

Congratulations

MAGU
MAJLIS ANUGERAH GEMILANG UNIMAS
2026

EXCELLENT SERVICE AWARD

Dr. Amanda Albert
Professor Dr. Anselm Su Ting
Dr. Ayu Akida Binti Abdul Rashid
Dr. Chai Chau Chung
Dayang Zahrina Bt Abang Abdul Gani
Associate Professor Dr. Diana Ng Leh Ching
Herlina Anak Patrick Kukut
Kamal Bin Sarkawi
Dr. Law Leh Shii
Liwan Anak Lasem
Lorieta John
Nor Azman Bin Haini
Dr. Norhida binti Ramli
Norjehan Binti Hossen
Nur'Zubaidah Binti Tumbohan
Nurul Farhana Abdulla
Salmah Binti Ahmad
Professor Dr. Siti Raudzhah Binti Ghazali
Sophi Anak Roman
Dr. Tan Sue Lyn
Dr. Ting Chuong Hock
Zurina Binti Bidi

AWARD & RECOGNITION

Congratulations

MAGU
MAJLIS ANUGERAH GEMILANG UNIMAS
2026

LOYAL SERVICE AWARD

Professor Dr. Asri bin Said

Associate Professor Dr. Isabel Fong Lim

Herlina Anak Patrick Kukut

AWARD & RECOGNITION

Congratulations

STUDENT AWARD

Shranya A/P Durasamy
SECOND PRIZE
in the category of
“Anatomy Without Borders”
with her exceptional work entitled
“A Visual Autopsy of Modern Diseases”.
XI Annual International Anatomical Art Competition IMAGO ANATOMICA VESALIUS – 2026 held in Moscow.

Name: SHRANYA A/P DURASAMY, Year 2 student, FMHS, UNIMAS
Nomination: Depths of Destruction: portraits of diseases and their mysteries
Title: A Visual Autopsy of Modern Diseases

Synopsis: This artwork represents the progressive depth of destruction caused by infectious diseases, lifestyle related disorders, neurodegenerative conditions, and trauma that continue to burden both Russia and Malaysia. At the left corner of the composition lies an infected pair of lungs symbolizing tuberculosis and pneumonia, which remain among the most prevalent respiratory diseases in Moscow and worldwide. The darkened alveolar regions and hemorrhagic textures illustrate chronic inflammation, tissue necrosis, and the silent transmission of infection within society. Beside the lungs, a wounded eye pierced by a syringe and accompanied by a bleeding eye and a scarred human face illustrates toxic exposure, smoking related damage, and traumatic injury. Although smoking is commonly associated with lung cancer and cardiovascular disease, this artwork emphasizes a lesser known but devastating consequence, namely retinal degeneration and vascular injury leading to visual impairment. The bleeding eye further represents ocular trauma and severe inflammatory conditions that may arise from accidents, violence, or untreated infection, while the facial scar symbolizes the permanent physical and psychological marks left by disease and injury. Together, these elements portray vision as one of the most vulnerable senses threatened by both lifestyle choices and external harm.The fractured skeletal forms and radiographic imagery depict osteoporosis, metabolic disorders, and the gradual erosion of human anatomy under chronic disease. The yellow toxic leg positioned above the title symbolises diabetes mellitus and its severe complications such as diabetic foot ulcers, gangrene, and vascular insufficiency. The theme “Depth of Destruction” is inscribed upon a graveyard stone at the heart of the composition, symbolizing mortality and the inevitable consequence of untreated disease. The gravestone serves as a reminder that each pathological process depicted within the artwork may ultimately lead to loss of life if awareness, prevention, and medical intervention are neglected. On the left side of the composition, the elderly figure accompanied by puzzle fragments, a clock, and a key represents Alzheimer’s disease and the progressive loss of memory, identity, and time. This section communicates the emotional and psychological devastation of neurodegenerative illness in which the physical body persists while cognitive function disintegrates. The half human and half skeletal cancer figure illustrates malignant transformation, where healthy tissue is consumed by tumors involving the brain, liver, and lungs. The distorted organs demonstrate how cancer reshapes internal anatomy, while surrounding viral forms signify emerging infectious threats such as Nipah virus and COVID related pathogens that further challenge global health systems. At the lower right, a divided heart represents the contrast between health and failure. One side is adorned with the national flower of Russia, Matricaria chamomilla, symbolizing life, resilience, and hope, while the opposing side is encircled by viruses and decayed blood vessels, portraying heart failure driven by infection, inflammation, and lifestyle related disease. Collectively, these elements form a visual autopsy of humanity, revealing how disease and trauma penetrate progressively from organs to identity and from cells to society. The artwork advocates awareness, prevention, and compassion, emphasizing that medicine is not solely the treatment of illness but the preservation of the delicate balance between life and destruction.

AWARD & RECOGNITION

Congratulations

STUDENT AWARD

Group 3 Year 1 Nursing (MPU3182)

UNIMAS | FACULTY OF EDUCATION, LANGUAGE AND COMMUNICATION

SIJIL PENGHARGAAN

Setinggi-tinggi tahniah dan syabas diucapkan kepada

Tempat Ketiga

bagi
Kategori Pertandingan Video Kreatif :
Kursus Falsafah dan Isu Semasa (MPU3182)

Sempena

Hari Mata Pengajian Pelajaran UMUM(MPU), UNIMAS
pada
10 Jun 2026

Bertempat di
Fakulti Pendidikan, Bahasa dan Komunikasi
UNIMAS

Dr Dilah Tuah
Dekan

THIRD PLACE
Creative video competition
for MPU3182
(Falsafah dan Isu Semasa)
Hari MPU UNIMAS 2026

Video title:
"Penjagaan Warga Emas:
Perbandingan Nilai Keluarga Asia
dan Barat"

Group member:
Virginia Umang anak Bennet
Jennifer Subang anak Tommy
Khairunnisa Aqilla binti Abd Hamid
Andrina Recheall
Isemabella anak Dungat
Nur Ellisa binti Bes
Kricsie Naimon
B. Wionna Octavia Zaffin
Alysha Jawai anak Gundai
Ann Claries Sawad

Happy *Retirement*

Thank you for your dedication, hard work and the countless lives you've touched.

Wishing you joy, good health and endless happiness in this new chapter.

Professor Dr.
Nor Aliza binti Abdul Rahim

Mdm. Nurul Farhana Abdullah

Mdm. Laila binti Tambi

Promotion

Congratulations!

Shalin Lee Wan Fei
University Lecturer, DS13

Felicia Vanoosten ak Stephen Jinun
Science Officer, C9

Sulaiman Ahmad
Administrative Assistant, N3 (KUP)

Welcome
TO THE FMHS FAMILY!

Nur Ashawin binti Soberi Beram Abdullah
Health Care Assistant, U1
05.01.2026

Dr. Lim Li Yun
University Lecturer, DU14
26.01.2026

Dr. Marlini binti Othman
University Lecturer, DS13
13.04.2026

Zulkarnaen Ali
Administrative Officer, N12
16.02.2026

Eleanor Anak Kelokok
Assistant Administrative Officer, N6
02.02.2026

EVENT *Highlights*

21 - 25 UNIMED's Organisational Visit to IMK UNTAN was held in Pontianak, Indonesia.

22 National Nursing Colloquium for Postgraduate Scholars – Series 6

23 Orchid Ceremony - Supplementary

25 Embracing the Rainbow, Embracing Resilience: An Autism Program by DrPH Students

JANUARY

26 - 28 Publication Bootcamp for Postgrad Students [Develop, Discuss, and Submit] at Damai Lagoon Resort, Santubong.

31 Mesyuarat Agung Tahunan UNIMED Sesi 2024/2025

31 Launching of the FMHS Students' Lounge at UNIMAS City Campus

FEBRUARY

9 FMHS received an academic delegation from Soegijapranata Catholic University (SCU), Semarang.

MARCH

3 MoU Signing Ceremony between UNIMAS and Universiti Teknologi Brunei.

5 Health Campus Talk: Preventing Risky Sexual Behaviors, Politeknik Kuching, Sarawak.

12 Program Kasih Syawal FPSK.

30 - 31 Visit to Ngee Ann Polytechnic and the Alice Lee Centre for Nursing Studies

31 A significant step in advancing nursing education by signing a Memorandum of Understanding (MoU) with the National University Hospital (NUH) at the NUH Tower.

APRIL

1 & 2 Clinical Preceptorship Workshop at Normah Medical Specialist Centre

13 World Hearing Day 2026 Webinar

14 - 16 Lawatan Penilaian Pembaharuan Akreditasi Penuh Program Doktor Perubatan (MQA/FA0518)

23 - 24 Bengkel Semakan Kurikulum Program Doktor Kesihatan Awam FPSK

MAY

2 & 3 Strategic Planning Retreat at The Waterfront Hotel

16 & 17 4th International Nursing Students' Conference 2026 held at DeTAR PUTRA, UNIMAS

9 Program Doktor Muda Dalam Komuniti (DMDK) - Kampung Serikin

23 Tackling the Metabolic Tsunami: CMUH–UNIMAS Health Symposium 2026

REFERENCES

Respiratory Syncytial Virus Infection in Children: Epidemiology, Seasonality, Severity and Prevention

- Curns AT, Rha B, et al. Respiratory syncytial virus–associated hospitalizations among children <5 years old: 2016 to 2020. Pediatrics. March 2024.
- Shi T, McAllister DA, O'Brien KL, et al. Global, regional, and national disease burden estimates of acute lower respiratory infections due to RSV in young children. Lancet. 2017;390(10098):946–58.
- Collins PL, Graham BS. Viral and host factors in human respiratory syncytial virus pathogenesis. J Virol. 2008.
- World Health Organization. Respiratory syncytial virus (RSV). December 2025.
- Kampmann B, Madhi SA, Munjal I, et al. Bivalent prefusion F vaccine in pregnancy to prevent RSV illness in infants. N Engl J Med. 2023.
- Hammitt LL, Dagan R, Yuan Y, et al. Nirsevimab for prevention of RSV in healthy late-preterm and term infants. N Engl J Med. 2022.
- Li Y, et al. Global disease burden of RSV infection in children younger than 5 years. Lancet. 2022.
- Kampmann B, et al. Maternal RSV vaccination and protection of infants. New England Journal of Medicine. 2023.
- American Academy of Pediatrics. Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement. Pediatrics. November 2025.
- Chan CM, et al. Meteorological factors and RSV activity in Malaysia. Int J Environ Res Public.

Diarrhoea in Children Under Five: What Parents and Caregivers Need to Know

- Ali, A. A., Naqvi, S. K., Hasnain, Z., Zubairi, M. B. A., Sharif, A., Salam, R. A., Soofi, S., Ariff, S., & Das, J. K. (2024). Zinc supplementation for acute and persistent watery diarrhoea in children: A systematic review and meta-analysis. Journal of Global Health, 14, 04212. https://doi.org/10.7189/jogh.14.04212 [hq.moh.gov.my], [mpaeds.my]
- Iqbal, S., Malik, Z. I., Al Dabbas, M., Akhtar, I., & Hussein, A. (2025). Zinc fortification and supplementation to reduce diarrhea in children: A literature review. Diseases, 13(11), 380. https://doi.org/10.3390/diseases13110380 https://www.mdpi.com/2079-9721/13/11/380 [acadmed.org.my]
- Malaysian Paediatric Association. (2019). Paediatric protocols for Malaysian hospitals (4th ed.).

  https://mpaeds.my/wp-content/uploads/2019/09/Paediatric_Protocols_4th_Edition_%28MPA%20Version%29_2nd_Print_Aug_2019.pdf [ATRIA Medi...Guidelines | PDF]
- Ministry of Health Malaysia. (2019). Training manual on approach to unwell children under 5 years (ATUCU5).
- https://hq.moh.gov.my/bpkk/images/3.Penerbitan/2.Orang_Awam/8.Kesihatan_Kanak_Kanak/2.PDF/4_atucu5_training_manual_on_approach_to_unwell_children_under_5_years.pdf [abstracts....chrane.org]
- Park, J. S. (2025). Zinc as a treatment modality for acute infectious diarrhea in children. Clinical and Experimental Pediatrics, 68(3), 223–224. https://doi.org/10.3345/cep.2024.00381 http://e-cep.org/upload/pdf/cep-2024-00381.pdf[cdn.who.int]
- World Health Organization. (2014). Integrated Management of Childhood Illness: Chart booklet. https://cdn.who.int/media/docs/default-source/mca-documents/child/imci-integrated-management-of-childhood-illness/imci-in-service-training/imci-chart-booklet.pdf [who.int]

Spotting Autism Early: The Crucial Role of Parents in Early Detection

- Clintberg, K., Sacrey, L.-A. R., Zwaigenbaum, L., Brian, J. A., Szatmari, P., & Vaillancourt, T. (2026). Parental concerns correspond to earliest age of autism diagnosis in increased likelihood infant cohort. Frontiers in Child and Adolescent Psychiatry, 4, 1722543. https://doi.org/10.3389/frcha.2025.1722543
- Ministry of Health Malaysia. (2016). Clinical practice guidelines: Management of autism spectrum disorder in children and adolescents. Ministry of Health Malaysia.
- Ozonoff, S., Young, G. S., Steinfeld, M. B., et al. (2009). How early do parent concerns predict later autism diagnosis? Journal of Developmental & Behavioral Pediatrics, 30(5), 367–375. https://doi.org/10.1097/DBP.0b013e3181ba0fcf
- Shair, S. N., Zaki, N. R., Mohd, M. A., Mohd Amin, M. N., Zainan Abidin, A. W., Ahmad, S., et al. (2024). Prevalence of autism spectrum disorder among school-age children in Malaysia: Analysis by age and states. Malaysian Journal of Public Health Medicine, 24(3), 71–80. https://www.mjphm.org/index.php/mjphm/article/view/2645
- Snijder, M. I. J., Langerak, I. P. C., Kaijadoe, S. P. T., et al. (2022). Parental experiences with early identification and initial care for their child with autism: Tailored improvement strategies. Journal of Autism and Developmental Disorders, 52(8), 3473–3485. https://doi.org/10.1007/s10803-021-05226-y

REFERENCES

Understanding Dyslexia: Why Early Detection Makes a Difference

Ali, A. A., Naqvi, S. K., Hasnain, Z., Ali SA, Begum T, Reza MF, Fadzil NA, Mustafar F. Post-Attentive Integration and Topographic Map Distribution During Audiovisual Processing in Dyslexia: A P300 Event-Related Component Analysis. Malays J Med Sci. 2020 Jul;27(4):130-138. doi: 10.21315/mjms2020.27.4.12.

Play, Connect and Grow

Yogman, M., Garner, A., Hutchinson, J., Hirsh-Pasek, K. and Golinkoff, R.M., 2018. The power of play: A pediatric role in enhancing development in young children. Pediatrics, 142(3), e20182058.

Weisleder, A. and Fernald, A., 2013. Talking to children matters: Early language experience strengthens processing and builds vocabulary. Psychological Science, 24(11), pp.2143–2152. https://doi.org/10.1177/0956797613488145

The Art of Compassion and Creativity

Hofmann, S. G., et al. (2023). Parental anxiety and depression are associated with adverse mental health in children with special needs. Frontiers in Public Health, 11, 1254277. https://doi.org/10.3389/fpubh.2023.1254277

Vaisvaser, S., et al. (2024). Telehealth in arts therapies for neurodevelopmental and neurological disorders: a scoping review. Frontiers in Psychology, 15, 1484726. https://doi.org/10.3389/fpsyg.2024.1484726

The Impact of Gadgets on the Rise of Myopia in Children

- Aslan, F. and Şahinoğlu-Keşkek, N. (2021). The effect of home education on myopia progression in children during the COVID-19 pandemic.. https://doi.org/10.21203/rs.3.rs-311648/v1
- Staiano, A. E., Allen, A. T., Webster, E. K., & Martin, C. K. (2017). 2083. Journal of Clinical and Translational Science, 1(S1), 39-40. https://doi.org/10.1017/cts.2017.145

Will Anaesthesia Make My Child Slow and Forgetful?

- McCann ME, de Graaff JC, Dorris L, et al. Neurodevelopmental outcome at 5 years of age after general anaesthesia or awake-regional anaesthesia in infancy (GAS): an international, multicentre, randomised, controlled equivalence trial. Lancet. 2019;393(10172):664-677. doi:10.1016/S0140-6736(18)32485-1
- Sun, Lena S et al. “Association Between a Single General Anesthesia Exposure Before Age 36 Months and Neurocognitive Outcomes in Later Childhood.” JAMA vol. 315,21 (2016): 2312-20. doi:10.1001/jama.2016.6967

From Fussy Eating to Thriving Kids: Helping Your Child Eat Better Every Day

- Nutrition Society of Malaysia. (2000). Nutrition Guidelines for Early Childhood Care and Education Professionals. https://www.nutriweb.org.my/picture/upload/file/Nutrition%20Guide%20for%20early%20childhood.pdf
- Pantai Hospital. (2023). Nutritional Guidelines for Children. https://www.pantai.com.my/health-pulse/nutrition-guidelines-for-children (Accessed on March 10, 2025)

Raising Generation Alpha: The Malaysian Ethics & Ambition Blueprint

- LPPKN. (2020). Digital Parenting KASIH Program: Instilling Ethics in the Cyber Realm. National Population and Family Development Board Malaysia.
- Mokhtar, N., & Mohamed, S. (2024). Parenting Styles and Communication Quality: A Malaysian Perspective. ResearchGate.
- Sobczak, A. (2025). Resilience of Alpha Generation: Digital Resiliency and Adaptive Learning. International Journal of Science, Technology & Management.
- Ziatdinov, R., & Cilliers, J. (2021). Generation Alpha: Understanding the Next Cohort of University Students. European Journal of Contemporary Education, 10(3), 783–789.

Raising Children in the Age of Screen: Why presence still matters.

- American Academy of Pediatrics. (2016). Media and Young Minds. Pediatrics, 138(5), e20162591.
- Radesky, J. S., Kistin, C. J., Zuckerman, B., et al. (2014). Patterns of mobile device use by caregivers and children during meals in fast food restaurants. Pediatrics, 133(4), e843-e849.

The Importance of Preventing Medical Negligence in Paediatric Care

MahWengKwai & Associates. (2025, July 1). Top 5 most common types of medical negligence in Malaysia (and what patients can do).

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