

Early Childhood Development – Pediatricians, the Bridge between Science and Parenting

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Nurturing a child's development today, to have an intelligent, creative and productive adult tomorrow, is increasingly the focus of every parent and pediatrician. Today, Pediatrics has integrated developmental neuroscience, molecular biology, genomics, epigenetics, developmental psychology, epidemiology and economics as never before. There is emerging evidence linking toxic stress of adversities in early childhood and nurturing parental care affecting brain development and function through the life span of an individual [1]. Do we know how early childhood development (ECD) has the potential to do permanent changes in language, cognition and socio-emotional learning? How do behavior, resilience and stress prevent or cause chronic disease? How do unhealthy lifestyles lead to widening health disparities? Units like Centre for Child Development at Harvard University are investing a lot of time and effort in these areas of research. Global institutions such as WHO, UNICEF and UNESCO have ECD in their work agenda with continuum of care from pre-conception through the early years. They are strongly generating global political priority for ECD.

Child's brain develops fastest in the first 1000 days of life. ECD encompasses physical, socio-emotional, cognitive and motor development between 0-8 years of age. Optimum early development is the right of every child. All ECD programs must address health, nutrition, safety, responsive caregiving, and early learning. ECD programs need to be adequate on different scales – from individuals to governments and global community. It is very cost-effective to achieve sustainable development by investing in ECD rather than fixing the problems occurring due to inaction in this crucial phase [2]. Focus on ECD will help establish world peace, and thereby protect the right of every child to survive and thrive!

The 2016 estimates based on proxy markers of stunting and poverty reveal that 250 million, or 43%, of children in low- and middle-income countries are at risk

of not achieving full development potential. Children under the age of 3 years are at highest risk with suboptimal exposures to ECD programs across their quality and implementations [3].

The burden and cost of inaction is high. Young children need nurturing care from the beginning. We need to strengthen government leadership to scale-up what works. Nurturing care framework for ECD was launched at the 71st World Health Assembly [3]. These conclusive observations are the basis of operational priorities in ECD, world over [4].

Health is the first point of contact for reaching the youngest child and the families during pregnancy, child birth and early childhood. Pediatricians can help bridge the gap between parenting and science. As an apex body of pediatricians in India, we have immense power to shape the future of these children. Thereby, we also have a huge responsibility to provide timely guidelines to our members, and work in tandem with global institutions to make optimum ECD a universal reality.

Apart from health, there are additional risk factors like maternal illiteracy, physical and sexual abuse, and poverty. Therefore, it is essential that multi-sector interventions are applied in health, nutrition, security and safety, responsive caregiving, and early learning. Many aspects of the child development have been the working domain of many of our members of Indian Academy of Pediatrics (IAP) with several IAP chapters – Infant and Young Child Feeding, Neonatology, Nutrition, Growth Development & Behavior, Neuro-developmental Disorders, Child Abuse & Neglect & Child Labor – dedicated to it. There are a few guidelines, recommendations and modules of training for screening and management of development and its problems. But we lack uniformity of standardized protocols. We are still dependent on protocols developed for western nations with different socio-cultural norms. Much more needs to be done to cover the depth of subjects within ECD in the Indian context.

We have some resources and setups to backup ECD in antenatal, neonatal and 3 to 6 years age groups in healthcare working systems. But preconception and 0 to 3 years groups are left out from the effective interventions. Similarly, our roles in parenting guidance and inputs in educational areas are meager. The fact that fastest brain development occurs first 1000 days adds to the urgency of our efforts to be concentrating on this age group.

Lastly, we cannot ignore the local communities, nonprofit organizations and social resources. We need to build the social infrastructure to support successful parenting interventions, improving maternal wellbeing and child development [5]. As mentioned in a previous editorial [6], we are seeing such opportunities in voluntary movements like 'Parenting for Peace' with many of our members working with other professionals and non professional volunteers across the country. Few non-government organizations such as Aga khan Foundation have their own structured comprehensive ECD programs. Research-driven community-based parenting program for early childhood can be crafted in lines of 'Reach Up' program at West Indies University.

India is reasonably tackling survival issues, and now development issues should be high on stake. IAP has ECD on agenda, and is in process of making guidelines for its members in collaboration with UNICEF as technical and scientific partner. Let us together preserve and enhance cognitive and working capital of the country, and add to the economic progress too.

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