Looking Beyond Child survival

Editorial

All through the 1960s and '70s there was a major emphasis internationally on providing health coverage with basic health services. Countries responded by building up their health infrastructure, developing service programmes, expanding the training of health personnel, and all the necessary support activities that go with these developments. The International Year of the Child helped to focus international effort on the urgent need to improve the health and welfare of children and their families. Basic health services became incorporated into a broader effort for Primary Health Care and a number of international programmes were commenced in the 1980s as part of the global effort for improving the survival chances of children. Scientific developments and new technologies have contributed a great deal to the launching of the expanded programme of immunization (EPI) and the oral rehydration therapy (ORT). In the coming years, similar efforts against acute respiratory infections (ARI) are also likely. In the meantime, the Child Survival Revolution has been gathering momentum. The result is that immunization rates have risen dramatically from the previous 10–15 per cent to approximately 65 per cent in developing countries with an estimated saving of 2 million lives per year. Similar efforts for the promotion of oral rehydration therapy during the past decade have resulted in the saving of an estimated 1 million lives per year. A great deal remains to be done and yet, with what has been archived in the past two decades, countries now enter the 1990s with an air of optimism. Whereas five out of every six newborns in developing countries lived beyond the age of 1 year in 1960, today 11 out of 12 survive and, if the progress is maintained, 19 out of 20 will do so by the end of the decade. It is now time to look beyond survival and ask about the quality of life that the survivors are likely to enjoy.

Current thinking is that children whose developmental needs are met during the formative years do better in life than children who missed out. The intelligence, personalities, and social interactions right up to adulthood are significantly better in the case of the former, and their better performance in all these domains can be traced back to the care they received while young. A stimulating environment which encourages developmental progress and rewards the achievement of each developmental step with appreciation and praise is a powerful force for children’s progress. This is particularly so in the early years. Neglect in these crucial years can have far reaching consequences since negative effects tend to accumulate.

A number of social and demographic trends in the developing countries may have serious consequences for child development in specific groups. A large number of families in sub-Saharan Africa have been dislocated because of famine, war, insurgencies, and similar disasters. Even when not abandoned, separated, or orphaned life in refugee camps is at the most basic level and provides few opportunities for child development. Increasing participation of women in the labour force because of economic necessity means limited mother–infant contact. In the urban squatter communities, where up to 45 per cent of the city population lives, teenage motherhood is not unusual, and members of the extended family may not be readily available for child minding and releasing the mother for completion of education or for employment. Because of these and a variety of other reasons a number of countries have felt the need to develop programmes for the care of preschool children. The details of programme activities vary depending upon local circumstances. India's Integrated Child Development Service is an example of elementary level health and nutrition care together with education at low cost.

Does early intervention work? Following disappointing reports of the American Head Start Programme, wherein researchers showed the loss of skills 3–4 years after the children left preschool, new research now provides optimism. Part of the early disappointments may have been technical or methodological. Technical difficulties arise because facilities for preschool children differ so much in their scope and outlook. For example, in the United Kingdom the main emphasis in day nurseries may be on substitute care and feeding which is different from the case of nursery school (or classes in infant schools), where education and social interactions are the chief objectives. This in turn differs from playgroups where the emphasis is on social interaction and support for mothers. The trend in the United Kingdom is for the ‘better-off’ to go to playgroups and the most disadvantaged to day nurseries. When these three types of facilities were studied with a Preschool Behaviour Checklist, significantly more children in day nurseries than nursery classes or playgroups were identified with behavioural problems. Methodological difficulties arise from the selection of samples and the criteria employed for assessing benefits. Using strict selection criteria, such as: sample size greater than 100 children; quantitative rather than qualitative assessment measures as well as control groups; and assessment
after the children had entered school 11 carefully
monitored programmes were chosen and 2000 pre-
schoolers were followed up when they had reached
adolescence. Their school and employment records
were investigated and the families were interviewed. The
results showed clear benefits from attendance at
well organized preschool programmes which stressed
cognitive skills. Later school competence of such chil-
dren was much better. They were less likely to be kept
back in a grade or assigned to special schools. Signi-
cantly more such children were likely to complete
secondary or higher level of education and be fully
employed; significantly fewer had a police record, and
significantly less girls experienced teenage preg-
nancy. The advantages from the social and econom-
ic angles are obvious.
It will be naive to think that all preschool pro-
grames produce lasting benefits. The important
thing is to realize that if well thought out such pro-
grammes can build upon the efforts currently being
made in the health sector by means of investment in
Primary Health Care, and give Child Survival a
meaningful outlook. The children who stand to gain
most are those from disadvantaged backgrounds as
recent research shows. Social and learning skills
acquired in early life help with later schooling. As
countries expand their education services it will be
necessary not to overlook the preschool child. Rigor-
ous research is needed to identify the potentially more
beneficial approaches.

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