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EDITORIAL

Early child development in Mexico: advances and challenges

Desarrollo infantil temprano en México: avances y retos

1. Introduction

Twenty five years ago, early childhood development (ECD) was almost absent from the agenda of Majority World governments (then referred to as the Third World) and international organizations. In Mexico, as in other countries, early childhood development was seen as a task and concern of families, but not of governments. The emphasis on public health was to reduce childhood mortality. Regarding education, the task was to increase enrollment in primary education. Extra-familial care for young children was very limited and highlighted care in custodial centers and not integral development. This care was restricted to about 10% of children of mothers working in the formal sector. ECD-related research was conducted mainly from a psychological base using a behaviorist model. Studies by Chavez and Martinez¹ and Cravioto et al.^{2,3} during the 1970s and 1980s are extraordinary exceptions. Funding for research on the subject was scarce.

2. Progress

Today it is possible to describe a more encouraging picture due to influences such as the reduction in infant mortality, the entry of many more women in the paid labor force, and implementation and wide dissemination of research results, which have shown the importance of the early years for development and behavior with life-long results. The influence of studies from neurobiology and economics has been remarkable⁴ along with the participation of Mexico in international agreements on rights (e.g., The Convention on the Rights of the Child),^{5,6} health and education. Currently, preschool education is compulsory and enrollment for children 5 years of age is >90%. There are many programs for families to improve parenting practices affecting child development. Extra-familial child care has

increased significantly and is not restricted to children of working mothers.⁷ The National Development Plan 2013-2018 explicitly includes attention to ECD.⁸ An ECD component has been included for children <5 years of age who are beneficiaries of the Mexican Popular Insurance program.⁹ The PROSPERA Program¹⁰ that provides conditional economic stimulus to families living in poverty currently includes an ECD component in its community workshops for parents.^{10,11}

Since 1990, new institutions have been established within the health sector whose work involves improving early childhood development. These include the National Center for Children's Health (CeNSIA) and the Unit of Neurodevelopmental Research of the Hospital Infantil de México Federico Gómez founded in 2012,¹² whose extraordinary and extensive work on the detection and timely attention to problems of child development in Mexico is presented in this issue of the *Boletín Médico Hospital Infantil de México*. To dedicate an issue to ECD is, by itself, an indication of the recognition of the importance now attached to study and take action in this field.

The information base regarding ECD is in the process of improving with the implementation of the Child Development Inventory test (CDI)¹³ designed and validated in Mexico.¹⁴⁻¹⁶ The CDI is being administered to an ever-increasing proportion of the population along with the inclusion of developmental indicators in the National Health and Nutrition Survey, Instituto Nacional de Salud Pública (INSP) initiatives to implement a household survey, and Instituto Nacional para la Evaluación de la Educación (INEE) initiatives to measure results and quality at the preschool level.

International funding for research and programs aimed at ECD has increased in recent years. The World Bank and the Interamerican Development Bank have provided significant economic resources to ECD. UNICEF supports various initiatives, and foundations such as Kellogg and LEGO have provided funding for ECD initiatives. In the article by

O'Shea-Cueva et al., data indicating a marked increase in the national health budget devoted to ECD¹⁰ are shown. In short, it is possible to identify progress not only in rhetoric and law¹⁷ but in the programs and available human, institutional and organizational resources (and to a certain extent, also financial), and concrete actions aimed to improve ECD.

3. Challenges

Despite this progress, significant challenges remain to strengthen ECD, both conceptual and design and implementation of programs:

Equity and Quality. The increased availability and participation of children and their families in ECD programs does not necessarily reduce social and cultural inequalities associated with ECD. The inequitable distribution of program quality among programs needs improvement.¹⁸ So far, programs and services for people living in poverty tend to be of lower quality.

Respect for contextual and cultural differences. Although the importance of respecting differences in childrearing related to physical conditions, cultural beliefs and world views, the tendency is to think that the model for promoting ECD must be universal, applying the same methodology, instruments and contents to all.¹ The challenge is to better understand the origin of practices in specific contexts, look for areas of agreement or differences between what "science" and "conventional wisdom" say and use that knowledge to establish dialogue and negotiation rather than to impose solutions or offer "messages" that may not be accepted.

Toward an integral model of Early Childhood Development. In the health sector, the transition from a disease-based model to a developmental model has been difficult. In addition, there is a tendency to emphasize attention to physical development and to neglect, in practice, social, emotional and cognitive development. At the same time, in the education sector, attention to health care problems is often very weak. These approaches do not take advantage of the possible synergy between the different dimensions of development.

Stimulation and interaction. Especially in health, there is a tendency to consider stimulation as the strategy for improving ECD. Although it is obvious that children need stimulation for appropriate development, many investigations show that the interaction between caregivers and children is equally important. In addition to stimulation, interaction involves listening, responding and adjusting adult behavior as required by the child.

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Conflict of interest

The author declares that there are no conflicts of interest.

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