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THE STATE OF THE WORLD’S CHILDREN 2001

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The State of the World’s Children 2001: Early childhood

What happens during the very earliest years of a child’s life, from birth to age 3, influences how the rest of childhood and adolescence unfolds. Yet, this critical time is usually neglected in the policies, programmes and budgets of countries. Drawing on reports from the world over, The State of the World’s Children 2001 details the daily lives of parents and other caregivers who are striving – in the face of war, poverty and the HIV/AIDS epidemic – to protect the rights and meet the needs of these young children.

Choices to be made: The opening section makes the case for investing in the earliest years of childhood, before the age of three, when brain development is most malleable and rights are most vulnerable. It sets out the options governments have about where and when to make investments to ensure that children under three have their rights protected and their needs met. And it introduces the importance of early childhood development programmes, not only for children, their parents and caregivers, but for the progress of nations as a whole.

A necessary choice: Attention to the youngest children is most needed where it is most difficult to guarantee: in countries where the seemingly intractable grip of poverty, violence and devastating epidemics seriously challenge parents’ hopes and dreams for their children. This section argues that early childhood care can act as an effective antidote to cycles of violence, conflict, poverty and HIV/AIDS.

The only responsible choice: Parents struggle, often against great odds, to do right by their children. In industrialized and developing countries alike they find advice and aid from informal support networks and community agencies with innovative childcare programmes. The final section describes these experiments and experiences and makes the case why, in the long run, investment in ECD pays off.

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Foreword

The United Nations General Assembly’s Special Session on Children in September 2001 will indeed be a special session in several ways. It will have the potential to shape the lives of children and adolescents throughout the world. It will assemble leaders from governments and non-governmental organizations, as well as children and adolescents, in a model of wide participation and partnership that must be the way of the future in the work of the UN. It will agree on a plan of action that must spur the international community to take the steps needed to realize the rights of every child.

Today, millions of children lead safer, healthier and fuller lives than they did a decade ago – before the adoption of the Convention on the Rights of the Child in 1989 and the World Summit for Children in 1990. The same can be said of the progress of millions of women since the adoption of the Convention on the Elimination of All Forms of Discrimination against Women in 1979. And yet too many children and women still live outside the protection of society. Too many still see their rights abused or threatened.

The Special Session will review progress in meeting the commitments made at the World Summit for Children and the obligations entered into with the Convention on the Rights of the Child – the most widely and rapidly ratified human rights treaty in history. It promises to be a sobering review. But even more, the Session will look to the future. It will set specific, time-bound targets for the achievement of our main objective over the next decade: protecting and fulfilling the rights of all children and women.

The Session’s agenda has already inspired a remarkable debate around three desired outcomes: every child should have the best possible start in life; every child should receive a good-quality basic education; and every child should have the opportunities to develop his or her full potential and contribute to society in meaningful ways. The State of the World’s Children 2001 highlights the first of our goals – the best possible start in life for every child, without exception.

The preparations for the Special Session have been imbued with a sense of purpose that promises to carry through to the gathering itself. Nearly 1,000 participants from governments, the UN family and international and national civil society have been engaged. Children and adolescents have been among the clearest and most passionate voices.

At local, national and regional levels, these young people have added their perspectives to the assessments of how the world has lived up to its obligations to children. They have spoken about their own role as agents for change. Many of them will come to New York in September 2001 to take part in the Special Session itself. I hope they will be listened to carefully. I hope that for them, and for the rest of the world’s children, we will make the Special Session of 2001 the best possible start to this new millennium.

Kofi A. Annan
Secretary-General of the United Nations
Early childhood

Minutes-old newborn in the United States.
From Nelson Mandela

My earliest childhood memories are of the village of Qunu in the rolling hills and green valleys of the Transkei territory in the south-eastern part of South Africa. Qunu was where I spent the happiest years of my boyhood, surrounded by a family so full of babies, children, aunts and uncles that I cannot remember a single waking moment when I was alone.

There was where my father taught me, by the way he led his life, the sense of justice that I have carried with me for the many decades I have lived. By watching him closely, I learned to stand tall and stand strong for my beliefs.

It was in Qunu that my mother gave me the stories that charged my imagination, teaching me kindness and generosity as she cooked meals over an open fire and kept me fed and healthy. From my days as a herd-boy I learned my love of the countryside, of open spaces and the simple beauties of nature. It was then and there that I learned to love this earth.

From my boyhood friends I learned dignity and the meaning of honour. From listening to and watching the meetings of tribal elders, I learned the importance of democracy and of giving everyone a chance to be heard. And I learned of my people, the Xhosa nation. From my benefactor and guide, the Regent, I learned the history of Africa and of the struggle of Africans to be free.

It was those very first years that determined how the many full years of my long life have been lived. Whenever I take a moment to look back, I feel an immense sense of gratitude to my father and mother, and to all the people who raised me when I was just a boy and formed me into the man I am today.

That was what I learned as a child. Now that I am an old man, it is children who inspire me.

My dear young people: I see the light in your eyes, the energy of your bodies and the hope that is in your spirit. I know it is you, not I, who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right with the world.

If I could, in good faith, promise you the childhood I had, I would. If I could promise you that every one of your days will be a day of learning and growing, I would. If I could promise that nothing – not war, poverty, not injustice – will deny you your parents, your name, your right to live a good childhood and that such a childhood will lead you to a full and fruitful life, I would.

But I will only promise you what I know I can deliver. You have my word that I will continue to take all that I learned in my earliest days and all that I have learned since then, to protect your rights. I will work every day in every way I know to support you as you grow. I will seek out your voices and your opinions and I will have others hear them too.

From Graça Machel

To the children of the world, in whose name this report is dedicated, I would like to say this: You are my life's work. Fighting for your dignity and freedom and protection has given the best of meaning of my life.

You and I may not know each other, but over the course of my years as a teacher and an activist, I have learned much about your lives.

I have seen how one year of school changes a child and how years of school transform that child's future. I have watched as the power of education saved families from being poor,
babies from dying and young girls from lives of servitude. And I have lived long enough to see a generation of children, armed with education, lift up a nation.

But at the same time, I have witnessed how quickly young lives and futures can be destroyed. I know that war, HIV/AIDS and poverty, though they hurt everyone, hurt children most deeply. I know that the safe havens for young people – your schools, your health stations – are invaded by thugs. I know that the people you treasure and depend on most – your parents, your teachers, your doctors and nurses – are the very same people who are targeted in conflict or cut down by AIDS.

I have been fortunate to travel the world, seeking out young people to hear of their lives and experiences and many of you have been kind enough to talk with me. I have heard you speak about how it feels to have war steal the ones you love and destroy your idealism and dreams. I have listened to many young women who could not get enough good food to eat, could not go to school nor get the attention they deserve. I know how the sting of injustice feels and the dull pain of realizing that life is not fair.

And so this is my pledge to you: I promise to work for your education so you can have every opportunity to know your history, to exercise your imagination, to write the stories of our peoples. I want you to know first-hand the freedom that comes with knowledge and learning.

I promise to work against war, against AIDS, against all the unspeakable enemies that would deprive you of your parents, your innocence, your childhood. I promise to challenge and plead and badger government leaders and business people until you can safely walk out of the door of your home to tend your flock or fetch a pail of water without fearing landmines or abduction or harm. And I promise not to rest until these things are the stuff of old fairy tales rather than your days' reality.

You, dear boys and girls, dear young women and young men, are my most urgent concern. I know what it is like to be given the opportunity to excel in life, to be equipped to meet life's challenges with a healthy mind and body, to be given the passport to freedom that is an education. I want you to experience all this for yourselves.

Joining our voices with the voices of children

From Nelson Mandela and Graça Machel

To our only children,

We write to you as a mother and a father, as grandparents and as great-grandparents, as politicians and as activists. You are the focus of our outrage, just as you are the focus of our hope. You are our only children, our only link to the future.

Each one of you is your own person, endowed with rights, worthy of respect and dignity. Each one of you deserves to have the best possible start in life, to complete a basic education of the highest quality, to be allowed to develop your full potential and provided the opportunities for meaningful participation in your communities. And until every one of you, no matter who you are, enjoys your rights, I, Nelson, and I, Graça, will not rest. This is our promise.

Please hold us to it.

Nelson Mandela, a Nobel Peace Prize laureate, is the former President of South Africa. Graça Machel, a UN special expert on armed conflict, is a former Minister of Education in Mozambique. Together, they lead the Global Partnership for Children.
Most brain development happens before a child reaches three years old. Long before many adults even realize what is happening, the brain cells of a new infant proliferate, synapses crackle and the patterns of a lifetime are established. In a short 36 months, children develop their abilities to think and speak, learn and reason and lay the foundation for their values and social behaviour as adults.

Because these early years are a time of such great change in a young life and of such long-lasting influence, ensuring the rights of the child must begin at the very start of life. Choices made and actions taken on behalf of children during this critical period affect not only how a child develops but also how a country progresses.

No reasonable plan for human development can wait idly for the 18 years of childhood to pass before taking measures to protect the rights of the child. Nor can it waste the most opportune period for intervening in a child’s life, the years from birth to age three.

The time of early childhood should merit the highest-priority attention when responsible governments are making decisions about laws, policies, programmes and money. Yet, tragically both for children and for nations, these are the years that receive the least.
sounds, commonly called ‘motherese’, would help the baby boy learn to talk.

Once released from the hospital, Priyanthi and her newborn participated in a programme in which trained volunteers visited them in their home. Madusha’s height and weight continued to be monitored. Priyanthi also continued to get support and advice on the importance of touching, talking and singing, as well as on bathing and feeding her baby.

Priyanthi’s family is 1 of 22 families from Ambanganga, a small village about 25 kilometres from Matale, involved in a home-based programme carried out by a local NGO called Sithuwama, with UNICEF support. Sithuwama, which means ‘raising a child with enjoyment’, promotes early child-care, including healthy childcare practices and cognitive stimulation. Its services are provided through home-visiting programmes for infants up to three-year-olds and for pre-schoolers from age three to five.

Through Sri Lanka’s home-based service, Priyanthi learns that good nutrition, home hygiene and sanitation practices and cognitive stimulation are all necessary ingredients for her children to grow and develop. Now, she is investing the focused time, care and attention that are vital for improving her children’s lives. She collects extra firewood to boil water for her children to drink. She finds legumes that add to the nutritional value of their meals. She makes certain that they use the latrine and wash their hands afterwards.

In Sri Lanka, Priyanthi, a 28-year-old mother in the Matale District, remembers the evening that she carried her daughter, Madushika, 7 kilometres to the closest medical facility. It was about five in the late afternoon and almost dark when the small woman began her frightful journey with the 18-month-old toddler in her arms struggling for air. Stumbling over the fallen branches and underbrush cluttering the narrow dirt paths, she heard her daughter’s laborious gasps growing weaker. By 6 p.m., she and the baby reached the clinic.

The doctor’s words still haunt this woman with tired eyes and underscore her race against the clock. Had she delayed the trip by a mere 15 minutes, she remembers him saying, her baby, whose chest cold had turned into pneumonia, would have been dead. Had Madushika, now a healthy five-year-old, been born just a decade earlier, without the availability of life-saving drugs, the pneumonia would have likely won the race.

Priyanthi’s children, Madushika and her younger brother Madusha, have benefited from Sri Lanka’s system of health services and early childcare programmes. Both children were born in the relative safety of a hospital, like nearly 90 per cent of Sri Lankan live births today. When the young mother was pregnant with her two-year-old son, she received regular health check-ups in the village clinic and pregnancy advice from the village midwife. She learned how talking to her infant during breastfeeding would improve his mind and body. She learned that cooing and babbling to her child in response to his
She asks her children their thoughts about the birds chattering overhead during their baths in the stream. She takes them to village health days.

Priyanthi, her husband and children live in a small, four-room, cement house without electricity or running water. They sleep together on a dirt floor on woven straw mats. The family survives on a little over 2,000 rupees (about $27) a month that Priyanthi’s husband earns on a tea plantation.

Sithuwama’s volunteer home visitors helped Priyanthi figure out how to promote her children’s psychosocial and cognitive development without spending much money. The NGO’s volunteers teach her the importance of play for her children’s physical and mental well-being. She and her husband constructed a playhouse for the children. The airy structure is made from twigs and branches tied together with pieces of cloth and covered with a tarp. Little wooden shelves are filled with colourful boxes, gourds, coconut shells, ceramic bowls, metal cans and flowers they have picked. Through play, Madushika and Madusha are learning about colours, shapes, sizes, labelling and sorting. They are also learning to dream and imagine.

Priyanthi meets weekly with a programme volunteer and once a month with a group of other parents in support sessions. Learning from each other, the parents compare notes about their babies’ height, weight and other milestones. They review the opportunities throughout the day to engage their children in teachable moments - waking up, mealtime, washing and bathing, cooking, visiting, working outdoors, playing and getting ready for bed.

Less than a kilometre from Priyanthi’s home is a family not regularly involved in early childhood care programmes.

Wimalarathne, a 33-year-old farmer, explains that he recently learned about the home- visiting programme and wants to get his daughter, Sasika, involved. When the two- year-old girl sees strangers coming towards her house, she begins to cry. Her seven-year-old brother, Asanka, carries the tiny girl, a frightened toddler who clings to her brother, never uttering a word. Her piercing, dark eyes remain fixated on the stranger who visits. Both children are uncommunicative. Wimalarathne explains that his children are shy but they play well together.

The father, clearly concerned about his daughter’s development, beckons to his wife, Kusumawathi, 30, to get their daughter’s growth chart. The graph on the chart shows the child’s weight and height spiralling downward from average readings at birth to below average as a toddler. Wimalarathne said that the doctor is at a loss about her slow growth and has recommended that the family become involved with the home-visiting programme.

Two families in the same village, in similar circumstances, yet the children are so different. The families in Matale, like millions throughout the world, are poor. Most are subsistence farmers and casual labourers who work in nearby factories or on tea plantations. Although 99 per cent of the children are immunized, almost 40 per cent are malnourished. Some families have access to early childhood care programmes. Many more do not.

**The importance of ages 0-3 years**

In the first moments, months and years of life, every touch, movement and emotion in a young child’s life translates into an explosion of electrical and chemical activity in the brain, as billions of cells are organizing themselves into networks requiring trillions of synapses between them (see Panel 1).
These early childhood years are when experiences and interactions with parents, family members and other adults influence the way a child’s brain develops, with as much impact as such factors as adequate nutrition, good health and clean water. And how the child develops during this period sets the stage for later success in school and the character of adolescence and adulthood.

When infants are held and touched in soothing ways, they tend to thrive. Warm, responsive care seems to have a protective function, to some extent ‘immunizing’ an infant against the effects of stress experienced later in life. But the brain’s malleability during these early years also means that when children do not get the care they need, or if they experience starvation, abuse or neglect, their brain development may be compromised (Panel 1).

The effects of what happens during the prenatal period and during the earliest months and years of a child’s life can last a lifetime. All the key ingredients of emotional intelligence – confidence, curiosity, intentionality, self-control, relatedness, capacity to communicate and cooperativeness – that determine how a child learns and relates in school and in life in general, depend on the kind of early care he or she receives from parents, pre-school teachers and caregivers. It is, of course, never too late for children to improve in their health and development, to learn new skills, overcome fears or change their beliefs. But, as is more often the case, when children don’t get the right start, they never catch up or reach their full potential.

**Why invest?** The rights of children and the cause of human development are unassailable reasons for investing in early childhood. The neurosciences provide another rationale that’s hard to refute as they demonstrate the influences of the first three years on the rest of a child’s life.

In addition, there are also compelling economic arguments: increased productivity over a lifetime and a better standard of living when the child becomes an adult, later cost-savings in remedial education and health care and rehabilitation services and higher earnings for parents and caregivers who are freer to enter the labour force.

And there are social reasons as well: Intervening in the very earliest years helps reduce the social and economic disparities and gender inequalities that divide a society and contributes to including those traditionally excluded.
And political reasons: A country’s position in the global economy depends on the competencies of its people and those competencies are set early in life – before the child is three years old.⁶

**Choices**

Thus, the options before leaders who are striving to do what’s best for children and best for their country seem obvious:

Assure that every child, without exception, is registered at birth and starts life safe from violence, with adequate nutrition, clean water, proper sanitation, primary health care and cognitive and psychosocial stimulation OR fail their moral and legal obligations as set forth in the Convention on the Rights of the Child.

Support families and communities as they care for their young children OR abandon the hope that the next generation will be healthy enough and skilled enough to lead a country out of poverty and away from destructive disparities of income, education and opportunity.

Provide the monies necessary to ensure every child the best possible start in life during the early childhood years OR perpetuate the inequities that divide people, compromise their well-being and eventually destroy societies and countries.

Spend what’s needed now to assure that families have access to basic good-quality services they need for their young children OR spend more to fix problems later.

These alternatives, although clear-cut, are not always easy to see. Intergenerational cycles of poverty, disease, violence and discrimination are so entrenched in the ways that lives are lived and societies are organized that they seem permanently set in stone, with cycles of hope and change buried under layers of rock, far from sight and possibility.

But even when governments do recognize the value of better matching their invest-
Have you ever observed an infant watch with heightened anticipation, then squeal with delight as his mother’s face, hidden behind her hands, suddenly appears? During this seemingly simple and repetitive game, something quite dramatic is taking place as thousands of cells in the child’s growing brain respond in a matter of seconds. Some brain cells are ‘turned on’, some existing connections among brain cells are strengthened and new connections are formed.

With brain connections proliferating explosively during the first three years of life, children are discovering new things in virtually every waking moment. At birth, a baby has about 100 billion brain cells. Most of these cells are not connected to each other and cannot function on their own. They must be organized into networks that require trillions of connections or synapses between them.

These connections are miracles of the human body, depending partly on genes and partly on the events of early life. Many kinds of experiences affect how young brains develop, but nothing is more important than early care and nurturing.

A delicate dance
A child’s brain is neither a blank slate waiting for a life story to be written on it nor a hard-wired circuit planned and controlled by implacable genes. From the first cell division, brain development is a delicate dance between genes and the environment. While genes pre-order the sequence of normal development, the quality of that development is shaped by environmental factors that affect both the pregnant and lactating mother and the young infant. Such factors as adequate nutrition, good health, clean water and a safe environment free from violence, abuse, exploitation and discrimination all contribute to how the brain grows and develops.

The uniqueness of the human brain lies not only in its size and complexity but also in the properties that make it extraordinarily interactive with experience. Every touch, movement and emotion is translated into electrical and chemical activity that shifts the genetic momentum forward, subtly modifying the way a child’s brain is wired. Human interactions are as important to the development of brain connections as having food to eat, sounds to hear and light by which to see.

Timing is critical
There are periods in life when the brain is particularly open to new experiences and especially able to take advantage of them. If these sensitive periods pass by without the brain receiving the stimulation for which it is primed, opportunities for various kinds of learning may be substantially reduced.

Exactly how critical ‘critical periods’ are, and how long the windows of opportunity for specific areas of development stay open, is under debate. We know that the human brain is malleable and that its capacity for reorganization continues throughout life and can be enhanced by interventions. But there is wide consensus that during early childhood the brain is taking shape with a speed that will never be again equalled.

Developmental prime time
The brain’s malleability also means that there are times when negative experiences or the absence of good or appropriate stimulation are more likely to have serious and sustained effects. When children do not get the care they need during developmental prime times, or if they experience starvation, abuse or neglect, their brain development may be compromised. Many children living in emergency, displaced or post-conflict situations experience severe trauma and are under exceptional and unresolved stress, conditions that are particularly debilitating for young children. Only a few synapses fire, while the rest of the brain shuts down. At these young ages, a shutdown stalls the motor of development.

Prevention is best
Although it is never too late to intervene to improve the quality of a child’s life,
early interventions have the most significant effects on children's development and learning. Children's development can be enhanced with appropriate, timely and quality programmes that provide positive experiences for children and support for parents. There are a wide range of successful interventions - helping a young mother and father to understand the newborn's signals more accurately, for example, reading a story to a group of toddlers, providing home visits to new parents.

**Lasting imprints**

Early care and nurturing have a decisive and lasting impact on how children grow to adulthood and how they develop their ability to learn and their capacity to regulate their emotions.

While it is certainly possible to develop basic skills later on, it becomes increasingly difficult. Children whose basic needs are not met in infancy and early childhood are often distrustful and have difficulty believing in themselves and in others. Children who do not receive guidance in monitoring or regulating their behaviour during the early years have a greater chance of being anxious, frightened, impulsive and behaviourally disorganized when they reach school.

The brain has remarkable capacities for self-protection and recovery. But the loving care and nurture children receive in their first years - or the lack of these critical experiences - leave lasting imprints on young minds.

**ECD**

Programmes built on the fact that there is an indivisibility and unity to the rights of children hold the greatest promise for children's health and well-being and for that of their families and communities (see page 17 for the definition of ECD). A child grows and develops not in a vacuum but in a community, a culture and a nation. The most effective ECD programmes (see page 17) are integrated and multidimensional, fostering children's good health and nutrition and their cognitive, social and emotional abilities. Reflecting cultural values, the best of these programmes are deeply rooted within families and communities, blending what is known about the best environments for optimal child development with an understanding of traditional child-rearing practices.

ECD helps build community networks that can both expand the range of services

- Create, find and reallocate the resources that are necessary to adequately fund early childhood care as the first essential step in ensuring the rights of the child and
- Assign responsibility and accountability for ensuring that every child has the best possible start in life, as the fundamental prerequisite for healthy growth and development during school age and adolescence.

Until society's leaders step up to these responsibilities, the children and adolescents of this world, and their parents and families, will be left to absorb the effects of poor public policy into their private lives, before passing them to the next generation. And as long as a nation allows its public policies and budget decisions to violate the rights of children and women, there is scant hope of changing the realities and futures of children or of achieving sustained development. Nor will humanity's potential be fully realized.

Photo: These magnetic resonance images (MRIs) of a brain are from a study of twelve young children, with a median age of 14-15 months, who were treated in a South African hospital for infantile malnutrition. The MRI on the left shows various abnormal structural changes associated with the cerebral shrinkage that was present in every child on admission. The image on the right, taken after 90 days of nutritional rehabilitation, shows the anatomical recovery that occurred in the majority of the children.

Very young children (0-3 years):
• Protection from physical danger
• Adequate nutrition and health care
• Appropriate immunizations
• An adult with whom to form an attachment
• An adult who can understand and respond to their signals
• Things to look at, touch, hear, smell, taste
• Opportunities to explore their world
• Appropriate language stimulation
• Support in acquiring new motor, language and thinking skills
• A chance to develop some independence
• Help in learning how to control their own behaviour
• Opportunities to begin to learn to care for themselves
• Daily opportunities to play with a variety of objects

Pre-school aged children, all of the above, plus:
• Opportunities to develop fine motor skills
• Encouragement of language through talking, being read to, singing
• Activities that will develop a sense of mastery
• Opportunities to learn cooperation, helping, sharing
• Experimentation with pre-writing and pre-reading skills
• Hands-on exploration for learning through action
• Opportunities for taking responsibility and making choices
• Encouragement to develop self-control, cooperation and persistence in completing projects
• Support for their sense of self-worth
• Opportunities for self-expression
• Encouragement of creativity

Children in the early primary grades, all of the above, plus:
• Support in acquiring additional motor, language and thinking skills
• Additional opportunities to develop independence
• Opportunities to become self-reliant in their personal care
• Opportunities to develop a wide variety of skills
• Support for the further development of language through talking, reading, singing
• Activities that will further develop a sense of mastery of a variety of skills and concepts
• Opportunities to learn cooperation and to help others
• Hands-on manipulation of objects that support learning
• Support in the development of self-control and persistence in completing projects
• Support for their pride in their accomplishments
• Motivation for and reinforcement of academic achievement

are the best architects of successful programmes that match the needs of caregivers and the developmental milestones of young children and also reflect the culture and values of families. In Brazil, for instance, volunteers from Pastoral da Criança (Child Pastorate) are trained as community health agents. These volunteers, mostly women, visit mothers in their homes and provide them with information on family planning, prenatal care, breastfeeding and oral rehydration therapy. They monitor babies' weights and teach families about the importance of interacting with their young children through cuddling, talking and singing. Because of their efforts, communities with Pastoral da Criança volunteers have reduced child mortality by 60 per cent.

With immunizations and growth monitoring as part of Pastoral, some developmental delays and disabilities are being prevented. When parents are taught about expected milestones in a baby’s life, they become the first lines of defence for at-risk babies. When a disability is detected early, young children, especially those from birth through three years old, are enrolled in community-based early intervention programmes to help them reach their potential. Mothers and fathers learn how to play and interact with their children at home, helping them maintain the progress they make.

Sometimes interventions include not only services for the child with disabilities but also community education and advocacy, as is the case with the Tadamoun Wa Tanmia Association (Solidarity and Development) in Saida (Lebanon), which began in 1986 with summer clubs and camps for children. In 1992, these experts in special

**ECD**

**Definition**

The acronym ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child’s rights to develop his or her full cognitive, emotional, social and physical potential. Community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities. The approach promotes and protects the rights of the young child to survival, growth and development.

UNICEF has chosen to focus this report on the earliest years, 0-3, since they are critical to how the rest of early childhood unfolds and because these important early years are most often neglected in countries’ policies, programmes and budgets.

Other organizations use the following terminology: Early Childhood Care and (Initial) Education (UNESCO); Early Childhood Education and Care (OECD); and Early Childhood Development (World Bank).

Successful programmes

1. **Incorporate the principles of the Convention on the Rights of the Child**, ensuring non-discrimination, the child’s best interests, the right to survival and full development and the participation of children in all matters affecting their lives.

2. **Build on the Convention on the Elimination of All Forms of Discrimination against Women**, recognizing that ensuring women’s rights is basic to ensuring child rights.

3. **Use the existing strengths** of communities, families and social structures, of positive child-rearing practices and the strong desire of parents to provide the best for their children.

4. **Have a broad framework**, encompassing multidimensional programmes in health, nutrition and the child's psychosocial and cognitive development.

5. **Are developed with and for families**, in ways that respect the rights of women and of siblings for schooling and for the enjoyment of their own childhood.

6. **Are developed with and for communities**, respecting cultural values, building local capacity, creating ownership and accountability, encouraging unity and strength and enhancing the probability that decisions will be implemented and that the programme will be sustained.

7. **Provide equal access for all children**, including girls and those at risk of delayed development and disabilities.

8. **Are flexible and reflect diversity**, varying from each other in respect of local and regional needs and resources.

9. **Meet the highest quality standards**.

10. **Are cost-effective and sustainable**.
Children are a bit like chickens – they need to be kept safe, guided, fed and loved,” observed the grandmother of four young children in the Nepalese village of Biskundanda, with a touch of irony. In many ways this simple aphorism captures the fundamental wisdom of hundreds of millions of parents throughout the world. Most mothers and fathers, even without formal knowledge of the principles of child development or the Convention on the Rights of the Child, know that their children have the right to love and protection, good health and nutrition and opportunities to learn.

Yet, according to a recent study in Nepal,* many of these same parents, and many child development experts, tend to underestimate the significance of parents’ day-to-day role in the development of children’s broader thinking, confidence and skills – those capacities with the greatest significance in helping them grow up able to break the cycle of poverty.

The Nepal study, a model of participatory research, used a child rights framework as researchers talked with parents and community leaders about the child-rearing beliefs and practices of families in four rural villages. Through structured discussions, the study elicited the information needed to develop ECD programmes that are responsive to the rights of the child and relevant to the communities. Its method of collaborative dialogue with parents and families was as significant for protecting child rights as were its findings.

The circumstances of children in Nepal are mixed. On the one hand, child mortality is high, malnutrition is common, sanitation and indoor air quality are poor, and few children receive more than a few years of formal education. Poverty and the continual struggle for survival make it all but impossible to provide adequately for children.

On the other, some children flourish despite the socio-economic odds against them. Many village children in Nepal have a clear sense of self-worth and social responsibility from the parts they play in doing household chores and agricultural tasks, such as herding. When the child is younger, work, play and learning blend seamlessly. Before the chores become repetitive and interfere with education, active learning through work is a source of pride and satisfaction for children and a valuable opportunity to acquire the competence they so desire, as well as the respect of others.

How to explain such ‘positive deviance’? In looking at the subtle and contextual processes of children’s development in the natural environment of the home, the study found that seemingly minor patterns of parental behaviour and casual interactions appear to have an invaluable impact on children’s development. One mother, for example, on returning home from a long day’s work, immediately sits down with all of her four children. She gets them to help her sort the fish she has just caught – all the while talking with them about the characteristics of the fish, their size, colour and taste. She takes an interest in what the children have to say and has even brought home a tiny crab for each child so that they can play crab races.

The Nepal study also considered the larger context of family and village life. It looked at the village setting, at social and economic realities, at gender and caste issues, at culture and the process of change. In many ways the study found no surprises: Families are naturally concerned with all aspects of a child’s life and, on a day-to-day basis, they are most responsible for defending children’s rights.

The big question for ECD initiatives is how to make them work. The study recommends the adoption of a child rights framework – drawing on the Convention on the Rights of the Child – to help guide and ensure effective programmes. For example:

**Panel 2**

Families, child rights and participatory research in Nepal

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**from the**

**Convention on the Rights of the Child**

**Article 6**

1. States parties recognize that every child has the inherent right to life.

2. States parties shall ensure to the maximum extent possible the survival and development of the child.

**Article 18**

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.
framework for assessing how well adults, at the family, community, district and national levels, are meeting their obligations in ensuring children’s well-being. An essential component of such an approach is the ongoing dialogue with parents and community members on key issues for children as a basis for action. Many child-rearing practices, both positive and negative, can have a taken-for-granted quality. In responding to the opportunity to reflect on their beliefs and daily routines and to discuss them with others, parents begin to take a more active, confident role both in reinforcing their traditional strengths and in working together to introduce new practices.

Child development experts and families have a lot to learn from each other. The challenge for those working for child rights is to find the way to accentuate local practices and listen to parents’ concerns sensitively and cooperatively, and at the same time find ways to address and debate practices that are at odds with child rights principles. They must strike a balance between encouraging traditions that are good for children while contesting those based on caste or gender that undermine their rights. They must both value the “children are bit like chickens” idea and go beyond it.

*The child-rearing study was a joint initiative of Save the Children Alliance members (Norway, UK and US)/ UNICEF/Sesti Gurans National Child Development Services/City University of New York’s Children’s Environments Research Group/Tribhuvan University’s Research Centre for Educational Innovation and Development.

education opened a formal school, Hadicat-as-Salam Centre, to help integrate children with physical and mental disabilities into the community. Recognizing the need for early intervention, one of the programmes works with children between three and eight years old. Through games, adaptive sports and community field trips, young children are becoming more independent. Additionally, the programme provides numerous opportunities for children with and without disabilities to play and learn together, helping dispel the myths and stereotypes and remove negative attitudes and biases towards children with special needs.10

As a vehicle for transmitting values, ECD can be a force for equality and tolerance. In a crèche in South Africa, the seeds of racial healing are being sown in an area where apartheid had previously fostered hatred. In a poor neighbourhood in Johannesburg, tucked in the corner of a park once labelled ‘For whites only’, the Impilo Project is providing innovative and comprehensive care for young children of all races. When ECD works with parents and communities to foster problem-solving over conflict and acceptance over intolerance, the groundwork is laid for children to live lives in ways that

Photo: A teacher with her young students at a Nepali pre-school.
of the many causes of disease, disability and death among children, none cuts a wider swath with more long-range consequences – yet is more easily preventable – than maternal ill health during pregnancy. This toll is not only unforgivable, it is also unnecessary and can be avoided through interventions that cost a mere $3 per capita per year.

Ensuring that pregnancies are healthy clearly can have a profound impact on women, children and society at large. Expectant mothers require adequate nutrition and good, accessible prenatal, delivery, obstetric and postnatal care, as well as an environment free of pollutants, exhausting labour and extreme stress such as conflict. Investments in maternal nutrition – on protein, vitamin A and iron supplementation or fortification – yield high returns. Eliminating malnutrition among expectant mothers would reduce disabilities among their infants by almost one third. For at-risk infants, early childhood care programmes can help prevent disabilities.

Girls and young women must have educational opportunities to better provide for their children. Women of all ages need to be screened for HIV/AIDS and sexually transmitted infections. Fathers must be included in parent education. Communities need clean water and sanitation, and societies need the values and the legislation that create respect and a non-discriminatory climate for women.

**Figure 3** The short-term and long-term effects of early nutrition

**Figure 4** Effects of maternal exposure to famine

Response to glucose drink

(mean 120 min. plasma glucose)

**Source:** Ending Malnutrition by 2020: An agenda for change in the millennium, final report to the ACC/SCN by the Commission on the Nutrition Challenges of the 21st Century, February 2000, Figure 3, p. 19; Figure 4, p. 20. Adapted from A.C.J. Ravelli et al., ‘Glucose tolerance in adults after prenatal exposure to famine’, The Lancet, 351 (9097) copyrighted by The Lancet, January 1998.
promote peace within families and societies.

In those instances where ECD is developed with community involvement from the initial planning phase, the corollary benefits include strong and energized communities. In Nigeria, for example, the Community-level Nutrition Information System for Action (COLNISA) used community analyses to build ‘baby-friendly communities’, linking health facilities and hospitals. Currently, 32 communities are working for their children’s healthy development by promoting exclusive breastfeeding, timely and adequate complementary feeding and improved household sanitation.

A local NGO in Cameroon, Association pour l’auto-promotion des populations de l’Est Cameroun (Association for the Self-promotion of Eastern Cameroon’s People) has created non-formal pre-school education centres in the most remote areas of Cameroon’s equatorial forests to reach the Baka pygmy, a traditionally nomad people, in order to prepare their children for school. In more than 60 UNICEF-supported centres, teaching methods have been adapted to pygmy culture and language for children from 0-12 years.

Converging services. There are many entry points in existing sectors for ECD programmes that build on what international agencies, national governments and local communities are already doing. For example, while nutrition programmes might be focused on good prenatal care and teaching the importance of exclusive breastfeeding for the first six months and its continuation for two years and beyond, they can also educate mothers about the importance of early social, emotional and cognitive stimulation. In Oman, a network of female community workers who were originally entrusted with breastfeeding promotion has been trained to advise mothers on a broadened spectrum of early childcare issues. In some countries, the community health system is the entry point for child development. In other countries, water and sanitation programmes incorporate ways to assure safe spaces for play and exploration.

One of the most important aspects of ECD is that it can build effectively on what already exists. It is not about reinventing the wheel but about giving parents and communities the support they need and maximizing existing resources. With health, nutrition, water, sanitation, hygiene, education and child protection programmes already available, it is possible to integrate or combine these services to provide for the whole child. Pastoral da Criança is an example of the convergence of early childhood services through the health sector. In Colombia, the Project for the Improvement of Education (PROMESA) chose the education sector to integrate services. In educational programmes, groups of mothers learn how to stimulate the physical and intellectual development of their children from birth to age six.

But before ECD has its chance to succeed, there must be a broadened understanding of the rights of children, and the commitment to spend what must be spent and do what must be done to assure that those rights are realized.

Figure 5 Early intervention reduces the disadvantage of stunting

Every day at noon, without fail, Juan Aguirre Quispe picks up his daughter from day care. His large, muscular hand clasps the toddler’s small, delicate fingers as they stroll along, singing songs she learned at the centre. After his hectic morning of work, the 33-year-old father looks forward to this oasis – time spent jumping, giggling and cuddling with his little girl. He deflects his friends’ wisecracks about doing “women’s work” with retorts about how the stories and tickles he shares with his children make them smarter. In his heart, he knows that their time spent together is also good for him.

“I enjoy our being together. We eat together, we play and spend more time together,” said Mr. Quispe. Reflecting on his life since sharing the care for his children, he believes that his marriage is now stronger. “My wife and I communicate more, we show our love and union.”

Mr. Quispe is one of 96,000 Peruvian men who participate in Iniciativa Papa, an ECD initiative introduced by UNICEF and implemented through pre-school programmes by the Ministry of Education. In its work with men and teenage boys, Iniciativa Papa reinforces the important roles they play in raising children. In small groups led by trained facilitators, fathers discuss the benefits of sound nutrition, clean water, immunizations and cognitive stimulation. Like other countries, such as Jordan and Namibia, Peru’s commitment to its smallest citizens advocates the giant role of fathers in childcare. Men throughout the world are learning first-hand how to positively contribute to their children’s lives.

In Namibia, for instance, community liaison officers captured the attention of villagers by calling for “fathers’ meetings.” Tapping into the men’s competitive spirit, they developed a board game, For Fathers Only – Fathers Involved in ECD. The board has a series of blocks with various sketches of men playing with and caring for children. The object of the game is to move from the start to the finish box by drawing a card and answering a question, such as “What do children gain from playing?” After one father answers, the group evaluates his explanation. If they agree that he gave a thoughtful and correct response, he moves his piece forward.

In Jordan, fathers involved in its Better Parenting programme meet in small groups during the evening at community centres or the homes of village leaders. They learn how to construct play environments with material found around their homes. They talk about how men’s affectionate care – playing, dancing, bathing, feeding – helps children develop.

Studies of fatherhood underscore something that men who actively participate in their children’s lives know viscerally: When men are more than breadwinners or disciplinarians in families, everyone gains. Fathers have always been viewed as power-brokers. But equally important as their economic contributions and authority is their influential role as nurturers and caregivers.

When fathers nurture their children, not only are the children physically healthier, but they’re also more mentally acute and emotionally sound. A study of eight-year-olds in Barbados found that children performed better in school when their fathers were actively involved in their lives – whether or not their fathers lived with them. Studies in the United States showed that infants with highly engaged fathers scored higher on pre-school intelligence tests than infants whose fathers were less involved. Increased academic scores are not the only benefits provided by a devoted father. When fathers and children play, sing and laugh together, there is a greater chance for happy, well-adjusted families.

Since its inception two years ago, Iniciativa Papa has successfully engaged men and teenagers in evaluating rigid gender roles and challenged them to become architects of their children’s future. Besides learning concrete facts about child development, the men also confront the values that have been passed down from generation to generation. But changing long-held beliefs about mothers’ and fathers’ roles or their expectations of sons and daughters is often an uphill battle.

“Machismo is not something that can disappear overnight,” says Jessica Avellaneda García, a 24-year-old programme facilitator. “But there is progress. They seem more willing to communicate, they value women’s work in the house more and they interact more with their children.”

Rising above old stereotypes, some fathers are learning that singing, storytelling, listening, feeding, cuddling and playing improve the minds and bodies of their sons and daughters. The men also understand the importance of tolerance and tenderness in crafting their children’s self-worth.

“I’ve learned to be more patient,” said Braulio Gálvez Gutiérrez, a father who participates in the teenage group. “These are little children, and you have to have a lot of patience. That’s why it’s better to take advantage of their curiosity to teach them, so they can learn. I try not to scream at my son. Now I show him more my love.”

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**Photo:** Father and son in Guatemala.
Caring for children = caring for women

Emphasizing the care of babies and toddlers means focusing also on women whose physical and emotional condition influences their pregnancies and their babies’ development (see Panel 3). Poor prenatal care and malnutrition in mothers have been linked to low birthweight, hearing problems, learning difficulties, spina bifida and brain damage in children. Poor prenatal care and malnutrition in mothers have been linked to low birthweight, hearing problems, learning difficulties, spina bifida and brain damage in children.11 Infants born to underweight mothers are more likely to develop certain diseases and conditions later as adults, such as diabetes, cardiovascular disease and obesity.12

The 1990 World Summit for Children recognized the importance of maternal health to children when it called for cutting maternal deaths in half by the year 2000. In Vienna in 1993, the World Conference on Human Rights reaffirmed that women’s rights are human rights, and in 1994 in Cairo, the International Conference on Population and Development argued that women’s health, including reproductive health, was essential for sustainable development. And at the Fourth World Conference on Women held in Beijing in 1995 and at its five-year follow-up in New York, improvements in women’s health were identified as one of the action priorities for ensuring gender equality, development and peace in the 21st century.

Yet today, maternal mortality rates remain high. A woman in the developing world is on average 40 times more likely than a woman living in the industrialized world to die from complications of pregnancy and childbirth. A study in Bangladesh showed that when a woman dies in childbirth, her surviving baby is 3 to 10 times more likely to die within two years than a child who is living with both parents. Shoring up care for mothers would protect children. Recognizing this, UNICEF, the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the World Bank, along with their many partners, promote safe motherhood initiatives throughout the world.

Of course, many cultures understand this connection. Bangladesh, for example, established an annual Safe Motherhood Day.

### Figure 6 Maternal literacy and child development

#### Maternal schooling

<table>
<thead>
<tr>
<th>Years of attendance during childhood and adolescence</th>
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<tbody>
<tr>
<td>Literacy and language skills (in adulthood)</td>
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<tr>
<td>Reading comprehension</td>
</tr>
<tr>
<td>Academic language</td>
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</tbody>
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#### Health skills

- Understanding health messages
- Interacting with health practitioners

#### Literacy and language skills (in adulthood)

- Reading comprehension
- Academic language

#### Utilization of services

- Prenatal care
- Immunization
- Contraceptive use
- Domestic health practices

#### Literacy and language skills of school aged children

- Reading comprehension
- Academic language

#### Reproductive and health outcomes (in the child’s generation)

- Infant and child mortality
- Malnutrition
- Fertility (of mother)

#### Health skills

- Utilization of services
- Reproductive and health outcomes (in the grandchildren’s generation)

### Source:
R.A. LeVine, S.E. LeVine and B. Schnell ‘Improve the Women: Mass schooling, female literacy and worldwide social change’ (unpublished manuscript), February 2000, fig. 2.
recognizing that caring for pregnant women anchors healthy starts for babies. Backed by a mass media campaign, the Government, health care workers and various agencies mobilized to address the social issues behind maternal deaths. Bangladesh’s push to provide safe and healthy pregnancies ultimately strengthens the care of babies.

Educating families about the importance of proper diet and health care for pregnant women is also part of ECD, as is educating men about their important roles in caring for their pregnant wives and nurturing their children (see Panel 4). When fathers, as well as mothers, are convinced about the supports required for healthy pregnancies and child development, harmful health practices can be eliminated.

Women’s gains are children’s gains. If the world fails to honour women’s rights, it will fail to deliver on its responsibilities to all children. Two areas where women’s rights directly affect children are in health and education. Infant deaths are significantly related to the poor nutrition and health of their mothers prior to and during pregnancy and soon after the post-partum period. Improved prenatal care for mothers saves both women’s and children’s lives. In Africa, most of Asia and in Latin America, women’s increased school attendance during the later part of the 20th century contributed to falling birth and death rates.15

With greater emphasis on ECD, including cognitive stimulation and social interaction, women’s access to education becomes even

Near the town of Xunyi, in China’s Shaanxi Province, a woman spreads soil she has just unloaded from the cart where her baby now sits.
Choices to be made

more important than before. A study of Guatemalan women found that the longer a mother’s schooling, the more she talked with her toddler. In addition, she was more likely to take on the role of teacher for her child.16

But women’s rights are human rights, and ECD has benefits for all women, not only mothers. While gender biases and inequalities are deeply rooted in cultural traditions, ECD offers a beginning for correcting gender inequities and improving women’s lives. There is increasing evidence, for example, that services such as parenting programmes for new fathers and mothers change relations in families and their perceptions of what girls might and can do,17 getting to the core of gender bias in its early stages.

A cycle of hope and change

There is a strategic approach to realizing the rights of children and women with great potential for cutting through the cycles of deprivation, disease, violence and discrimination that currently drain the lives and spirits of children and adolescents around the globe. This approach would assure all infants the best possible chance for their survival, growth and development. It would promise that all children are ready for school and all schools are ready for children. And it would insist that children and adolescents be given the opportunity to participate in and contribute to their societies.

Such an approach is grounded in the knowledge that all stages of child development are linked and that the best time to start ensuring a full life is as early as possible. A healthy baby will likely become a physically and mentally strong child ready for school and later learning. That strong child will likely grow to be a contributing adolescent, more apt to continue with education, delay marriage, defer childbirth, avoid high-risk pregnancy and later set a sound foundation

In the rural parishes of Jamaica

In Jamaica, where more than 20 per cent of all births are to girls aged 15-19, the Roving Caregivers Programme supports teen mothers by caring for their babies in a demonstration day-care centre while they attend counselling sessions and academic classes, train for jobs and work on building their self-esteem. In the same settings, there are special sessions for fathers of the babies and mothers of the teenage girls. Within their own communities, young parents take part in group meetings that provide referrals to health clinics and training and support for income-generating activities. Together with their peers, they learn about reproductive health and the benefits of breastfeeding, good nutrition and environmental hygiene and safety.

And in the central rural parishes of the island where the programme is largely based, ‘Roving Caregivers’ walk from home to home working with children 0-3 years old and their parents, introducing them to developmentally appropriate childcare practices. ‘Rovers’ are young secondary school graduates from within the community who are engaged in regular, on-going training in child development. Each is assigned about 30 families. They help parents be better observers of their child’s development and create developmentally appropriate home-learning environments. The Roving Caregivers attend bimonthly meetings to report on the families’ progress, plan activities and prepare training materials. The parents, caregivers and children themselves produce all of the toys and teaching materials used in the programme.

Part of a multidimensional, non-formal, integrated programme of child development and parenting education, the Roving Caregivers Programme has been a collaborative effort of local communities, the Government of Jamaica, UNICEF, the Bernard van Leer Foundation and the Rural Family Support Organization since 1992.

Designed to support ‘high risk’ families in meeting the developmental needs of children from birth up to three years, the programme has benefited over 3,500 children in 700 homes in 25 rural districts and 1,300 children in 11 economically depressed inner-city communities.
Taking paternity leave to care for and bond with his newborn baby, British Prime Minister Tony Blair joined his Finnish counterpart as a pioneer among Western world leaders who, in the past, have left these early weeks of childcare to their wives. By setting some time each day for childcare to their wives. By setting

In some other parts of the world, practices that surround the birth of a baby are, at first glance, less pragmatic. A Wayapi father in Guyana rests still in his hammock for three days after the birth of his child in the belief that he is diverting the attention of evil spirits away from the infant and onto himself. A parent in some parts of India smudges her newborn’s forehead with charcoal or smoke, holding that black averts the evil eye and frightens off harmful spirits. In many cultures, babies wear amulets, bracelets or ties as protection against being pulled from this world.

Whether in industrialized cities, on the plains of Kenya or in the jungles of French Guyana, parents face similar responsibilities as they try to protect and shelter their children, secure their daily food, keep them clean and healthy and help them grow and develop. The solutions to these challenges are as multiple as the cultures that produce them. They reflect the values and beliefs of a community while laying the foundation for a child’s cultural identity, a fundamental right the child enjoys. They also influence the course of childhood, adolescence and the way children will parent when they become adults.

Clearly, some traditional practices, such as food taboos for pregnant women or female genital cutting, are harmful to both mother and child and should be stopped. There are, however, many other traditional customs of great benefit to the developmental needs of the baby and closer to modern thought on child-rearing than they first seem. In some African and Latin American societies, for example, tradition requires the confinement or a ‘quarantine’ of a mother and her infant for several days or weeks after birth. During this time, the mother is cared for by family members and does nothing but eat, breastfeed and bond with her baby. The wisdom of this practice is carried over to most industrialized and many developing countries as mothers who are salaried employees are legally entitled to maternity leave.

Another example of an effective traditional practice is when mothers in Kenya, New Caledonia and Sumatra fill their mouth with water and spit-bathe their babies to keep them clean. Masai mothers direct a strong jet of water and Batak mothers in Sumatra and Wayapi mothers in Guyana blow a diffused spray. While the shower techniques vary, all the babies are washed with warm water.

Infants among the Baule in Côte d’Ivoire are bathed twice a day and scrubbed vigorously, using hot water, soap and a vegetable sponge. After the mother has washed and rinsed him twice, the squalling baby is put to the breast for calming. The baby is then massaged, his hips and shoulders stretched and manipulated, his head pressed and moulded. He is rubbed with creams, dusted with powders and daubed with perfumes and kaolin, a soft white clay. During this stage of the toilette the baby is typically calm and wide-eyed. After the ritual is completed the baby – alert, active and awake but completely calm – is clothed and given to a family member to hold.

In many cultures, carrying a baby is the natural means for the parents or caregiver to transport the child. It is also a means of protecting the baby, strengthening young muscles and providing stimulation. Carried in a sling, a sash, a calabash or a cradle, the baby is constantly close to the mother and the way children will parent when they become adults.

Popular wisdom now contends that the early bonding with the mother during
for the next generation of children. Investing in children from their very earliest moments displaces negative patterns in a society and allows cycles of hope and change to have their turn.

If a country hopes to loosen the strangleholds to development that are currently wrapped tightly around the lives of families, then it must do four, equally essential things, at the same time:

1. It must continue to make child survival a priority.
2. It must assure that surviving children are healthy and possess the skills to thrive and to live full and productive lives.
3. It must prepare parents for their pivotal role in childcare and build the capacities of communities to support them.
4. It must create a society that is free from violence and discrimination at all levels and that values the lives and contributions of children and women.

**Special Session on Children**

When the United Nations General Assembly’s Special Session on Children takes place in September 2001, leaders of governments and NGOs will face the continuing challenge of applying the principles of the Convention on the Rights of the Child and meeting the goals set forth at the 1990 World Summit for Children. They will also have the opportunity to be architects of a new agenda for children. They must not fail to recognize that what is best for the youngest citizens is ultimately best for countries.