

Child's death probed over flu link

Authorities await final diagnosis amid rising cases

PUTRAJAYA: The death of a four-year-old child in Samarahan, Sarawak, is being investigated amid suspicions it may be linked to an Influenza A infection.

Health Minister Datuk Seri Dr Dzulkefly Ahmad confirmed that laboratory tests showed the child tested positive for Influenza A, but the primary complication was brain inflammation, which led to seizures.

"While the lab tests indicate a positive Influenza A result, it's important to note that the main complication was encephalitis, which caused the seizures.

"Encephalitis can also be triggered by other viruses, so we cannot solely attribute the cause to Influenza A.

"Let us wait for the final diagnosis to confirm the exact cause," he told reporters after attending the World Hospice and Palliative Care Day 2025 event here yesterday, Bernama reported.

Dzulkefly expressed his condolences to the family of the child and stressed that there must be a full investigation before any conclusion is made.

He also reassured the public that the majority of influenza cases detected nationwide have been mild, and the situation remains under control despite a concerning number of outbreaks.

As of now, 116 outbreaks and 97 influenza clusters have been detected, and while this situation should not be taken lightly, there is no need for the public to panic.

He urged those showing symptoms to wear face masks, practise good hand hygiene, avoid crowded places, and protect others from infection.

Dzulkefly said his ministry would continue monitoring the situation through the ILI (Influenza-Like Illnesses) and SARI (Severe Acute Respiratory Infections) surveillance systems.



Focus on health: Dzulkefly attending the World Hospice and Palliative Care Day 2025 event in Putrajaya. Also present were Health Ministry Secretary-General Datuk Seri Suriani Ahmad (second from left) and Head of Palliative Medicine Subspecialty Dr Fazlina Ahmad (second from right). — Bernama

Mental health awareness gaining ground in workplaces

➤ Employers urged to merge counselling and wellness into health safety frameworks, guided by International Labour Organisation and WHO best practices

BY KIRTINEE RAMESH
newsdesk@thesundaily.com

PETALING JAYA: Mental health is no longer just a corporate buzzword - it's fast becoming boardroom business and the Malaysian Employers Federation (MEF) says it's only a matter of time before it is treated as seriously as hard hats and fire drills.

Within five years, MEF expects mental health support to be a core part of occupational safety and health (OSH) policy, as more companies recognise its direct link to resilience, productivity and profit.

MEF president Datuk Dr Syed Hussain Syed Husman said mental health is no longer a welfare-side note but a strategic pillar of sustainable business.

"Employers are realising that mental health isn't just a moral or social concern - it's fundamental to organisational performance and stability.

"Soon, support for mental well-being will be a standard feature of every OSH strategy."

While Malaysia currently has no single mandatory framework for workplace counselling or employee assistance programmes (EAP), MEF encourages employers to align their practices with international benchmarks set by the International Labour Organisation (ILO) and the World Health Organisation (WHO).

"These global references offer practical guidance to ensure counselling services are credible, confidential and effective," Syed Hussain said.

He outlined five key best practices for employers setting up workplace mental health systems:

- **Confidentiality and trust** - counselling services must guarantee strict confidentiality, backed by clear data protection protocols that meet international standards. This is vital to overcoming stigma and

encouraging employees to seek help without fear of exposure;

- **Qualified professionals** - counsellors should be licensed or accredited professionals to ensure services meet proper clinical and ethical standards. Employers are encouraged to verify credentials and establish supervision structures to maintain quality and accountability;

- **Accessibility and inclusivity** - services should be available to all employees, regardless of job category or work arrangement. Flexible delivery - from in-person sessions to online platforms or helpline-based counselling - should be provided, consistent with ILO and WHO best practices;

- **Integration into workplace policy** - mental health support must be embedded within broader occupational safety, health and wellbeing frameworks in line with ILO conventions on safe and healthy workplaces; and

- **Awareness and training** - employers should conduct regular communication and awareness campaigns to reduce stigma and equip managers with the skills to identify early signs of distress and refer employees to professional help.

For smaller businesses, Syed Hussain said cost need not be

a barrier.

"MSMEs can adopt shared EAP, digital counselling or periodic wellbeing initiatives. Government incentives or grants could help employers meet international standards without heavy costs."

Integrating these practices, he added, would strengthen workplace resilience, reduce absenteeism and enhance productivity.

MEF expects workplace mental health support in Malaysia to become increasingly structured and widespread, driven by technology, policy development and generational change.

"Digital counselling, mobile apps and AI-based wellness tools can make mental health care more scalable, personalised and accessible," Syed Hussain said, adding that employers are now using data-driven tools to track absenteeism, engagement and retention, helping companies measure impact and refine strategies.

"With younger employees prioritising psychological safety, supportive work environments are becoming a key factor in employer branding and retention."

"Employers who invest early will gain a competitive edge in talent retention, productivity and long-term resilience."

Stigma still clouding psychological wellbeing in office settings

PETALING JAYA: While mental health may be receiving more focus in Malaysian workplaces, many employees say stigma, distrust and weak organisational support still make open conversations about wellbeing difficult.

Vigh, 25, a site engineer, said awareness may be rising, but inclusion hasn't caught up.

"I wouldn't say I'm completely comfortable sharing my mental health challenges. It might make me look weaker to management or affect how they view my capability," he said.

He added that his company promotes mental health through talks and wellness programmes, but these rarely reach on-site workers.

"For those of us in the field, it's hard to attend," he said. "Companies need to realise everyone deserves time and space to take care."

Vigh added that long hours and irregular shifts take a toll on both mental and physical health.

"Flexible hours, fair workload distribution and one-on-one check-ins would help. A supportive environment is just as important as good allowances," he said.

Ellie, 28, a customer service representative at a telecommunications firm, said she feels safer confiding in colleagues than in management.

"I can talk to my teammates because we understand each other, but I don't trust management enough to share personal struggles," she said. "They haven't built a trustworthy image."

Ellie said HR encourages staff to speak up, but little changes when they do.

"When I did, nothing changed. We don't have counselling, therapy sessions or mental health talks. Everything feels like a formality," she said.

She hopes employers will start turning words into action.

"Provide therapy allowances, mental health assessments and one-on-one HR sessions," she said. "That's how you offer real help before things get worse."

For Haminuddin, a marketing executive, the problem lies in unrealistic expectations and lack of empathy.

"My job goes far beyond my title," he said. "I do video shoots, editing, even unrelated tasks - but expectations keep rising."

He said toxic workplaces can't be fixed with token awareness efforts.

"There's no follow-up, no real effort, just PR," he said.

"If a workplace is toxic, no amount of 'mental health days' can fix it."

"The most important thing is compassion," he added. "Treat employees like human beings, not machines. Even a bit of empathy would go a long way."

- By KIRTINEE RAMESH

Group calls for incentives to help small firms

PETALING JAYA: Mental wellbeing being may finally be having its moment in Malaysian workplaces, but for many small firms it's still a luxury they can't quite afford.

While big corporations are rolling out counselling and employee assistance programmes (EAP), smaller businesses remain caught between rising awareness and tight budgets, said MEF president Datuk Dr Syed Hussain Syed Husman.

He said although attitudes have improved dramatically since the pandemic, structured mental health support remains patchy.

"Big organisations are taking the lead, but many micro, small and medium enterprises (MSME) still face financial and administrative barriers."

MEF's internal assessments show that only about one-third of Malaysian employees have access to formal counselling or mental health services.

"For most MSME, affordability and expertise are the biggest challenges."

Said, Syed Hussain said supporting mental health is not just a moral duty, but also good business.

"Counselling reduces absenteeism, improves morale and enhances loyalty. In the long run, it strengthens business sustainability."

He urged policymakers to introduce targeted incentives such as tax relief, grants and subsidised training to help more companies make workplace counselling accessible.

The pandemic, he said, marked a turning point.

"Before Covid-19, mental health was often seen as a personal matter. The crisis revealed how burnout, isolation and anxiety directly affect productivity."

Today, many employers are embedding wellbeing into their business models.

"Mental health has shifted from a welfare issue to a strategic business concern. Companies are combining wellness, safety and flexibility through initiatives such as hybrid work, stress management and digital counselling."

For smaller businesses, he recommended practical and scalable solutions that don't strain finances. These include shared or pooled EAP services, which allow several companies to share costs while providing employees access to professional counselling support.

"Digital counselling platforms and tele-health services also offer affordable alternatives, enabling employees to seek help remotely and confidentially. Employers can also organise regular awareness sessions and stress management workshops to promote wellbeing and reduce stigma."

MEF also recommends that managers and supervisors receive basic mental health literacy training to help them recognise early signs of distress and guide staff towards appropriate support.

These small but consistent measures, Syed Hussain said, can make a big difference in building a healthier, more resilient workforce.



MINDFUL MINISTER ... Health Minister Datuk Seri Dr Dzulkefly Ahmad engaging with participants at the national level World Mental Health Day celebration in Cyberjaya. - BERNAMA/PC

"Even small steps can make a difference. Employers who promote awareness and provide access to help reduce conflict, absenteeism and medical claims."

He said mental health initiatives should be seen as a long-term investment, not an expense.

"Supporting mental wellbeing improves staff retention, lowers replacement costs and boosts morale."

Syed Hussain warned that ignoring mental health comes with hidden costs - from high turnover to lower engagement and productivity.

"Employers who ignore it risk losing valuable talent and performance."

He added that younger workers, in particular, expect a more supportive work culture.

"In today's labour market, wellbeing is a deciding factor in where people choose to work. Companies that prioritise it have a competitive edge in recruitment and retention."

To encourage broader adoption, MEF continues to push for government incentives and structured guidelines to make mental health support feasible for smaller employers.

"Workplace mental health should not be a luxury. With proportionate measures and confidentiality safeguards, employers can create healthier, more engaged workplaces."

"A mentally healthy workforce is a productive one. Investing in wellbeing is investing in Malaysia's long-term competitiveness."

- By KIRTINEE RAMESH



BLISSFUL
 ESCAPE AMONG NATURE
 berjaya.com

BERJAYA
 HOLIDAY HOMES
 RESORTS

Budget 2026 lauded for focus on family welfare

➤ Sara and STR initiatives designed to ease daily pressures on low-income households through steady and targeted support, says economist

BY QIRANA NABILA MOHD RASHIDI
 newsdesk@thenational.com

PETALING JAYA: Budget 2026 puts the family front and centre, with the Sumbangan Tunai Rahmah (STR) and Sumbangan Awan Rahmah (Sara) programmes anchoring the government's promise of social protection and inclusive growth, said economist Dr Mohamad Idham Md Razak.

He said the two schemes go far beyond short-term handouts and are designed to ease daily pressures on low-income households through steady, targeted support.

"With monthly Sara aid of up to RM200 for the poorest families, plus the STR payments, households can cover essentials such as food, medicine and school supplies without turning to costly borrowing or cutting corners on nutrition and education."

He added that unlike blanket subsidies, the Sara scheme limits spending to basic goods at registered small retailers, including rural *kulai runcit*.

"This not only keeps family consumption stable but also pumps life into local economies."

Mohamad Idham said Sara's e-voucher system ensures that funds go where they are

meant to, with no leakage or misuse, while shaping consumer habits towards meeting necessities.

"The injection of RM15 billion next year into the hands of nine million STR recipients would also boost demand across informal and micro-retail sectors, spurring small-business growth and creating a healthy multiplier effect."

He said seasonal top-ups such as the RM100 Sara aid for 22 million adults ahead of Ramadan and Chinese New Year would help families manage festive costs without blowing their budgets.

Mohamad Idham said Malaysia's integrated targeting system built on the e-Kasih database and the National Socioeconomic Register now reaches deep into rural Sabah and Sarawak to ensure that no vulnerable household slips through the cracks.

He welcomed the RM250 million allocation to subsidise logistics for essential goods delivery to areas such as Kudat and Kapit, along with the inclusion of 8,400 small retailers and cooperatives in the Sara network.

"With mobile banking and BSN's rural outreach, even remote communities are plugged into the safety net."

He described STR and Sara as "central

pillars" of Malaysia's poverty eradication and inclusive growth strategy under the Madani framework and the 13th Malaysia Plan, complementing upskilling, microfinance and wage-support initiatives.

"The RM15 billion in social aid, funded sustainably through subsidy rationalisation rather than debt, marks a shift from welfare dependency to empowerment with dignity. It's about giving people a real second wind, not just a lifeline."

Malaysia's historic drop in hardcore poverty to just 0.09% reflects this broader, more disciplined approach that combined cash transfers, job creation in digital, green and agri-industries as well as anti-corruption reforms that enabled the redirection of RM15.5 billion annually into pro-poor spending.

Community projects such as Kampung Angkat Madani have lifted local incomes while institutionalised systems and fiscal discipline ensure the progress sticks.

Prime Minister Datuk Seri Anwar Ibrahim said the overall STR and Sara allocation for 2025 stands at RM15 billion.

All nine million STR recipients will continue receiving Sara aid of up to RM100 monthly while the poorest under the e-Kasih initiative will get RM200 and single individuals will receive RM50. Meanwhile, 22 million adults will receive Sara aid of RM100 in mid-February.

With the food poverty line now at RM1,236, Anwar expects the remaining hardcore poor - some 7,000 households - to rise above the line by year-end, marking a milestone in Malaysia's journey towards shared prosperity.

Orang Asli still facing inequalities

BY KOHMAN ZULKAFLEE
 newsdesk@thenational.com

PETALING JAYA: Orang Asli communities are inching forward to better development - roads are better, clinics more accessible and lights now illuminate deep into the interiors. Yet, stark inequalities remain, especially where the asphalt ends.

Universiti Malaysia Kelantan director Prof Dr Wan Ahmad Amir Zai Wan Ismail said true progress must go beyond tarred roads and solar lamps.

"Development means secure land rights, access to education and preservation of culture, not just better infrastructure," said the Institute for Poverty Research and Management director, who recently spent two months visiting over 600 Orang Asli villages across Kelantan, Terengganu, Pahang and Perak.

He recounted how treacherous travel once was.

"In 2006, it took eight hours to reach Pos Kuala Mu, and up to 18 hours if it rained. My pickup even flipped once. Today, the roads are far better," he told the Sun.

He said electricity has reached almost all settlements, often through solar systems, but clean water remains a problem.

"Only villages near towns enjoy treated supply. Others still depend on hillside water or rain, with safety a real concern."

Healthcare access also remains uneven. In well-connected areas, communities are serviced by modern clinics. However, in remote areas, traditional healing still thrives.

"Herbs and rituals, these are their identity. The challenge is to respect and preserve that knowledge."

Wan Ahmad is currently working with the Health Ministry to document traditional practices and recognise credible healers.

He said beyond healthcare, policies for Orang Asli need a reset.

He added that while the Orang Asli Development Department has evolved from a welfare agency into a development body, "there's still no clear vision of what the Orang Asli are meant to become within Malaysia's national story".

Wan Ahmad also pointed to budget limitations, youth disengagement and land insecurity under the Aboriginal Peoples Act 1954.

"Customary land rights remain unrecognized, unlike in Sabah and Sarawak. Even gazetted land means they are essentially tenants."

He said the legal definition of "Orang Asli", which includes outsiders adopted by the community, also requires review.

"Identity has grown more complex. Laws must catch up."

He lauded the government move to amend the 71-year-old Act, which was last revised in 1962.

"The reforms must reflect modern realities - from land rights and cultural identity to the role of *batin* and *panglima*."

"The government is listening. I'm optimistic we'll see meaningful reforms."

Deputy Prime Minister Datuk Seri Dr Ahmad Zahid Hamidi had said the upcoming amendments would mirror the Maori model, extending beyond land rights to education, entrepreneurship and financing.

Wan Ahmad believes development must pair infrastructure with education and leadership.

"Many Orang Asli are naturally skilled builders. We should optimise on it through TVET. Modernisation should not mean assimilation. It should mean empowerment, without losing identity."



Mohamad Idham said with Sara aid for poor families and STR payments, households can cover the cost of daily essentials without turning to costly borrowing or cutting corners on nutrition and education. - BERNAMA/PIC

Penang to get RM35m independent senior living home project

KEPALA BATAS: Penang is set to pioneer a RM35 million independent senior living home project, which will involve the construction of 290 units on a 4.05ha site in Pongus Seribu.

Penang Islamic Religious Council president Datuk Dr Mohamad Abdul Hamid said the project is being developed through a collaboration between the council and Retirement Fund Inc via its subsidiary, Estate Management.

Mohamad, who is also deputy chief minister, said the council welcomes Prime Minister Datuk Seri Anwar Ibrahim's Budget 2026 announcement, which included a commitment

to develop independent senior living homes in Penang as a pilot model for similar projects in other states.

"The project will be implemented on the council's Baitulmal land. The council will soon sign an MoU with Retirement Fund Inc."

"The land development is in line with the prime minister's June 2024 announcement to prioritise the silver economy as the nation faces an ageing population. It also aligns with Penang's Roadmap for Active Ageing launched in 2022."

He said Penang is currently the second most aged state in Malaysia, with projections showing

continued growth in this demographic.

He added that the state must adapt to meet future needs by providing adequate facilities.

Mohamad said the independent senior living project would feature affordable independent living, wellness and healthy lifestyle initiatives, health programmes and recreational facilities.

"It will also include community integration and social activities, offering facilities and programmes for communal engagement, social interaction and lifelong learning."

He said services to be offered at the senior living home would include residential care, catering, laundry and healthcare. - Bernama



Report on
page 3

The Malaysian Employees Federation said mental health is no longer a welfare-side note but a strategic pillar of sustainable business. - AI GENERATED IMAGE BY AZURA ABAS/THESUN

Spotlight on **mental health**

Attention to issue expected to be core part of occupational safety and health component at workplace due to link with performance, stability and profits of businesses.

DEPRESSION, ANXIETY AND TRAUMA

HEALING MINDS IN TIMES OF CRISIS

Ministry has trained 3,676 officers in psychological intervention during disasters, says Dzulkefly



CYBERJAYA

THE World Health Organisation (WHO) reported that one in five people affected by disasters or conflicts will experience mental health issues, such as depression, anxiety and trauma.

Citing the data, Health Minister Datuk Seri Dr Dzulkefly Ahmad yesterday said Malaysia was not

exempt from such challenges.

He added that national tragedies — including the disappearance of Flight MH370, the downing of Flight MH17, the Sabah earthquake, and the Batang Kali landslide — had left a lasting impact on those affected.

He said this when officiating the launch of the National Mental Health Month here.

Themed “Access to Services:

Mental Health in Crisis and Disasters”, the event highlighted efforts to strengthen access to mental health services during emergencies and disasters.

Dzulkefly said the ministry provides mental health and psychosocial support services as part of the national disaster response framework.

Since 2018, the ministry, in collaboration with the Japan Inter-



Health Minister Datuk Seri Dr Dzulkefly Ahmad (left) mingling with participants in the launch of the National Mental Health Month in Cyberjaya yesterday. BERNAMA PIC

national Cooperation Agency, has trained officers from various professional backgrounds in psychological intervention during disasters.

“As a result of these efforts, we have 256 teams comprising 3,676 trained personnel across all districts nationwide, ready to be mobilised for any disaster response operation.

“During the Covid-19 pandemic, the ministry established the HEAL 15555 (Help with Empathy and Love) helpline as a dedicated mental health crisis line.

“It continues to operate daily and remains one of the key channels for the public to access psychological support,” he said.

The government’s commitment to addressing mental health challenges was also reflected in the 2026 Budget, through the introduction of the Komuniti Minda Sejahtera (K-MindSET) initiative to boost mental health literacy and foster psychological resilience among Malaysians.

“A total of RM21.6 million has been allocated for this mental health agenda.

“This demonstrates the government’s commitment to promoting mental wellbeing not only in hospitals and health clinics, but also in workplaces and communities,” he said. **Bernama**

DEPRESSION, ANXIETY AND TRAUMA

HEALING MINDS IN TIMES OF CRISIS

Ministry has trained 3,676 officers in psychological intervention during disasters, says Dzulkefly



CYBERJAYA

THE World Health Organisation (WHO) reported that one in five people affected by disasters or conflicts will experience mental health issues, such as depression, anxiety and trauma.

Citing the data, Health Minister Datuk Seri Dr Dzulkefly Ahmad yesterday said Malaysia was not

exempt from such challenges.

He added that national tragedies — including the disappearance of Flight MH370, the downing of Flight MH17, the Sabah earthquake, and the Batang Kali landslide — had left a lasting impact on those affected.

He said this when officiating the launch of the National Mental Health Month here.

Themed "Access to Services:

Mental Health in Crisis and Disasters", the event highlighted efforts to strengthen access to mental health services during emergencies and disasters.

Dzulkefly said the ministry provides mental health and psychosocial support services as part of the national disaster response framework.

Since 2018, the ministry, in collaboration with the Japan Inter-



Health Minister Datuk Seri Dr Dzulkefly Ahmad (left) mingling with participants in the launch of the National Mental Health Month in Cyberjaya yesterday. BERNAMA PIC

national Cooperation Agency, has trained officers from various professional backgrounds in psychological intervention during disasters.

"As a result of these efforts, we have 256 teams comprising 3,676 trained personnel across all districts nationwide, ready to be mobilised for any disaster response operation.

"During the Covid-19 pandemic, the ministry established the HEAL 15555 (Help with Empathy and Love) helpline as a dedicated mental health crisis line.

"It continues to operate daily and remains one of the key channels for the public to access psychological support," he said.

The government's commitment to addressing mental health challenges was also reflected in the 2026 Budget, through the introduction of the Komuniti Minda Sejahtera (K-MindSET) initiative to boost mental health literacy and foster psychological resilience among Malaysians.

"A total of RM21.6 million has been allocated for this mental health agenda.

"This demonstrates the government's commitment to promoting mental wellbeing not only in hospitals and health clinics, but also in workplaces and communities," he said. **Bernama**

AS Malaysia prepares to become an ageing nation by 2030, questions surrounding elderly healthcare are becoming increasingly urgent.

This demographic shift places greater emphasis on healthcare decisions that affect the quality of life in later years, with one of the most challenging questions many families face being: to operate or not to operate?

Surgery can be a lifesaving and life-changing option.

Yet, many older patients are denied the option of surgery because of perceived notions based solely on age.

"About half of people over the age of 65 will require surgery at least once in their lives," says consultant geriatrician and internal medicine physician Dr Chin Ai-Vyryn.

The most common causes are fractures from falls, head injuries and cancer.

However, the decision to proceed with surgery is rarely straightforward.

"It is not a one-size-fits-all situation.

"We assess frailty, physical and mental health, the patient's priorities, and the level of support they will receive after surgery.

"What matters most is how the decision affects the person's quality of life," he explains.

For example, a frail patient with poor mobility may not benefit from a high-risk procedure that requires a long recovery.

Surgery for the elderly

Whether or not an older adult should undergo an operation depends on a number of factors that are not limited to their health status alone.



Many elderly people may lack financial security or family support, making decisions about surgery not just based on medical reasons, but also social factors. — 123rf

tive years from surgery.

Consultant neurosurgeon Dr Vickneswaran Mathaneswaran often sees this dilemma in his field, where elderly patients develop conditions like intracranial haemorrhages (bleeds), brain tumours or degenerative spinal disease.

"Older patients are more fragile and often have other health problems or are on long-term medication that complicates surgery," he shares.

"In my experience, elderly patients do not tolerate complications well, and they also do not cope with long operations or prolonged hospital stays.

"That is why preparation is key, and operations must be done as safely and efficiently as possible."

He adds: "Sometimes, not offering surgery can be a mistake because many older Malaysians today are still active, healthy, and can expect to live many more fruitful years.

"At the same time, pushing ahead with surgery in the wrong context can leave a patient in a more difficult condition.

"It is about balance, and about seeing the whole person, not just the disease."

Dr Chin also notes that age-related conditions like frailty, cognitive decline or sensory impairment can increase the risk of post-surgical complications such as delirium.

"But knowing these conditions in advance allows us to prepare better and tailor both the surgery and recovery plan," he says.

When a condition first arises, the process often begins with conversations that involve both the patient and their caregivers.

"We focus on understanding their concerns and expectations.

"Families need to know the possible risks, the outcomes if surgery is avoided, and what the road to recovery will look like," says Dr Chin.

He emphasises that conservative approaches may initially be preferred.

For instance, a patient with knee osteoarthritis may manage their condition better with physiotherapy, pain relief, braces and/or weight loss, rather than immediate surgery.

The goal is always to align medical recommendations with

the patient's own values and wishes.

The good news is that advances in surgical techniques are expanding the possibilities for older patients.

But Dr Vickneswaran offers a note of caution.

"The term 'minimally invasive' is often overused.

"While access may be small, the surgery itself can still be extensive.

"What truly matters is having skilled surgeons, careful pre-operative preparation and strong support after the operation."

Both doctors agree that what happens after surgery is as important as the procedure itself.

"Rehabilitation is critical in helping older patients regain independence," says Dr Chin.

"Without proper rehabilitation, even a successful surgery may not translate into a better quality of life."

Dr Vickneswaran adds: "Getting patients out of intensive care and back on their feet quickly is essential.

"Physiotherapy, early mobilisation and sending them home sooner rather than later, make a big difference.

"A strong, holistic team caring for the patient is what ensures long-term success."

UNITED States President Donald Trump claimed on Sept 22 that paracetamol (also known as acetaminophen) use during pregnancy was linked to autism in children.

He stated that the US Food and Drug Administration (FDA) would be "notifying physicians that the use of acetaminophen during pregnancy can be associated with a very increased risk of autism" and advised pregnant women to "fight like hell not to take it" and to "tough it out".

The wide publicity given to Trump's statement has led to anxiety and concerns among patients and doctors globally.

This column is intended to provide accurate, evidence-based information on paracetamol safety in pregnancy.

Necessary use

Paracetamol, which is sold under various trade or brand names in Malaysia and under the trade name Tylenol in the US, is commonly used in the management of fever and pain in pregnancy.

This is as such symptoms can pose risks to the foetus if left untreated.

Untreated fever during early pregnancy is associated with an increased risk of miscarriage, neural tube defects, cleft palate and cardiac (heart) anomalies, and in the later stages of pregnancy, with foetal growth restriction and premature birth.

Untreated pain can lead to maternal anxiety, high blood pressure and depression.

The alternatives to paracetamol are very limited.

Non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, naproxen, diclofenac and celecoxib are not recommended because their use at about 20 weeks or later in pregnancy may cause foetal kidney dysfunction.

This, in turn, can lead to low levels of amniotic fluid with its attendant complications, and premature closure of the foetal ductus arteriosus.

An exception is low dose aspirin prescribed for prevention of high blood pressure.

Related research

A comprehensive and methodologically sound study on this issue was a Swedish population-based study published in April 2024 in the *Journal of American Medical Association*.

The study involved 2.48 million children born between 1995 to 2019, who were followed up to Dec 31, 2021.

It employed sibling control analysis (a methodology that controls for shared genetic and environmental factors within families, which is the gold standard that addresses confounding in observational research).

The study found that when familial confounding was properly controlled through sibling analysis, there was no evidence of increased risk for autism, attention-deficit/hyperactivity disorder (ADHD) or intellectual disability, associated with paracetamol use during pregnancy.

The authors concluded: "Acetaminophen use during pregnancy was not associated with children's risk of autism, ADHD



The doctor says
DR MILTON LUM

or intellectual disability in sibling control analysis.

"This suggests that associations observed in other studies may have been attributable to familial confounding."

Among the references quoted by the Trump administration to support his claim was a review published in the *Journal of Environmental Health* in August.

Although the review included 66 studies, it has been criticised extensively as some of the studies included were of questionable quality because:

- They relied on self-reported acetaminophen use, with considerable potential for recall bias, or biased reporting of events or experiences due to inaccurate or incomplete recollection
- They included limited or no information on dosage and duration of the acetaminophen exposure
- They featured different kinds of assessment of neurodevelopmental outcomes over time instead of using a single standardised, uniform assessment method, and
- They lacked controls for confounding factors.

The review was also compromised by conflict of interest as the study's corresponding author had previously received payment to testify against the then manufacturer of Tylenol in a class action lawsuit linking the drug to autism.

His expert testimony was rejected by the court as scientifically unfounded.

In fact, the authors in the anal-

ysis actually concluded: "We recommend judicious acetaminophen use - lowest effective dose, shortest duration - under medical guidance, tailored to individual risk-benefit assessments, rather than a broad ban."

Global pushback

The American College of Obstetricians and Gynecologists (ACOG), in an advisory issued after Trump's statement stated: "ACOG reaffirms that acetaminophen remains the analgesic and antipyretic of choice during pregnancy."

"Judicious use at the lowest effective dose for the shortest necessary duration, in consultation with an obstetrician-gynecologist or other obstetric care professional, remains consistent with best practice."

"The current weight of evidence does not support a causal link between prenatal acetaminophen use and neurodevelopmental disorders."

"At this time, no change in clinical practice is warranted based on new publications and ACOG's recommendations for the use of acetaminophen for specific indications remain current."

Britain's Royal College of Obstetricians and Gynaecologists (RCOG) stated on Sept 23 that: "The Medicines and Healthcare products Regulatory Agency (MHRA), the World Health Organization (WHO) and the European Medicines Agency have all published clear statements on the safety of paracetamol use in pregnancy, stating that there is no confirmed link between taking paracetamol during pregnancy and autism in children."

"Paracetamol remains the recommended pain relief option for pregnant women when clinically needed and used as directed."

The Royal Australasian College of Obstetricians and Gynaecologists (RANZCOG) stated on Sept 23 that: "The Trump administration has issued highly controversial claims regarding the causes of autism and ADHD, asserting that paracetamol (also known as acetaminophen) use during pregnancy increases the risk of children being diagnosed as neurodivergent."

"The RANZCOG joins leading clinicians and scientists worldwide in vehemently rejecting these claims."

"Robust scientific evidence

Using paracetamol during pregnancy

Claims that paracetamol use during pregnancy is linked to the development of autism has stirred confusion among the public and an uproar in medical circles.

shows no link between paracetamol use in pregnancy and autism or ADHD, with several large and reliable studies directly contradicting the administration's statement."

The International Federation of Gynaecology and Obstetrics (FIGO) stated: "Obstetric practice should be based on evidence-based medicine and careful evaluation of research methodology."

"Recent statements questioning paracetamol safety go against established scientific findings and may harm maternal and foetal health by discouraging use of this medication based on methodologically flawed research."

The WHO stated on Sept 24 that: "Extensive research has been undertaken over the past decade, including large-scale studies, looking into links between acetaminophen use during pregnancy and autism."

"At this time, no consistent association has been established."

Malaysia's Health director-general stated on Sept 25 that paracetamol and childhood vaccinations are not causes of autism.

He added: "Based on current medical practice and the latest clinical guidelines, paracetamol is still considered one of the safest options if taken at the lowest effective dose and for the shortest possible duration."

Various autism organisations in the US have denounced Trump's statement.

Thinking Person's Guide to Autism senior editor Sharon Ross stated that while different autism groups disagree about a number of things, many said that the White House's latest claim was "unscientific".

"It feels to me like we're regressed to a horribly and intentionally by the administration, because as they've demonstrated consistently, they have no interest in actual science."

"They have no interest in research; they have no interest in the welfare of autistic people and their families."

"They are only interested in whatever people whispering into their ears have told them they should do," she said.

Talk to your doc

It is patently obvious that Trump and those around him do not know the difference between association and causation.

Association means a relationship between two or more variables.

They may be coincidental, affected by other unknown variables, and/or with further research, proven false or causative.

On the other hand, causation means that one variable caused a direct effect on another variable.

Any claim of causation has to be reproducible to be proven as fact.

All women and their healthcare providers should be reassured by the statements from international professional organisations and regulators about paracetamol use in pregnancy.

All medicines prescribed in pregnancy follow a risk-benefit assessment of necessity, safety, profile and goal, which is to use the safest possible medicine at the lowest effective dose for the shortest duration.

The advice to patients is:

- Always consult your healthcare provider - never start or stop taking medicines without first discussing with your doctor, midwife or pharmacist.
- Inform all healthcare providers if you are pregnant or trying to get pregnant.
- Use medicines only when necessary - this is particularly so as paracetamol is a common cause of poisoning in Malaysia.
- Do not forgo prescribed medicines as an untreated condition may harm both mother and foetus.
- If there are concerns or questions about paracetamol use, discuss with your doctor, midwife or pharmacist.

Dr Milton Lum is a past president of the Federation of Private Medical Practitioners Associations and the Malaysian Medical Association. For more information, email starhealth@the-star.com.my. The views expressed do not represent that of organisations that the writer is associated with. The information provided is for educational and communication purposes only, and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader's own medical care. The Star disclaims all responsibility for any issues, damage to property or personal injury suffered directly or indirectly from reliance on such information.



Hormones and Kids

DR JEANNE WONG SZE LYN

As parents, we all want the best for our children: good health, steady growth and emotional well-being.

But one crucial factor that often gets overlooked is sleep.

Quality and quantity of sleep are not just about feeling rested; they play a vital role in your child's hormonal health and growth.

In today's busy Malaysian lifestyle, understanding this connection is more important than ever.

Why sleep matters

During sleep, especially the deep stages, the body releases growth hormone – a key hormone that stimulates growth in bones and muscles, and helps repair tissues.

Growth hormone secretion is highest at night, typically within the first few hours after falling asleep.

If your child isn't sleeping enough or their sleep is fragmented, this critical hormone release can be significantly disrupted.

Moreover, sleep regulates the body's circadian rhythm – the internal clock that controls various hormonal cycles, including cortisol, the so-called "stress hormone".

Cortisol levels normally dip at night and rise in the morning to help us wake up.

Poor sleep or irregular sleep patterns can cause cortisol imbalances, leading to increased stress, difficulties in metabolism, and even weight gain.

All of these factors can negatively impact growth and overall health.

Sleep by age

The amount of sleep children need varies as they grow.

The American Academy of Sleep Medicine recommends the following daily sleep durations for children to support optimal growth, health and development:

- **Toddlers** (one to two years old): 11 to 14 hours, including naps
- **Preschoolers** (three to five years old): 10 to 13 hours, including naps
- **School-age children** (six to 12 years old): Nine to 12 hours
- **Teenagers** (13 to 18 years old): Eight to 10 hours

While the total recommended sleep for toddlers is about 11 to 14 hours per 24 hours, this usually includes nighttime sleep of around nine to 12 hours and naps of typically one to three hours during the day, often divided into one or two naps.

These are general patterns and can vary depending on the child. Unfortunately, many Malaysian children struggle to meet these recommendations.

Several factors contribute, including:

• Early school start times

Many schools begin lessons very early, requiring kids to wake up before dawn.

• Traffic jams

Commuting delays means waking up earlier to be on time, and also pushing bedtime later for both parents and child.

• Homework and tuition

Heavy academic loads mean that children stay up late to complete homework and assignments.

• Lifestyle habits

Increased screen time and lack of structured bedtime routines disrupt sleep patterns.

All these lead to shorter sleep duration and poorer sleep quality, which in turn affects the child's hormonal health and growth.

Sleep and health

In some cases, children may have underlying sleep disorders such as obstructive sleep apnoea, restless leg syndrome or frequent night awakenings.

Conditions like severe allergic rhinitis or asthma can also impact breathing at night, leading to disturbed sleep and reduced oxygen levels.

These issues should be properly diagnosed as untreated conditions can severely impact growth and daytime functioning.

If your child snores loudly, struggles with daytime sleepiness, or exhibits behavioural problems, it's worth consulting a doctor, especially a paediatrician.

Beyond physical growth, sleep is vital for mental and emotional well-being.

Children who don't get enough quality sleep are more prone to irritability, difficulty concentrating, anxiety and depression.

Sleep helps consolidate

memories and process emotions, which are essential for learning and social development.

Cultivate good habits

In the quest to help children sleep better, some parents might consider over-the-counter sleep aids or supplements.

However, it is essential to exercise caution: many sleep medications have side effects or may interfere with normal hormone secretion and development.

Never give your child any sleep supplements or medication without consulting a paediatrician first.

Focus on creating healthy, sustainable sleep habits instead.

• Consistent bedtime and wake time

Even on weekends, keep a regular schedule.

• Create a calming bedtime routine

Reading, gentle music or warm baths can help signal the body it's time to wind down.

• Limit screen time before bed

Blue light from phones, tablets and TVs suppresses melatonin, the sleep hormone.

Try to switch off

devices at least one hour before sleep.

• Ensure a comfortable sleep environment

A cool, dark, quiet room is ideal.

• Encourage physical activity

Regular exercise helps regulate sleep, but avoid vigorous activity close to bedtime.

• Manage stress

Talk with your child about their day and emotions to reduce anxiety that can interfere with sleep.

Rest is essential

Sleep is not a luxury – it's a biological necessity with a profound impact on your child's growth, hormone balance and mental health.

While the challenges of modern Malaysian life can make getting enough sleep difficult, prioritising healthy habits and seeking medical advice when needed can make a significant difference.

Remember, a well-rested child is a growing, thriving child.

Your efforts in supporting their sleep today will pay dividends in their health and happiness tomorrow.

Dr Jeanne Wong Sze Lyn is a consultant paediatrician and paediatric endocrinologist. For more information, email starhealth@the-star.com.my. The information

provided is for educational purposes only and should not be considered as medical advice. The Star does not give any warranty on accuracy, completeness, functionality, usefulness or other assurances as to the content appearing in this column. The Star disclaims all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.

Why your child needs their sleep

The amount and quality of sleep young ones get play an important role in their health, growth and development.



Budget's approach to deficit reduction reflects a balanced logic

THE 2026 Budget builds on the twin goals of the Madani Economy Framework: to raise the floor by safeguarding the wellbeing of the most vulnerable, while raising the ceiling by propelling the nation to higher productivity and competitiveness.

Doing so, however, requires navigating a three-way balancing act between fiscal consolidation, social inclusion and economic transformation.

The Budget redirects fiscal savings from blanket subsidy reforms to areas that expand opportunity and build regional resilience.

This means investing in families, education and livelihoods, particularly for communities on the margins of development.

Cash assistance and near-cash support, such as the STR and Sara programmes, have been expanded, complemented by social insurance, retirement savings top-ups and new protections for the self-employed.

Reinforcing these social protection measures are opportunity-creating initiatives like Ikhtiar Madani.

Already, some results are visible. Recent figures show that



**DR MOHD
FAIZ
ABDULLAH**

Malaysia has nearly eradicated hardcore poverty.

Amid a global backdrop of rapid geopolitical shifts, technological disruption and intensifying climate pressures, inclusion alone is not enough. Malaysia needs to also raise its ceiling.

The Budget builds on this aspiration. Strategic investments in semiconductors, artificial intelligence and automation are paired with long-term bets on the energy transition.

With one of the largest defence allocations in recent years, the focus goes beyond expanding the arsenal to strengthening Malaysia's capacity to respond to complex, multi-domain threats.

In giving the Education Ministry its largest-ever share of

spending, it signals that national competitiveness depends as much on upgrading minds as it does on upgrading industries.

Spending on health will work to confront legacy constraints head-on, from hospital congestion and dilapidated infrastructure to medical inflation and workforce precarity.

The expansion of the Malaysia Sehat agenda through higher excise duties on tobacco and alcohol to fund prevention of lung, diabetes and heart diseases reflects a shift towards using fiscal tools to internalise public health costs.

But would smokers be really deterred with the hike of two sen per stick?

How this figure is arrived at remains a mystery considering that the last time cigarette tax was raised — by 12 sen — was more than a decade ago.

But in the end, perhaps the most noteworthy element of the Budget is its balance.

It recognises that inclusion without transformation risks stagnation, and transformation without inclusion risks widening disparities.

Yet there is a third lever that

underpins both: fiscal and institutional governance.

But let's pause to deal with the criticism that Prime Minister Datuk Seri Anwar Ibrahim is obsessed about reducing fiscal deficits.

Debt sustainability features prominently considering that the Madani administration inherited a national debt of RM1.5 trillion from previous administrations.

This humongous figure underscores the challenges the administration faces in managing fiscal responsibility while addressing economic growth, social programmes and national development priorities.

Then, there's the laundry list of inflation control, preserving investor confidence, credit rating and future generational equity.

Fiscal discipline aims to safeguard room for the future, to keep borrowing costs low, and create room to act when the next crisis comes.

On the other hand, it's true that too much austerity risks crowding out the very investments that drive growth, resilience and social progress.

Austerity measures that ac-

company deficit reduction efforts can disproportionately affect lower-income groups, exacerbating inequality and social unrest.

Furthermore, as we have learnt from the lessons of the 1997 Asian Financial Crisis, sometimes we need to take the bull by the horns and slam dunk on spending — the good old Keynesian counter-cyclical boogie.

But are we in times of such economic downturn, that would warrant extraordinary measures to stimulate demand, support job creation and foster recovery, to justify an increase in the fiscal deficit?

At the end of the day, it's about balancing fiscal responsibility with the need for growth and social welfare.

The Budget's approach to deficit reduction reflects a balanced logic — one that focuses on improving the quality of spending rather than contracting it, and equally on strengthening fiscal institutions so that discipline becomes a platform for sustained, people-centred growth, not a constraint on it.

The writer is chairman, ISIS Malaysia

COMMENT by Assoc Prof Dr Puan Yatim

Rent-seeking can fuel social inequality

WHEN we think of socioeconomic inequality around the world, the images that often come to mind are familiar: a child from a low-income family denied access to quality education, overcrowded schools and hospitals, pothole-ridden roads, and communities left behind by the digital divide.

Yet, behind these visible symptoms lies an invisible force – one that quietly siphons national resources, distorts development priorities and entrenches inequality. Economists call this phenomenon rent-seeking.

The term rent-seeking was first coined in 1974 by economist Anne Krueger, building on the ideas of Gordon Tullock, who introduced the concept of public choice theory – the application of economic reasoning to political decision-making.

In essence, rent-seeking describes the pursuit of economic gain not through productivity or innovation but through the manipulation of political and regulatory systems for private advantage.

In practice, rent-seeking does not always break the law. Instead, it bends the rules – shaping policies, regulations and institutions to serve vested interests rather than the public good.

The result is a misallocation of wealth, where rewards flow not to the most efficient or innovative but to the most politically connected. And

when that happens, ordinary citizens end up footing the bill through higher taxes, rising costs of living, and deteriorating public services.

In theory, governments collect taxes to improve citizens' welfare by investing in infrastructure, healthcare, education and social programmes. These are the foundations of shared prosperity. However, when rent-seeking infiltrates governance, the flow of public funds is quietly diverted.

Public procurement, for instance, is one of the most fertile grounds for rent-seeking. With billions allocated annually to build roads, schools, hospitals and digital infrastructure, procurement decisions often determine who benefits from public spending.

When tenders are manipulated, bidding processes are restricted or contracts are awarded based on connections rather than competence, the consequences ripple across society.

Projects become unnecessarily costly, quality is compromised and innovation is stifled. Citizens pay the price twice – first through inflated public expenditures and later through the long-term inefficiency of underperforming infrastructure. The visible result: highways or public facilities that crumble before their time, housing projects that stall mid-construction and digital initiatives that fail to deliver.

In Malaysia, the auditor-general's reports over the years have

repeatedly highlighted these inefficiencies – cost overruns, delayed projects and unaccounted expenditures – symptoms of governance systems vulnerable to rent-seeking behaviour.

From a fiscal standpoint, rent-seeking distorts budget priorities. Funds that should be channelled towards public education, healthcare or digital inclusion are diverted to projects that primarily benefit a few.

Take certain public-private partnerships (PPP) as an example. Though intended to leverage private capital for public benefit, some PPP arrangements end up socialising risks while privatising profits, leaving the government to absorb the losses while private investors reap the gains.

Rent-seeking functions like a hidden tax on society. It doesn't appear as a line item in the national budget but its cost is real and cumulative – manifesting in underfunded schools, overburdened hospitals and lagging rural infrastructure. The burden falls heaviest on the B40 and M40 groups, who rely most on effective public services and equitable fiscal management.

Curbing rent-seeking is not merely an economic reform; it is a test of governance and leadership. Fiscal integrity – the principle that public money must be spent transparently, efficiently and for public benefit – cannot thrive in an environment where private influence shapes policy outcomes.

To counter rent-seeking, Malaysia needs a multipronged approach:

➤ **Transparency in policy-making and spending:** Public access to data on government contracts, subsidies and tax incentives should be the norm, not the exception. Open data platforms can enable scrutiny and empower civil society to monitor public spending.

➤ **Independent oversight institutions:** Strong, well-resourced bodies like the National Audit Department, the Public Accounts Committee and the Malaysian Anti-Corruption Commission must operate free from political interference, with authority to investigate undue influence in policy and procurement decisions.

➤ **Civic empowerment and accountability:** A politically informed and active citizenry is essential. When voters demand accountability, transparency follows. Civil society organisations and investigative journalism also play a key role in exposing rent-seeking networks.

➤ **Institutional reforms:** Strengthening procurement laws, enforcing conflict-of-interest rules and ensuring judicial independence are all crucial for upholding fiscal discipline and trust.

When rent-seeking dominates fiscal policy, national budgets lose their integrity. Spending priorities shift from public welfare to private gain. Tax systems become riddled with exemptions and concessions

that benefit the few rather than the many. Social welfare funds are sometimes misdirected, never reaching the intended recipients.

Importantly, rent-seeking often operates within the boundaries of legality, which is why traditional anti-corruption frameworks, focused on criminal acts, may not fully address it. The challenge, therefore, lies not only in prosecuting wrongdoing but also in redesigning governance systems to prevent policy capture in the first place.

Fiscal integrity is not achieved by accident; it is built through transparent governance and public accountability. To preserve Malaysia's long-term economic stability, we must close loopholes that allow influence-peddling, end sweetheart deals disguised as development and demand transparency from those entrusted with managing public resources.

As Malaysia strives towards shared prosperity and sustainable growth, confronting rent-seeking is not just about economics; it is also about moral leadership. A nation's wealth should serve its people, not the privileged few. Ensuring fiscal integrity is, ultimately, the cornerstone of social justice and a fairer, more equitable Malaysia.

Dr Puan Yatim is an

associate professor at

UKM-Graduate School of Business,

Universiti Kebangsaan Malaysia.

Comments: letters@thesundaily.com

Turn awareness into action

➤ Pinktober: Women going for breast screening but many still showing up late

EACH October, the country is awash in pink ribbons and campaigns to raise awareness about breast cancer. But awareness has not translated into timely action for many women in Malaysia.

According to the Global Cancer Observatory 2022 report findings, breast cancer remains the most common cancer among Malaysian women, accounting for 31.3% of all female cancer diagnoses in 2022 and also topping the list of cancer deaths among Malaysian women. Despite widespread public health efforts, the timing of diagnosis continues to pose a serious challenge.

Cost of delaying diagnosis and screening

Younger women are going to the doctor more often, but many are still showing up late. Some hope the lump will go away. Others delay out of fear or because they think cancer is a death sentence. By the time they seek help, the cancer has been there for a long time.

A common misconception is the belief that screening is only necessary when symptoms

appear, which undermines the entire purpose of screening. Screening is meant to catch cancer when you still feel fine. If you already have symptoms, you are no longer screening - you are investigating.

Early detection saves lives

This distinction matters because survival improves dramatically with early detection. Early detection of breast cancers in the asymptomatic phase translates to much higher cure and overall survival rates.

The prognosis is far better when the disease is caught early. Catch it early and treatment might only be surgery. If delayed, treatment will involve chemotherapy, radiotherapy and hormonal therapy. It is more difficult, costly and emotionally taxing because once cancer reaches the lymph nodes or other organs, it needs aggressive, multimodal treatment. At that point, it becomes harder to treat and may spread elsewhere.

The Malaysian Clinical Practice Guidelines recommend mammograms every two years for women, aged 50 to 74, at average risk. However, for the high-risk population, those with a strong family history or genetic risk, you may need to start screening earlier and at more regular intervals.

Ultrasound for some younger women under 40 is recommended, as dense breast tissue

makes mammograms less effective. Ultrasound is quick, painless and effective for younger women.

Barriers still hold women back

Yet screening uptake remains low due to time, cost, stigma and misinformation. Some women cannot afford to miss a day for a check-up or screening. If they feel healthy, they see no reason to go.

There are government initiatives that offer women fully subsidised mammograms and NGOs that also offer the same services. Private hospitals offer walk-in same-day screenings. No referral is needed. Just ask for a breast screening and you will be guided from there. Making screening more accessible not only encourages timely diagnosis but also contributes to patient satisfaction by easing what can often be an anxious process.

Debunking myths

Mammograms do not cause cancer. The radiation dose is relatively low. Biopsies do not cause cancer to spread. They are essential to confirm a diagnosis and how best to manage it. Pain is another deterrent. It is not as bad as people imagine. Most describe it as a few seconds of discomfort such as having an injection for vaccination.

Another myth is that cancer patients cannot live a full life while in treatment. Most regimens are manageable now. With proper support, people can work, travel and live their lives. Cancer does not have to mean isolation.

Lifestyle factors can play a significant role in increasing your risk of breast cancer. Obesity, smoking, alcohol consumption and diets rich in processed food contribute to cancers. Maintaining an active lifestyle and adhering to a nutritious diet can assist in reducing the risk.

What can you do this Pinktober?

Women between 50 and 74 who have not had a mammogram in two years is encouraged to get one. For women in their 40s, discuss with a doctor, as they may warrant starting screening at an earlier age. Pay attention to warning signs such as lump, skin changes, nipple discharge or breast pain.

If symptoms last for more than four weeks, seek medical advice. Do not delay. Do not assume you are too young. Let someone guide you through it. You will feel more in control once you understand your options.



Early detection of breast cancer can mean simpler treatment and better outcomes.

This article is contributed by
Sunway Medical Centre, Sunway City
consultant clinical oncologist
Dr Aqilah Othman.