

Parents should play their role in preventing the deficiency of this mineral in children, which affects their development and immunity.

By SYIDA LIZTA AMIRUL HUSAN
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IN 2022, the National Health and Morbidity Survey (Maternal and Child Health) reported that 46.5% of children aged zero to five years old have anaemia, or low iron levels.

It was higher than what the World Health Organisation (WHO) estimated for Malaysia (24.6%). It was also more than the global average of 40%.

Over the years, senior consultant paediatric endocrinologist Prof Dr Muhammad Yazid Jaliludin has been vocal about this issue, emphasising iron screening and a better diet.

An "invisible" condition, iron-deficiency anaemia (IDA) in kids is often unrecognised. While parents of young children know about developmental milestones or early intervention, iron levels - which may affect learning, cognition and physical growth - are rarely given much thought.

"Some symptoms such as paleness, weakness, loss of appetite, fatigue and lethargy are non-specific and usually appear only at more severe stages of anaemia. Many parents do not realise their children are experiencing anaemia because access to IDA screening is limited," he adds.

Failing to address this issue, he says, may result in a younger generation that has its intelligent quotient (IQ), growth and immunity compromised.

He says research shows IDA poses irreversible cognitive and developmental harm.

"Even mild iron deficiency can impact a child's growth and have consequences on their brain development and future learning abilities," he says.

"Studies have shown that iron deficiency may see a child's IQ drop by 13%. Brain synapses that connect neurons need iron and chronically low haemoglobin levels lead to poor growth," he adds.

"Iron deficiency also affects the body's ability to produce adequate immune response, making the person more susceptible to infections."

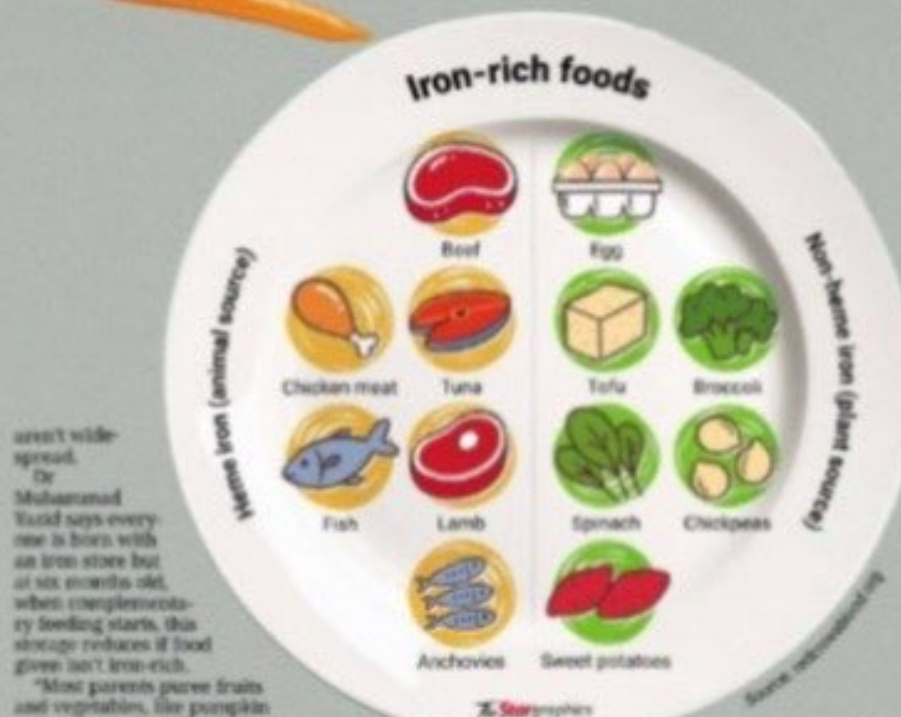
On top of that, children with IDA often experience fatigue, weakness and lack of focus.

"These symptoms can make it difficult for them to participate in school, play and do other daily activities," he says.

An unseen problem

Because the symptoms of IDA are not obvious, screening for the condition and efforts on educating parents about the importance of iron-rich food

The high risk of low iron levels



aren't widespread.

Dr Muhammad Yazid says every one is born with an iron store but at six months old, when complementary feeding starts, this storage reduces if food given isn't iron-rich.

"Most parents puree fruits and vegetables, like pumpkin and carrot to feed their kids. If this diet continues and parents don't include food rich in iron, that iron store will keep depleting," he says.

"At 12 months old, food given should include animal protein which is a source of heme iron, a type more readily absorbed by the body," he says.

The dean of the Faculty of Medicine, Universiti Malaysia also says a study carried out by Universiti Malaysia Medical Centre (UMMC) found that iron store starts reducing at three months old.

This, he says, underlines the importance of keeping mothers very healthy with adequate iron intake throughout breastfeeding so their young offspring will get enough iron.

"Of course, creating a good 'iron store' begins in-utero. But the supplementation for mothers should continue after they give birth, for as long as they breastfeed, for their children to benefit from it," he adds.

Feeding kids better

As kids grow, Dr Muhammad Yazid says parents need to feed them differently.

"Give them iron-rich foods

such as beef, lamb, liver, chicken and anchovies. Plant sources (non-heme iron) include tofu, eggs, kangkung, spinach and chick peas," he says.

"Parents can also combine iron-rich food with vitamin C food like citrus fruits, guava and papaya, which will help boost the mineral's absorption," he says.

Dr Muhammad Yazid admits the rising cost of living affects household food security and nutrition quality, especially among vulnerable groups.

"When staple foods and nutrient-rich items like meat and leafy greens become less affordable, families may shift to cheaper, less nutritious diets. This shift increases the risk of micronutrient deficiencies, including IDA," he says.

However, higher income does not always mean better nutrition.

"Some wealthier families still choose processed and convenient foods that are low in iron. Time is also essential for working parents, so some opt for quicker food to feed their children, which can be less nutri-

tious," he adds.

Lower-income families can still provide healthy, balanced meals if they are aware of affordable, iron-rich options like anchovies, chicken, tofu, eggs and leafy greens.

"The real difference is parental awareness of how crucial iron is for brain development, immunity and growth," he says.

Nutrition education across all income levels is critical and mandatory IDA screening as part of child health programmes would help ensure no child is overlooked.

On top of that, current collaborations with ministries and partners are already working to embed screening and expand support for vulnerable families.

"Small, consistent changes in daily meals can prevent IDA, and screening remains a key step in catching it early," he concludes.

The real difference is parental awareness of how crucial iron is for brain development, immunity and growth.

Prof Dr Muhammad Yazid Jaliludin

Combining iron-rich food with vitamin C food like fruits will help boost absorption of the mineral.
- Freepik



By ANKE DANKERS

MANY a man may feel anxious before seeing a urologist for the first time, perhaps even to the point of getting sweaty palms and going weak at the knees.

A digital rectal exam can be a particular object of dread.

So when should you make an appointment?

And what can you expect during your visit?

Two urologists have answers.

According to German Society for Urology (DGU) spokesman Dr Axel Merseburger, a man should see a urologist in cases of:

- > Frequent or painful urination
- > Blood in the urine
- > Recurrent urinary tract infections (UTIs)
- > Kidney stones
- > Erectile dysfunction
- > Testicular pain, or
- > Unexplained lower abdominal pain.

External signs of inflammation in the genital region, or lumps in or around the testicles, are also cause for an examination by a urologist, says Association of Urologists in Private Practice in Hamburg executive board chairman Dr Robert Frese.

In addition, urologists can provide consultation on matters relating to fertility, sexual problems or sexually-transmitted diseases (STDs).

"But you should always see your GP (general practitioner) first, who can refer you to the proper specialists," Dr Merseburger says.

If for nothing else, every man should see a urologist for cancer screening.

"Prostate cancer is the most common cancer in men, as breast cancer is in women," points out Dr Frese.

Worldwide, there were an estimated 1,414,259 cases in 2020, according to the Global Cancer Observatory, a specialised agency platform of the World Health Organization (WHO).

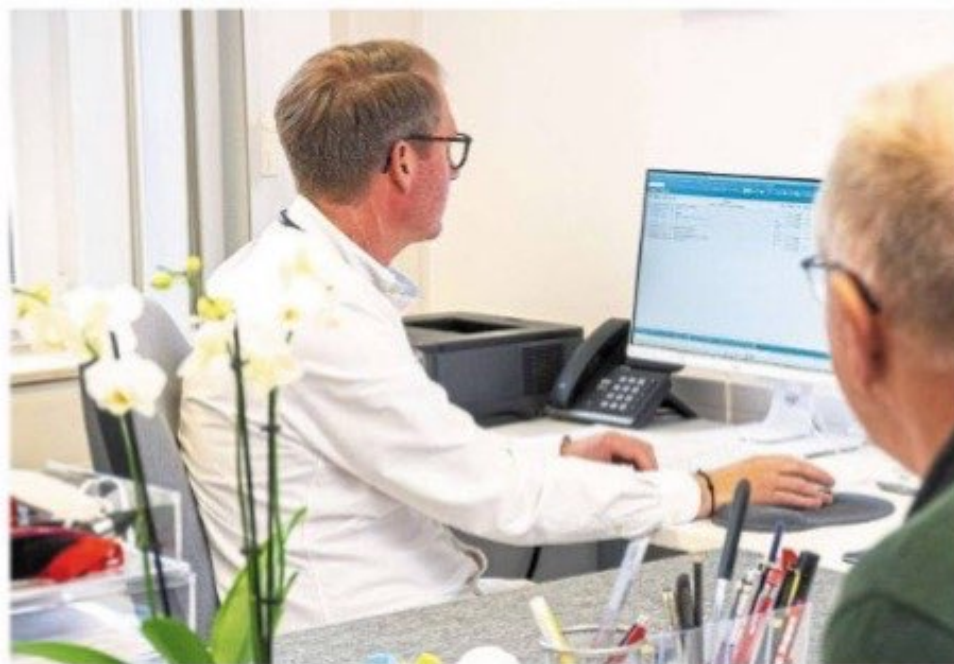
At what age should a man be screened for prostate cancer?

Annual screening is recommended for men aged 45 and over.

However, a large percentage of men typically don't get screened regularly, and many don't at all.

My first urologist's visit

Here's what men can expect during a visit to this specialist to get checked for any disorders related to their reproductive and urinary systems.



"Has anyone in your family had prostate cancer?" Cancer screening at the urologist begins with questions about your health and your family's history of relevant illnesses. — dpa

How does the initial appointment generally go?

Whether it's a cancer screening or you want to have acute symptoms checked, a proper visit with a urologist should begin with a thorough conversation about your medical history.

This should touch on such things as any cancer cases in your family, pre-existing conditions you may have, and your use of medicines.

"Your sexual function should not be left out for fear of embarrassment either," Dr Frese says.

Depending on any symptoms you may have, a physical examination then follows.

This may also perhaps be complemented by a urine and/or blood test.

What exactly is done during a cancer screening examination?

Along with examining and palpating – or feeling – the penis and scrotum for any abnormal areas, the urologist palpates the prostate gland and checks the lymph nodes, Dr Frese says.

Prostate palpation, also known as a digital rectal exam (DRE), is somewhat controversial because "not every small, early tumour can be adequately felt".

For this reason, professional medical associations such as the DGU recommend prostate-specific antigen (PSA) screening too.

PSA is protein produced by cells of the prostate gland, and men with prostate cancer often

have an elevated level in their blood.

Some non-cancerous conditions can also raise the level, however.

Dr Merseburger advises men to consult their urologist about the suitability of having both a DRE and PSA test.

Dr Frese, for his part, discourages leaving out a DRE, as "it can provide essential information on the size and shape of the prostate gland, as well as palpable abnormalities that could indicate colon cancer".

Is the dreaded DRE really so bad?

How uncomfortable it's felt to be depends on the individual. In any case, it's not painful and

generally takes only a few seconds.

You typically lie on your side, knees bent, and the doctor inserts a gloved, lubricated finger into your rectum and palpates the prostate – located just below the urinary bladder – for any hard, lumpy or abnormal areas.

"It's a bit unpleasant, but a blood test is worse," remarks Dr Frese.

"When you explain its purpose to the patient, they all agree to have it."

Along with background information, a little humour can help to ease any embarrassment, he says.

Dr Merseburger advises his patients to simply relax and breathe calmly.

He also thoroughly explains the importance of a DRE to allay any anxiety or embarrassment.

As Dr Frese sees it, the reason that men often neglect to get screened for prostate cancer lies in their psyche.

"Men don't like going to a doctor. They tend to regard their body as a machine, and a doctor as a mechanic that you call on only when something isn't working properly."

Do only men go to a urologist?

No.

"Roughly 40% of my patients are women," Dr Frese says, noting that recurrent UTIs, kidney stones or incontinence are the main causes of their visits.

"Women can also develop tumours that are treated by a urologist, such as bladder cancer or a kidney tumour."

Children, too, get urological treatment.

Common causes, according to Dr Merseburger, are congenital anomalies or an undescended testicle. — dpa

Need to bridge insurance gap for young adults

FOR many young adults in Malaysia, health insurance is something to think about “later”. Due to rising premiums, limited disposable income and a perception of invulnerability, a significant portion of them are opting to remain uninsured or under-insured.

While this may seem like a rational short-term decision, the long-term consequences will be dire not only for the individuals themselves but for the healthcare system as well.

Early-career Malaysians struggle to afford personal protection. As many are balancing student loans, housing costs and everyday living expenses, insurance often falls low on the priority list. This trend has resulted in a widening coverage gap: healthy young adults are staying out of the insurance pool at precisely the age when participation is most affordable, creating a systemic imbalance.

The implications extend

beyond individual risk. Insurance systems rely on a broad, balanced risk pool: the presence of younger, generally healthier participants helps offset the cost of care for older or higher-risk groups.

When young adults opt out, the system becomes more vulnerable, premiums rise, and coverage becomes less sustainable for everyone.

Accidents, sudden illness or early-onset chronic conditions can strike unexpectedly, leaving patients reliant on government hospitals, which provide universal healthcare, or paying out-of-pocket for costly treatments at private medical facilities.

As more uninsured individuals enter the public healthcare system when emergencies arise, hospitals face sudden spikes in demand, adding pressure on already stretched facilities and overworked staff.

This dynamic also has broader social implications. Households

can be destabilised – and the ripple effects of lost productivity, debt or delayed treatment extend beyond individual families to the larger economy.

Beyond the financial toll, the emotional stress of navigating illness without coverage adds another layer of vulnerability. Anxiety over potential health emergencies, coupled with the knowledge that resources are limited, can affect personal decisions around career, lifestyle and family planning.

The issue reflects gaps in accessibility, affordability and awareness. Insurance products are often perceived as complex, expensive or unnecessary for those who feel healthy. Yet, systemic risk grows when this segment of the population remains outside the coverage framework.

Without mechanisms to encourage early and sustained participation, the healthcare system absorbs the financial and operational burden while indi-

viduals remain exposed to catastrophic costs.

The solution lies in bridging this gap with accessible, easy-to-understand and affordable options for young adults. By engaging this demographic early, the system can ensure more stable risk pools, reduce the likelihood of catastrophic out-of-pocket costs and relieve some of the pressure on public hospitals.

Providing coverage at this stage is not about anticipating illness in every individual; it's about creating a resilient system that distributes risk fairly and prevents financial hardship when health crises occur.

Early participation fosters continuity, stability and peace of mind, allowing young adults to focus on building their careers, families and communities without the looming threat of being financially unprotected.

WONG TECK JIN
Petaling Jaya



Cheng (second from left) at the registration desk during the rabies vaccination campaign held at SJK(C) Sacred Heart Chinese in Sibü.

'Don't take dog bites lightly'

Vaccination campaign in Sibü stresses importance of timely rabies response

By ANDY CHUA

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VICTIMS of dog bites – even in minor cases – must not delay medical treatment, as rabies remains fatal once symptoms appear, says Bukit Assek assemblyman Joseph Chieng.

He said the disease is entirely preventable if treatment is sought immediately.

"Do not take it lightly and do not delay. Immediate treatment saves lives," he said during a rabies vaccination campaign for pet dogs and cats organised by the Sibü Division Chinese Community Leaders Association at SJK(C) Sacred Heart Chinese in Sibü, Sarawak.

Chieng stressed that rabies was a real and present danger in the community.

On Oct 12, Sarawak recorded another rabies fatality involving a 29-year-old man who was bitten by a stray dog and did not seek immediate medical treatment.

"The victim eventually developed symptoms of rabies, including hydrophobia (fear of water), loss of speech, excessive salivation and difficulty swallowing.

"He ultimately succumbed to the disease," said Chieng.

He said the State Health Department recorded 16,295 cases, comprising 10,021

cat scratches and 6,078 dog bites, between Jan 1 and Oct 11 this year.

This makes it an average of more than 400 cases per week.

Of the total, 10,999 cases involved domestic animals and 5,296 involved strays.

"More worryingly, of the five human rabies cases reported this year, four involved bites from high-risk animals and the victims did not seek treatment.

"These figures show clearly that rabies is among us and ignoring it even once can lead to a lifetime of regret," said Chieng.

He stressed that vaccination remained the most effective method of saving lives.

"Today's vaccination programme aims to ensure a safer community and greater peace of mind for our families," said Chieng.

He also commended the organisers and the Sibü Veterinary Office team for their efforts to promote rabies vaccination.

"You have long served the community by providing health education, vaccination services and safety awareness.

"This is the very foundation of public health protection," he said.

Chieng added that community vigilance was key to keeping Sibü safe.

Daily pill helps people lose 10 per cent of weight in 18 months

A DAILY pill that is cheaper and easier to take than currently available weight loss drugs helps people lose around a tenth of their body weight over nearly 18 months, according to a recent study.

A new generation of appetite-suppressing drugs called GLP-1 agonists has become popular in recent years.

However these treatments require regular injections, refrigeration and can be prohibitively expensive.

With an immense amount of money at stake, pharmaceutical firms have been racing to be the first to market with a simpler pill that harnesses GLP-1's weight loss powers.

The study published in 'The Lancet' medical journal tested out a new needle-free drug developed by US pharma giant Eli Lilly.

More than 1,500 adults in 10 countries with both obesity and type 2 diabetes took the pill daily alongside advice to eat a healthy diet and exercise.

Participants on the highest dose of 36 milligrams lost around 10 per cent of their body weight after 72 weeks,

compared with two per cent for the group taking a placebo, according to the study.

This is similar to research published earlier this year that found that people with obesity but not diabetes lost around 12 per cent of their body weight while taking the pill.

The side effects seen during the latest trial reflected those already observed for injectable GLP-1 drugs, including nausea, vomiting, constipation and diarrhoea — particularly at higher doses.

"It is exciting to have an oral medication that provides double-digit weight

loss, which on average was 23 pounds (10kg)," lead study author Deborah Horn of UTHealth Houston said in a statement.

Injectable GLP-1s can cost over US\$1,000 a month in the US. Some experts have called for pharma firms to make cheap generic versions — which research shows can be produced for US\$4 a month — available in poorer nations where they could save the most lives.

More than 3.7 million people died from illnesses related to obesity or

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SCAN ME



Pharmaceutical firms have been racing to be the first to market a simpler pill that harnesses GLP-1's weight loss powers.

PICTURE CREDIT: FREEPIK



being overweight globally in 2021 — more than malaria, tuberculosis and HIV combined, according to the World Health Organisation.

GLP-1 drugs were originally devel-

oped for diabetes but research has suggested they could help with an expanding range of health problems, including heart disease, sleep apnoea and even addiction.

INITIAL POST-MORTEM

DPP OBJECTS TO MUM'S REPORT BID

Prosecution says it was told not to release report during probe

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THE prosecution yesterday raised a preliminary objection to an application by Ummu Haiman Bee Daulatgun, who is seeking access to the initial post-mortem report and hospital records of her son, Universiti Teknologi Malaysia Palapes cadet Syamsul Haris Shamsudin.

Deputy public prosecutor (DPP) Raja Azizul Faridah Raja Zaharudin told the High Court that the first post-mortem report, conducted at Sultan Ismail Hospital (HSI)

in Johor, was held by the case's investigating officer.

She said the prosecution had been instructed not to release the report while investigations were ongoing.

"The first post-mortem report will only be disclosed after we receive the results of the second. We need to peruse the investigation papers and relevant documents before making any decision."

Defence lawyer Datuk Naran Singh argued that the investigation should not prevent the report's release.

"I am certain the first post-mortem is complete and with the investigating officer. He told me that if I wanted it, I would have to go through the DPP's office. I do not understand why the attorney-general refuses to release it," he said.

Naran cited Section 74 of the Evidence Act, adding that post-mortem reports were considered public documents. He also referred to a letter from the investigating



Defence lawyer Datuk Naran Singh with Ummu Haiman Bee Daulatgun at the Shah Alam High Court yesterday. NSTP PIC BY FAIZ ANUAR

officer who did not object to the release in line with Health Ministry procedures.

High Court judge Datuk Bhupindar Singh Gurcharan Singh Preet reminded the prosecution that strong grounds were needed to withhold the findings.

"Under the post-mortem guidelines, if requested, the report should be provided," he said, setting Dec 5 for the prosecution to update whether the first post-mortem would be released, failing which, both sides would make submissions.

Ummu Haiman, 45, filed the notice of motion last month, naming Health Minister Datuk Seri Dr Dzulkefly Ahmad and six others as respondents, including HSI and Kota Tinggi Hospital (HKT) directors. She maintains that she is being denied her

right to access the report to determine the true cause of her son's death, believing that he may have been assaulted.

Syamsul Haris died on July 28 at HKT during training at the Combat Inoculation Firing Range of the Army Combat Training Centre in Ulu Tiram, Johor. He was buried the next day at Kampung Rinching Hulu Cemetery in Semenyih before his body was exhumed.

Today, Ummu Haiman, with her lawyer, will obtain the results of the second post-mortem from the Kuala Lumpur Hospital National Institute of Forensic Medicine.

Defence Minister Datuk Seri Mohamed Khaled Nordin had said that an inter-ministry task force found no evidence of abuse during the training.

MEDICAL PROTECTION

1.8m Malaysians have benefitted from mySalam since 2019

A TOTAL of 1.8 million people have benefitted from the mySalam health protection scheme since it was launched in 2019.

Deputy Finance Minister Lim Hui Ying told the Dewan Rakyat yesterday that the scheme helped low-income households cope with medical costs and emergencies.

She said the beneficiaries included those who were hospitalised, critical illness patients, former Covid-19 patients and individuals who needed medical

devices.

She said critical illness claims accounted for the highest payout, with RM658 million disbursed to 82,000 recipients.

She added that 1.22 million people claimed a total of RM378 million in hospitalisation costs.

"As of September, RM490.8 million is in the mySalam fund. The scheme provides free takaful health coverage to people aged 18 to 65 in the B40 group who are also Sumbangan Tunai Rahmah aid recipients, and their spouses.



"Currently, the mySalam trust deed limits benefits to the low-income group and the scheme will continue in 2026, in line with the recent budget announcement," she said.

Lim was replying to a supplementary question from Mordi Bimol (PH-Mas Gading) about the total medical claims and number of people who have benefitted from mySalam, as well as whether the government planned to extend the scheme to the middle-income (M40) group.

Lim said the proposal to expand mySalam to the M40 group would be studied.

She said Bank Negara Malaysia, in collaboration with the insurance and takaful industry, also offered Perlindungan Tenang products for underserved and vulnerable groups.

She said Perlindungan Tenang products met five criteria: affordability, accessibility, good value, ease of understanding and purchase, and a simple claims process. **Bernama**

Malaysian healthcare urged to embrace tobacco harm reduction

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MALAYSIAN healthcare professionals and medical schools have been urged to integrate tobacco harm reduction (THR) into their training and practice, as widespread misconceptions persist.

Physician and former adviser to three World Health Organisation (WHO) directors-general on global public health strategies, Dr Delon Human, said Malaysia is not alone in facing a gap in THR education, as many still wrongly believe that nicotine causes cancer.

"Malaysian healthcare professionals must first make sure they fully understand facts about nicotine. More than 50 per cent of doctors globally — including in countries like the United States — wrongly think that nicotine causes cancer, which is absolutely false," he said.

"Nicotine itself is not the primary cause of smoking-related diseases; it's the smoke produced during the burning of tobacco. In fact, while addictive, nicotine has been used for licensed medicinal products with minimal risk, in forms of nicotine gums and patches."

He stressed that strengthening education on nicotine and THR is crucial to addressing smoking-related non-communicable diseases and poor wound healing outcomes.

According to a scientific compendium called *Omni™* — which consolidates case studies and over 260 peer-reviewed papers and scientific research, smokeless alternative products such as vapour or heated tobacco products do not involve combustion and significantly reduce exposure to harmful toxicants associated with smoking.

Dr Human noted that alternatives with lower risk profiles to cigarettes needed to be viewed in terms of relative risk, rather than absolute risk.

"The best advice in public health for people who smoke is to quit altogether,"



“Malaysian healthcare professionals must first make sure they fully understand facts about nicotine. More than 50 per cent of doctors globally — including in countries like the United States — wrongly think that nicotine causes cancer, which is absolutely false.”

DR DELON HUMAN

Physician and adviser to three World Health Organisation directors-general

he said.

"But for those people who will not quit, switching completely to smokeless alternatives is preferable to continued smoking," Dr Human said.

LEARNING FROM GLOBAL EXAMPLES

Immunologist Dr Thomas Oh pointed to countries like Sweden and New Zealand as examples of countries that have successfully reduced smoking prevalence by adopting THR within their public health policies.

In 2023, Sweden recorded a lower tobacco-related disease death rate by 39.6 per cent compared to the average of other European countries.

It also recorded 41 per cent fewer cancer incidences in the European Union.

In New Zealand, the smoking rate dropped from 16.4 per cent to 6.9 per cent as of 2024 according to the New Zealand Health Survey, reflecting the country's sustained efforts under the government's Smokefree Aotearoa 2025 goal, which embraces THR in its national health policy.

"They are well on their way to achieving 'smoke-free' nation status, which is defined as a country having a smoking prevalence of below five per cent — a target set by WHO."

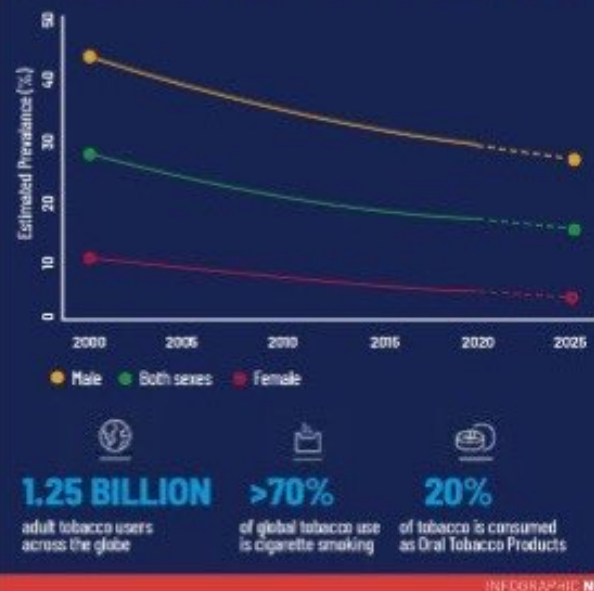
"Whereas Australia, on the other hand, is facing significant challenges because it adopted a different type of policy, a restrictive pharmacy model, which is not encouraging the switch to smokeless products," he said.

Oh added that policymakers, regulators and scientists could utilise *Omni™*, a scientific compendium of science-backed insights on THR as a powerful resource tool which compiles over a decade's worth of studies and scientific evidence on THR to guide responsible regulation and adult-only access to these alternative products, moving into a smokeless world.

"It's a manifesto for us to build a smokeless world in the long run," he said.

He added that responsible regula-

GLOBAL TOBACCO SMOKING PREVALENCE HAS DECLINED CONTINUALLY SINCE 2000



tion was an important aspect of THR, including ensuring that flavours and packaging are adult-oriented to deter the underage from using these products.

"Flavours definitely have to be adult-oriented — menthol, tobacco and must have factual style and adult-oriented descriptors."

"And of course, it must come in adult-oriented packaging targeted to adults and strict enforcement is definitely needed to prevent underage access," he said.

Both experts spoke at the Asia Wound Care Association & 7th Global Wound Conference at the Sunway Pyramid Convention Centre, which invited Malaysian healthcare professionals to explore smokeless alternatives to further improve wound care management

and healing.

According to the WHO, there are 1.25 billion adult tobacco users worldwide.

Closer to home, Malaysia's 2023 Global Adult Tobacco Survey (GATS) reported that about 19.5 per cent of adults — about 4.8 million people — currently use cigarettes, or other tobacco products.

As Malaysia steps up efforts to reduce the incidence of smoking-related diseases, experts say it is time for healthcare professionals and policymakers to integrate tobacco harm reduction into the mainstream.

Greater awareness and evidence-based education mean that doctors and other healthcare professionals can better help adult smokers make informed choices and support national health goals.

Under One Roof

Helping children set healthy entertainment boundaries

Q: I realise that I need to “be the parent” when it comes to setting boundaries for my children’s media and entertainment consumption. I am aware they may not be thrilled about having rules and guidelines but is there a strategy or an approach I can use that will make them more likely to understand and “buy in”?

Focus on the Family Malaysia: When establishing media standards, it is especially helpful for children to understand that they are not alone in needing boundaries.

Discipline in all areas of life is healthy and necessary. When it comes to labelling entertainment as “acceptable” or “out-of-bounds”, almost everyone does this to some degree.

Take movies, for example. Millions rely on MPAA ratings as a guide for what they choose to watch. Others may contend that they have no boundaries at all but the truth is, even these individuals have their limits.

Once your children understand that setting boundaries is healthy and universal, the natural next step is to

discuss where those boundaries should be drawn. Teach them that relying on gut feelings, peer opinions or YouTube reviews can be misleading and are often unreliable forms of discernment.

A better guideline is to ask thoughtful questions such as:

☺ “Will I become a better person if I play this video game, listen to this song or watch this television show or movie?”;

☺ “Will it inspire me or encourage me towards greater virtue, empathy, sacrifice or service to others?”; and

☺ “Will this benefit my inner self – my thoughts, attitudes and decision-making?”

If the answer is “no”, then that is where the boundary should be set.

Your role is to help your children learn to recognise and honour those boundaries, not as restrictions, but as tools for their growth and well-being.

Q: What is the relationship between fatherlessness and violent behaviour among adolescent boys? I am asking because statistics indicate that an increasing number of children are

“Discipline in all areas of life is healthy and necessary. When it comes to labelling entertainment as ‘acceptable’ or ‘out-of-bounds’, almost everyone does this to some degree.”

growing up in homes without a father present.

Focus on the Family Malaysia: These two phenomena are closely related. While many factors contribute to violent behaviour among adolescent boys, one important dynamic involves the uniquely masculine way fathers often engage and play with their children.

As you are probably aware, mothers and fathers tend to play differently. Boys have an innate need for rough-and-tumble activity from an early age. This type of physical interaction helps them develop self-confidence and learn how to gauge their own strength.

Fathers typically can guide boys in this area. While a mother may worry that “someone will get hurt” when a father and son begin wrestling on the floor, there is an important sense in which that controlled, friendly scuffle serves a healthy purpose.

Within a safe environment, boys learn appropriate physical boundaries and self-regulation. At the same time, fathers have meaningful opportunities

to affirm their sons’ strength, competence and developing sense of masculinity.

So, what happens when a boy grows up without this kind of interaction with his father? This is where the connection between fatherlessness and teenage violence rears its ugly head.

Without learning appropriate limits in physical play and without receiving the masculine affirmation he naturally seeks, a boy may feel compelled to “prove” himself. He may enter adolescence with a deep longing for recognition and respect, and lacking healthier outlets, he may attempt to assert this need through unhealthy or aggressive behaviour.

This article is contributed by Focus on the Family Malaysia, a non-profit organisation dedicated to supporting and strengthening the family unit. It provides a myriad of programmes and resources, including professional counselling services, to the community. For more information, visit family.org.my. Comments: letters@thesundaily.com

Calls for proactive mental health care as crisis worsens

► Many programmes remain too generic and short term to deliver lasting impact: Lecturer

BY KIRTINEE RAMESH

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PETALING JAYA: Despite a surge of government-led initiatives in recent years, Malaysia's mental health crisis is worsening, with fresh police data showing that more than 80% of the 5,857 suicide cases recorded between 2020 and October this year involved men, including 1,813 in the 15-30 age bracket.

Selangor recorded the highest number of cases, followed by Johor, Kuala Lumpur and Penang.

Against this backdrop, experts say the nation's approach remains too reactive, focusing on crisis intervention rather than prevention, community support or healthier environments that protect people before they reach breaking point.

Universiti Sains Islam Malaysia senior lecturer and licensed counsellor Dr Farhana Sabri said different age groups require individually tailored interventions, yet many programmes are too generic and short-term to deliver lasting impact.

She said for children, long-term, skills-based learning, including mindfulness, anger management and grounding techniques, is far more effective than "one-off, feel-good" motivational sessions.

"Mental health support must be integrated into daily learning."

She added that working adults need healthier workplace ecosystems.

While many companies run self-care workshops, recent findings published in the *Careus Journal* this year show that these have little effect if employers ignore workload, team dynamics and managerial practices.

"Wellbeing depends on how work is organised. It is an organisational responsibility, not just an individual one."

On Wednesday, Youth and Sports Minister Hannah Yeoh warned that the actual scale of the problem may be far higher due to underreporting and the fear of stigma, particularly in universities and workplaces where young adults risk being labelled.

"This is not a joke. It is a matter of life and



The World Health Organisation has identified meaningful social roles, including volunteering and intergenerational involvement, as strong protective factors. — AMIRUL SYAFIQ/THESUN

death," she said, calling for wider training for employers and educators.

Farhana said for older Malaysians, reducing loneliness and restoring purpose are key.

Structured community programmes that combine social groups, cognitive activities and light exercise have shown significantly better outcomes compared with casual gatherings, she added.

The World Health Organisation has similarly identified meaningful social roles, such as volunteering and intergenerational involvement, as strong protective factors.

"We cannot assume family support is enough. We need community hubs, such as *surau*, *balai raya* and resident associations, to keep seniors connected," said Farhana.

She noted that while the National Strategic Plan for Mental Health 2020-2025 calls for community-led care and multi-agency collaboration, substantial gaps remain between policy and real-world practice.

Most resources revolve around hospitals, activated only when someone reaches a crisis point.

Meanwhile, root causes, such as bullying, domestic violence, workplace harassment and school absenteeism, continue to be addressed in silos despite clear links to mental distress.

"We are responding after harm has happened. Prevention is still underdeveloped and underfunded."

Farhana said although the Health Ministry

has introduced "quick guides" and early intervention protocols, their effectiveness hinges on proper training and leadership support.

"A guide may teach a teacher how to ask about mood, but not how to be empathetic if the culture still prioritises grades over wellbeing."

She warned that without follow-up or reduced workloads, such tools risk becoming "just another document in a filing cabinet."

Digital mental health tools, including telehealth, online counselling and AI-assisted apps, have widened access, especially between therapy sessions.

However, she cautioned against relying on them without proper regulation.

"Digital tools must exist within a regulated, stepped-care system. They cannot assess suicide risk or provide trauma care."

Farhana stressed that mental health must be seen as a shared societal responsibility.

"When a child struggles, look beyond their 'resilience' to family and school pressures. When adults burn out, question workloads and bullying instead of telling them to 'self-care harder'. When elders feel invisible, ask what it says about how we build neighbourhoods."

Simple gestures, such as a teacher checking in on a withdrawn student, a supervisor normalising mental health days or a neighbour inviting an elderly resident to weekly activities, could be lifesaving, she said.

"Compassionate communities save lives. Each of us is part of the prevention network."