

# Birth defects claim 30% of young lives

## Health experts urge prevention with better antenatal care

By DIVYA THERESA RAVI  
divya.theresa@thestar.com.my

**PETALING JAYA:** About 30% of deaths among children under five in Malaysia between 2018 and 2022 were related to congenital conditions.

It is the second most common cause of death in this age group, followed by nervous system malformations and surgically-related issues, according to the Health Ministry (MOH).

It said this accounted for about 55% of congenital anomalies, making them the most common type reported nationwide, including conditions such as Down syndrome, Edwards syndrome and Patau syndrome.

MOH does not capture data on live births with congenital conditions.

“Existing reporting mechanisms are primarily focused on mortality outcomes, including stillbirths and deaths among children under five years of age attributable to congenital causes.”

Currently, there is no stand-alone national programme dedicated specifically to preventing congenital disabilities.

“However, preventive efforts are integrated into broader maternal and child health services, including pre-pregnancy care at primary healthcare clinics where women receive counseling and health assessments before conception,” it said.

Doctors caution that while many congenital anomalies are unavoidable, there are conditions and risk factors that families should be aware of.

Consultant paediatrician and neonatologist Datuk Dr Musa Mohd Nordin said congenital anomalies like Down syndrome are largely unavoidable.

“They are random genetic events not caused by anything a parent did or didn’t do.

“Pregnancy at a maternal age below 35 years old significantly reduces the risk of chromosomal trisomies,” he said.

Early detection through antenatal screening as early as 10 weeks of pregnancy allows for informed decision-making and preparation, he added.

However, Dr Musa noted that a significant portion of congenital disabilities reported by MOH, i.e. the remaining 45%, have preventable elements.

“Many neural tube defects can be prevented with adequate folic acid intake,” he said.

“Congenital heart defects, while not 100% preventable, have risk factors that we can manage.

“Optimising maternal health, avoiding harmful exposures and taking proper vaccinations, like rubella, chicken pox, and hepatitis B vaccines, can significantly reduce the risk.”

Dr Musa noted that unmanaged diabetes is a major factor contributing to the problem.

“High blood sugar in the first trimester, when the baby’s organs are forming, significantly increases the risk of heart defects and neural tube defects.

“Others include congenital rubella syndrome and congenital varicella syndrome, for example, which may lead to multiple anomalies in babies. Yet, both can be avoided if women are vaccinated against measles, mumps, rubella (MMR), and chickenpox before pregnancy.”

Other factors also include advanced maternal age (often linked to career timing), he said.

Similarly, maternal-fetal medicine consultant Dr Muniswaran Ganeshan said iodine deficiency



### Birth Defects: Prevention & Advice

#### Adopt a healthy lifestyle

■ Maintain a healthy weight, eat well and manage stress. Avoid smoking, alcohol, and drugs.



#### Take folic acid supplements

■ Taking folic acid supplements three months before pregnancy until the first trimester helps prevent neural tube defects in babies.



#### Optimise existing medical conditions

■ Women are encouraged to delay pregnancy until chronic diseases (diabetes, hypertension, asthma, heart problems) are stabilised.



#### Review medications

■ Women are advised to have their current medications reviewed and adjusted by a doctor before getting pregnant.



#### Practise family planning

■ If a woman’s health is not at an optimal level for pregnancy, the Health Ministry (MOH) suggests to wait until the body is prepared.



#### Understand pregnancy risks

■ Pre-pregnancy counseling helps women understand health risks, recurring complications, and inherited conditions before conceiving.



Source: MOH TheStargraphics

is another common concern that does not cause congenital disabilities but is associated with impaired neurological development in the newborn.

“Maternal exposure to certain supplements, such as retinoids, which are commonly used to treat acne and skin conditions, is associated with fetal brain, heart and facial abnormalities.

“Mothers with certain conditions – including those who conceive via IVF (in-vitro fertilisation), carry multiple pregnancies, or have congenital heart disease or inherited genetic disorders – may face a higher risk of having babies with congenital anomalies.

“About 20-25% of congenital disabilities come from genetic causes. Spontaneous genetic changes cannot be prevented, but

inherited conditions can sometimes be avoided through IVF and embryo screening (e.g. thalassemia or certain X-linked disorders),” he said.

He added that with better antenatal care today, ultrasounds, and genetic screening, which is often done with just a blood test, many conditions can be detected early.

“Some can even be treated during pregnancy or after birth.

“For prevention, both parents should see a doctor before conception to optimise their health before pregnancy.

“If you have a genetic condition, this can also be avoided through certain pre-pregnancy interventions, such as preimplantation genetic testing, which is also an option to prevent inherited genetic conditions.”

# Snap, report and snuff out the smoke

## Portal aims at empowering community to aid enforcement

By **GERARD GIMINO**  
@thestar.com.my

**PETALING JAYA:** You're sitting in a restaurant enjoying your food when the smell of cigarette smoke hits you.

"No smoking" signs are plastered all around yet you see someone lighting up nearby.

The thought of telling the person off crosses your mind – but what if he reacts angrily or even violently?

Did you know that you can take action against errant smokers safely?

With just the camera on your phone you can lodge a report against anyone smoking in a prohibited area at [jomlapor.com](http://jomlapor.com).

While keeping you anonymous, the portal will upload an image of the offender – with the face blurred – together with location information.

Some 4,396 cases of smoking in prohibited areas were reported at [jomlapor.com](http://jomlapor.com) between December

2024 and February this year.

This made up more than half of the total offences recorded by the portal during this period (8,387 offences).

The Jomlapor portal was set up to improve advocacy for the enforcement of the Control of Smoking Products for Public Health Act 2024 (Act 852).

It aims to empower the community and individuals to highlight the need for greater enforcement.

Act 852 came into force on Oct 1, 2024, with full implementation beginning on Oct 1, 2025.

Among the groups involved in [jomlapor.com](http://jomlapor.com) are the Malaysian Council for Tobacco Control (MCTC), National Cancer Society of Malaysia, Malaysian Pharmacists Society, Malaysian Dental Association and Ikram Health, an NGO.

Every evening, a copy of all reports lodged for the day at the portal is sent to the Health Ministry, state Health Departments and local governments.



**No smoke without ire:** Almost half of the notices issued for smoking in prohibited areas last year were for offences in restaurants, says the Health Ministry. – FAIHAN GHANI/The Star

This alerts relevant authorities to hotspots so they can carry out targeted operations, said MCTC president Prof Dr Murallitharan Munisamy. He explained that due to the lack of manpower to carry out enforcement, [jomlapor.com](http://jomlapor.com) can help identify areas for action.

"Civil society built this comprehensive portal alongside pushing for greater awareness on it," he said, adding that the groups that manage the portal will carry out a comprehensive nationwide survey soon to monitor compliance with Act 852.

"The authorities should publicise action taken through [jomlapor.com](http://jomlapor.com) in enforcing Act 852 as it will help the rakyat have confidence in our system," Dr Murallitharan said.

Besides smoking in areas where it is prohibited, other offences reported are the sale of cigarettes, cigars and heated products below RM12 (1,224 reports), tobacco-related advertisements (1,010) and non-compliance with the setting up of no-smoking signs (947).

Other recorded offences are the sale of smoking products online and through vending machines (236) and non-compliance with display bans at convenience stores (201).

The highest number of total offences were reported in Selangor (2,294) followed by Kuala Lumpur (1,818), Johor (868), Penang (506), Perak (452) and Sarawak (357).

Some 298 cases were recorded in Pahang, 292 in Negri Sembilan,

271 in Terengganu, 223 in Melaka, 215 in Kedah, 205 in Sabah, 120 in Kelantan, 41 in Putrajaya, 29 in Perlis and 18 in Labuan.

Recently, the Health Ministry also said almost half of the notices issued for smoking in prohibited areas last year were for offences in restaurants.

The ministry said that smoking in restaurants accounted for 62,978 of the 140,217 offences recorded under Section 16(2) of Act 852.

Some 20,884 compounds were issued to owners of premises for providing smoking amenities and for failing to display no smoking signs.

A total of 22,278 enforcement operations were carried out last year.

# Caffeine withdrawal hits coffee drinkers

► Dietitian says sudden cut can trigger headaches, fatigue and poor focus; urges balanced *sahur*, *iftar* and adequate sleep

■ BY HARITH KAMAL  
newsdesk@thesundaily.com

**PETALING JAYA:** For many Malaysians, coffee is more than a morning ritual - it is a lifeline. From a strong *kopi kaw* before work to a quick instant cup at the office or a cafe stop between meetings, caffeine fuels daily life.

But come Ramadan, that routine vanishes. The early-morning cup disappears, leaving countless Malaysians battling headaches, fatigue, irritability and difficulty concentrating.

Malaysian Dietitians' Association council member Rozanna M. Rosly said these are classic caffeine withdrawal symptoms.

"Caffeine blocks adenosine receptors in the brain. Adenosine normally promotes sleepiness and helps regulate blood vessel tone.



Rozanna said during Ramadan, caffeine should be limited to non-fasting hours, ideally at *sahur* or shortly after *iftar*. - MASRY CHE ANI/THESUN

When caffeine is suddenly removed, adenosine effects 'rebound'. People may feel sleepier than usual, mentally slower and more irritable while blood vessels can dilate, contributing to headaches."

Rozanna said Ramadan routines can exacerbate these effects.

"Caffeine increases alertness mainly by blocking adenosine

receptors. It reduces perceived fatigue and improves attention in habitual users but can disrupt sleep if taken later in the day or in larger doses."

She said withdrawal symptoms typically appear 12 to 24 hours after the last caffeine dose, peak within a couple of days and can last up to a week, depending on individual sensitivity.

A 2023 study found that over half of caffeine users experienced withdrawal headaches in the early days of Ramadan, with heavier consumers at greater risk.

"Less fluid intake during the day can worsen headaches and tiredness. Changes in sleep patterns, like late nights and early *sahur*, increase fatigue, low mood and poor concentration. Long gaps between meals can cause low energy and 'brain fog' which feels similar to withdrawal."

To mitigate the effects, Rozanna recommends a balanced *sahur*, adequate fluids between *iftar* and *sahur* as well as avoiding excess sugary foods to reduce common triggers for headaches and lethargy.

"Withdrawal is most uncomfortable when caffeine stops abruptly. So, reducing the dose stepwise is practical and evidence-aligned," she said, suggesting a simple one to two-week taper: reduce total caffeine by 25-50% every three to four days.

"For example, go from three cups to two, then one and finally switch to half-caffeinated drinks. Those who drink strong or multiple coffees can start with smaller portions or weaker preparations."

During Ramadan, caffeine should be limited to non-fasting hours, ideally at *sahur* or shortly after *iftar*.

Rozanna cautions against late-

night caffeine to prevent sleep disruption and advises pairing caffeinated drinks with water.

"Most healthy adults can safely consume up to 400mg of caffeine per day. One cup of brewed coffee contains about 80-120mg, while *kopi kaw* may exceed 150mg.

"Even moderate drinkers can experience withdrawal. For many, the risk starts at about 2mg of caffeine per kg of body weight per day, roughly one strong cup for a 60kg adult," she added.

Ramadan also offers an opportunity to reset long-term habits.

"Caffeine itself is not harmful in moderation. But dependence can disrupt sleep, worsen anxiety, trigger reflux or palpitations or cause headaches if missed. Ramadan provides a structured environment to break automatic habits, reduce tolerance and reassess reliance."

For those struggling during the fast, she advises staying hydrated between *iftar* and *sahur*, eating a balanced *sahur*, keeping consistent bedtimes, taking short rest breaks and being patient, as withdrawal symptoms are temporary.

"Balance, not elimination, is the goal. You don't have to quit completely but you shouldn't feel trapped by caffeine. With gradual reduction, good hydration, balanced meals and adequate sleep, most people adjust within a week."

# We need smarter ways to keep people out of hospitals

**COMMENT**  
by Zareen Nadra Mohd Nasir

**MALAYSIA** has made undeniable progress in healthcare infrastructure over the past few decades. New hospitals continue to be built, specialist centres are expanding and advanced medical equipment is becoming more accessible across the country. These developments reflect strong national commitment to public health.

Yet despite this growth, public hospitals remain overcrowded, healthcare workers are overstretched and patients often face long waiting times even for basic services.

This situation raises a critical question. Do we truly need more hospitals or do we need smarter ways to keep people from needing them in the first place?

The healthcare system today is largely reactive. Many patients seek medical attention only when symptoms become severe enough to disrupt daily life. By the time they arrive at hospitals, conditions that could have been prevented or managed earlier such as diabetes complications, hypertension, infected wounds or chronic respiratory diseases, have already worsened. As a result, hospitals are burdened with cases that require intensive treatment, higher costs and longer recovery times. This reactive approach is unsustainable, both financially and socially.

Prevention, early detection and continuous monitoring must, therefore, become the foundation of Malaysia's healthcare strategy. A large proportion of hospital admissions are linked to non-communicable diseases, which account for significant healthcare expenditure and long-term disability. Many of these conditions are manageable through lifestyle changes, regular monitoring and timely intervention. However, the current system still relies heavily on hospital-based care rather than empowering individuals to manage their health proactively within their communities.

This is where smarter healthcare solutions play a crucial role, particularly those driven by biomedical engineering, digital health and community-based care models. Technologies such as wearable health monitors, paper-based diagnostic sensors, home glucose testing kits and telemedicine platforms allow health issues to be detected early before they escalate into emergencies. These solutions are often far more affordable than in-patient treatment and can be deployed widely, including in rural or underserved areas where access to hospitals is limited.

Malaysia already has strong foundations to support this shift. Smartphone usage is widespread, internet connectivity continues to improve and there is a growing pool of skilled engineers, clinicians and researchers. Together,



Prevention, early detection and continuous monitoring must, therefore, become the foundation of Malaysia's healthcare strategy. - **SUNPIC**

these factors create an ideal environment for preventive healthcare innovation. Yet, adoption remains slow. Fragmented healthcare systems, limited integration between engineering solutions and clinical workflows and a culture that prioritises treatment over prevention continue to hinder progress.

Keeping people out of hospitals does not mean denying care. Instead, it means shifting appropriate care closer to where people live. Community clinics, mobile health units and home-based monitoring systems can manage many conditions that do not require specialised hospital facilities. For instance, regular monitoring of wound pH and temperature can help detect early signs of infection, preventing complications that would otherwise require emergency admission. Similarly, remote consultations can be used for follow-up appointments, reducing unnecessary travel, long waiting times and pressure on hospital staff.

A smarter healthcare system also benefits healthcare workers. Doctors and nurses in Malaysia frequently experience burnout due to heavy workloads and constant patient overflow. By reducing avoidable hospital visits, healthcare professionals can focus their time and expertise on patients who genuinely require advanced or specialised care. This improves efficiency, enhances job satisfaction and ultimately raises the quality of care provided.

However, technology alone is not the solution. Strong policy support, public education and interdisciplinary collaboration are equally important. Engineers must work closely with clinicians to design tools that are practical, reliable and aligned with real clinical needs, rather than solutions that look impressive but are

difficult to use in practice.

Policymakers must invest not only in hospital construction but also in preventive health programmes, digital infrastructure and clear regulatory pathways that encourage innovation while safeguarding patient safety and data privacy.

Most importantly, the public must be empowered to take ownership of their health. Preventive healthcare can only succeed when individuals understand the value of early action. Public awareness campaigns, community engagement initiatives and health education programmes should emphasise that seeking help early is not a sign of weakness but a responsible step towards long-term well-being.

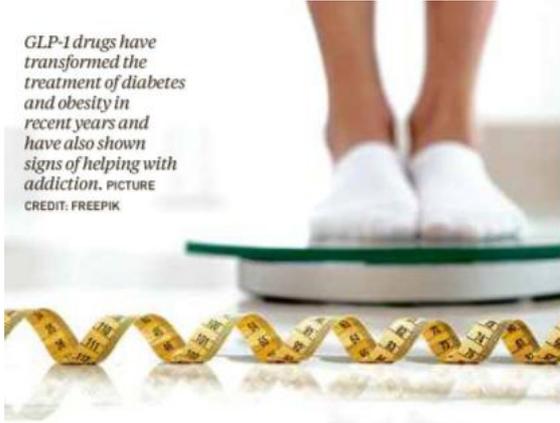
Malaysia, therefore, must redefine how success in healthcare is measured. Instead of focusing solely on the number of hospitals built or beds added, success should be reflected in reduced hospital admissions, healthier ageing populations and fewer preventable complications.

Achieving this shift requires courage, investment and collaboration across sectors but the long-term benefits are undeniable.

The future of Malaysian healthcare should not exist only within hospital walls; it should be present in homes, communities and everyday life, quietly preventing illness, identifying risks early and supporting people to stay healthy for longer. That is the smarter and more sustainable way forward.

*Zareen Nadra Mohd Nasir is a final-year student at the Department of Biomedical Engineering, Faculty of Engineering, Universiti Malaya. Comments: letters@thesundaily.com*

GLP-1 drugs have transformed the treatment of diabetes and obesity in recent years and have also shown signs of helping with addiction. PICTURE CREDIT: FREEPIK



# Study: Weight-loss medication linked to lower risk of addiction

TAKING a new generation of weight-loss medication is linked to a significantly lower risk of addiction and death from drugs such as cocaine and alcohol according to a large US study.

The massively popular drugs known as GLP-1 agonists could even halve people's risk of dying from a range of harmful substances, according to research published in the journal, 'BMJ'.

However, outside experts have urged caution in interpreting the results, which do not establish a causal link, calling for clinical trials to find out more.

As GLP-1 drugs have transformed the treatment of diabetes and obesity in recent years, they have also shown signs of helping with a surprising variety of health problems — including addiction.

The US team of researchers analysed the medical records of more

than 600,000 people with type 2 diabetes in the US Department of Veterans Affairs' healthcare database who took either GLP-1s or an older kind of diabetes drug.

The researchers then looked at the effect of drugs, including alcohol, cannabis, cocaine, nicotine and opioids over three years.

For veterans who already had a drug addiction, taking GLP-1s had a 50-per cent lower rate of death and a 40-per cent lower rate of overdose.

The rate of emergency department visits was more than 30 per cent lower, while hospital admissions and suicidal thoughts or attempts were down by a quarter.

Among veterans with no history of drug addiction, taking GLP-1s was

linked with a 14-per cent lower risk of developing one.

Ziyad Al-Aly, an epidemiologist at Washington University in St Louis and the study's senior author, told AFP it was "quite a surprise" how many substance-use disorders the GLP-1s appeared to prevent.



"The effect was not confined to one substance, it was evident across the board for all addictive substances," he told AFP.

The research is observational, so it cannot directly prove that GLP-1s caused the results seen in the study.

And exactly how these appetite-suppressing drugs could fight addiction remains unclear. However there have been suggestions they could have an impact on how our brains reward certain behaviours.

**NEW STRAITS TIMES**  
**HEARD THE NEWS?**  
 Read with me



Supported by the **Malaysian Communications and Multimedia Commission**