Presidential Address

Present day challenges for Early Child Care and Development (ECCD)

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Introduction

Every child is unique, and children are the future of the country. Irrespective of nationality, race, caste, religion, whether rich or poor, every child needs the love, caring, attention and protection for survival, optimal growth and development. All inputs whether positive or negative will be the deciding factors of child survival, growth and development.

"Putta waththu manussanum" (Lord Buddha). In simple terms it means that the children are the most important asset of mankind. It is not only Lord Buddha, but other religious leaders too have valued children.

During the early decades of the last century the Government of Sri Lanka has taken positive steps to provide care for the mother and child and also to provide educational opportunities for children. Health related sectors such as agriculture, social services and judicial services have contributed towards ensuring survival, growth and development of children. Every adult, parent, caregiver, teacher, community member etc. bears the responsibility to ensure a safe and healthy environment where the child gets the necessary requirements for survival, development and healthy living.

All parents have a vision for their children. Realisng this vision of the parents, by the child concerned will depend on many factors, the most important and crucial being the quality of early child care provided and the environment in which the child is reared.

It should be the dream of every responsible adult to give every child the best start in life, help him/ her survive and thrive, ensure schooling, create a safe and protective environment, specially in emergencies, to lead a contented life. But in reality what do we see, and hear? A glance at the daily papers, or the news items in the electronic media, reveals stories and incidents with a major focus on children, or related to children, which leave indelible black marks on the social system prevailing in our country. Some of the present day school children, youth and adults in Sri Lanka display behaviour patterns which are culturally and socially unacceptable.

What are the causes for these unfortunate incidents?

There may be very many causes; but it is very clear that some of these unpleasant scenarios or incidents are preventable. An in depth analysis of these unfortunate incidents highlights the fact that failure to develop life skills in early childhood and the socially unhealthy and unacceptable environment in which they have been brought up as children are major precipitating factors for such unacceptable, unethical and illegal actions of adults. The important question to ask is "Why do people behave differently during their day to day routine work or in situations in which there is a threat to their life or a threat to the life of their near and dear ones?" Is it because they have not been exposed to quality child care and child rearing practices during their infancy and early childhood, is it peer pressure, is it a personality trait or is it a mixture of all these?

All parents wish for a bright future for their children. None want their children to be murderers, thieves, drug addicts or socially unacceptable individuals. But do all parents take necessary steps and precautionary measures to avoid such happenings?

Most of us think that a child is a miniature adult. The behaviour of a child will vary depending on the "educational" inputs and hereditary factors. Inputs for "education" during intra-uterine life, infancy and early childhood pave the way for optimal growth and development. These inputs could be strengthened by family support, proper health services and other health related services like agriculture, social service, education etc. The Government of Sri Lanka over the past several decades has formulated health policies to strengthen the MCH services and has given priority to deliver primary healthcare at domiciliary level. Most of the inputs so far by the Ministry of Health has helped the nation to achieve health indices (such as maternal mortality rate, infant mortality rate) which are comparable with those of the developed countries. Yet we have a long way to go as far as quality health care services are concerned. As regards the MCH program is concerned, early registration of pregnant mothers for provision of antenatal care at domiciliary and at institutional level, trained assistance during labour and child birth, immunization against major childhood illnesses are beyond doubt comparable with the developed country situations, but there are areas which need more attention and prompt action, for example, the psychosocial development of children with

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special emphasis on infants and 1 – 5 year olds. Though growth monitoring is done at child welfare clinics, interventions for growth faltering or poor weight gain remain at an unsatisfactory level as revealed by the growth chart of the affected children. Provision of necessary stimuli to the child by the mother or the caregiver has to be ensured, through competency development of the mother. Our cultural practices related to child rearing and the lifestyles adopted by parents and caregivers in the past has provided opportunities to the mothers/fathers and caregivers to "educate" the child to lead a healthy, contented, peaceful and prosperous life, but looking at the present day practices this is a very weak area and needs revival.

As community physicians we have to take leadership in planning, organizing, implementing and evaluating necessary heath interventions, training of service providers, conducting simple research, coordinate with relevant authorities, agencies, community leaders including parents for promoting and strengthening the ECCD component of the maternal and child health programme and also to provide necessary specialized services at community level for supporting community action for strengthening ECCD activities.

ECCD activities also must ensure protection of the rights of the child.

Rights of the child

The convention of the rights of the child, since it was adopted in 1989, is the most widely accepted human rights accord in history. Every child is born with:

- The right to a name and nationality
- The right to an education
- The right to health and proper health care
- The right to participate in matters that affect him/her
- The right to be treated equally
- The right to be protected from harm

In Sri Lanka all births must be registered. As more than 99% of deliveries take place in government or privately owned medical institutions manned by trained health care personnel, all institutional births are registered. Home deliveries are very few but most of these births too are registered.

All normal children completing five years of age must enter school. However, one cannot boast of 100% school entry at this age, but every attempt must be made to ensure 100% school entry.

Access to healthcare is not uniform throughout the country for children as well as adults. A child is at risk, because invariably it is the mother, the father or the guardian who take decisions regarding whom to consult for treatment, when and where to go for treatment etc. If the decision is correct the child will benefit. On the other hand, wrong decisions may be taken due to ignorance, socioeconomic reasons, bad past experiences, peer pressure and current trends in the society. Therefore, it is difficult to say whether the right to health care is properly looked after. There are rare instances where parents have taken the correct decision to seek medical attention, but medical negligence has led to complications, or death of a child.

In our culture rarely do parents provide room for children to participate in matters that affect them. However, there is a tendency today to involve children in decision making in matters affecting them. For example children are allowed to choose the stream of study they prefer to follow. However, some children are forced to follow a particular stream of study because there is no choice available in the place of study. There are reported incidents where a child is subjected to harassment by the teacher, or peers, which led to absenteeism, or unacceptable behaviour in school, or stopping further schooling. The repercussions of early school leaving or poor utilization of opportunities in the school will be felt long afterwards when the damage done cannot be reversed.

Theoretically, everybody agrees to the fact that all children should be treated alike and that these should be no discrimination. However, this is still a dream for many children, because in practice there are instances of obvious discrimination for no fault of theirs.

Though we say that the children are the wealth of a country, have the responsible individuals ensured protection of the so called wealth from harm? Child abuse, child labour, and child prostitution are rampant despite the existence of legislation against child evils.

It is a pity that some adults do not seem to be aware of child rights, or they purposely pretend be ignorant of them. In these circumstances, it is imperative that child rights needs to be addressed by each and every one of us as professionals, parents or caregivers and as responsible Sri Lankans.

What are the needs of a child?

The needs of a child include:

- Universally acceptable common needs like

food, a safe and healthy environment, love, protection from harm etc., and

- Special needs depending on the each individual child concerned

Has early child care practices fulfilled the needs of the child?
How can early child care be strengthened and made a reality?

In my presentation I wish to critically look at the challenges for early child care and development (ECCD)

What is early childhood? It is the period commencing from conception up to the age of eight years, which could be grouped as follows:

- Intra uterine life (pregnancy)
- Infancy (from birth to 12 months)
- 1 – 4 years
- 5 – 8 years

What should be the approach?
Ensure a good start in life for every child. A good start in life invariably depends on the health status of the mother and the care received by her during the antenatal, natal and immediate postpartum period. Proper nutrition, personal hygiene, safe drinking water, environmental sanitation and protection from communicable diseases should be ensured. The health status and the care received by the mother will be a reflection of the socio-economic and educational level of the mother and the immediate family members, apart from the availability and accessibility of an effective health care delivery system within a safe environment.

Taking into consideration the global scenario, specially the developing country situation, vital statistics of Sri Lanka indicate a better health status enjoyed by the Sri Lankans.

Vital statistics

- MMR (Maternal Mortality Rate)
- IMR (Infant Mortality Rate)

Can one be complacent with the statistical evidence?

Though the MMR has declined still one cannot be happy. If one of our near and dear ones are among those who died, then only we will realize the gravity of the problem. For example, a post partum death resulting in, loss of the mother to a four year old. For that matter the age of the child is immaterial. Can any one explain to a four year old what "death" is? Especially when it is the mother who is dead and gone. Is there a care giver available to give the motherly affection and care needed by the affected child?

Most maternal deaths are avoidable, but however sad it is, some maternal deaths are unavoidable.

Today we can boast of a national policy for ECCD. The national focal point for translating the policy into practice for implementing ECCD activities is the Family Health Bureau. There are many sectors, for example health, education and social services and service providers in the government, private non-government agencies which are involved in ECCD activities. There responsibilities differ. Further, the multifaceted and integrated nature of ECCD calls for better coordination, monitoring and evaluation by relevant officers at all levels.

Expanding and improving early child care and education, especially for the most vulnerable groups and disadvantaged children, is the first objective set up at the World Education Forum (2000 Dakar). UNICEF in its medium term plans for 2002 – 2005 has identified ECCD as one of the global priorities to make the biggest impact on children. UNICEF Sri Lanka took the initiative to assist the MCH programme of the Ministry of Health, for strengthening the ECCD component of the existing service delivery system in 2002. Upto date the PHC staff attached to more than 70 MOH divisions throughout the country have undergone training in ECCD and they are in the process of implementing their action plans for promoting and strengthening ECCD through competency development of the parents and caregivers. In addition the need for inter-sectoral cooperation, community involvement and working with NGOO has been emphasized.

What are the challenges for ECCD?
The challenges for ECCD are:

- Development of competencies of parents for parenting
- Provision of health care
- Establishment of pre-school and provision of day care
- Formal schooling

Challenges faced by parents
Parents face many challenges, among which priority can be given to the following:

- Vision for the child/expectations. Today many parents want their children to attain high educational standards, irrespective of their capabilities. They push the children to select the stream of study they have selected but not what the child is competent to follow.

- Ambitions of parents. Some parents do not like to sacrifice their career development opportunities or income generation activities for the sake of the child and assistance of a domestic servant is sought. Very often the domestic servants are not trained to provide child care.
- Skill development for parenting. Parenting is considered to be a skill that comes naturally to parents, especially to the mother. Many think they provide the best care by giving food, clothing, toys and medical treatment. Yet they do not know how to provide the necessary age appropriate stimulation to a child.
- Changes in life styles of parents. Globalization, migration for employment and the high educational status of women has created many a change in the lifestyle of Sri Lankans. Further new responsibilities and empowerment of women have resulted in change in their life style. This has both positive and negative effects on ECCD.
- Influence of mass media (specially on infant foods and feeding practice). Most families own a radio today, though they may not own a television. The electronic media is popular among the affluent as well as among middle class people. Telecasting of antisocial or culturally disrespected scenarios is not unusual today. The messages given out may be misinterpreted by some. In addition, conflicting information is delivered through some mass media. What is published, broadcast or projected may be wrong at times.

Hence one could see the innumerable challenges faced by parents.

Challenges faced by health care providers

PHC workers who provide MCH services at domiciliary level and at institutional level, the Public Health Midwives face many challenges.

There is a need for supervision and appraisal of their work but it is poorly done at present. In some MOH divisions it is hardly done due to a shortage of supervisory staff. Thus the quality of services provided and the accuracy of data collected and maintained is questionable.

There may be myths and beliefs prevalent in the community which may be harmful or create barriers for promoting ECCD and strengthening the psychosocial development of children.

Harnessing goodwill and support and involvement of the community for promoting activities for ECCD is another challenge faced by PHC team members.

It is heartening to note that most of the staff of the selected Medical Officer of Health and Deputy Director of Health Services areas in different districts has been given orientation training on ECCD and they have initiated activities at domiciliary level to educate mothers on ECCD. However, continuing education is a must for the PHC workers, to improve their competencies, especially their knowledge and skills. This is a challenge. Focus should be on home based child friendly, socially acceptable, practical and cost effective methods of providing age appropriate stimuli. In addition, the importance of responding to a child's needs and how to respond must be emphasized through different continuing education activities. Distance education of the relevant staff should be considered as a practical approach.

Most parents are keen to enroll their 4–5 year olds in preschools and anticipate the type of learning similar to what they would get from formal primary schools. Thus, it is a challenge for the well trained preschool teachers to convince such parents regarding ECCD. Ensuring minimum standard required of a preschool is another challenge. Shortage of properly trained preschool teachers has paved the way for any jobless lady to commence a preschool, without adequate competency. Such preschool teachers will be unable to develop competencies of children especially those children who are handicapped.

Challenges for primary school teachers

School entry is compulsory for five year old children. Assessment of entry competencies of these children for planning of learning activities is a challenge. Assisting personality development and socialization through guided play and active learning is another challenge for teachers. Further, the five essential competencies to be developed in primary school children namely communication, enjoying leisure and play, learning to learn, ethics and religion and suitable adaptation to environment has to be provided during primary school education. This becomes a challenge as entry competencies of children are quite different from one another. Creating a child friendly environment within the class room and outside utilizing minimum resources available is another challenge faced by primary school teachers. Harnessing cooperation and coordination of parents, other sector official, NGOs and the community are challenges for teachers.

Challenges for the community

Selecting and utilization of innovative methods for monitoring and evaluating activities related to ECCD is the biggest challenge for the community.

Conclusion

In conclusion let me quote Gabriola Mistral from Chile:

"Today, we are guilty of so many errors and many faults..
But our worst crime is abandoning the children, neglecting the fountain of life.
Many things we need can wait; the child cannot
Right NOW is the time his bones are being formed,
His blood is being made and his senses are being developed.
To him, we CANNOT say TOMORROW.
His name is TODAY"