

KESIHATAN KANAK-KANAK

Bahagian Pembangunan Kesihatan
Keluarga (BPKK)

13 Jun 2013

1. Definisi Kesihatan
2. Faktor yang mempengaruhi Tumbesaran dan Perkembangan kanak-kanak
3. Perkhidmatan Kesihatan
4. Pencapaian
5. Peranan Taska dalam meningkatkan kesihatan kanak-kanak

Perkhidmatan Kesihatan

- Kanak-kanak 0-6 tahun – klinik kesihatan
- Kanak-kanak taska PERMATA – 0-4 tahun
- Kanak-kanak pra sekolah – KEMAS dll
- Kanak-kanak sekolah – Darjah 1 dan 6 , Ting 3

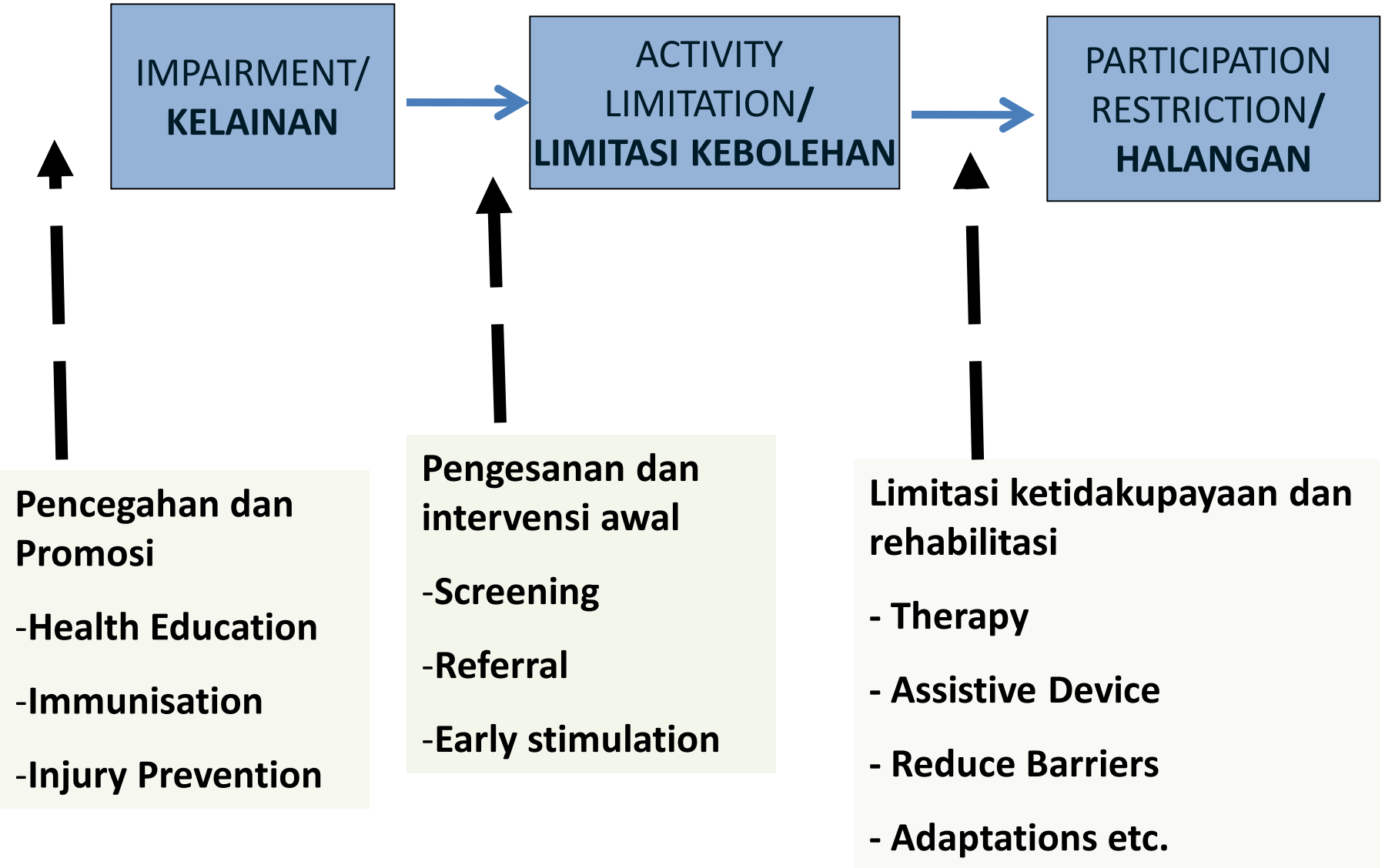
- Program kanak-kanak berkeperluan khas 0-18 tahun di KK
- Perkhidmatan kesihatan di PDK

Perkhidmatan Kesihatan-

Principals of Public Health- ' Pencegahan'

- Health Promotion and Specific Protection
- Early Detection and Prompt Treatment
- Disability Limitation and Rehabilitation

PERANAN KKM.



Perkhidmatan Kesihatan

Saringan Neonatal

- Saringan G6PD , keadaan di mana seorang itu kekurangan satu jenis enzyme, dalam situasi tertentu boleh menyebabkan darah hemolisis.
- Saringan Congenital Hipotirodism untuk mengesan awal kekurangan hormone kelenjar tiroid, sekiranya tidak dirawat boleh menyebabkan cretinism, i.e. keadaan kerencatan akal

Perkhidmatan Kesihatan Kanak-kanak 0-6 tahun di Klinik Kesihatan

- Lawatan klinik penting untuk menilai tahap kesihatan kanak-kanak dari segi pertumbuhan fizikal dan mental yang optima.
- Jadual kedatangan seorang kanak-kanak sihat dan normal ke klinik kesihatan adalah seperti berikut:

Umur	Kekerapan lawatan ke klinik
0 – 6 bulan	: Sebulan sekali
6 bulan – 1 tahun	: 2 bulan sekali
1 tahun – 2 tahun	: 3 bulan sekali
2 tahun – 4 tahun	: 6 bulan sekali
5 tahun – 6 tahun	: Setahun sekali

- Jadi kanak-kanak yang sihat dari 0-6 tahun sepatutnya hadir ke klinik sebanyak 18 kali (paling minima)

Aktiviti yang di jalankan semasa sesi klinik kanak-kanak adalah seperti berikut:

- Pemeriksaan fizikal
- Pengukuran Antropometri – pertumbuhan (berat, panjang/tinggi, lilitan kepala, BMI)
- Penilaian perkembangan dan stimulasi (motor kasar, motor halus, psikososial, pendengaran, bahasa dan pertuturan)
- Pemberian Imunisasi
- Penilaian tahap pemakanan
- Pendidikan Kesihatan
- Pemeriksaan gigi
- Rehabilitasi
- Rawatan
- Rujukan

Formulir pendaftaran klinik kanak-kanak berwarna biru. Di bahagian atas, terdapat bilangan pendaftaran dan logo kerajaan Malaysia. TAJUK: **REKOD KESIHATAN BAYI DAN KANAK-KANAK (0-6 TAHUN)**. Terdapat ilustrasi tiga kanak-kanak bermain. Bahagian bawah mengandungi maklumat peribadi ibu dan anak:

NAMA ANAK: _____
IBU: _____
TARIKH LAHIR: [] [] [] [] [] []
NO. MY KID: [] [] [] [] [] [] [] [] [] []
ALAMAT: _____
NO. TELEFON: _____

KEMENTERIAN KESIHATAN MALAYSIA
UMKA digunakan semasa pemeriksaan kesihatan di hospital/klinik kanak-kanak dan swasta.

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Jadual Pemeriksaan Mengikut Umur

Umur	Kekerapan Pemeriksaan	Aktiviti
0 – 6 bulan	Setiap Bulan	<ul style="list-style-type: none"> • Pemeriksaan fizikal • Penilaian perkembangan dan pertumbuhan • Imunisasi • Nasihat penyusuan • Pendidikan kesihatan
6 - 12 bulan	Setiap 2 bulan	<ul style="list-style-type: none"> • Pemeriksaan fizikal • Penilaian perkembangan dan pertumbuhan • Imunisasi • Nasihat pemakanan dan penyusuan • Pendidikan kesihatan • Pemeriksaan gigi
1 – 2 tahun	Setiap 3 bulan	<ul style="list-style-type: none"> • Pemeriksaan fizikal • Penilaian perkembangan dan pertumbuhan • Imunisasi tambahan • Nasihat pemakanan dan penyusuan • Pendidikan kesihatan • Pemeriksaan gigi • Saringan Perkembangan Tingkah Laku Kanak-kanak (M-CHAT) (18 bulan)
2 – 4 tahun	Setiap 6 bulan	<ul style="list-style-type: none"> • Pemeriksaan fizikal • Penilaian perkembangan dan pertumbuhan • Nasihat pemakanan • Pendidikan kesihatan • Pemeriksaan gigi • Saringan Perkembangan Tingkah Laku Kanak-kanak (M-CHAT) (3 tahun) • Pemeriksaan penglihatan
5 – 6 tahun	Setahun sekali	<ul style="list-style-type: none"> • Pemeriksaan fizikal • Penilaian perkembangan dan pertumbuhan • Nasihat pemakanan • Pendidikan kesihatan

Buku Rekod Kesihatan Bayi dan Kanak-kanak

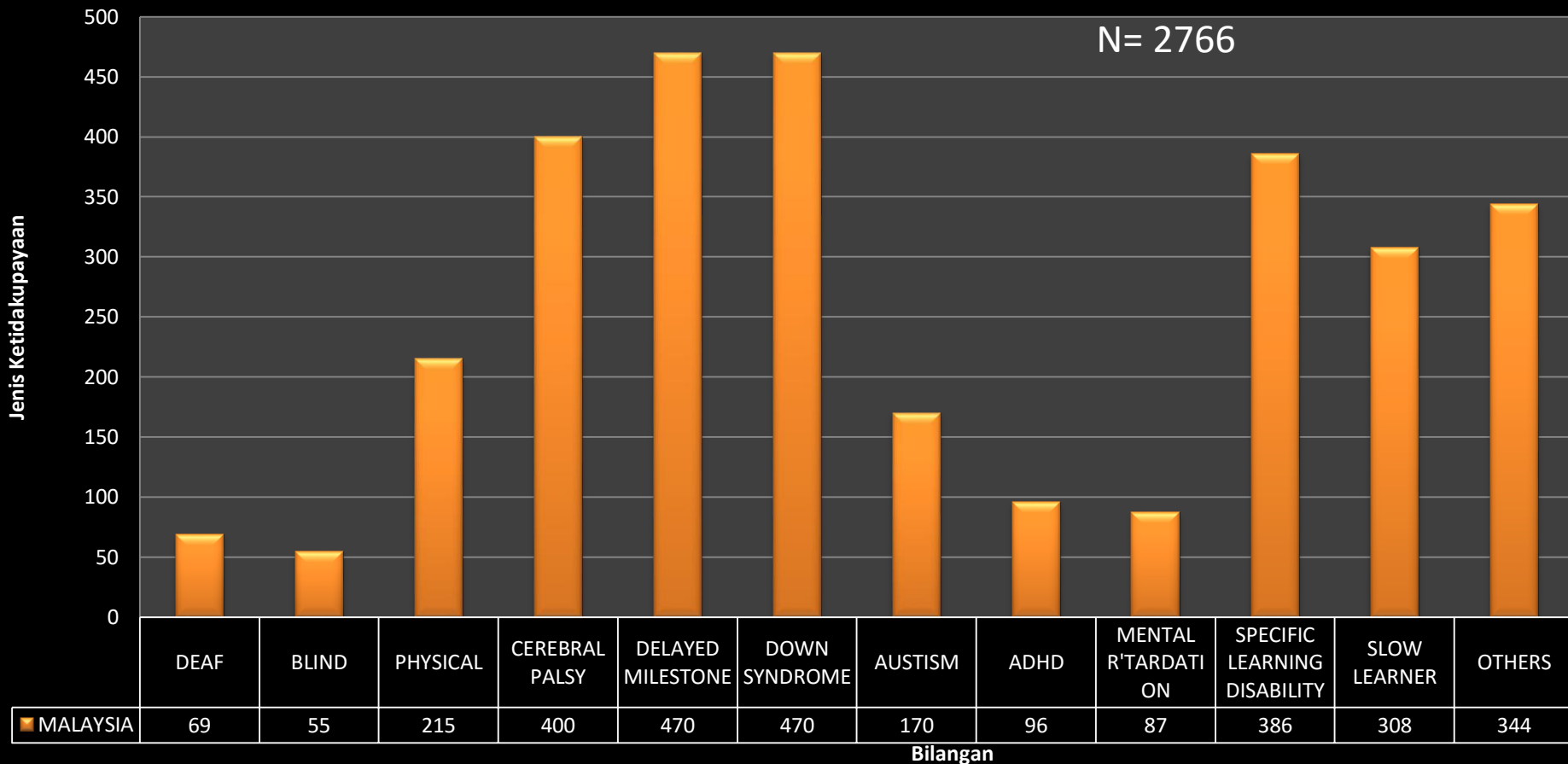
- Dibentuk pada tahun 2006 untuk menggantikan Rekod Kesihatan dan Perkembangan Kanak-kanak KKK 1/93L yang mula digunapakai pada tahun 1993.
- Melalui beberapa pindaan untuk penambahbaikan (pindaan 02/2011)
- Mempunyai komponen-komponen utama iaitu:
 - Biodata (Sosiodemografi, maklumat adik beradik, rekod antenatal ibu, rekod kelahiran dan pemeriksaan bayi baru lahir)
 - Jadual dan Rekod Imunisasi
 - Panduan Ibu bapa/Penjaga (Carta perkembangan anak, Jadual Pemeriksaan Bayi dan kanak-kanak, penyusuan susu ibu, perkara yang perlu dilakukan dan perlu dielakkan, keselamatan di rumah, keselamatan bahan permainan, tanda-tanda bahaya pada kanak-kanak, kemahiran keibubapaan, maklumat gangguan seksual, panduan pemakanan mengikut umur dan pertumbuhan gigi)
 - Rawatan Postnatal
 - Lawatan ke klinik
 - Ujian Saringan Perkembangan Tingkah Laku Kanak-kanak (M-CHAT) pada umur 18 bulan dan 3 tahun.
 - Pemeriksaan gigi
 - Pemeriksaan penglihatan (4 tahun)
 - Carta Pertumbuhan (*WHO Growth Standard 2006*) – Berat Untuk Umur, Panjang Untuk Umur, BMI untuk umur

Jadual Imunisasi Kebangsaan

Immunisasi	Umur (bulan)								
	0	1	2	3	4	5	6	12	18
BCG	Dos 1								
Hep B	Dos 1	Dos 2					Dos 3		
DTaP			Dos 1	Dos 2		Dos 3			Booster
Hib			Dos 1	Dos 2		Dos 3			Booster
IPV			Dos 1	Dos 2		Dos 3			Booster
Measles							Sabah		
MMR								Dos 1	

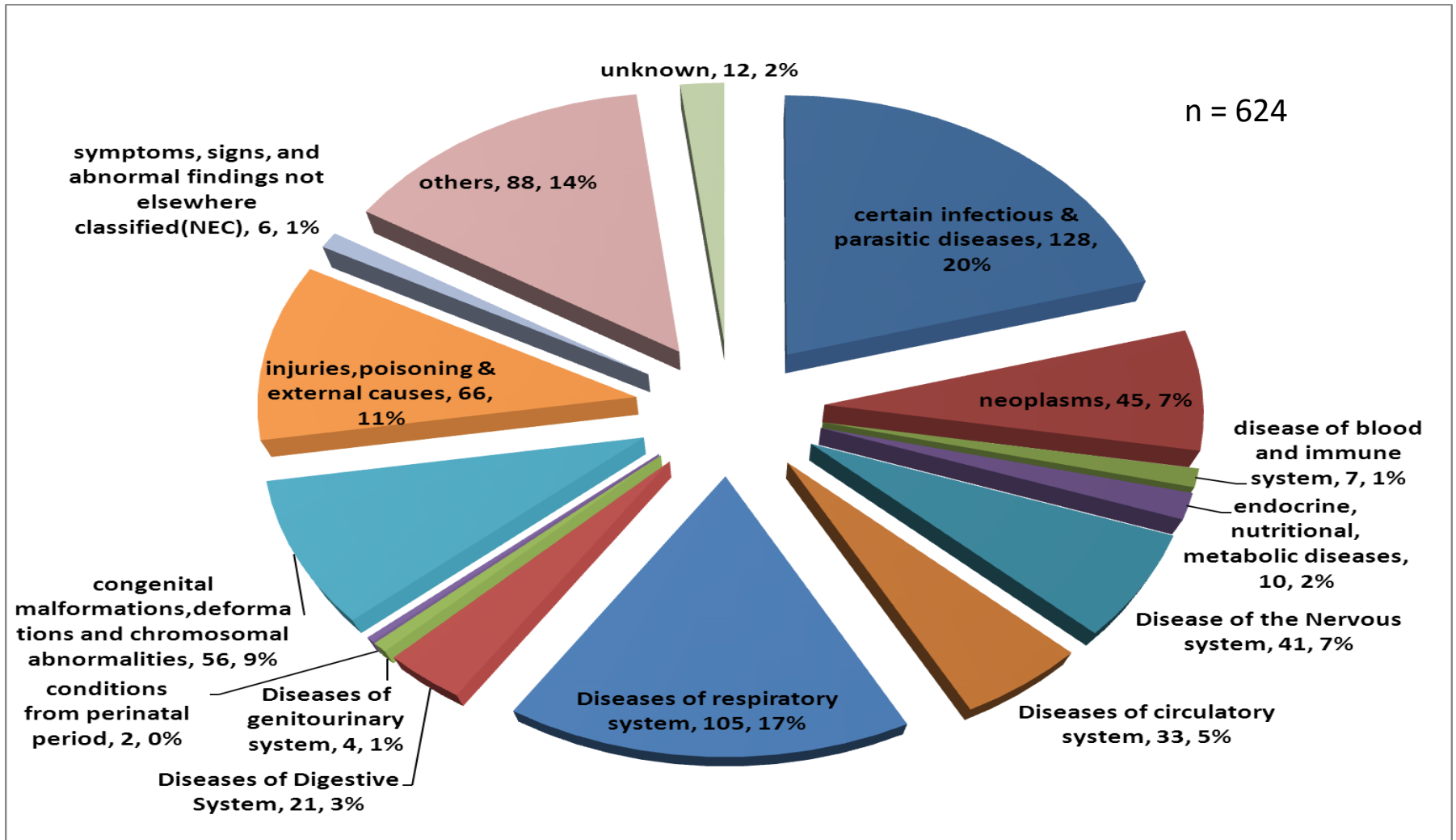
Pencapaian

Bilangan kanak-kanak (0-18 tahun) yang dikesan pada tahun 2012 mengikut jenis ketidakupayaan

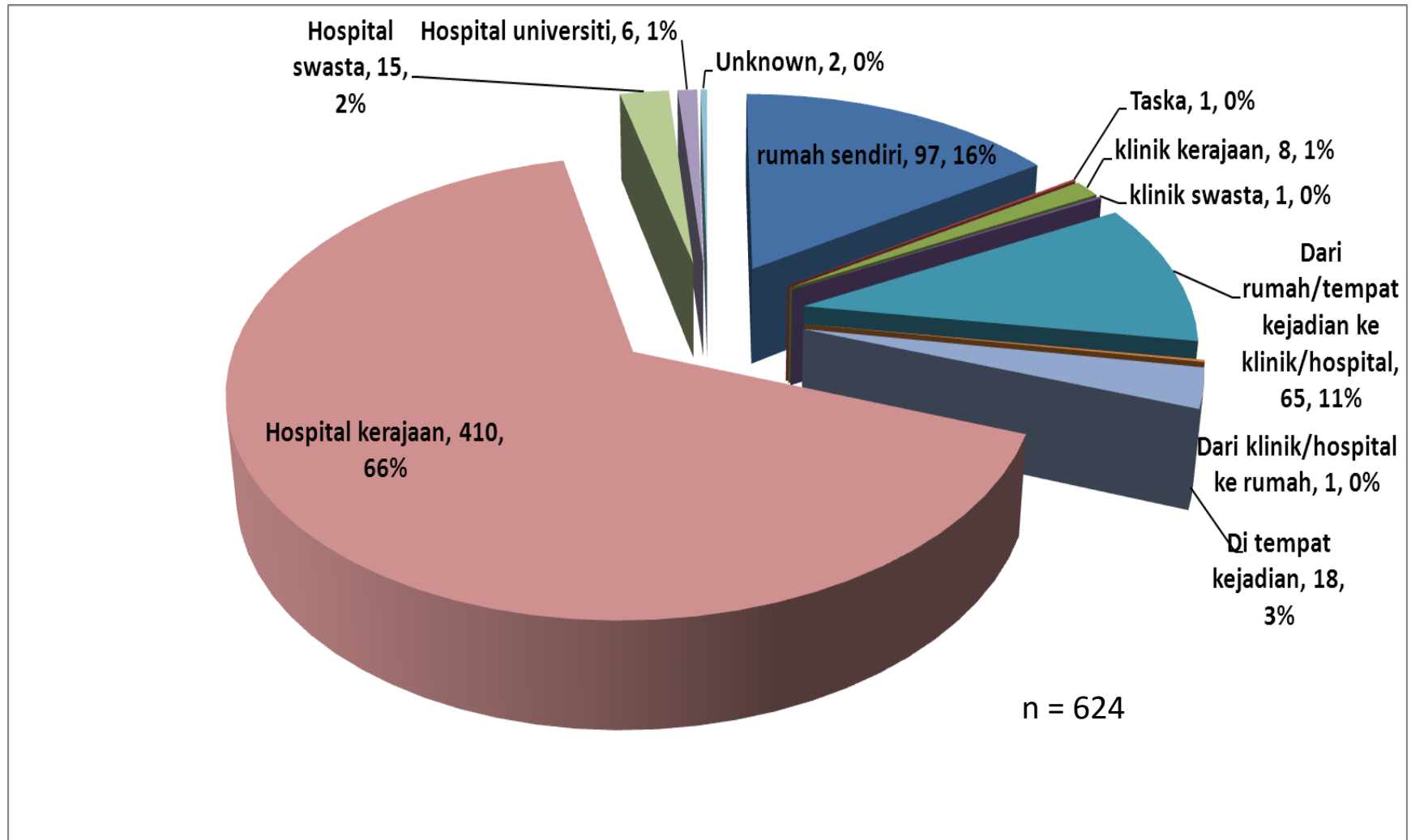


Penyebab Kematian Kanak-kanak 1 - <5 Tahun 2012

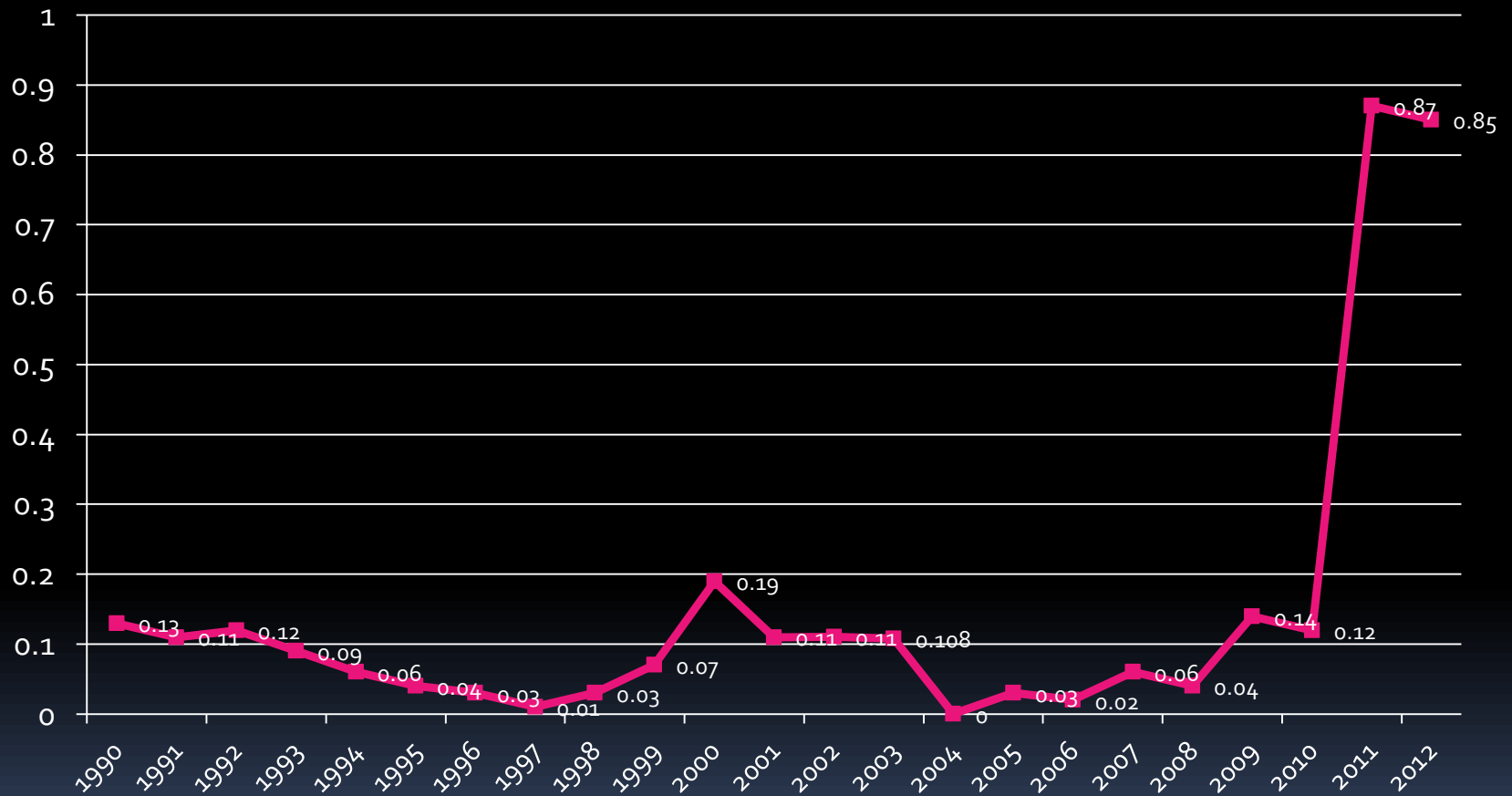
Mengikuti Klasifikasi ICD 10



Tempat Kematian kanak-kanak 1- < 5 Tahun 2012



Incidence of Pertussis; 1975 – 2012

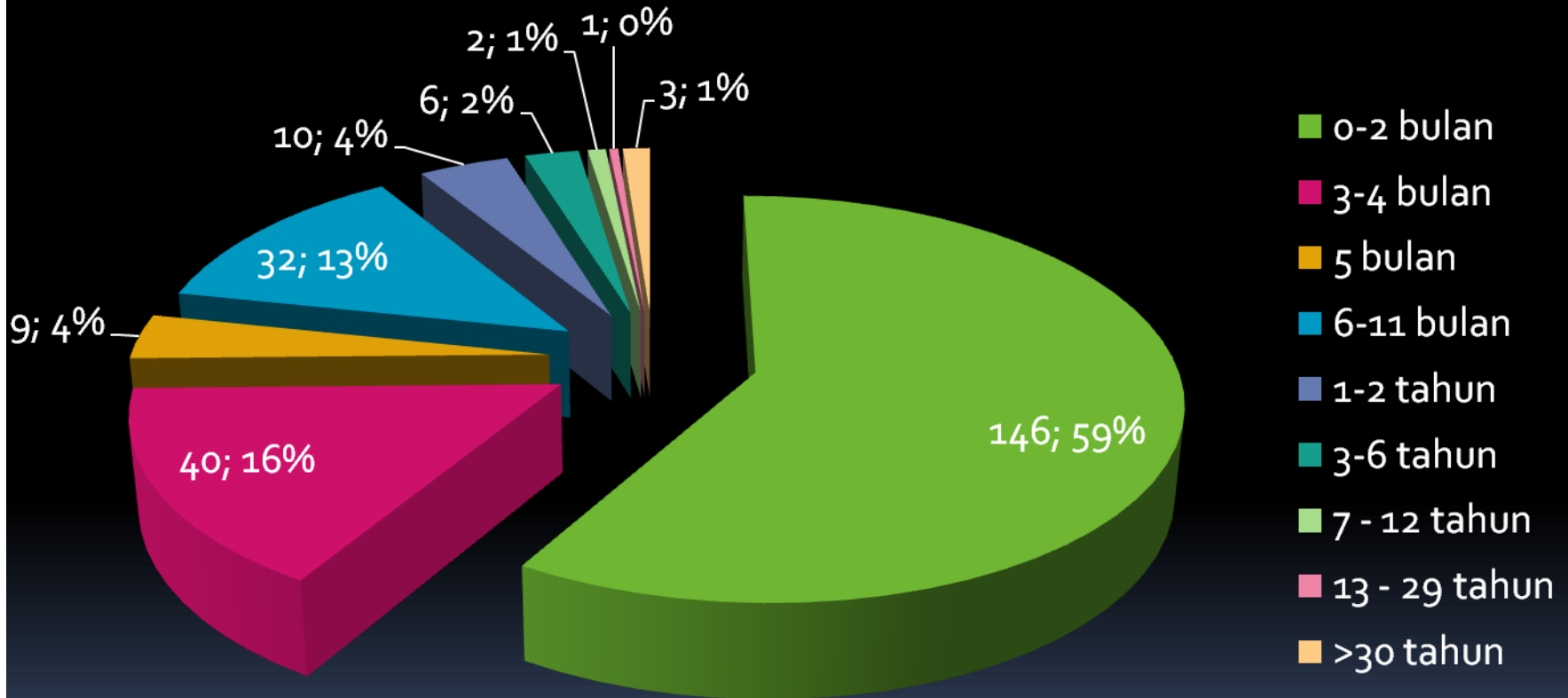


Sumber: Bahagian Kawalan Penyakit

Pertussis Cases; 2012

NEGERI	eNotifikasi			Lab	
	Lab	Klinikal	Mati	Kes	Hutang
Perlis	8		0	11	-3
Kedah	30		0	38	-8
P.Pinang	8		0	11	-3
Perak	5		0	16	-11
Selangor	37	1	0	47	-10
WPKL	1		0	19	-18
N. Sembilan	10		0	13	-3
Melaka	3		0	6	-3
Johor	5		0	8	-3
Pahang	8		1*	15	-7
Kelantan	14	2	0	20	-2
Terengganu	16		0	21	-5
Sarawak	11	21	0	19	-8
Sabah	5		2	5	0
WPLabuan			0	* 2 unknown	0
JUMLAH	161	24	3	249	-88

Pertussis Cases by Agegroup; 2012

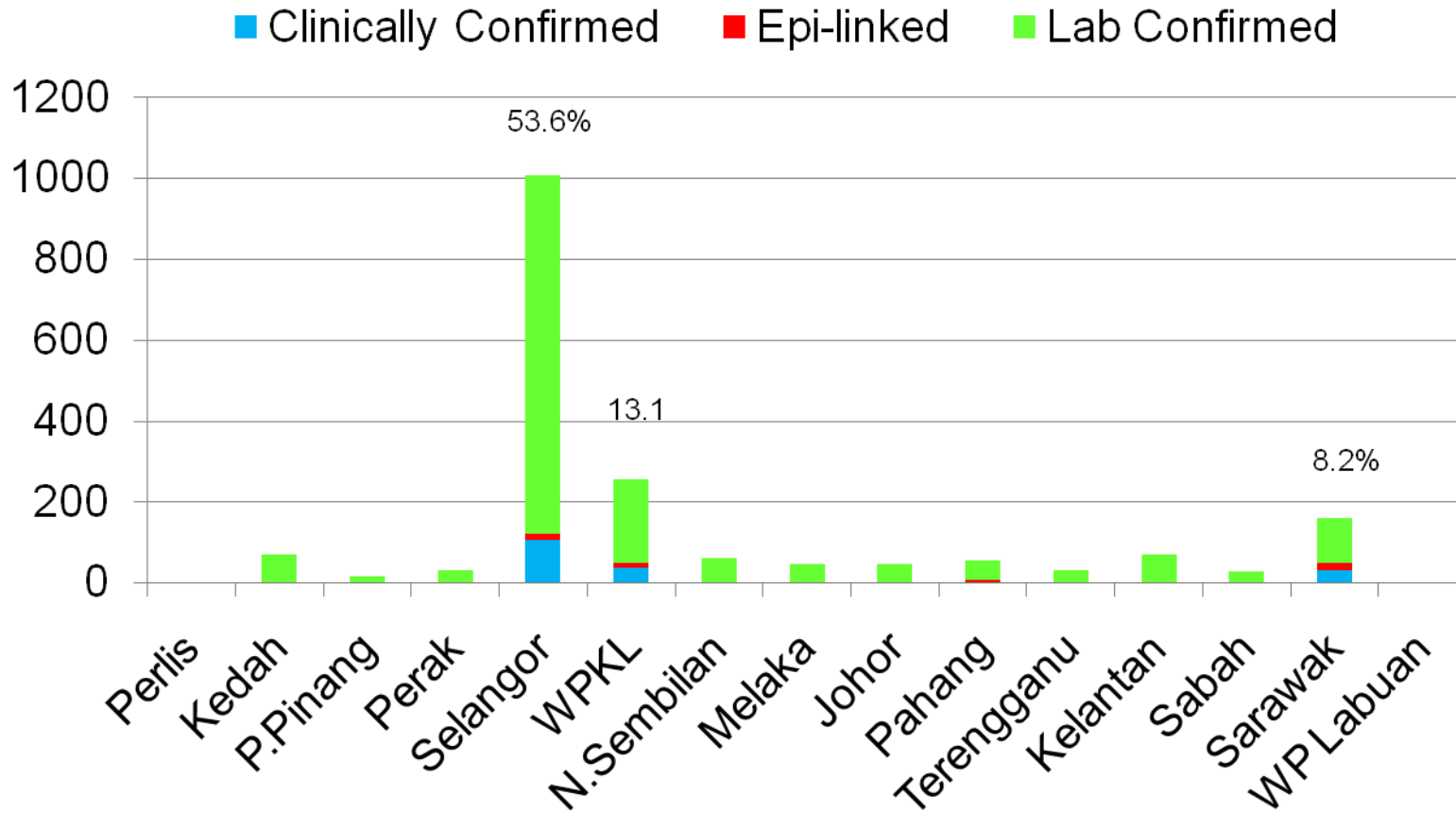


Sumber: Bahagian Kawalan Penyakit

Measles elimination in Malaysia

- Target: Measles incidence – 1 case per 1 million population
- Criteria for measles elimination:
 - No endemic measles cases for 3 years nationally and for the Region, in presence of high quality surveillance
 - Genotype analysis indicates absence of endemic measles virus
- New Timeline:
- Reduce cases by end of 2013
- No endemic measles cases for 3 years (2014, 2015, 2016)
- Measles elimination by end of 2016

Measles cases by states, 2012



Sumber: Bahagian Kawalan Penyakit

Measles clusters

State	≤10 cases	>10 cases
Perlis	0	0
Kedah	3	0
P. Pinang	0	0
Perak	2	0
Selangor	55	0
WPKL	7	1
N. Sembilan	1	0
Melaka	3	0
Johor	1	0
Pahang	0	1
Kelantan	6	0
Terengganu	2	0
Sarawak	15	1
Sabah	2	0
Labuan	0	0
MALAYSIA	97	3

Sumber: Bahagian Kawalan Penyakit

Measles clusters by category

Category	No. of clusters
Rumah Persendirian	74
Rumah Panjang	3
Pusat Jagaan	4
Taska	7
Kg Orang Asli	2
Penjara	2
Rumah Pekerja	2
Kilang	3
Ladang	2
Klinik/Hospital	1 (Wad Medical 4, Hosp Umum Sarawak – 8 kes)

Sumber: Bahagian Kawalan Penyakit

Factors contributing to increased measles incidence

- Low vaccination coverage
- Absence of herd immunity
- Breakthrough cases - ?Vaccine failure - ?vaccine potency - ??cold chain status
- Population subgroups not vaccinated – susceptible and facilitate transmission of infection
- Vaccine refusal – religious groups / homeopathy

Faktor Yang Mempengaruhi Tumbuhan dan Perkembangan Kanak- kanak

Faktor Yang Mempengaruhi Tumbesaran dan Perkembangan Kanak-kanak

- KASIH SAYANG DAN STIMULASI Keluarga
- Status Sosio-Ekonomi
- Tahap Pendidikan
- Amalan Budaya dan Nilai-nilai murni
- *Family Dynamics*
- *Good positive reinforcement environment*

- Faktor ibu mempengaruhi kandungan dan hasil dari kandungan

Faktor Luaran

- **Penjagaan Kesihatan**
- *Food Availability*
- Persekitaran dan sanitasi
- Status ekonomi negara
- Polisi kerajaan
- Tahap pendidikan dan literasi
- Budaya dan amalan sesebuah masyarakat

Kanak-kanak

Children are vulnerable groups to infection

- ❑ Tendency to get infections especially if
 - ❑ children are undernourished.
 - ❑ environment that is overcrowded (infectious diseases can easily spread.)

- ❑ Prevention practices have shown to be effective in reducing the incidence of diseases e.g.
 - ❑ complete breast-feeding for newborns and infants ,
 - ❑ immunisation according to age,
 - ❑ practice of good hand washing; after toilet, before and after eating,

Social Issues also affect Child Health Development

- ❑ Social issues also have a profound impact on early childhood development.
- ❑ The social conditions of the parents or caretakers can have a direct effect on child development
 - ❑ language,
 - ❑ social, and
 - ❑ Emotional

(This impact can be seen as early as 18 months)
- ❑ In addition, a secure and loving attachment to a parent or caretaker is essential for long-term emotional, physical, and intellectual growth and stimulation.

Environments also affect Child Health Development

- ❑ Children that grow up in a household filled with **chaos** are bound to have behavioral problems. **Similar results occur if the child is enrolled in a school that lacks routine or scheduled activities.**
- ❑ Regular **routines** including mealtime, chores and organized activities help children have steady and appropriate behavior.
- ❑ A **clean environment** also helps to foster positive behaviors by providing space and structure. The chaos of a dirty home or classroom also affects the health of children, which can then alter their actions.

Environments also affect Child Health Development

- ❑ An environment filled with **sadness and negativity can seriously affect** a child's behaviors. While children are usually upbeat by nature, an atmosphere that constantly focuses on the bad things in life can quickly change the child's natural tendencies for positivity. A study published in 1999 in "Environment and Behavior" confirms the belief that environments considered negative by the child do indeed cause emotional distress.

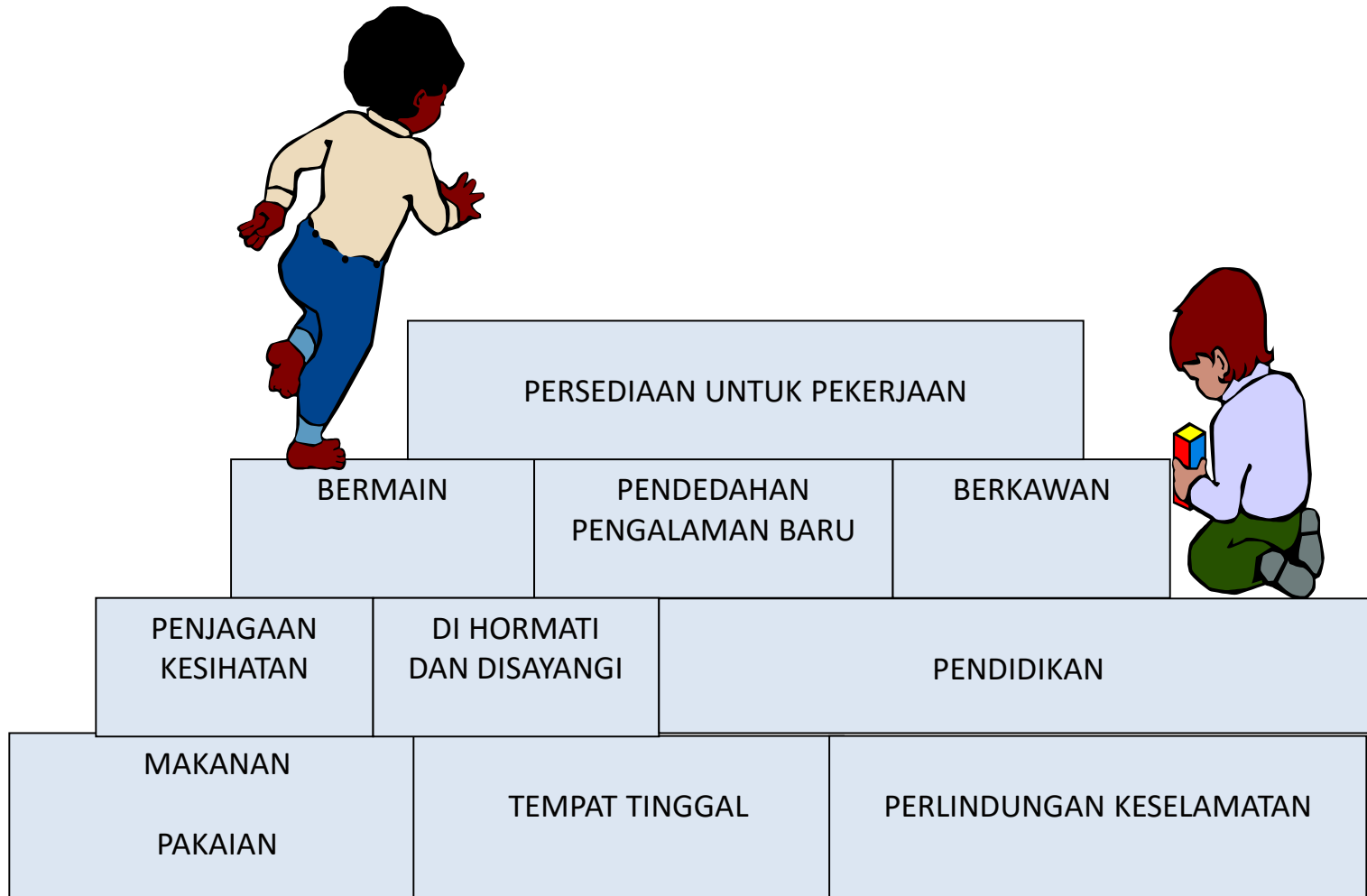
Environments also affect Child Health Development

- ❑ An **overly restrictive** environment can hold a child back from being who he truly is, thereby causing disruptive or emotional behavioral outbursts.
- ❑ Limiting a child insinuates that he must conform or live up to a certain set of standards, can lead to depression, anxiety and, later on, defiance.

Developmental needs will vary based upon the age of the child.

- Newborns and Infants need an emphasis on **physical and nutritional development**.
- Infants and toddlers particularly **need interaction with caregivers, including auditory stimulation and physical touch, besides their nutritional needs**.
- Preschoolers ages three through five have more **social needs**, and learn about how to get along with others. School-age children transition to more structured learning in the classroom. However, the importance of emotional needs must not be forgotten / neglected.

Children Need.....



Opportunities for Health Promotion Education in Child Care

HEALTH PROMOTION in CHILD CARE

e.g. POLICY FOR CENTERS

- Immunization record required for entry
- Breast-feeding friendly child care center
 - Availability of room for breast feeding / fridge for breast milk
- Policy on child safety
 - within the center and surrounding the center.
- Carers should be trained to attend emergencies
- Availability of sick bay /isolation room
 - Any ill child or carer should not be allowed to the center.
- Contract a health Practitioner

HEALTH PROMOTION in CHILD CARE

e.g. Prevention

- Develop routine – timetable
 - Routine activity for cleanliness practices;
 - Oral health – tooth brushing
 - Hand washing – after toilet, before and after eating.
 - Sweeping and clearing the garden from potential Aedes breeding containers / objects that can cause injury.
 - Rest and Sleep time
 - Play time
- Ensure a safe play area.
 - Physical Activity is a must. Allow child to explore and play.

HEALTH PROMOTION in CHILD CARE

e.g. Prevention

- Teach Cough and sneeze etiquette

- Sudden Infant Death Syndrome prevention -
 - Ensure that feeding is attended to if bottle fed.
 - No children should sleep with bottle in their mouth

- Introduce Sexual Reproductive Health
 - should be appropriate with age. Know what is private body parts, what is appropriate touch, behaviour, talk and what is not. What to do if there is inappropriate touch, for example, and Who to tell?

HEALTH PROMOTION in CHILD CARE

e.g. Early detection

- Do simple Developmental screening and refer if necessary.
- Do simple Vision and Hearing screening and refer to clinic if suspicious
- Encourage child to weight and measure own height and record

HEALTH PROMOTION in CHILD CARE.....

- Food time must be fun – and food served must be of balanced diet. Fast foods and carbonated drinks should be avoided. Encourage fruits during snacks
- Guide children to respect differences and variations among human beings.
- Smoke free area.
- Always be alert on abuse and neglect among children.

CONCLUSION: The early years of life are important in influencing lifelong health and emotional development.

- The first five years of a child's life lay the groundwork for how his brain will develop.
 - These short and critical years are essential to his cognitive, social and emotional well-being.
 - If a child is reared in an environment where his developmental needs are not being met, the risk of him experiencing learning delays is increased.
- Early childhood education should work to meet these health needs.