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Science of Child Development

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SCIENCE OF CHILD DEVELOPMENT

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CHAPTER 1

AN OVERVIEW OF THE CHILD DEVELOPMENT

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ABSTRACT:

Child development is a broad field that encompasses the physical, cognitive, social, and emotional growth of children from infancy to adolescence. It involves a range of factors, including genetics, environment, and experience, and can be influenced by a variety of external factors, such as family, culture, and societal norms. The study of child development has implications for various fields, including psychology, education, and social work. Understanding how children develop can help parents, caregivers, and educators provide optimal conditions for their growth and well-being. Additionally, research on child development can inform policy decisions and interventions aimed at promoting positive outcomes for children and families.

KEYWORDS:

Adolescence, Caregivers, Cognitive Development, Culture, Environment, Experience.

INTRODUCTION

Child development refers to the growth and changes that occur in children from birth to adolescence. It encompasses physical, cognitive, emotional, and social development, and is influenced by various factors such as genetics, environment, and experiences. Understanding child development is crucial for parents, educators, and healthcare professionals as it allows them to identify developmental delays or concerns and provide appropriate interventions to promote healthy development.

i. Physical Development

Physical development refers to the changes in the body and its systems, such as growth in height and weight, changes in muscle tone and coordination, and the development of the brain and sensory systems. From birth to 2 years of age, infants experience rapid physical growth and development, including the development of motor skills such as crawling, standing, and walking. During early childhood, children continue to develop gross motor skills such as running, jumping, and throwing, and fine motor skills such as using utensils and writing. As children enter adolescence, they experience significant physical changes such as the onset of puberty, growth spurts, and changes in body composition.

ii. Cognitive Development

Cognitive development refers to the changes in a child's ability to think, reason, and understand their environment. This includes language development, memory, attention, perception, and problem-solving skills. During infancy, children's cognitive abilities are limited to sensory and perceptual experiences, but as they grow older, they begin to engage in symbolic thinking and language development. In early childhood, children's cognitive abilities continue to grow as they develop a better understanding of cause and effect, classification, and conservation. In middle

childhood, children become more logical in their thinking, and their ability to understand abstract concepts improves. Adolescents engage in higher-level thinking skills such as hypothetical reasoning and deductive reasoning.

iii. Emotional Development

Emotional development refers to the changes in a child's ability to understand, express, and regulate their emotions. This includes the development of self-awareness, emotional expression, empathy, and self-regulation. Infants display basic emotions such as happiness, sadness, and fear, but as they grow older, their emotions become more complex, and they learn to regulate them. In early childhood, children's emotional development is characterized by the development of emotional self-awareness and social referencing. During middle childhood, children begin to develop empathy and social skills, and in adolescence, they experience significant emotional changes such as the onset of romantic relationships and a sense of identity.

iv. Social Development

Social development refers to the changes in a child's ability to interact with others and form relationships. This includes the development of social skills, attachment, and peer relationships. Infants begin to form attachments with their primary caregivers, which is critical for healthy social development. In early childhood, children's social development is characterized by the development of play skills and friendships. During middle childhood, children's social development is characterized by the development of peer relationships and the ability to work cooperatively in groups. In adolescence, children's social development is characterized by the development of romantic relationships and the ability to form a sense of identity within a social context.

v. Factors that Influence Child Development

Various factors influence child development, including genetics, environment, and experiences. Genetics play a significant role in a child's physical and cognitive development, as certain genes can affect height, weight, and intelligence. The environment also plays a crucial role in a child's development, as exposure to toxins, poor nutrition, and stress can negatively impact physical and cognitive development. Positive experiences such as responsive caregiving, positive peer relationships, and quality education can promote healthy development.

vi. Interventions to Promote Healthy Child Development

Identifying developmental delays or concerns early on is crucial for promoting healthy development. Early interventions such as early education programs and developmental therapies can help children overcome developmental delays and improve their overall development. Providing children with a supportive and stimulating environment that promotes healthy [1], [2].

Importance of Child Development

Child development is crucial as it lays the foundation for a child's physical, cognitive, social, and emotional well-being. It encompasses the growth and changes that occur from birth through adolescence, as children acquire skills and knowledge that help them navigate their environment and interact with others. Here are some reasons why child development is so important:

- i. **Early development sets the stage for later success:** Children who receive proper

- nutrition, stimulation, and care during their early years are more likely to grow up to be healthy, happy, and successful adults. Positive early experiences can have a lasting impact on a child's cognitive and social-emotional development.
- ii. **Development is interconnected:** Children's development in one area, such as language or motor skills, is closely connected to their development in other areas. For example, a child who struggles with language development may also experience challenges in socializing with peers.
 - iii. **Development is a continuous process:** Child development is a lifelong process that begins at birth and continues throughout adulthood. The experiences and interactions that children have during their early years can shape the trajectory of their development for years to come.
 - iv. **Development affects society as a whole:** Children who are given the opportunity to reach their full potential can make valuable contributions to their families, communities, and society as a whole. On the other hand, children who experience developmental delays or difficulties may require additional support and resources, which can strain families and communities.

Overall, investing in child development is a critical step in ensuring a brighter future for individuals and society as a whole [3].

Problems of Child Development

Child development is a complex process that can be affected by various factors. Some common problems that can arise during child development include:

i. **Delayed Development:**

Delayed development refers to a situation where a child does not reach developmental milestones at the expected age. For example, a child who does not start walking by 18 months could be considered to have delayed motor development.

ii. **Behavioral Issues:**

Children may exhibit behavioral issues such as aggression, hyperactivity, and impulsiveness. These can be caused by a range of factors, including genetic predispositions, environmental factors, and parenting style.

iii. **Learning Disabilities:**

Learning disabilities affect a child's ability to learn and process information. This can include dyslexia, ADHD, and autism spectrum disorders.

iv. **Physical Disabilities:**

Physical disabilities can affect a child's mobility, coordination, and overall health. These can include cerebral palsy, muscular dystrophy, and spina bifida.

v. **Mental Health Issues:**

Mental health issues can affect a child's emotional well-being and can include anxiety,

depression, and behavioral disorders.

vi. Neglect and Abuse:

Neglect and abuse can have long-lasting effects on a child's development, both physically and emotionally. These can include delayed development, behavioral issues, and mental health problems.

It is important to seek professional help if you suspect your child is experiencing any of these issues. Early intervention and treatment can often make a significant difference in a child's development and overall well-being [4].

Measuring Physical Child Development

Measuring physical child development typically involves assessing a child's growth and development in various areas, including weight, height, head circumference, and motor skills. The following are some commonly used methods to measure physical child development:

i. Growth Charts:

Growth charts are used to track a child's height, weight, and head circumference over time. These charts are based on data collected from a large population of children and can help identify if a child is growing at a healthy rate or if there are concerns about their growth.

ii. Body Mass Index (BMI):

BMI is a measure of body fat based on a child's height and weight. It is commonly used to assess if a child is underweight, overweight, or obese.

iii. Physical Examinations:

Pediatricians and other healthcare providers may perform physical examinations to assess a child's physical development, including their motor skills, reflexes, and sensory abilities.

iv. Developmental Assessments:

Developmental assessments are used to evaluate a child's overall development, including their physical, cognitive, and social-emotional development. These assessments can help identify areas where a child may be experiencing delays or challenges.

v. Milestone Checklists:

Milestone checklists are used to track a child's progress in achieving developmental milestones, such as sitting up, crawling, walking, and speaking. These checklists can help identify any potential delays or concerns. Overall, measuring physical child development is an important part of monitoring a child's health and identifying any concerns or areas where additional support may be needed.

Understanding of the Child's Growth and Development

Child growth and development refer to the process through which a child grows and matures physically, emotionally, cognitively, and socially from infancy through adolescence.

Understanding a child's growth and development is essential for parents, caregivers, and educators, as it helps them provide appropriate support and meet the child's needs at each stage of development. Physical development involves changes in a child's body size, shape, and physical abilities such as motor skills, coordination, and sensory perception. This process starts from the moment of conception and continues through the different stages of infancy, toddlerhood, childhood, adolescence, and adulthood [5], [6].

Emotional development involves the child's ability to recognize and express emotions, form attachments and relationships with caregivers and peers, develop self-awareness and self-esteem, and manage their emotions effectively. Cognitive development involves the child's ability to think, reason, learn, and solve problems, and includes language development, memory, attention, and executive functions such as planning and decision-making.

Social development involves the child's ability to interact with others, form relationships, and develop social skills such as empathy, cooperation, and communication. Understanding these different areas of development can help parents, caregivers, and educators create environments that support a child's growth and development, promote positive behaviors, and address any challenges or concerns that may arise. It's important to remember that every child is unique and will develop at their own pace, but having a general understanding of typical developmental milestones can help identify any potential issues and ensure that the child receives appropriate support and interventions [7].

Development Skills and Milestones during child development

Child development refers to the process by which a child grows and learns from infancy to adolescence. There are several milestones that children typically reach during their development. Here are some of the key development skills and milestones that children may experience:

i. Physical Development:

This involves the development of gross motor skills such as crawling, walking, running and fine motor skills such as grasping objects and writing. Children typically develop these skills during infancy and early childhood.

ii. Cognitive Development:

This refers to the development of a child's thinking, learning, and problem-solving skills. Key milestones in this area include the development of language, memory, attention, and reasoning abilities.

iii. Social and Emotional Development:

This involves the development of a child's ability to understand and interact with others, manage their own emotions, and form relationships with peers and adults. Key milestones in this area include the development of empathy, self-awareness, and social skills.

iv. Moral Development:

This refers to the development of a child's sense of right and wrong, and their ability to understand and adhere to social norms and rules. Key milestones in this area include the development of a sense of fairness, respect for authority, and empathy for others.

Some common milestones during child development include:

- i. Rolling over, crawling, and walking during infancy and early childhood.
- ii. Talking and communicating with others during early childhood.
- iii. Developing friendships and social skills during early childhood and adolescence.
- iv. Developing a sense of morality and social responsibility during adolescence

It is important to remember that every child develops at their own pace, and that there is a wide range of "normal" development. However, if you have concerns about your child's development, it is always a good idea to talk to your pediatrician or a child development specialist [8], [9].

DISCUSSION

Child development refers to the process through which children grow and learn throughout their childhood and into adolescence. This process encompasses a wide range of physical, cognitive, social, and emotional changes that occur as children develop and mature. There are several important theories and frameworks that can help us understand child development. One of the most influential is Piaget's theory of cognitive development, which describes how children's thinking and reasoning skills develop over time. According to Piaget, children progress through several distinct stages of cognitive development, each characterized by different cognitive abilities and ways of thinking. Another important framework for understanding child development is Erikson's theory of psychosocial development, which focuses on the social and emotional aspects of development. According to Erikson, children progress through several stages of psychosocial development, each characterized by different social and emotional challenges that must be navigated in order to develop a healthy sense of self. In addition to these theoretical frameworks, there are several important factors that can influence child development. These include genetics, family environment, socioeconomic status, culture, and early childhood experiences such as nutrition, health, and early education. Overall, understanding child development is important for parents, educators, and caregivers who want to provide the best possible support and nurturing environment for children as they grow and learn. By understanding the key factors that influence development and the different stages of development that children go through, we can help children reach their full potential and thrive in all aspects of their lives.

CONCLUSION

Child development is a complex and multi-faceted process that occurs from birth through adolescence. It encompasses physical, cognitive, emotional, and social growth, and is influenced by a variety of factors including genetics, environment, and experiences. During the early years of life, children develop fundamental skills such as language, fine and gross motor skills, and social interactions. As they enter school age, they begin to refine these skills and develop new ones, such as problem-solving, critical thinking, and creativity. It is important to note that each child develops at their own pace and in their unique way. While there are general milestones that children typically reach, it is important not to compare children to each other or hold them to strict timelines. A supportive and nurturing environment is critical for healthy child development. Parents, caregivers, and educators play a vital role in providing this environment by providing love, encouragement, and opportunities for growth and learning. Overall,

understanding child development is essential for ensuring that children are given the tools and resources they need to reach their full potential and lead happy, healthy lives.

REFERENCES:

- [1] M. Setiawan, E. Sulastri, and U. P. Khodijah, "The Overview Of The Child Development On Children With The Addiction To Gadget Or Smartphone At 5-6 Years Old Children," *J. Med. (Media Inf. Kesehatan)*, 2020, doi: 10.36743/medikes.v7i1.216.
- [2] S. Maggi, L. J. Irwin, A. Siddiqi, and C. Hertzman, "The social determinants of early child development: An overview," *Journal of Paediatrics and Child Health*. 2010. doi: 10.1111/j.1440-1754.2010.01817.x.
- [3] T. Smythe, M. Zuurmond, C. J. Tann, M. Gladstone, and H. Kuper, "Early intervention for children with developmental disabilities in low and middle-income countries - The case for action," *Int. Health*, 2021, doi: 10.1093/inthealth/ihaa044.
- [4] D. Kesavelu, K. Sheela, and P. Abraham, "Stages of Psychological Development of Child-An Overview," *Int. J. Curr. Res. Rev.*, 2021, doi: 10.31782/ijcrr.2021.131320.
- [5] D. C. Ray, "An Overview of Child Development," in *A Therapist's Guide to Child Development*, 2018. doi: 10.4324/9781315737959-1.
- [6] K. G. C. B. Bindels-de Heus *et al.*, "An overview of health issues and development in a large clinical cohort of children with Angelman syndrome," *Am. J. Med. Genet. Part A*, 2020, doi: 10.1002/ajmg.a.61382.
- [7] M. Hening Prastiwi, "Overview of Growth and Development in Children Age 3-6 Years," *Jiksh*, 2019.
- [8] J. Meyer, R. D. Masa, and J. M. Zimmerman, "Overview of Child Development Accounts in developing countries," *Child. Youth Serv. Rev.*, 2010, doi: 10.1016/j.childyouth.2010.03.013.
- [9] E. L. M. Clark, Y. Jiao, K. Sandoval, and Z. Biringen, "Neurobiological implications of parent-child emotional availability: A review," *Brain Sciences*. 2021. doi: 10.3390/brainsci11081016.

CHAPTER 2

AN OVERVIEW OF THE ABORTION

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ABSTRACT:

Abortion is a controversial topic that has been debated for decades. It is the termination of a pregnancy, either through natural or artificial means. The debate surrounding abortion centers around the question of when life begins and whether a woman has the right to choose to terminate a pregnancy. Those who support abortion argue that it is a woman's right to choose what happens to her body, while opponents argue that it is morally wrong and equivalent to taking a life. The legality and availability of abortion vary greatly around the world, with some countries allowing it in all cases, while others only allow it under certain circumstances. The issue of abortion is complex and multifaceted, and there are no easy answers or solutions.

KEYWORDS:

Abortion, Availability, Body, Controversial, Debate, Legality.

INTRODUCTION

The technical definition of induced abortion is the removal of products of conception from the uterus of a pregnant woman. Throughout recorded history there is evidence that women have found the means to limit and space their childbearing through the use of induced abortion. Women of all identities and living in a wide variety of conditions all over the world continue to choose termination as one response to unintended pregnancies. In 1997, approximately 20 out of every 1,000 women in the United States aged fifteen to forty-four had induced abortions; this rate has remained stable since 1995. Another way to express the frequency of abortion is the number of induced abortions compared with the number of live births; in 1997 this ratio was 306 abortions per 1,000 live births. These statistics do not include abortions that happen spontaneously, usually called miscarriages.

Nearly half (49%) of all pregnancies that occur in the United States are not intended, and about half of unintended pregnancies are resolved by abortions. Most (58%) of the women who have abortions had been using some form of birth control but became pregnant because of the failure or misuse of the birth control product/method. By the age of forty-five, about 43 percent of women in the United States have experienced at least one abortion. Among the women choosing to have abortions at a given time, nearly half (43%) have had at least one previous abortion.

There is not one particular type of woman who is likely to have an abortion. More than half (55%) of the women having abortions have had at least one child already. About two-thirds of the women having abortions have never been married. The majority (52%) are younger than age twenty-five, but only 20 percent are teenagers. Women of all racial and religious groups obtain abortions. The largest number (60%) of abortions are performed on white women, but black women are three times as likely and Hispanic women twice as likely as white women to have an abortion in a given year. Catholic women are equally likely to have abortions as all women nationwide, but the rate of induced abortion for Catholic women is actually 29 percent higher

than the rate for Protestant women. Abortions occur for many reasons, and women tend to have multiple explanations for their abortion decisions. The most common reason, given by three quarters of women having abortions, is that having a baby at that time in their lives would conflict with major responsibilities such as work or school. Two thirds of women having abortions give economic reasons for delaying or foregoing parenthood. Half of the women choosing abortion do not have the supportive relationship that they would like for becoming a parent either they do not want to start out as a single mother or they are having problems in their relationship with a husband or partner. Approximately 14,000 women a year choose abortions to terminate pregnancies resulting from rape or incest.

When Abortion Was Illegal

Prior to the landmark 1973 U.S. Supreme Court case of *Roe v. Wade*, abortion was largely illegal or highly restricted in many parts of the world, including the United States. The legality of abortion varied from state to state, with some states permitting it in limited circumstances such as to protect the life of the mother or in cases of rape or incest and others prohibiting it altogether. Prior to *Roe v. Wade*, women who sought abortions often had to resort to illegal and often unsafe methods, including using dangerous drugs or seeking the help of unlicensed practitioners. These methods frequently resulted in serious health complications or even death.

In addition to the physical risks, women who sought abortions also faced social stigma and legal consequences. Some women were arrested and prosecuted for seeking abortions, and doctors who performed the procedures faced the risk of losing their medical licenses. The legalization of abortion in the United States has had a profound impact on women's health and reproductive rights. Today, women have access to safe and legal abortion services, which has helped to reduce the rates of maternal mortality and morbidity associated with unsafe abortion practices. However, the right to choose whether or not to terminate a pregnancy remains a highly contentious issue, with ongoing legal and political battles over access to abortion services.

Access to Abortion

Restrictions on abortion and lack of broad access to abortion services are unique for a legal medical procedure. The controversy over abortion and associated violence and harassment of patients and providers have resulted in a limited number of active abortion providers, especially in rural areas of the United States. In 1996 out of all U.S. counties only 14 percent had practicing providers, and the number appeared to be declining. Nearly one-third (32%) of women aged fifteen to forty-four were living in counties without local abortion services.

The majority of medical residents specializing in obstetrics and gynecology are not required to perform first-trimester induced abortions as part of their training. In 1995 only 12 percent of obstetrics and gynecology residency programs routinely offered abortion training, though nearly half (46%) reported provision of routine training in 1998 subsequent to new guidelines from the Accreditation Council for Graduate Medical Education. Family practice residents have limited experience with either contraception or abortion. The approval in 2000 by the Food and Drug Administration of pharmaceutical agents to induce abortion medically rather than surgically could increase the number of providers. At the time of approval, however, both women and doctors indicated the importance of maintaining a range of abortion choices, since preferences are influenced by many practical, physiological, and psychological factors.

Medication Abortion

Medication abortion is a method of ending a pregnancy that involves taking medication to cause the uterus to expel the contents of the pregnancy. This method can be used up to 10 weeks into a pregnancy. The medication used for medication abortion is typically a combination of mifepristone and misoprostol. Mifepristone works by blocking the hormone progesterone, which is necessary for the pregnancy to continue. Misoprostol causes the uterus to contract and expel the pregnancy.

Medication abortion can be done in a clinic or at home, depending on the country and specific regulations. In some cases, follow-up visits to a healthcare provider are necessary to ensure that the abortion is complete and to monitor for any complications. It is important to note that medication abortion should only be done under the supervision of a healthcare provider and is not the same as the morning-after pill or emergency contraception [1].

Risk Evaluation and Mitigation Strategies (REMS) in Abortion

Risk Evaluation and Mitigation Strategies (REMS) are programs designed by the US Food and Drug Administration (FDA) to manage known or potential risks associated with certain medications, including those used in abortion. REMS programs are designed to ensure that the benefits of a medication outweigh its potential risks, and to promote the safe and effective use of the medication.

In the case of abortion, REMS programs have been implemented for medications used in medication abortion, also known as the abortion pill or RU-486. The medication used in medication abortion is mifepristone, which was approved by the FDA in 2000. The REMS program for mifepristone requires healthcare providers to complete a certification process in order to prescribe the medication, and also requires the medication to be dispensed directly by a certified healthcare provider or in a healthcare setting, rather than through a retail pharmacy.

The REMS program for mifepristone has been controversial, with some groups arguing that it imposes unnecessary restrictions on access to medication abortion. In January 2021, the FDA announced that it would lift some of the restrictions on the REMS program for mifepristone during the COVID-19 pandemic, in order to increase access to medication abortion for patients who may be unable to visit a healthcare provider in person. However, it remains to be seen whether these changes will be made permanent [2], [3].

State Regulations and Availability

The availability of abortion varies by state in the United States, as states have different laws and regulations regarding abortion. In some states, access to abortion is relatively easy, with minimal restrictions on when and how the procedure can be performed. In other states, access to abortion is much more limited, with a range of restrictions that can make it difficult or even impossible for women to obtain an abortion. Some common types of state-level restrictions on abortion include waiting periods, which require a woman to wait a certain amount of time after seeking an abortion before the procedure can be performed; mandatory counseling, which requires a woman to receive information about the procedure and its risks before she can undergo an abortion; and requirements for parental consent or notification in the case of minors seeking abortion.

Other types of state-level restrictions on abortion include limits on insurance coverage for the

procedure, restrictions on the use of telemedicine for medication abortion, and requirements for abortion clinics to meet certain physical facility standards. These restrictions on abortion can have a significant impact on access to the procedure for women in certain states. Women in states with more restrictive abortion laws may have to travel long distances to access abortion care, which can be costly and time-consuming. Some women may also be forced to delay their abortions or forego the procedure altogether due to these restrictions. In recent years, there has been significant debate and legal action around state-level abortion restrictions, with some states passing increasingly strict laws and others working to expand access to the procedure. The legal landscape around abortion is likely to continue to evolve in the coming years, with potential implications for access to the procedure for women across the United States [4].

Self-Managed Abortion

Self-managed abortion refers to the practice of ending a pregnancy without the assistance of a medical professional. This can involve using medications obtained without a prescription, herbs or other natural remedies, or other techniques. It is important to note that self-managed abortion carries significant risks, including incomplete abortion, hemorrhage, infection, and other complications. These risks can be even greater if the person attempting the self-managed abortion does not have access to accurate information or safe supplies.

In many countries, self-managed abortion is illegal or highly restricted. Access to safe and legal abortion services is an important public health issue, and efforts to criminalize or restrict access to abortion can lead to an increase in self-managed abortions and related harms. It is recommended that individuals seeking to end a pregnancy do so with the support of a qualified medical professional who can provide accurate information, safe and effective methods, and appropriate follow-up care.

Common Side Effects of Abortion

The side effects of abortion can vary depending on the type of abortion procedure and the individual's physical health and medical history. Here are some of the most common side effects:

- i. **Cramping:** Cramping is a common side effect of both medical and surgical abortions. It may be similar to menstrual cramps or more severe.
- ii. **Bleeding:** Bleeding is also common after an abortion, and may last for several days to a few weeks. The bleeding may be heavy or light, and may include clots.
- iii. **Nausea and Vomiting:** Some women experience nausea and vomiting after an abortion, especially after a medical abortion.
- iv. **Fatigue:** Fatigue is a common side effect of both types of abortion, and may last for several days.
- v. **Headache:** Headaches are also common after an abortion, and may be caused by hormonal changes.
- vi. **Dizziness:** Dizziness is a common side effect of both types of abortion, and may be caused by a drop in blood pressure.
- vii. **Infection:** Infection is a rare but serious side effect of abortion. Signs of infection include fever, chills, and abdominal pain.

- viii. **Emotional Side Effects:** Some women may experience emotional side effects after an abortion, including sadness, guilt, and anxiety.

It's important to remember that most side effects of abortion are temporary and can be managed with over-the-counter pain relievers and rest. However, if you experience any of the above symptoms or have concerns about your recovery after an abortion, you should contact your healthcare provider.

Possible Complication of Abortion

Abortion is a medical procedure that terminates a pregnancy. Like any medical procedure, it can have potential complications. Here are some possible complications of abortion:

- i. **Infection:** Infection is a possible complication of any surgical procedure. After an abortion, there is a risk of developing an infection. Symptoms of an infection may include fever, chills, abdominal pain, and foul-smelling discharge.
- ii. **Excessive Bleeding:** Bleeding is normal after an abortion, but excessive bleeding can occur, especially in the case of a later-term abortion. This can lead to anemia, shock, or the need for a blood transfusion.
- iii. **Damage to the Cervix or Uterus:** The instruments used during an abortion can potentially cause damage to the cervix or uterus, leading to scarring or other complications that may affect future pregnancies.
- iv. **Emotional Distress:** Some women may experience emotional distress after an abortion, including feelings of guilt, anxiety, or depression.
- v. **Ectopic Pregnancy:** An ectopic pregnancy occurs when the fertilized egg implants outside of the uterus, usually in the fallopian tube. Women who have had an abortion may be at a slightly increased risk of developing an ectopic pregnancy in the future.
- vi. **Failed Abortion:** In some cases, the abortion procedure may be incomplete, resulting in the need for a repeat procedure or surgery.

It's important to note that while these complications can occur, they are relatively rare. Women who are considering an abortion should discuss the risks and potential complications with their healthcare provider [5].

Improving Abortion Safety

Abortion is a medical procedure that carries some inherent risks, but it is generally considered to be a safe procedure when performed under appropriate conditions by trained medical professionals. To improve abortion safety, there are several measures that can be taken:

- i. **Access to legal and safe abortion:** Access to legal and safe abortion is essential to ensure that women have access to safe and effective abortion procedures. When women do not have access to legal and safe abortion services, they may resort to unsafe methods of abortion that can lead to serious health consequences.
- ii. **Trained and qualified healthcare providers:** Healthcare providers who perform abortions should be properly trained, qualified, and licensed to perform the procedure.

- They should have experience in providing abortion services and should be familiar with the latest medical technologies and techniques.
- iii. **Use of evidence-based practices:** Healthcare providers who perform abortions should use evidence-based practices to ensure that patients receive safe and effective care. This includes using appropriate medications and equipment, following established clinical protocols, and ensuring that patients are informed about the procedure and their options.
 - iv. **Pre- and post-abortion counseling:** Women who undergo an abortion should receive pre- and post-abortion counseling to ensure that they understand the procedure, its risks and benefits, and their options. This counseling should include information about contraception and family planning.
 - v. **Safe and hygienic facilities:** Abortion should be performed in a safe, hygienic environment to minimize the risk of infection and other complications. Facilities should be equipped with appropriate medical equipment and supplies, and should be staffed by trained healthcare professionals.
 - vi. **Regular monitoring and evaluation:** Healthcare providers who perform abortions should monitor and evaluate their services regularly to ensure that they are providing safe and effective care. This includes tracking patient outcomes, assessing patient satisfaction, and identifying areas for improvement.

In summary, improving abortion safety requires a comprehensive approach that includes access to legal and safe abortion services, trained and qualified healthcare providers, evidence-based practices, pre- and post-abortion counseling, safe and hygienic facilities, and regular monitoring and evaluation. By implementing these measures, we can ensure that women have access to safe and effective abortion services and can make informed decisions about their reproductive health[6].

DISCUSSION

Abortion is a sensitive and complex topic that elicits strong emotions and opinions from people. It involves the termination of a pregnancy, and it is typically a choice made by a woman who does not want to or cannot carry the fetus to term. There are many reasons why a woman may choose to have an abortion, including personal, medical, and social reasons. Some people believe that a woman has the right to choose what happens to her body and that access to safe and legal abortion is a fundamental human right. Others believe that abortion is morally wrong and should be illegal. In many countries, the legality of abortion is a subject of debate and varies based on a range of factors, including the stage of pregnancy, the reason for the abortion, and the laws of the country or state. Some argue that access to safe and legal abortion is essential for the well-being and health of women, particularly in cases of unwanted pregnancies, rape, incest, or when the mother's life is at risk. Others believe that abortion should be illegal and that it is the equivalent of taking an innocent life. It is important to approach discussions about abortion with empathy and understanding, recognizing that it is a deeply personal and often emotionally charged issue. It is also important to consider the various social, cultural, and religious factors that shape people's beliefs and opinions on this subject. Ultimately, the decision to have an abortion is a

deeply personal one, and it is essential that individuals have access to the information, support, and resources they need to make the choice that is right for them[7], [8].

CONCLUSION

Abortion is a highly controversial and sensitive topic, with varying opinions and beliefs on whether it is morally or ethically acceptable. Proponents of abortion argue that it is a woman's right to choose what happens to her body and that abortion is a necessary option for women in difficult or unwanted pregnancies. Opponents of abortion argue that it is morally wrong and unethical to end a human life, and that alternatives such as adoption should be pursued instead. In many countries, the legality of abortion varies, with some allowing it under certain circumstances, such as when the mother's life is in danger or in cases of rape or incest, while others prohibit it altogether. Regardless of its legal status, abortion is a highly emotional and personal decision that should be made after careful consideration and in consultation with medical professionals. It is essential to have open and respectful discussions on this topic while recognizing the diversity of perspectives and experiences. Ultimately, the decision to have an abortion or not is a deeply personal one that should be made by individuals based on their beliefs, values, and circumstances.

REFERENCES:

- [1] A. Perkins, "An overview of abortion in the United States," *Nurs. Made Incred. Easy*, 2021, doi: 10.1097/01.NME.0000753052.52262.f9.
- [2] A. G. Bryant, E. Regan, and G. Stuart, "An overview of medical abortion for clinical practice," *Obstetrical and Gynecological Survey*. 2014. doi: 10.1097/OGX.0000000000000017.
- [3] S. Shamsi *et al.*, "An Overview of Unsafe Abortion: Patterns and Outcomes in a Tertiary Level Hospital.," *Mymensingh Med. J.*, 2020.
- [4] S. Bhandari, Y. Dwa, S. Maskey, M. Bajracharya, and M. Thakur, "An Overview of Comprehensive Abortion Care at Tertiary care Teaching Hospital," *Nepal. Med. J.*, 2019, doi: 10.3126/nmj.v2i1.24051.
- [5] M. H. Orlowski, W. E. Soares, K. L. Kerrigan, and M. L. Zerden, "Management of Postabortion Complications for the Emergency Medicine Clinician," *Annals of Emergency Medicine*. 2021. doi: 10.1016/j.annemergmed.2020.09.008.
- [6] K. M. Milner *et al.*, "Contextual design choices and partnerships for scaling early child development programmes," *Arch. Dis. Child.*, 2019, doi: 10.1136/archdischild-2018-315433.
- [7] D. B. Herrera-Mora, Y. E. Munar-Torres, N. J. Molina-Achury, and A. L. Robayo-Torres, "Child development and socioeconomic status. Review article," *Revista Facultad de Medicina*. 2019. doi: 10.15446/revfacmed.v67n1.66645.
- [8] J. R. Dunn, "Housing and healthy child development: Known and potential impacts of interventions," *Annual Review of Public Health*. 2019. doi: 10.1146/annurev-publhealth-040119-094050.

CHAPTER 3

AN OVERVIEW OF IMPACT OF ACQUIRED IMMUNE DEFICIENCY SYNDROME IN CHILD DEVELOPMENT

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ABSTRACT:

Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by the human immunodeficiency virus (HIV) that weakens the immune system and can lead to serious health problems. AIDS not only affects the physical health of individuals but also has a significant impact on their psychological and social well-being. In children, AIDS can have a profound impact on their development, including cognitive, emotional, and behavioral aspects. This can be due to the direct effects of HIV on the brain, the social and economic consequences of AIDS on families and communities, and the stigmatization and discrimination faced by children affected by HIV/AIDS. The impact of AIDS on child development highlights the importance of prevention and treatment programs that address not only the medical needs but also the social and emotional needs of children and families affected by HIV/AIDS.

KEYWORDS:

AIDS, Antiretroviral therapy (ART), Child Development, HIV Stigma, Opportunistic Infections.

INTRODUCTION

The human immunodeficiency virus (HIV) was first discovered in the early 1980s and has now been established as the cause of acquired immune deficiency syndrome (AIDS). HIV works by attacking the immune system, the human body's defense system that fights off foreign invaders, such as germs and bacteria. The immune systems of people with HIV are ultimately weakened to the point that illnesses such as pneumonia and other infections can take over, eventually leading to death.

Epidemiology and Transmission

Since the early 1980s, HIV infection has emerged as a major health problem for children in the United States and many other parts of the world. The Centers for Disease Control and Prevention (CDC) estimated that in 2000 more than 431,000 people in the United States were living with HIV, and that approximately 5,575 of these individuals were children under the age of thirteen. The World Health Organization estimated in 2000 that about 1,600 children around the world were becoming newly infected each day.

HIV lives in body fluids, such as blood and semen, and transmission occurs primarily through unprotected sex (both heterosexual and homosexual) and the injection of illicit drugs. The virus can also be transmitted from mother to child during pregnancy or at the time of delivery, but medical advances have led to a significant reduction in these cases because pregnant women are now encouraged to undergo voluntary HIV testing. If a woman is found to carry the virus, doctors can begin administering medication to her right away and to her infant after birth. The

rate of transmission through contaminated blood or blood products was high until 1985 when measures were put into place to ensure the safety of the blood supply in North America, Europe, and some other parts of the world. Transmission still occurs from an unsafe blood supply in some underdeveloped countries.

Originally, AIDS was viewed as a death sentence, with only 5 percent to 10 percent of people living for three years after diagnosis. Now, new medications have led to a dramatic decline in AIDS-related deaths. HIV is therefore seen as more of a chronic disease, similar to diabetes or cystic fibrosis. As a result, psychologists are focusing more on psychosocial issues in children who were infected early in life and are now living into adolescence and young adulthood [1], [2].

Developmental and Social Impact on the Child

Developmental and social impact on a child can be significant and long-lasting. The experiences that a child has during their early years can shape their cognitive, emotional, and social development, as well as their overall well-being.

i. Developmental Impact:

During the first few years of life, a child's brain is rapidly developing, and experiences during this period can have a lasting impact on the child's cognitive development. Positive experiences such as responsive and nurturing caregiving, appropriate stimulation and enrichment, and a safe and stable environment can help to support the development of a child's brain and promote the growth of cognitive abilities such as language, memory, and problem-solving skills. On the other hand, negative experiences such as neglect, abuse, and trauma can have a significant impact on the child's cognitive development. These experiences can lead to delays in cognitive development, as well as long-term effects such as learning difficulties and mental health problems.

ii. Social Impact:

Social experiences are also critical to a child's development. Children who have positive social experiences such as close and supportive relationships with caregivers and peers, opportunities for play and exploration, and exposure to diverse cultures and experiences are more likely to develop strong social and emotional skills.

In contrast, children who experience social isolation, neglect, or abuse may struggle with social and emotional development. These experiences can lead to attachment difficulties, social anxiety, and other mental health problems. Overall, it is essential to provide children with a safe, stable, and nurturing environment, as well as opportunities for positive social experiences and developmentally appropriate activities. This can help to support their overall well-being and promote positive outcomes throughout their lives [3].

iii. Infancy through Preschool

Children younger than two years of age are unable to grasp the concept of being diagnosed with a life-threatening disease. As a result, the psychological impact of the diagnosis falls mainly on the child's caregiver(s). Parents may feel horrified at the idea of losing their child to a disease that they essentially "gave" to their children. They may benefit from psychological services that offer support and guidance for coping with these feelings of fear and guilt. Infants and toddlers, on the other hand, are most concerned with immediate events, such as painful procedures and

separation from their parents. Psychologists can help parents prepare their child for medical procedures through role-playing, medical play, and coloring books that illustrate the procedure. Another concern for small children with HIV is that the virus can invade the brain and central nervous system, creating problems with language, motor skills, and general cognitive abilities. For this reason, regular developmental and neuropsychological testing is recommended in order to identify deficits and to assist in obtaining special educational services as needed. These assessments should begin during the first year of life and should continue throughout childhood and early adolescence.

iv. School-Age Years

Diagnosis disclosure and medical adherence are two important issues that arise during an HIV-positive child's school-age years. Nearly all parents struggle with the idea of diagnosis disclosure, the process of telling children that they are living with a life-threatening illness. Research with other diseases has clearly documented the risks of keeping the diagnosis a secret and the benefits of open communication about illness in the family. Because of the stigma attached to this disease, however, disclosure poses unique difficulties in families affected by HIV/AIDS. Parents' concerns include the fear that knowledge of the diagnosis will traumatize the child and the possibility that their child will tell others about their illness, thereby putting themselves at risk for being teased and ridiculed by peers. Thus, the diagnosis frequently becomes a guarded secret that is considered shameful, embarrassing, and potentially explosive if revealed. Maintaining this secret places tremendous stress on all members of the family especially the infected child. It is primarily for this reason that parents put off sharing information about the virus with their children. But children who are not told about their illness sometimes become increasingly resentful of having to take numerous pills, many of which are large and difficult to swallow. Liquid medications are no better, often tasting extremely unpleasant. This can lead to daily power struggles between the parent and child when the time for medication arrives [4].

Disclosure best takes place in a supportive atmosphere of cooperation between mental health professionals and parents. It should be thought of as a process rather than a single episode. Emotional reactions following disclosure vary but tend to be consistent with the way the child has responded to earlier crises. If disclosure is conducted in a supportive manner, almost all children demonstrate considerable pride with mastery of information about the illness and an improved ability to tolerate procedures such as blood draws and pill swallowing. Many parents report that their child's medication adherence improves following disclosure. Also, participation in support groups, art therapy, and family therapy can help the children to continue processing the information that they have been given.

v. Preadolescence and Adolescence

Among adolescents infected with HIV, the primary difficulties involve the virus's impact on their social life, medication adherence, and grief over past losses and their own uncertain future. The most damaging result of HIV in a teenager's life is often its effect on relationships outside the family. These adolescents live in fear of others finding out about their diagnosis. In fact, they may fear rejection more than they fear dying from the disease. It may be difficult to form friendships, since they may always feel the shadow of secrecy coming between them and their peers. Dating creates even more anxiety, since they may not know how to handle issues of sexual intimacy, honesty, and trust. Adherence to treatment remains a problem during adolescence most of the drug regimens are exceptionally complicated and difficult to follow. The large number of

pills, the need for timing meals with medications, and the very specific storage instructions make keeping up with the schedule quite challenging. When considering AIDS-related stigma and adolescents' desire for peer approval, as well as the side effects frequently associated with these drugs such that stomach bloating and diarrhea, one can see how "skipping a few pills" could easily occur. If a patient does not take his or her medicines consistently, then there will not be enough medicine in the blood to stop the virus from growing. When this happens, the virus becomes stronger, and the medicine loses its ability to fight the virus. In other words, the virus becomes resistant to the medicine. Many anti-HIV medicines are so similar that once HIV becomes resistant to one particular drug, it may be resistant to other drugs that it has not been exposed to yet [5].

Many of these youngsters have experienced multiple losses in their early years, and they find themselves grieving for their parents, siblings, and/or close friends who did not live long enough to benefit from the drugs currently available. Others have been shuffled between households, schools, and neighborhoods. Depression and anxiety about these multiple losses, their uncertain future, and guilt surrounding survival can lead to disabling mental health problems. Most HIV-infected teens either have limited access to, or will not participate in, mental health services. If these issues are not appropriately addressed, however, AIDS can affect virtually every aspect of an adolescent's life. Physical symptoms and psychological symptoms such that depression, anxiety, substance abuse, sexual acting out may become significant problems. If a strong relationship can be formed with a therapist, issues related to sexuality, disclosure, family conflicts, and future planning can be openly discussed.

Because many teens are reluctant to attend individual therapy, alternatives such as support groups and camping programs have been developed. Support groups offer these teens a sense of belonging and a place where they can undo the shame and stigmatization that has isolated them from their peers. It is also a place where their pain can be validated, their trauma understood, and a deep connection with others made. Camping programs can also be helpful by offering therapeutic activities such as artwork, challenge courses, campfire chats, and rap sessions. Through these activities, connections with repressed emotions and with other people in similar situations can lead to enormous healing and growth [6].

Prevention

As mentioned previously, medical advances have led to a decrease in the number of infants born with HIV. Despite this encouraging trend, the CDC estimated that more than 5,500 children under age thirteen were living with HIV or AIDS in the United States in 2000. Among adolescents thirteen to nineteen years of age, the number of AIDS cases reported each year has increased from 1 case in 1981 to 310 (3,865 cumulative) in 2000. Of even more concern is that many young adults with AIDS almost certainly acquired their infection as teenagers. Throughout adolescence, teenagers often feel a sense of invulnerability and may therefore engage in risky behaviors such as drug use and unsafe sex. Alarmingly, it has been estimated that more than 80 percent of teenagers infected with HIV use condoms inconsistently, and many of these adolescents probably do not tell their partners about their diagnosis. Furthermore, sharing a single contaminated needle can infect many users and, hence, their sexual partners. Mental health professionals can play an important role in the prevention of HIV by providing information about safer sex, drug use, and other means of transmission. School programs focused on self-esteem building and assertiveness training have been shown to help teenagers navigate the complex

interpersonal situations that can place them at risk for acquiring HIV. Mental health professionals can also work with parents, encouraging them to foster an environment of open communication in the home [7].

The Future Outlook

At the beginning of the 1990s, there was a bleak outlook for those living with HIV. By the start of the twenty-first century, children born with this virus were graduating high school, attending trade schools or colleges, and holding down jobs. Along with proper medical care, attitude appears to be essential. Those who keep themselves mentally active, have a sense of purpose in their lives, and maintain a sense of humor appear able to successfully adapt to the continued uncertainties inherent in this disease. Despite the many stresses they must face, young adults with HIV need to be given the opportunity to develop and pursue their goals. In an article that appeared in the book *Pediatric AIDS*, Lori Wiener, Anita Septimus, and Christine Grady emphasized that if recognized and nurtured, young people with HIV have the potential to significantly contribute to society. The psychologist working with children and adolescents with HIV can play an essential role in helping these individuals overcome obstacles and achieve their goals. Thus, for patients with HIV and for the mental health professionals involved in their care, the future is looking brighter every day [8], [9].

DISCUSSION

Acquired Immune Deficiency Syndrome (AIDS) is a serious condition caused by the Human Immunodeficiency Virus (HIV) that weakens the immune system, making individuals susceptible to infections and other diseases. AIDS has significant impacts on child development, particularly in areas such as physical, emotional, and cognitive development. Firstly, AIDS can affect a child's physical development by causing various health complications such as poor growth, malnutrition, and recurrent infections. HIV-infected children are at higher risk of developing opportunistic infections that can interfere with their normal growth and development. Furthermore, antiretroviral therapy (ART), which is the primary treatment for HIV, can also cause side effects such as nausea, vomiting, and diarrhea, which can further affect a child's physical development. Secondly, AIDS can impact a child's emotional and social development. Children living with HIV/AIDS may experience stigma and discrimination, which can have negative effects on their self-esteem and social relationships. They may also experience psychological distress due to the loss of family members or caregivers to AIDS-related illnesses. Lastly, AIDS can also affect a child's cognitive development. HIV can affect the brain and nervous system, leading to cognitive impairments such as memory loss, difficulties with problem-solving, and a decline in academic performance. It is important to note that the impact of AIDS on child development can vary depending on factors such as the child's age, disease stage, access to medical care, and social support. Early diagnosis and treatment with ART can improve a child's overall health and quality of life, including their development outcomes. In conclusion, AIDS has significant impacts on child development, including physical, emotional, and cognitive aspects. Early diagnosis and treatment, along with social support, can help mitigate these impacts and improve the long-term outcomes for children living with HIV/AIDS.

CONCLUSION

Acquired Immune Deficiency Syndrome (AIDS) can have a significant impact on child development. Children born to HIV-infected mothers are at risk of acquiring the virus during

pregnancy, delivery, or breastfeeding. HIV can affect the child's immune system, leading to an increased risk of infections and other health problems. Children with HIV also face challenges in social and emotional development due to the stigma and discrimination associated with the disease. They may experience social isolation and exclusion, leading to feelings of loneliness and low self-esteem. They may also struggle with academic performance and have difficulties in school due to frequent absences and health-related issues. However, with appropriate medical care and support, children with HIV can live healthy and fulfilling lives. Early diagnosis and treatment can significantly improve their health outcomes, and access to education and social support can help mitigate the negative effects of stigma and discrimination. It is essential to promote awareness and education about HIV/AIDS to reduce the spread of the virus and prevent new infections, particularly among women and children. With ongoing research and advocacy, we can work towards a world where every child has the opportunity to thrive, regardless of their HIV status.

REFERENCES:

- [1] S. Fatma, "Influence of Pricing on Consumer Decision Making with Refrence to Electronics Industry," *Molecules*, 2019.
- [2] M. Rusadi, "Makna Simbolik Acara Mappacci Pernikahan Adat Bugis Wajo Di Kabupaten Wajo (Kajian Semiotika Charles Sanders Pierce)," *Molecules*, 2019.
- [3] D. Mardianti, "Analisis Hukum Islam Terhadap Pemberian Giveaway Bersyarat Dalam Akun Instagram @Sakinaholshopsby," *Fak. syariah, UIN Sunan ampel*, 2019.
- [4] A. Gonzales, *Molecules*, 2019.
- [5] J. Sánchez and H. Laiseca, "Manual De Perfiles De Cargos Por Competencias En La Empresa Disolventes Y Pinturas Del Sur 'Disolpin,'" *Molecules*, 2019.
- [6] Siswandi and N. G. Karomah, "Implementasi Sistem Kaizen Departemen Produksi PT Yamaha Music Manufacturing Asia Bekasi - Jawa Barat," *J. Akunt. Bisnis*, 2019.
- [7] Karmila and B. Suryawardani, "Pengaruh Periklanan Pada Sosial Media Terhadap Keputusan Pembelian Konsumen INDIHOME Di Bandung Tahun 2019," *e-Proceeding Appl. Sci.*, 2019.
- [8] M. N. R. Fauzi, "Efektivitas Hipnoterapi terhadap Penurunan Kecemasan Ibu Hamil Menghadapi Persalinan di Puskesmas Randublatung Kabupaten Blora," *Fak. Ushuluddin Dan Hum. Univ. Islam Negeri Walisongo Semarang*, 2019.
- [9] B. V. Arteaga, "La importancia de la innovación para el desarrollo de los países," *Molecules*, 2019.

CHAPTER 4

AN ANALYSIS OF ADOLESCENCE IN CHILD DEVELOPMENT

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ABSTRACT:

Adolescence is a transitional period between childhood and adulthood, marked by significant physical, cognitive, and socioemotional changes. During this period, individuals undergo a rapid growth spurt, experience hormonal changes, and develop secondary sex characteristics. Adolescents also undergo significant cognitive changes, including the development of abstract thinking and the ability to reason hypothetically. Socially, adolescents experience changes in relationships with peers, family, and romantic partners, and are often preoccupied with issues of identity and self-esteem. This period can be challenging for both the adolescent and their caregivers, and effective communication and support are crucial for navigating this transition successfully.

KEYWORDS:

Adolescence, Brain Development, Cognitive Changes, Emotional Development, Gender Identity, Hormonal Changes.

INTRODUCTION

Many people imagine an adolescent as being a gangly, awkward, and troublesome individual. Researchers shared this view until quite recently. This period of life generally considered to run from age ten to age twenty-five was seen as a time of “storm and stress.” But what is adolescent development really like? Clearly it is a time of great change on many levels. Probably most dramatic are the biological changes associated with puberty. These changes include dramatic shifts in the shape of the body, increases in hormones, and changes in brain architecture. These biological shifts are directly linked to changes in sexual interest, cognitive capacities, and physical capacities. There are also major social changes associated with the school-linked transitions and with changes in the roles adolescents are expected to play by all those around them. Finally, there are major psychological changes linked to increasing social and cognitive maturity. In fact, very few developmental periods are characterized by so many changes at so many different levels. With rapid change comes a heightened potential for both positive and negative outcomes. And, although most individuals pass through this developmental period without excessively high levels of “storm and stress,” a substantial number of individuals do experience some difficulties.

Adolescence is also a time when individuals make many choices and engage in a wide range of behaviors likely to influence the rest of their lives. For example, adolescents pick which high school courses to take, which after-school activities to participate in, and which peer groups to join. They begin to make future educational and occupational plans and to implement these plans through secondary school course work and out-of-school vocational and volunteer activity choices. Finally, some experiment with quite problematic behaviors such as drug and alcohol

consumption and unprotected sexual intercourse. Most of these youth do not suffer long-term consequences for this experimentation. Understanding what distinguishes between these two groups is one of the key research issues related to development during adolescence.

Grand Theories of Adolescent Development

Erik Erikson, a German-born American psychoanalyst, proposed the most comprehensive theoretical analysis of development during adolescence as part of his more general theoretical analysis of human development across the life span. He hypothesized that developing a sense of mastery, a sense of identity, and a sense of intimacy were the key challenges for this period of life. He also stressed that these challenges are played out in an increasingly complex set of social contexts and in both cultural and historical settings. Optimal resolution of these challenges depends on the psychosocial, physical, and cognitive assets of the individual and the developmental appropriateness of the social contexts encountered by the individual across all of the years of adolescence.

Others have expanded these challenges to include autonomy, sexuality, intimacy, achievement, and identity. In many cultural groups, these challenges translate into more specific tasks, including:

- i. Changing the nature of the relationship between youth and their parents so that the youth can take on a more “mature” role in the social fabric of their community in white American culture this change often takes the form of greater independence from parents and greater decision-making power over one’s own current and future behaviors; in other cultures, this change can take the form of greater responsibility for family support and increased participation in community decision making);
- ii. Exploring changing social-sexual roles and identities;
- iii. Transforming peer relationships into deeper friendships and intimate partnerships;
- iv. Exploring personal and social identities;
- v. Focusing some of this identity work on making future life plans;
- vi. Participating in a series of experiences and choices that facilitate future economic independence or interdependence.

Biological Changes Associated with Puberty

As a result of the activation of the hormones controlling pubertal development, early adolescents undergo a growth spurt, develop primary and secondary sex characteristics, become fertile, and experience increased sexual drive. There is also some evidence that the hormonal changes are linked to behaviors such as aggression, sexuality, and mood swings. These relations are quite weak, however, and are often overridden by social experiences. In general, pubertal changes begin twelve to eighteen months earlier for girls than for boys. As a result, anyone working with youth in grade six will immediately notice a major difference in the physical maturity between girls and boys. Many girls at this age look and act like fully mature young women, while most of the males still look and act like boys. The impact of these differences on the development of young men and women will vary by cultural group depending on cultural beliefs and norms, such as appropriate roles for physically mature individuals, appropriate heterosexual activities, and

ideals related to female and male beauty. There are also major individual differences in pubertal development within each sex. Some children begin their pubertal changes earlier than others. The impact of these differences depends on the cultural beliefs and norms that relate to the meaning of early maturation for both girls and boys. For example, among white populations, early maturation tends to be advantageous for boys, particularly with respect to their participation in sports activities and their social standing in school. By contrast, early maturation can be problematic for white girls, because the kinds of physical changes girls experience with puberty such as weight gain are not highly valued among many white American groups who value the slim, androgynous female body characteristic of white fashion models.

In a 1987 study, Roberta Simmons and Dale Blyth found that early maturing white females had lower self-esteem and more difficulty adjusting to school transitions, particularly the transition from elementary to junior high school, than later maturing white females, white males, and both early and later maturing African-American females. Similarly, in a 1990 study in Sweden, Håkan Stattin and David Magnusson found that early maturing girls obtained less education and married earlier than their later maturing peers, because they were more likely to join older peer groups and date older males. In turn, these girls were more likely to drop out of school and get married, perhaps because school achievement was not valued by their peer social network while early entry into the job market and early marriage was. Early maturation does not have these kinds of effects in all cultural groups. For example, African-American females in the United States do not evidence these patterns [1], [2].

Directly linked to the biological changes associated with puberty are the changes in both body architecture and emotions related to sexuality. Puberty is all about the emergence of sexuality. The physical changes of puberty both increase the individual's own interest in sex and turn the individual into a sexual object in other people's eyes. Both of these changes can have a profound impact on development. Sexual behavior increases dramatically during early to middle adolescence. With these increases go increases in pregnancy and sexually transmitted diseases. Both the frequency of these behaviors and the long-term consequences of these behaviors differ across cultural groups.

Changes in Cognition

Adolescence is accompanied by an increasing ability to think abstractly, consider the hypothetical as well as the real, engage in more sophisticated and elaborate information processing strategies, consider multiple dimensions of a problem at once, and reflect on one's self and on complicated problems. There is also a steady increase in learning strategies, in knowledge of a variety of different topics and subject areas, in the ability to apply knowledge to new learning situations, and in the awareness of one's strengths and weaknesses as a learner. With practice these new cognitive skills can help adolescents become more efficient, sophisticated learners, ready to cope with relatively advanced topics in many different subject areas. These kinds of cognitive changes also affect individuals' self-concepts, thoughts about their future, and understanding of others. Many theorists have suggested that the adolescent years are a time of change in children's self-concepts, as they consider what possibilities are available to them and try to come to a deeper understanding of themselves in the social and cultural contexts in which they live. In a culture that stresses personal choice in life planning, these concerns and interests also set the stage for personal and social identity formation focused on life planning issues such as those linked to educational, occupational, recreational, and marital

choices. Finally, as adolescents become more interested in understanding the psychological characteristics of others, friendships become based more on perceived similarities in these characteristics [3].

Social Changes Associated with Adolescence in Western Industrialized Countries

There are also major social changes associated with adolescence. Since these vary more across cultures than the biological and cognitive changes just discussed, the following social changes are common in Western industrialized countries.

i. Friendships and Peer Groups

Probably the most controversial changes during adolescence are those linked to peer relationships. One major change in this arena is the general increase in peer focus and involvement in peer-related social sports, and other extracurricular activities. Many adolescents attach great importance to the activities they do with their peers substantially more importance than they attach to academic activities and to activities with family members. Further, early adolescents' confidence in their physical appearance and social acceptance is a more important predictor of self-esteem than confidence in their cognitive/ academic competence. In part because of the importance of social acceptance during adolescence, friendship networks during this period often are organized into relatively rigid cliques that differ in social status within school and community settings. The existence of these cliques reflects adolescents' need to establish a sense of identity; belonging to a group is one way to solve the problem of "who I am." Also, in part because of the importance of social acceptance, children's conformity to their peers' peaks during early adolescence. Much has been written about how this peer conformity creates problems for adolescents, and about how "good" children are often corrupted by the negative influences of peers, particularly by adolescent gangs. More often than not, however, adolescents agree more with their parents' views on "major" issues such as morality, politics, religion, and the importance of education. Peers have more influence on such things as dress and clothing styles, music, and activity choice. In addition, adolescents tend to socialize with peers who hold similar views as their parents on the major issues listed above [4].

Changes in Family Relations

Although the extent of actual disruption in parent-adolescent relations is not as great as one might expect given stereotypes about this period of life. There is little question that parent-child relations do change during adolescence. As adolescents become physically mature, they often seek more independence and autonomy and may begin to question family rules and roles, leading to conflicts particularly around such issues as dress and appearance, chores, and dating. Despite these conflicts over day-to-day issues, parents and adolescents agree more than they disagree regarding core values linked to education, politics, and spirituality. Nonetheless, parents and adolescents do interact with each other less frequently than they did in middle childhood. Some researchers have argued that this distancing in parent-adolescent relations has great functional value for adolescents, in that it fosters their individuation from their parents, allows them to try more things on their own, and develops their own competencies and confidence in their abilities. But it is important to bear in mind that, in most families, this distancing takes place in the context of continuing close emotional relationships. And in many cultural groups, adolescents play an increasingly central role in family life and family maintenance[5].

School Transitions

In most Western countries, adolescents experience at least one major school transition such that the transition into high school and often two major school transitions such that an additional transition into either middle or junior high school. Several scholars and policymakers have argued that these school transitions are linked to negative changes in the functioning of many adolescents, particularly in the realm of academic achievement. For example, a number of researchers have concluded that the junior high school transition contributes to declines in interest in school, intrinsic motivation, self-concepts/self-perceptions, and confidence in one's intellectual abilities. Drawing upon person-environment fit theory, Jacquelynne Eccles and her colleagues proposed that the negative motivational and behavioral changes associated with these school transitions stem from many junior and senior high schools not providing appropriate educational environments for youth in early and middle adolescence. According to person-environment theory, individuals' behavior, motivation, and mental health are influenced by the fit between the characteristics individuals bring to their social environments and the characteristics of these social environments. Individuals are not likely to do very well, or be very motivated if they are in social environments that do not fit their psychological needs. If the social environments in the typical junior and senior high schools do not fit very well with the psychological needs of adolescents, then person-environment fit theory predicts a decline in the motivation, interest, performance, and behavior of adolescents as they move into this environment.

Evidence from a variety of sources supports this hypothesis. Both of these school transitions usually involve the following types of contextual changes:

- i. A shift from a smaller school to a larger school;
- ii. A shift to a more bureaucratic social system;
- iii. A shift to a more controlling social system;
- iv. A shift to a more heterogeneous social system;
- v. A shift to a social context with less personal contact with adults and less opportunity to be engaged in school activities and responsible school roles;
- vi. A shift to a more rigid, socially comparative grading system;
- vii. A shift to a more lock-step curriculum tracking system.

Along with these changes, evidence from more micro classroom-based studies suggests that the teachers in junior and senior high school feel less able to teach all of their students the more challenging academic material and are more likely to use exclusionary and harsh discipline strategies that can effectively drive low achieving and problematic students away from school. Work in a variety of areas has documented the impact on motivation of such changes in classroom and school environments.

The Benefits and Challenges of Adolescence

Adolescence is a period of growth and development that occurs between childhood and adulthood. During this time, adolescents experience both benefits and challenges[6].

Benefits of Adolescence:

- i. **Exploration and Discovery:** Adolescence is a time of exploration and self-discovery. Adolescents are learning about themselves and their place in the world, which can lead to personal growth and the development of a sense of identity.
- ii. **Increased Independence:** Adolescents become more independent as they develop the skills and confidence to make decisions on their own. This can lead to a greater sense of self-reliance and a feeling of being in control of their lives.
- iii. **Formation of Social Relationships:** Adolescents form important social relationships during this period, which can lead to lifelong friendships and social support networks.
- iv. **Educational Opportunities:** Adolescents have access to a wide range of educational opportunities that can help them prepare for their future careers.
- v. **Physical Health Benefits:** Adolescents tend to be more physically active, which can help them build strong bones, maintain a healthy weight, and reduce the risk of chronic diseases such as heart disease and diabetes.

Challenges of Adolescence:

- i. **Emotional Turmoil:** Adolescents experience intense emotions and mood swings as they navigate the challenges of this period. They may struggle with self-esteem, anxiety, and depression.
- ii. **Peer Pressure:** Adolescents are often heavily influenced by their peers, which can lead to negative behaviors such as substance abuse and risky sexual behaviors.
- iii. **Identity Crisis:** Adolescents may struggle to develop a clear sense of identity, which can lead to confusion, self-doubt, and a lack of direction in life.
- iv. **Academic Pressure:** Adolescents may feel pressure to perform well academically, which can lead to stress, anxiety, and burnout.
- v. **Risky Behaviors:** Adolescents may engage in risky behaviors such as substance abuse, reckless driving, and unsafe sexual practices, which can have serious consequences for their physical and emotional health.

Overall, adolescence is a time of both growth and challenges. With the right support and guidance, adolescents can navigate this period successfully and emerge as healthy, confident, and resilient adults [7].

DISCUSSION

Adolescence is a stage of development that occurs between childhood and adulthood, typically between the ages of 10 and 19. It is marked by significant physical, emotional, cognitive, and social changes as young people prepare to enter the adult world. Physically, adolescence is characterized by rapid growth and changes in body shape and composition. Puberty is a key aspect of this stage, as hormones trigger the development of secondary sexual characteristics such as breast growth and facial hair. This period can also be marked by increased risk-taking behaviors, experimentation with substances, and changes in sleep patterns. Emotionally,

adolescents may experience a range of intense emotions as they navigate the challenges of this stage. They may feel more self-conscious or anxious about their appearance or social status, and they may struggle with mood swings and strong emotions. It is also a time when adolescents begin to form their own identities and develop a sense of self. Cognitively, adolescence is marked by significant changes in reasoning and decision-making skills. Young people begin to think more abstractly and critically, and they may be better able to understand complex ideas and concepts. However, they may also struggle with impulsivity and risk-taking behavior as they learn to balance their newfound cognitive abilities with their emotions. Socially, adolescence is a time when young people begin to form more complex relationships outside of their family unit. They may form close friendships, romantic relationships, and develop a greater sense of community involvement. However, this period can also be marked by social pressure to conform, and young people may struggle to balance their own desires with the expectations of their peers. Overall, adolescence is a complex and dynamic period of development that can be both exciting and challenging for young people. It is a time when they are preparing to enter the adult world, and the experiences they have during this stage can shape the course of their lives for years to come [6], [8].

CONCLUSION

In conclusion, adolescence is a crucial stage of development that involves significant physical, emotional, cognitive, and social changes. It is a period of transition from childhood to adulthood, and young people face a wide range of challenges as they navigate this stage. However, it is also a time of great opportunity for growth, self-discovery, and the development of new skills and abilities. By providing support, guidance, and positive role models, we can help young people to successfully navigate the challenges of adolescence and emerge as confident, competent, and well-adjusted adults.

REFERENCES:

- [1] B. Leckning, V. Y. F. He, J. R. Condon, T. Hirvonen, H. Milroy, and S. Guthridge, "Patterns of child protection service involvement by Aboriginal children associated with a higher risk of self-harm in adolescence: A retrospective population cohort study using linked administrative data," *Child Abus. Negl.*, 2021, doi: 10.1016/j.chiabu.2021.104931.
- [2] N. Nahar, S. Sangi, D. A. Baniar Salvam, N. Rosli, and A. H. Abdullah, "Impak Negatif Teknologi Moden Dalam Kehidupan Dan Perkembangan Kanak-Kanak Hingga Usia Remaja (Negative Impact Of Modern Technology To The Children's Life And Their Development)," *Umr. - Int. J. Islam. Civilizational Stud.*, 2018, doi: 10.11113/umran2018.5n1.181.
- [3] J. F. de Kieviet, L. Zoetebier, R. M. van Elburg, R. J. Vermeulen, and J. Oosterlaan, "Brain development of very preterm and very low-birthweight children in childhood and adolescence: a meta-analysis.," *Developmental medicine and child neurology*. 2012. doi: 10.1111/j.1469-8749.2011.04216.x.
- [4] M. Black, A. Barnes, M. Strong, and D. Taylor-Robinson, "Impact of child development at primary school entry on adolescent health—protocol for a participatory systematic review," *Syst. Rev.*, 2021, doi: 10.1186/s13643-021-01694-6.

- [5] E. O. Chung, L. C. H. Fernald, E. Galasso, L. Ratsifandrihamanana, and A. M. Weber, "Caregiver perceptions of child development in rural Madagascar: A cross-sectional study," *BMC Public Health*, 2019, doi: 10.1186/s12889-019-7578-3.
- [6] F. Monti, R. Farné, F. Crudeli, F. Agostini, M. Minelli, and A. Ceciliani, "The role of Outdoor Education in child development in Italian nursery schools," *Early Child Dev. Care*, 2019, doi: 10.1080/03004430.2017.1345896.
- [7] M. F. Khusni, "Fase Perkembangan Anak Dan Pola Pembinaannya Dalam Perspektif Islam," *Martabat J. Peremp. dan Anak*, 2018, doi: 10.21274/martabat.2018.2.2.361-382.
- [8] P. Costa, C. N. T. Palombo, L. S. Silva, M. T. Silva, L. V. de J. Mateus, and S. M. M. Buchhorn, "Activities of university extension for transfer of knowledge about child development in day care centers: Report of experience," *Rev. da Esc. Enferm.*, 2019, doi: 10.1590/S1980-220X2018020603484.

CHAPTER 5

AN ANALYSIS OF NATURE OF ADOPTION IN CHILD DEVELOPMENT

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ABSTRACT:

The nature of adoption in child development is a complex and multifaceted topic that has been the subject of extensive research over the years. This abstract will provide an overview of the key themes and findings related to adoption and its impact on child development. The first section will provide a brief overview of the different types of adoption and the demographic characteristics of adoptive families. The challenges that adoptive families may face and the potential impact of adoption on the child's sense of identity and attachment. The third section will highlight the importance of supportive services and resources for adoptive families. Overall, this abstract will demonstrate that while adoption can be a positive experience for both the child and the family, it is important to recognize and address the unique challenges that adoptive families may face in order to promote optimal child development and well-being.

KEYWORDS:

Adoption, Attachment, Child Development, Identity, Supportive Services.

INTRODUCTION

Each year, tens of thousands of children are adopted in the United States. The majority of them are placed in their families through licensed adoption agencies. The remaining children are adopted privately, usually with the assistance of attorneys who serve as intermediaries between birth parents and adoptive parents. Although historically adoption typically involved the placement of a healthy, newborn, white infant with a middle class to upper middle class, infertile, white couple, the nature of adoption has changed dramatically. Beginning in the 1950s, the number of healthy, white infants available for adoption began to decline in a striking manner. Whereas approximately 20% of infants born to unmarried, white women were relinquished for adoption from the mid-1950s to the early 1970s, by 1995 the corresponding rate was less than 2%. In contrast, rates of adoption placement during this same period among African-American and Hispanic women were quite low, ranging from 1.5 percent prior to the 1970s to less than 1 percent in the mid-1990s. The overall decline in the number of infants available for adoption has been linked to several factors, including the legalization of abortion, greater availability of contraception, greater societal acceptance of single parenthood, and increased availability of family support programs.

One significant outcome of the reduced availability of adoptable infants was that many individuals began to consider adoption through private placements, which frequently offered greater hope for finding a baby, rather than through licensed agencies. Today, healthier newborn infants are placed for adoption through independent means than through the adoption agency system. In other cases, prospective adoptive parents began looking beyond the borders of the United States in their effort to adopt children. Beginning after World War II and escalating after the Korean and Vietnam wars, international adoption has become a major source of children for individuals wishing to become adoptive parents. In 2000, for example, U.S. citizens adopted more than 16,000 children from other countries, with the greatest numbers coming from Russia,

China, South Korea, eastern Europe, and Central and South America. In many cases, these adoptions involved placements across racial lines. Still other prospective adoptive parents began considering adopting foster children whose history and personal characteristics such that older age at placement, minority racial status, exposure to neglect and/or abuse, chronic medical problems, mental and psychological problems were thought, in the past, to be barriers to adoption. Interest in adopting these so-called special needs children grew with the passage of the Adoption Assistance and Child Welfare Act in 1980 and has continued with the passage of the Adoption and Safe Families Act during the Clinton administration.

There also has been considerable change in the types of individuals who are seeking to become adoptive parents. In the past, most adoptive parents were white, middle class to upper middle class, married, infertile couples, usually in their thirties or forties, and free of any form of disability. Agencies routinely screened out older individuals, unmarried adults, fertile couples, individuals with financial problems, homosexuals, and disabled persons as prospective adoptive parents. Even foster parents were seldom approved for adoption of the children in their care. Since the 1970s, however, adoption agency policy and practice has moved in the direction of screening in many different types of adoption applicants as opposed to screening them out. As a result, many of the restrictive criteria for adoptive parenthood have been eliminated, opening up the possibility of adoption to a much larger segment of the population. Adoption has become a remarkably complex social service practice and a highly diverse form of family life.

Psychological and Social Service Issues in Adoption

A number of psychological and social service issues in adoption have arisen since the 1970s. Some of the more important issues include:

- i. The psychological risk associated with adoption,
- ii. Special needs adoption,
- iii. Transracial adoption,
- iv. Openness in adoption.

Historically, adoption has been viewed as a highly successful societal practice for children whose biological parents could not or would not care for them. Evidence of the benefits of adoption is obvious when comparing the more favorable medical, psychological, social, and educational outcomes for adopted children with the increased problems manifested by those children who grow up in institutional environments, foster care, or neglectful and/or abusive homes. Furthermore, adopted children, on average, also have been shown to fare significantly better than those who come from socioeconomic backgrounds similar to the ones of the adopted children's biological families. Yet despite these benefits, many mental health professionals have expressed concern about possible psychological risk associated with adoption. Although research has documented that the vast majority of adopted children are well within the normal range of psychological and academic adjustment, the data also show that adopted children are more likely than their nonadopted age-mates to be referred for mental health services and to display a variety of diagnosable psychiatric conditions. In most cases, these conditions are associated with one or more of the following problems: inattention, impulsivity, defiance, aggressiveness, attachment difficulties, depression, learning disabilities, and substance abuse. Although numerous theories have been offered to explain the adjustment difficulties of adopted children, a common theme

that runs through most of them is the psychological impact of adoption-related loss.

Today, a growing number of children are entering adoptive homes after experiencing life within the foster care system. Typically, they are older at the time of adoption placement and have histories of neglect and/or abuse. Some have significant medical problems. Others manifest serious psychological and learning difficulties. Prior to the early 1980s, these special-needs children were considered unadoptable. As a result, agencies did little to find permanent homes for them. Starting in the early 1980s, however, adoption agencies, guided and supported by federal legislation and financial incentives, became much more successful in placing these children with adoptive families. Although research has shown that special-needs adoptions are associated with less placement stability and greater adjustment problems among family members than are infant adoptions, the more remarkable and encouraging finding is that the vast majority of these placements remain intact and family members report a reasonably high degree of satisfaction with the adoption outcome.

Another area that has received considerable attention in the adoption field is the placement of children across racial lines. Critics of transracial adoption have argued that this practice not only undermines children's self-esteem, racial identity, and emotional stability, but also promotes racial and cultural genocide. In contrast, individuals who support transracial adoption emphasize that children's interests are best served by placing them in a nurturing and stable family as quickly as possible, even if the children are of a different race than the parents, rather than waiting until an in-racial adoptive placement can be achieved. Although research has shown that most children who are placed across racial lines show similar patterns of psychological adjustment as those individuals who are adopted in-racially, questions still remain regarding the long-term impact of transracial adoption, especially in relation to the development of a secure racial identity [1].

Perhaps the greatest controversy in the adoption field since the 1970s has been the emergence of openness in adoption, including the movement toward unsealing adoption records. With the creation of the adoption agency system in the early part of the twentieth century, emphasis was placed on maintaining confidentiality in the adoption process. Adoption records were sealed by law, and birth parents and adoptive parents were prevented from sharing identifying information with one another. As a result, adopted individuals grew up knowing little about their background, having little or no contact with birth family members, and being prevented from having access to their original birth certificate. In the last three decades of the twentieth century, however, there was a substantial shift toward greater openness in adoption. It has since become quite common for birth parents and adoptive parents to create an adoption plan in which the two families share information on an ongoing basis and even have periodic contact with one another.

A number of states that is Tennessee, Oregon, Alaska, Kansas have also passed laws allowing adult adoptees access to their original birth certificate. In addition, a growing number of adult adoptees and birth parents are seeking to make contact with one another. Although critics of openness in adoption have expressed concerns that these types of changes in adoption policy, practice, and law will have dire consequences for birth parents and adoptive parents, as well as for adoptees, research has thus far failed to support these concerns. Still, most social service and mental health professionals do not view either open adoption or the unsealing of adoption records as a panacea for the problems experienced by birth parents, adoptive parents, and adoptees. Rather, the movement toward openness is seen as a way of removing the veil of

secrecy that has been associated with adoption for some time, thereby offering all parties a greater sense of personal control over their own lives [2].

It is still too soon to know how these changes will influence the lives of individuals who are touched by adoption. There is no question that adoption, as a social service practice, has become exceedingly complex. In turn, this complexity has given rise to many controversies among social service and mental health professionals, and has fostered a greater degree of challenge for adoptive family members. Yet for all the changes that emerged in this field in the twentieth century, it is important not to lose sight of one important point: Adoption was created, in part, to provide family permanency for children and to foster their physical, psychological, educational, and spiritual well-being. Although certainly not a perfect system, adoption has been quite successful in achieving these goals [3], [4].

Challenges of the Nature of Adoption in Child Development

The nature of adoption poses various challenges for child development. Some of the key challenges include:

- i. **Attachment Issues:** Children who have been adopted may experience difficulties with attachment, which can impact their social and emotional development. Attachment is a critical aspect of child development that involves the formation of strong, positive relationships with caregivers. Children who have experienced early trauma, neglect or separation from caregivers may have difficulty forming secure attachments, which can result in behavioral, emotional, and cognitive problems.
- ii. **Identity Issues:** Children who have been adopted may also experience challenges related to their sense of identity. Adopted children may struggle with questions about their origins, birth parents, and cultural background. Adopted children may feel different from their peers, which can lead to feelings of isolation, confusion, and identity crises. Adoptive parents and caregivers play a crucial role in helping children develop a positive sense of identity.
- iii. **Trauma and Loss:** Children who have been adopted may have experienced trauma and loss before their adoption, which can affect their development. Trauma can result in physical, emotional, and behavioral problems, such as anxiety, depression, and difficulty forming relationships. Adopted children may also experience feelings of loss related to their birth family or culture, which can contribute to feelings of grief, confusion, and anger.
- iv. **Special Needs:** Adopted children may have special needs related to their physical, emotional, and cognitive development. Adoptive parents and caregivers may need to provide extra support and care to address these needs, which can be challenging and time-consuming. Special needs can also impact the child's social and educational development, and may require additional resources and support from schools and other institutions.
- v. **Transitions:** Children who have been adopted may experience multiple transitions throughout their lives, which can be stressful and disruptive to their development. Transitions can include moving to a new home, changing schools, or adjusting to a new family dynamic. These transitions can be particularly difficult for children who

have experienced trauma or loss, and may require additional support from adoptive parents and caregivers.

Overall, the nature of adoption presents unique challenges for child development. Adoptive parents and caregivers play a critical role in supporting children's development and helping them navigate these challenges. It is important for adoptive parents and caregivers to be aware of the potential challenges and to seek out resources and support as needed to ensure the best possible outcomes for their children [5], [6].

DISCUSSION

Adoption is the process by which a child legally becomes a member of a family other than their biological family. It is a complex and emotional process that can have a significant impact on a child's development. The nature of adoption in child development is multifaceted and can affect a child's physical, emotional, and social development. One of the most obvious effects of adoption on a child's development is the disruption of the child's attachment to their biological family. Attachment is a critical component of early childhood development and is essential for healthy emotional and social development. Children who are adopted may experience a range of emotions related to their separation from their biological family, such as grief, loss, confusion, and identity issues. Adopted children may also experience a range of physical and cognitive challenges related to their early experiences. For example, some children may have experienced neglect, malnutrition, or exposure to toxins before they were adopted, which can have long-term effects on their physical health and cognitive development.

Socially, adopted children may face unique challenges as well. They may struggle with issues related to identity, such as feeling different from their adoptive family or feeling disconnected from their cultural heritage. Adopted children may also face stigma or discrimination based on their adoptive status, which can affect their social interactions and relationships. However, adoption can also have many positive effects on a child's development. Adopted children may benefit from a stable and loving home environment, which can promote healthy emotional, social, and cognitive development. Adoptive families may also provide resources and opportunities that were not available to the child in their biological family, such as access to healthcare, education, and extracurricular activities. In summary, the nature of adoption in child development is complex and multifaceted. Adoption can have both positive and negative effects on a child's physical, emotional, and social development. It is important for adoptive families to be aware of these potential challenges and to provide support and resources to help their child thrive [7], [8].

CONCLUSION

The nature of adoption plays a significant role in child development. Children who are adopted may face unique challenges as they grow and develop, such as issues related to identity formation, attachment, and trust. However, with proper support and care, these children can thrive and achieve positive developmental outcomes. Research has shown that the type of adoption, whether it is closed or open, can have an impact on a child's development. Open adoption, which allows for ongoing contact between the birth family and the adoptive family, can provide children with a greater sense of identity and connection to their roots. On the other hand, closed adoption, which involves no contact with the birth family, can make it more difficult for children to understand their origins and develop a sense of self. Another factor that

can influence the nature of adoption in child development is the age at which a child is adopted. Infants who are adopted may be more likely to form secure attachments with their adoptive parents, whereas older children who have experienced multiple placements or disruptions may struggle with trust and attachment issues.

REFERENCES:

- [1] E. Fosch-Villaronga and J. Albo-Canals, “‘I’ll take care of you,’ said the robot,” *Paladyn, J. Behav. Robot.*, 2019, doi: 10.1515/pjbr-2019-0006.
- [2] T. G. O’Connor, K. Deater-Deckard, D. Fulker, M. Rutter, and R. Plomin, “Genotype-environment correlations in late childhood and early adolescence: antisocial behavioral problems and coercive parenting,” *Dev. Psychol.*, 1998, doi: 10.1037/0012-1649.34.5.970.
- [3] A. K. Koffi, A. Maina, A. G. Yaroh, O. Habi, Bensaïd, and H. D. Kalter, “Social determinants of child mortality in Niger: Results from the 2012 National Verbal and Social Autopsy Study,” *J. Glob. Health*, 2016, doi: 10.7189/jogh.06.010603.
- [4] B. A. Hendricks, J. B. Vo, J. N. Dionne-Odom, and M. A. Bakitas, “Parentification Among Young Carers: A Concept Analysis,” *Child and Adolescent Social Work Journal*. 2021. doi: 10.1007/s10560-021-00784-7.
- [5] T. X. Tan, K. Marfo, and R. F. Dedrick, “Special needs adoption from China: Exploring child-level indicators, adoptive family characteristics, and correlates of behavioral adjustment,” *Child. Youth Serv. Rev.*, 2007, doi: 10.1016/j.chilyouth.2007.05.001.
- [6] A. Kozulin, “Child Development Mediated by Trauma: The Dark Side of International Adoption, by Boris Gindis,” *J. Cogn. Educ. Psychol.*, 2020, doi: 10.1891/jcep-d-19-00037.
- [7] S. A. Isaacs, N. V. Roman, S. Savahl, and X. C. Sui, “Using the RE-AIM framework to identify and describe best practice models in family-based intervention development: A systematic review,” *Child and Family Social Work*. 2018. doi: 10.1111/cfs.12380.
- [8] P. Priyadarshini and P. C. Abhilash, “Promoting tribal communities and indigenous knowledge as potential solutions for the sustainable development of India,” *Environmental Development*. 2019. doi: 10.1016/j.envdev.2019.100459.

CHAPTER 6

AN ELABORATION OF THE ROLE OF SCHOOL PROGRAMS IN CHILD DEVELOPMENT

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ABSTRACT:

The abstract of school programs refers to a summary of the educational programs offered to students within a particular school system. It outlines the various courses, activities, and services provided to students at different levels of education, such as elementary, middle, and high school. The abstract of school programs may also include information about the school's policies, procedures, and mission statement. It serves as a guide for parents, students, and educators to understand the structure and objectives of the school's curriculum and the opportunities available for students to learn and grow. By reviewing the abstract of school programs, stakeholders can make informed decisions about the best educational options for themselves or their children.

KEYWORDS:

Activities, Curriculum, Education, Elementary, High School, Middle School.

INTRODUCTION

School programs play a crucial role in child development by providing a structured and supportive learning environment that helps children acquire knowledge, skills, and values necessary for their personal growth and success in life. Here are some of the key areas that school programs focus on in child development:

- i. **Cognitive Development:** School programs aim to foster children's cognitive development by providing opportunities to learn, think critically, solve problems, and develop their creativity. This involves teaching subjects like math, science, language arts, and social studies.
- ii. **Social and Emotional Development:** School programs help children develop their social and emotional skills by providing opportunities for them to interact with their peers and teachers, learn how to communicate effectively, develop empathy, and build positive relationships with others.
- iii. **Physical Development:** School programs also promote physical development by encouraging children to participate in physical activities like sports, games, and exercise. This helps children build their motor skills, coordination, and overall physical fitness.
- iv. **Cultural and Artistic Development:** School programs also expose children to various cultural and artistic experiences like music, dance, theater, and visual arts. This helps children develop their creativity, appreciation for different cultures, and the ability to express themselves through different mediums.

- v. **Moral and Ethical Development:** Finally, school programs also aim to develop children's moral and ethical values by promoting positive attitudes towards honesty, respect, responsibility, fairness, and citizenship.

Overall, school programs play a critical role in shaping children's physical, social, emotional, cognitive, cultural, and moral development, and provide them with the foundation they need to succeed in life [1], [2].

Role of School in the development of a Child

The children of today are the future of tomorrow; thus, it is extremely important that they be empowered through proper teaching and guidance to enable them to play a pivotal role in the creation of a better tomorrow for the world. School plays a paramount role in child development. A school's fundamental responsibility to its students is typically considered to be academic, however, a school encourages children to engage in activities beyond academics. Schools aim to provide a nurturing environment for students to thrive which plays a vital role in the overall development of a child. Some areas in which school plays an important role in this aspect are:

i. Holistic Education:

Holistic education is a broad approach to teaching where schools develop the emotional, social and academic needs of students as an integrated learning setup. Emphasis is largely placed on positive school environments and providing overall support to students to become lifelong learners. At the Gaudium, the holistic excellence pillar focuses on providing a joyful learning environment and diverse learning paths which help a child explore, experience, experiment and exhibit their learning which encourages them to take actions to make a difference to themselves and others.

ii. Imbibing Values:

Instilling values in children is a foundation of every society. Nuclear living arrangements are becoming increasingly common around the world and social media platforms have transformed social connections. Hence, beyond academics, schools play a critical role in shaping children's character and imparting the right values to ensure a better society and a better life for our young ones in the future. At the Gaudium, core values pillar includes values like respect, empathy, integrity, gratitude and perseverance which resonate with our stakeholders and are instilled in every child to make the right choices and be responsible for their actions.

iii. Overall Wellbeing:

Given that a child spends the majority of their day at school, schools become a remarkable place to offer a safe learning environment, creating an open space for students to explore, learn and grow. Schools motivate and engage students to be self-directed learners with a sense of autonomy, choice, and responsibility in their actions and take agency of their learning. Students are mentored to become successful leaders. To facilitate this process, it is essential for students to think beyond grades and acquire real-life skills and a broader outlook. Schools assist learners to develop skills that are needed not just for future jobs but also to aid them to navigate the nuances of everyday life. At the Gaudium, the mindfulness and wellbeing pillar aims to foster positivity in life by being aware of one's body, mind and feelings providing an enriching

experience by enhancing the overall development including the intellectual, moral, emotional, social and physical development of the child.

iv. Widening Horizons:

Schools can introduce a child to a myriad of opportunities, exposure to different cultures and identities, and help to shape their views of the world. Field trips and interactive projects let the student try out new things, as each different subject in school gives them a taste of what could await them in the future. As children get older, schools offer a variety of extracurricular opportunities to further cater to the student's appetite for the future. These experiences help to develop a child's interests, build self-esteem and shape the course of their later academic, professional and personal life. At the Gaudium, the global leadership pillar provides opportunities and infrastructure for personal development with a greater perception of creating social impact from local to global communities [3], [4].

v. Global Citizens:

Family, school and community are essential components of connection, resources, opportunities and learning for students. Schools are a source of inspiration and support for students to culminate their expertise in their careers and much more. Schools aim to provide students with a broader perspective on a wide range of aspects that affect society as well as challenge them to play an active and leading role in creating a better world. At the Gaudium, the stakeholder pillar ensures that a student connects, communicates and collaborates with peers, teachers, parents and society at large to learn and grow in order to add values to the school culture and eventually become responsible global citizens who contribute towards positive change.

The Importance of School Education in Child Development

School education plays a critical role in the overall development of a child. It provides children with essential knowledge and skills that are necessary for their growth and success. Here are some key reasons why school education is important for child development:

- i. Cognitive Development:** School education helps children to develop critical thinking, problem-solving, and decision-making skills. These skills are essential for their cognitive development and are necessary for success in future academic and professional pursuits.
- ii. Social Development:** School provides children with opportunities to interact with peers and learn social skills, such as cooperation, empathy, and communication. These skills are important for building relationships and working effectively with others.
- iii. Emotional Development:** School education helps children to develop emotional intelligence, which involves understanding and managing their own emotions and those of others. This is important for their personal and social well-being.
- iv. Physical Development:** School education promotes physical activity and healthy lifestyle habits, such as regular exercise and proper nutrition. This is essential for children's physical development and helps to prevent health problems later in life.
- v. Career Development:** School education provides children with knowledge and skills

that are necessary for future career success. It helps them to explore their interests and strengths, and to develop the necessary skills and knowledge for their chosen career paths.

In summary, school education plays a crucial role in the holistic development of children. It provides them with essential knowledge and skills, and helps them to develop intellectually, socially, emotionally, and physically [5], [6].

Four Ways Schools Can Support the Whole Child

Currently, our education system often focuses on a narrow sliver of children's cognitive development with an emphasis on transmitting content knowledge, often to be memorized and repeated in the same form it was received. Lessons in math, science, and reading and tests in those skills dominate the curriculum. While those subjects are fundamental, learning involves far more than merely acquiring inert knowledge in algebra or chemistry. Such a narrow focus gives short shrift to the ways that children need to grow and learn in their relationships, identity, emotional understanding, and overall well-being. After all, children are multi-dimensional "whole" beings whose development is complex and rich.

- i. Provide a supportive and inclusive school culture:** Schools can create a culture that values and supports each student, regardless of their background, abilities, or challenges. This includes promoting positive relationships between students, teachers, and staff, providing opportunities for social and emotional learning, and fostering a safe and inclusive environment for all.
- ii. Focus on student well-being:** Schools can prioritize student well-being by providing resources and support for mental health, physical health, and overall wellness. This includes offering counseling services, promoting healthy eating habits, encouraging physical activity, and addressing any social or emotional challenges that students may face.
- iii. Engage families and communities:** Schools can work with families and communities to support the whole child. This includes involving families in the educational process, providing opportunities for parents to participate in school events and activities, and collaborating with community organizations to offer additional support and resources.
- iv. Provide a well-rounded education:** Schools can offer a well-rounded education that supports the development of the whole child. This includes providing opportunities for students to explore a range of subjects, including art, music, and physical education, as well as academic subjects. Schools can also offer extracurricular activities that allow students to pursue their interests and develop their skills outside of the classroom [7].

School programs play a crucial role in the development of children. Schools provide children with a structured environment where they can learn and develop various skills, including cognitive, social, emotional, and physical skills. Here are some of the ways in which school programs contribute to child development:

- i. Academic Skills Development:** One of the primary roles of school programs is to

- impart academic skills to children. Schools teach children essential skills such as reading, writing, and mathematics, which form the foundation of their academic development. By providing children with a structured and organized curriculum, schools help children to develop strong learning skills, good study habits, and a sense of discipline.
- ii. **Social Skills Development:** Schools also provide children with opportunities to develop social skills. Children interact with their peers, teachers, and other adults in the school environment, and this interaction helps them to develop social skills such as communication, cooperation, empathy, and respect for others. Schools also provide children with opportunities to engage in team sports, clubs, and other extracurricular activities that help to build social skills and foster a sense of community.
 - iii. **Emotional Development:** Schools also play a significant role in the emotional development of children. Through classroom discussions, counseling services, and other support programs, schools help children to develop emotional intelligence, self-awareness, and coping skills. Schools also provide a safe and supportive environment for children to express their emotions and feelings, which is essential for their emotional well-being.
 - iv. **Physical Development:** School programs also contribute to the physical development of children. Physical education classes, sports teams, and other physical activities provide children with opportunities to develop their physical skills and fitness. Schools also teach children about healthy eating habits, personal hygiene, and other aspects of healthy living that contribute to physical development [8], [9].

DISCUSSION

Schools play a vital role in the development of children. It is in school that children acquire knowledge, skills, and values that help them become successful adults. Here are some of the impacts of school on child development. The first one is Cognitive Development and, in this Schools, provide children with academic instruction that helps them develop essential cognitive skills, such as reading, writing, and math. These skills form the foundation for future learning and academic success after that the Social Development responsible for the provides children with opportunities to socialize and interact with their peers and teachers. This social interaction helps children develop their social skills, such as communication, teamwork, and conflict resolution. The third one is emotional development and, in this schools, help children develop emotional intelligence, which involves the ability to recognize, understand, and manage one's own emotions and the emotions of others. Emotional intelligence is an essential skill for success in life. Physical Development offer children's opportunities to participate in physical activities, such as sports and games, that help them develop their physical abilities and promote overall health and wellness. Creativity and Imagination encourage creativity and imagination through art, music, and other forms of self-expression. These activities help children develop their creativity, problem-solving skills, and ability to think outside the box. In summary, schools play a critical role in the development of children. They provide children with academic instruction, social interaction, and opportunities to develop essential skills that help them become successful adults [10].

CONCLUSION

In conclusion, schools have a profound impact on the development of children. Schools provide children with a safe and structured environment in which they can learn and grow academically, socially, emotionally, and physically. The knowledge, skills, and values that children acquire in school form the foundation for their future success in life. As such, it is important to recognize the critical role that schools play in child development and to ensure that all children have access to quality education. By doing so, we can help children reach their full potential and contribute to the development of a healthy and prosperous society.

REFERENCES:

- [1] P. Hakkarainen and M. Bredikyte, "Playworlds and narratives as a tool of developmental early childhood education," *Psychol. Sci. Educ.*, 2020, doi: 10.17759/pse.2020250404.
- [2] O. R. Namira, F. Zubair, and P. Subekti, "Komunikasi Instruksional Guru dengan Anak Down Syndrome di Sekolah Inklusi," *e J. Mhs. Univ. Padjadjaran*, 2012.
- [3] S. Nogry, M. Bellanger, M. Prévot-Carpentier, and F. Decortis, "Designing a manga comic strip with digital environment at school," *Enfance*, 2019.
- [4] M. S. Dewi and Yufiarti, "Play-based Learning Activities for Creativity in Children's Dance Movements," *JPUD - J. Pendidik. Usia Dini*, 2021, doi: 10.21009/jpud.151.06.
- [5] S. Nogry, M. Bellanger, M. Prévot-Carpentier, and F. Decortis, "Designing a manga comic strip with digital environment at school | Créer un manga en classe à l'aide d'un environnement numérique," *Enfance*, 2019.
- [6] Â. D. C. Bernardes, "Education for Sustainable Development Review," *EccoS – Rev. Científica*, 2020, doi: 10.5585/eccos.n54.16138.
- [7] G. E. Yapıcı, "YADİM'deki Sosyal Bilimler Enstitüsü ve Fen Bilimleri Enstitüsü Yüksek Lisans öğrencilerinin uyguladıkları dil öğrenme stratejileri," 2007.
- [8] A. Duensing and C. Batstone, *Colloquial German 2*. 2015. doi: 10.4324/9781315649900.
- [9] S. Ivanov *et al.*, "Sustainable Tourism Practices of Accommodation Establishments in Bulgaria," *J. Komun.*, 2015.
- [10] V. A. Soprano Manzo and C. Giménez Morte, *La investigación en danza*. 2016.

CHAPTER 7

AN OVERVIEW OF EARLY CHILDHOOD DEVELOPMENT AND THE BRAIN SERVE AS THE LEARNING, AND BEHAVIOR

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ABSTRACT:

Early childhood development is a critical period in a child's life, during which the brain undergoes rapid growth and development. This period is characterized by the formation of neural connections, which are influenced by a child's environment and experiences. A child's experiences during this period can have a lasting impact on their learning and behavior in the future. This abstract explores the relationship between early childhood development and the brain, highlighting the importance of providing a nurturing environment that promotes healthy brain development. It also emphasizes the role of parents, caregivers, and educators in creating positive experiences and providing appropriate stimulation to promote optimal early childhood development. This study concludes by emphasizing the need for continued research in this field to inform effective policies and programs that support early childhood development and promote positive outcomes for children.

KEYWORDS:

Behavior, Brain, Caregivers, Development, Early Childhood, Educators.

INTRODUCTION

For most mammals that have been studied in detail, the conditions influencing physical development and behavior in the early stage of life have a significant effect on the later stages. Although the importance of the early years of life for the health and coping skills of many mammals has been recognized, the importance for human development and health is still controversial. The emerging understanding of the influence of the social and physical environment in the early years of human development on risks for physical and mental health problems and competence and coping skills in adult life has led to proposals that investments in mothers and children will reduce inequalities in development and health in adult life.

This knowledge, coupled with the increasing evidence that the early period of child development affects cognition, learning, and behavior in the later stages of life, is creating a broader consensus about the fundamental importance of the early years of development. Much of this evidence comes from research in the natural and social sciences involving historical studies, neuroscience, genetics, longitudinal studies of birth cohorts, population epidemiology, cross-sectional studies, and randomized trials of the effects of improved support for early child development on later stages of life.

One of the challenges is to combine the knowledge from the natural sciences and the social sciences. In his book *Consilience: The Unity of Knowledge*, Wilson sets out the difficulties of integrating knowledge about humans from the natural and social sciences when the interpretation involves the beliefs and values of a society and the different frameworks, beliefs, and cultures of intellectual disciplines. This chapter addresses early child development and health, competence,

and coping skills in adult life from the perspective of various disciplines in the natural and social sciences. The sections present historical evidence, research findings from biological and animal studies and from epidemiological and longitudinal studies in humans, and a case example of a new early child development initiative in Canada.

Historical Evidence

One of the striking changes in Western countries has been the effect of the industrial revolution on the prosperity and health of populations in these countries. Fogel, McKeown, and others have tried to assess the cause of the remarkable decline in mortality following the start of the industrial revolution. In his study of Great Britain, McKeown estimates that direct public health measures account for about 25 percent of the reduction in mortality rate, and he concludes, by exclusion, that improved health was largely related to improved nutrition resulting from the gradual increase in prosperity and food production and distribution. His conclusion is controversial. However, Fogel, in a broader and deeper assessment of a number of Western countries, also concludes that better nutrition, largely resulting from the industrial revolution and improved prosperity, is the main factor causing the fall in mortality rates [1].

In his analysis, Fogel finds that life expectancy improved as the mean heights of populations increased. Because nutrition during early childhood has a major effect on adult height, Fogel concludes that the increase in life expectancy is related to improved conditions for early childhood. He speculates that conditions during early childhood affected the risks for health problems in adult life. Obviously, other changes besides improved nutrition, such as reduction in family size, affected early child development during this period. Reduced family size could have led to reduced risk of childhood infections and, possibly, better nurturing of young children by parents. This historical evidence shows a relationship between economic growth and improved health that is not due to health care and is only partially explained by conventional public health measures. The relationship, however, is linked to the improved outcomes for children associated with more prosperous societies.

Being an economic historian, Fogel also considers the effect of a healthier, more competent population on economic growth. He concludes that much of the economic growth in developed countries in association with the industrial revolution was a consequence of the better quality of the population. He estimates that the improved quality of the population may have accounted for as much as 50 percent of the economic growth in the United Kingdom following the start of the industrial revolution. This evidence indicates a relationship between technological innovation, economic prosperity, changes in the social environment and the health and well-being of populations and the effects of populations' improved health and well-being on economic growth. In his recent book, Fogel discusses the ways new knowledge and technological innovation are producing major economic and social changes in societies today and the potential effects of these changes on populations [2].

Research Findings

Human and animal studies provide substantial evidence of the effects of nutrition and experience in the early years on brain development and competence, coping skills, behavior, and health later in life. New knowledge about the development of the brain in early life and its effects on all aspects of body function, through pathways involving the endocrine systems, the immune system, and mental processes, is providing clues about other biological pathways. The biological

evidence supports the hypothesis that brain development in early childhood is a factor influencing health, learning, and behavior throughout the life cycle [3].

Biological Pathways

Biological studies provide intriguing evidence of the relationship between brain development and experiences in early childhood. Clues about this relationship are found in pertinent studies of the brain/hormone pathways, sensory pathways, and stages of brain development in humans.

i. Brain/Hormone Pathways

Understanding of the hypothalamus-pituitary-adrenal gland system and the autonomic nervous system and stress has grown exponentially since the work of Selye. The development of these systems in early life and their effects on brain function and other important pathways in the endocrine and immune systems are now better understood through studies of psychoneuroendocrinology and psychoneuroimmunology. Basically, external or internal sensory stimuli to the brain can, through the HPA system, lead to increased production of corticosteroids and activation of the autonomic nervous system. Sterol levels and their duration in the blood affect all body systems and organs, including the brain. The brain regulates sterol levels in the blood through a feedback system involving the hypothalamus. Regulation of the release of corticotropin-releasing hormone from the hypothalamus not only affects the HPA pathway, but also the hippocampus and other pathways involved in the limbic system.

The hippocampus and hypothalamus have steroid receptors that are important in a number of aspects of brain function influencing behavior, loss of cognitive function, memory loss with aging, substance abuse, and suicide. Studies in newborn rat pups indicate that external and internal stimuli during early life can set the sensitivity and regulation of the CRH-HPA system [4].

Some of the regulation appears to be mediated by the effects of stimuli, including sterols, in activating genetic components in the neurons in the hippocampus and hypothalamus that are part of the process for determining cell differentiation and function in early life. Sterols regulate gene expression by several pathways involving activation of specific genes and via regulation of RNA transcription. Understanding of the influence and sustained effects of variations in environmental conditions on the development of neural systems, at both the level of gene expression and synaptic development, is growing. Some investigators are exploring how changes at sites that regulate the transcription of genes may serve as a mechanism for long-term effects on neuron function [5].

ii. Sensory Pathways

Another set of brain pathways influenced by conditions in early life is the wiring and sculpting of the regions of the cortex that connect to the sensing systems. The neurons in the different sensing parts of the brain cortex that differentiate in response to signals received in early life influence how well individuals recognize the world around them and respond to inputs from the sensing organs. Groundbreaking research on vision shows a sensitive period during the early stages of development when vision neurons in the occipital cortex of the brain are most sensitive to the wiring and sculpting of neurons necessary for normal vision. As with the CRH-HPA system, during a sensitive period in early development, stimuli from the retina of the eye switch on the genetic machinery in the neurons in the occipital cortex to enable them to differentiate for their

function in vision. In animal studies, if the sensitive period is missed, turning on the genetic mechanism is difficult. Despite different interpretations of this work by non-specialists, one neuroscientist in the vision field recently clearly stated the implications of this research:

“Studies of the plasticity of the visual cortex during the critical period of postnatal development are particularly germane in light of recent controversies about the importance of early childhood experience in determining cortical competency in adults. These controversies which have profound implications for early childhood education, parenting, and childcare have been characterized more by polemics than by neuroscience research. The visual cortex represents the best model that we have for understanding how sensory stimulation of the early brain influences brain circuitry and function throughout life. Its study should increase our knowledge of the ways in which early sensory inputs determine the long-term capabilities of the brain”.

The evidence from animal and human studies is consistent with the conclusion that the wiring and sculpting of the brain is most dynamic during the early years of life and is substantially affected by the quality of nurturing or stimuli received during this period of development. These effects are not “all or nothing,” however, at least as indicated by the experimental results on vision. Still, the longer the period before signals from the eye reach the visual cortex in a young child, the poorer the individual’s visual acuity will be in adult life. That is, this component of the brain will not function as well as it could if normal signals from the eye had passed to the visual cortex during the sensitive period for the wiring and sculpting of neurons [6], [7].

iii. Stages of Development

Recent noninvasive studies of human brain development demonstrate that some structures develop earlier than others and that brain development is most active in the early years of life. By the second decade, this activity declines to approximately the values in adult life. Findings suggest that some developments occur early, whereas other pathways develop later and are likely influenced by the earlier base. Some complex developments, such as behavior, emotion, and arousal, may be influenced at different stages. Fortunately, the hippocampus, a key structure for memory, remains plastic throughout life and can generate new neurons. However, evidence from studies of the effect of experiences in early life on the development and regulation of the CRH-HPA pathway and cortisol levels indicates that a poor early environment can lead to poor regulation of cortisol, which can negatively affect the development, function, and regeneration of the hippocampus throughout life.

Animal Studies

Much of the understanding of human physiology and disease and many of the technologies for diagnosis and treatment come from animal studies. Currently, scientists are experimenting with the transfer of animal tissue to humans to alleviate health problems, including some brain disorders. Because of cultural, philosophical, and other factors, many investigators resist attempts to apply knowledge from animal experiments to an understanding of brain function and development in humans. Some reservation about the relevance of animal studies to humans is sensible, but to ignore the core information is a mistake, partly because studies in animals can reveal how various organs of the body, such as the brain, develop and interact at cellular and organ levels throughout life. The pertinent research for early child development includes studies of development and function, gene–environment interactions, and immune effects [8].

i. Development and Function

In a number of studies with mice, rats, and monkeys, researchers have examined the effects of early life events on brain development and brain characteristics and function later in life. The evidence from these and other studies in animal's shows that the circumstances of early life influence brain development and that this early development affects behavior, learning, health, and memory in later life.

Data from rats show a number of interesting observations relating developmental neurobiology to function. Rat pups given an enriched animal cage and involved with their mother show clear benefits. In contrast to pups that are not given enriched housing, the animals, as adults, have more neurons and more neural connections and perform better on tests of rat competence. Greenough and colleagues note that adult rats exposed to a similar, enriched environment also exhibit new neurons and increased neural connections. However, the changes occur faster and are greater in young rats.

Other studies show that rat pups that are licked intensively by their mothers in early life develop a regulatory control for their CRHHPA axis that provides a more balanced response to stimuli. One of the striking features shown in these studies is that well-licked rat pups have better memories as they age. Also, the loss of hippocampus neurons was less in these rats as they aged, which is compatible with the observation that excess sterol levels can cause loss of neurons in the hippocampus. In sum, rat pups with much touch have a better regulated CRH-HPA pathway and retain better memory and cognitive function as they age [9].

In one interesting study in rats, Francis and others crossed foster pups from mothers that groomed and licked intensively with pups from mothers that had low licking and grooming behavior. The results showed that, regardless of the biological mother, pups placed with "good" mothers developed CRH-HPA pathways similar to rats from, and reared by, these mothers. The female pups from "poor" mothers, reared by "good" mothers, had the same biological and mothering characteristics as the mothers that reared them.

ii. Gene–Environment Interactions

The early life and development of monkeys have been studied extensively. In one set of experiments, rhesus monkeys were grouped into genetically vulnerable and resistant strains. The genetically vulnerable strain was characterized as hyperreactors to stress or challenge. If not raised by a nurturing mother, these monkeys have an overstimulated CRH-HPA system with exaggerated cortisol responses and poor return to resting levels. These vulnerable animals, poorly nurtured when young, show avoidance of novel stimuli as well as anxious and depressive reactions to maternal separation. As adults, they show increased anxiety and depressive behavior, excessive alcohol consumption when given access to alcohol, impulse aggression and violent behavior, and high circulating sterol levels. The females tend to be poor mothers.

Researchers have studied in detail the biological pathways in these animals, which show high sterol levels in response to mild stress, high resting sterol levels, low brain serotonin levels, and a disrupted circadian rhythm for sterols. When offspring from "poor" mothers in the vulnerable strain are taken and reared by highly nurturing mothers, the high-risk infants become secure and precocious in their exploratory patterns. As adults, they rise to the top of the social hierarchy; have a robust immune response, a better regulated sterol pathway, and normal brain serotonin

levels; and the females become very nurturing mothers.

iii. Immune Effects

One of the important effects of the HPA system is on the immune system. Excess activity of the CRH-HPA system with increased sterol levels in early life can produce permanent and marked reductions in immune competence. The effect of sterols on the immune system is complex; for example, a strong CRH-HPA response can be beneficial in bringing an acute illness under control. Studies also show that infant monkeys reared in a deprived environment exhibit changes in antibody function that can increase their risk of autoimmune disorders and conditions such as asthma.

iv. Human Studies

Epidemiological randomized social experiments, longitudinal studies, and observational studies in populations indicate how early life experiences affect a child's health, learning, and behavior. This experience-dependent early development is influenced by nutrition, parenting capability, and other factors that support early child development. The studies clearly demonstrate the value and benefit of good ECD programs involving parents.

v. Environmental Effects

Population-based, epidemiological studies in developed countries document the social partitioning of health, learning, and behavior. The studies show a gradient relationship between measures of health, cognition, and behavior and socioeconomic status. Individuals at the bottom of the SES index have the lowest scores, and those at the top of the index have the highest scores. Several points are of interest.

First, the gradients for health, learning, and behavior in developed countries tend to be linear. Second, the gradient cannot be explained solely by genetics; the social environment clearly has an effect. Third, some countries have high performance and fairly flat gradients. Fourth, in developed countries, the greatest number of children in difficulty are in the large middle class. For example, Canadian data show that about 32 percent of children in poor families and more than 20% of children in affluent families do not develop well in the early years. The cause of these gradients, or social partitioning, of populations is not just family income [10].

DISCUSSION

Early childhood development plays a critical role in shaping a child's brain, learning, and behavior. During the first few years of life, the brain undergoes rapid development and is particularly sensitive to environmental influences. The experiences a child has during this time can have a significant impact on their cognitive, social, and emotional development, and can shape the way they learn and behave throughout their lives. Research has shown that the quality of early experiences is particularly important for brain development. Positive experiences, such as responsive caregiving, nurturing relationships, and opportunities for exploration and learning, can promote healthy brain development and foster positive outcomes in children. On the other hand, negative experiences, such as exposure to trauma, neglect, or poverty, can lead to long-term negative outcomes, such as developmental delays, learning difficulties, and behavioral problems. One key area of early childhood development that has received significant attention is the development of executive function skills. These skills, which include the ability to plan,

organize, and regulate behavior, are critical for success in school and in life. Research has shown that these skills can be developed through experiences such as play, interaction with caregivers, and participation in structured activities. Another important area of early childhood development is social-emotional development. Children who develop positive social-emotional skills, such as the ability to form positive relationships, regulate their emotions, and show empathy, are more likely to succeed in school and have positive relationships throughout their lives [11].

CONCLUSION

The conclusion of research on early childhood development and the brain is that the early years of a child's life are critical for their learning and behavior. During these years, the brain is rapidly developing and forming neural connections that shape the child's cognitive, emotional, and social skills. Positive experiences, such as nurturing and responsive caregiving, enriching environments, and high-quality early education, can support healthy brain development and promote positive outcomes. On the other hand, negative experiences, such as neglect, abuse, and poverty, can have detrimental effects on the developing brain and lead to long-term negative outcomes. It is important to note that early childhood development is not solely determined by genetics, but rather by a complex interplay of genetic and environmental factors. Therefore, providing a supportive and enriching environment for young children is critical for their healthy development. Early childhood development is a crucial period in a child's life, and investments in quality early childhood education and care can yield long-term benefits for children, families, and society as a whole.

REFERENCES:

- [1] "The Supporting Early Learning Study," *Case Med. Res.*, 2019, doi: 10.31525/ct1-nct04107506.
- [2] J.-N. Amadhila, "Factors that influence exclusive breastfeeding in Windhoek district in Namibia," *J. Acad. Sci.*, 2017.
- [3] Peraturan Pemerintah Republik Indonesia, "Peraturan Pemerintah No. 16 Tahun 2005 Pengembangan Sistem Penyediaan Air Minum," *Peratur. Pemerintah No. 16 Tahun 2005 Pengemb. Sist. Penyediaan Air Minum*, 2005.
- [4] Nguyen B. Do, "Modeling Of Frictional Contact Conditions In Structures," *Glob. dan Kebudayaan Lokal Suatu Dialekt. Menuju Indones. Baru*, 2005.
- [5] Rini Handayani, "faktor-faktor yang mempengaruhi minat pemanfaatan sistem informasi dan penggunaan sistem informasi (studi empiris pada perusahaan manufaktur di Bursa Efek Jakarta) (Doctoral dissertation, Program Pasca Sarjana Universitas Diponegoro).," *Glob. dan Kebudayaan Lokal Suatu Dialekt. Menuju Indones. Baru*, 2015.
- [6] J. O. Cajas Castillo, "Polen transportado en el pelo de murciélagos nectarívoros en cuatro bosques secos de Guatemala," *Inf. tesis*, 2005.
- [7] L. Marcotrigiano, "Elaboración Y Presentación a Los Estados Financieros," *Actual. Contab. FACES*, 2013.
- [8] C. H. Mendes, "Judicial Review of Constitutional Amendments in the Brazilian Supreme Court," *Fla. J. Int. Law*, 2005.

- [9] M. Ghaffari, “O papel do plano de comunicação preventivo em momento de crise na organização,” *Glob. dan Kebudayaan Lokal Suatu Dialekt. Menuju Indones. Baru*, 2005.
- [10] Nayyar, “CFD Analysis of Transonic Turbulent Cavity Flows,” *Glob. dan Kebudayaan Lokal Suatu Dialekt. Menuju Indones. Baru*, 2005.
- [11] İ. Arısoy, “Wagner ve Keynes Hipotezleri Çerçevesinde Türkiye’de Kamu Harcamaları ve Ekonomik Büyüme İlişkisi,” *Çukurova Üniversitesi Sos. Bilim. Enstitüsü Derg.*, 2005.

CHAPTER 8

AN OVERVIEW OF THE DEVELOPMENT OF AGGRESSIVE BEHAVIOR IN HUMAN DEVELOPMENT

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ABSTRACT:

Aggressive behavior can develop in various stages of human development and can be influenced by multiple factors, including genetic, environmental, and societal factors. In early childhood, aggressive behavior can manifest in temper tantrums and physical aggression towards others, whereas in adolescence, it can take the form of bullying, verbal aggression, and even criminal behavior. Parenting styles, peer relationships, and exposure to violent media can all play a role in the development of aggressive behavior. However, interventions such as cognitive-behavioral therapy and family therapy can help individuals learn more constructive ways of dealing with conflict and manage their aggressive tendencies.

KEYWORDS:

Aggression, Environment, Genetics, Socialization, Temperament, Violence.

INTRODUCTION

Aggression in humans remains a substantial social problem. A number of theories have been constructed to explain aggression, and much research has focused on factors that affect aggressive behavior. In the ethological approach, aggression is viewed as an instinctual system built into the organism independently of external stimuli. This aggression must be released through an appropriate releasing stimulus. The most influential instinctual theory is the concept of thanatos proposed by Austrian neurologist Sigmund Freud (1856–1939). He theorized that two instinctual drives, *eros* (love instinct) and *thanatos* (death instinct), motivate human behavior. *Thanatos* manifests itself as aggressive behavior in daily living. The other main theory comes from social learning and focuses on environmental influences. Albert Bandura focused on modeling processes that shape aggressive behavior and direct feedback in the form of reward and punishment. From social cognitive theorists comes the assumption that the social interpretation about which interpersonal behaviors constitute aggressive provocation is crucial for determining whether children will behave aggressively or not.

Aggression is defined as behavior aimed at causing harm or pain, psychological harm, or personal injury or physical distraction. An important aspect of aggressive behavior is the intention underlying the actor's behavior. Not all behaviors resulting in harm are considered aggression. For example, a doctor who makes an injection that harms people, but who did so with the intent of preventing the further spread of illness, is not considered to have committed an aggressive act. Aggression can be direct or indirect, active or passive, and physical or verbal. Using these categories, human aggression can be grouped into eight classes of behavior:

- i. Punching the victim (direct, active, physical)
- ii. Insulting the victim (direct, active, verbal)
- iii. Performing a practical joke, setting a booby trap (direct, passive, physical)
- iv. Spreading malicious gossip (direct, passive, verbal)
- v. Obstructing passage, participating in a sit-in (indirect, active, physical)
- vi. Refusing to speak (indirect, active, verbal)
- vii. Refusing to perform a necessary task (indirect, passive, physical)

Direct aggression, especially physically active aggression, is more common among animals. Actors who express indirect aggression usually feel less satisfaction, but they are also less concerned about retaliation. Passive and indirect aggression is the least noxious form. Subordinates rebelling against authority figures often use it. In the family relation it is often used by children against their parents [1].

The Role of Biological Factors

Some theorists argue that the foundations of aggression are biological. Biological factors that influence aggressive behavior include hormones, physiological illness, and temperament. Hormones play some indirect role in human aggression. Interaction with external stimuli may affect the threshold of aggressive behavior. Some researchers have concluded that high testosterone levels could be a result of aggressive behavior. In women, premenstrual tension syndrome is associated with a number of aggressive behaviors, such as violent crime. People with a serious physiological illness, such as cancer, may be affected by negative mood states. These mood states may indirectly affect the aggressive behavior of individuals. Temperament may be indirectly related to aggressive behavior. People who are impulsive are more likely to be aggressive than people who have a deliberate temperament.

Relationship to Rearing Practices

Although human aggression may have an instinctual component, aggression is modifiable by environmental factors, such as child-rearing practices and parental characteristics. Aggressive children often develop in families with a low degree of positive interactions and a high degree of punitive reciprocity. Children in such families learn to control other family members through aggression. This model of control behavior in the home is then generalized to peers. This process thus creates aggressive children. Research focused on parental characteristics found that mothers of nonaggressive girls tended to use the strategy of discussion to solve social problems more often than mothers of aggressive girls. Fathers of nonaggressive girls had more alternative strategies for solving social problems than fathers of aggressive girls [2].

Influence of Television and Other Media

Of the several different forms of media, television is one of the most influential in terms of child development. The effects of seeing violence on television has been debated among the scientists interested in child development. The main reason why watching violence on television causes violence in real world is the pervasiveness of violent programs.

There are several ways of explaining how the viewing of violence on television affects aggression in young people, including the direct effect, desensitization, and the so-called mean world syndrome. Aggression and favorable attitudes toward the use of aggression will develop if people watch a lot of violence on television. This direct effect has been a focus of research. Ross Parke and his colleagues, working in a natural setting, found that boys who viewed aggressive movies displayed an increased amount of physical and verbal aggression against other children.

According to desensitization theory, people who watch a lot of violence on television may become less sensitive to the various kinds of aggression and violence in the real world. A third explanation for the link between television and aggression holds that some people suffer from the mean world syndrome, in which they believe that the world is as dangerous as it appears on television. The effect of television violence on children has been debated. It is important to note that psychologists and psychiatrists involved in media studies do not suggest that violent media are the only causes of violence in society [3], [4].

The Effectiveness of Intervention to Reduce Aggression

A variety of ways of handling aggression have been suggested over the years. One aspect of social learning that tends to inhibit aggression is the tendency of most people to take responsibility for their own actions. But if this sense of responsibility is weakened, the tendency to act more aggressively will increase. In one experiment, a researcher demonstrated that persons who are anonymous and unidentifiable tend to act more aggressively than persons who are not anonymous. There are a number of ways that an individual can reduce aggression. As long as there is a hope that is unsatisfied, there will be frustration that can result in aggression. Aggression can be reduced by satisfying that hope. Doing something physically exerting or watching someone else engage in aggression directly or indirectly tends to relieve built-up aggressive energies and hence reduce the likelihood of further of aggressive behavior. This is called catharsis. The catharsis hypothesis also holds that watching an aggressive behavior on television serves a valuable function in draining off aggressive energy. It has been argued that it might be possible to reduce aggression by presenting the child with the sight of aggressive models who come to bad ends. The implicit theory is that individuals who are exposed to this sight will in effect be vicariously punished for their own aggression and accordingly will become less aggressive. Other methods of reducing aggression that have been proposed include defusing anger through apology and providing training in communication and problem-solving skills. Using punishment to reduce aggressive behavior is tricky. It can be effective if it is not too severe and if it follows closely on the heels of the aggressive act [5].

Anger Management Programs

In 1997 Albert Ellis and Raymond Chip Tafrate presented an approach to the problem of dealing with anger called rational emotive behavior therapy (REBT). This approach was designed to help people deal effectively with emotional problems and to systematically understand the roots and nature of anger. REBT deals with the problem of anger realistically. The core of REBT is unconditional acceptance of self and then continually maintaining this feeling of self-acceptance.

The Role That Peers Play

Children generally establish strong, stable, mutual affiliations with peers similar to themselves in aggression, but aggressive children have more difficulty establishing such affiliations. The

interaction of peer pairs containing at least one aggressive child was characterized by more frequent, lengthy, and intense conflict regardless of the affiliate relationship characterizing the pair. Researchers found that the amount of time children spent interacting with aggressive peers predicted changes in observed and teacher rated aggression three months later [6], [7].

Peer estimation of aggression was found to be internally more consistent than self-estimation. This was true of both sexes for both the aggressive and victim version of the test. Participants seem to be more reliable when they estimate the degree to which they are the victims of others' aggression than when they estimate the degree to which they themselves are aggressive. This is particularly true for girls.

Aggressive behavior is a complex phenomenon that can have various causes and consequences, and its development in human development is a topic of great interest and concern. Here are some key points to consider:

- i. **Biological Factors:** There is evidence to suggest that some individuals may have a genetic predisposition to aggression. For example, studies have shown that certain genes may be associated with impulsivity, which can increase the likelihood of aggressive behavior. Additionally, some studies have found that exposure to certain hormones, such as testosterone, can increase aggression in males.
- ii. **Environmental Factors:** The development of aggressive behavior can also be influenced by environmental factors, such as exposure to violence or neglect during childhood, as well as social and cultural factors. Children who grow up in violent households or communities may be more likely to adopt aggressive behavior as a coping mechanism, while children who are taught non-violent conflict resolution skills may be less likely to engage in aggressive behavior.
- iii. **Social Learning Theory:** The social learning theory posits that aggression is learned through observation and imitation of others. This theory suggests that individuals who are exposed to aggressive behavior are more likely to engage in it themselves, particularly if they perceive the behavior as being rewarded or praised.
- iv. **Cognitive Factors:** Cognitive factors, such as beliefs about the acceptability of aggression, can also play a role in the development of aggressive behavior. Children who hold beliefs that aggression is an acceptable way to resolve conflicts may be more likely to engage in aggressive behavior themselves.
- v. **Developmental Stage:** The development of aggressive behavior can vary depending on the individual's developmental stage. For example, aggressive behavior in toddlers is often linked to frustration and lack of verbal communication skills, while in adolescents, it may be linked to social status and peer pressure.
- vi. **Consequences of Aggressive Behavior:** Aggressive behavior can have negative consequences for both the aggressor and the victim. Aggressors may experience social rejection, legal consequences, and mental health issues such as anxiety and depression. Victims of aggression may experience physical harm, emotional distress, and long-term mental health issues such as post-traumatic stress disorder (PTSD) [8].

In summary, the development of aggressive behavior in human development is a complex process influenced by a range of factors, including biology, environment, social learning, cognitive factors, and developmental stage. Understanding these factors can help individuals and communities take steps to prevent and address aggressive behavior and its negative consequences. Aggressive behavior can be caused by a variety of factors, including biological, environmental, and social factors. Here are some of the main causes:

- i. **Biological factors:** Biological factors such as genetics, hormonal imbalances, brain injuries or abnormalities can contribute to aggressive behavior. For example, research has shown that low levels of serotonin in the brain can lead to increased aggression.
- ii. **Environmental factors:** Environmental factors such as exposure to violence, abuse, neglect, or poverty can lead to the development of aggressive behavior. Children who grow up in violent or abusive homes are more likely to exhibit aggressive behavior later in life.
- iii. **Social factors:** Social factors such as peer pressure, socialization, and cultural norms can also contribute to aggressive behavior. For example, in some cultures, aggressive behavior may be seen as a sign of strength or masculinity, leading some individuals to engage in such behavior to fit in or gain respect.
- iv. **Psychological factors:** Psychological factors such as anger, frustration, anxiety, or depression can also contribute to aggressive behavior. Individuals who have difficulty managing their emotions or who feel overwhelmed may be more prone to lashing out aggressively.

It is important to note that aggressive behavior can be complex and multifaceted, and often has multiple underlying causes. Effective treatment for aggressive behavior often involves addressing these underlying causes through a combination of therapies, medication, and lifestyle changes [9].

DISCUSSION

Aggressive behavior refers to any behavior that is intended to harm another person physically or emotionally. It can take many forms, such as physical violence, verbal abuse, or passive aggression. The development of aggressive behavior is a complex process that can be influenced by a range of factors, including genetic, environmental, and social factors. One of the primary factors that can contribute to the development of aggressive behavior is genetics. Some research suggests that certain genes may increase a person's risk of displaying aggressive behavior. For example, a study published in the journal PLOS ONE in 2012 found that variations in the MAOA gene, which is involved in the regulation of neurotransmitters like dopamine and serotonin, were associated with a higher risk of aggressive behavior. However, genetics alone are not sufficient to explain the development of aggressive behavior. Environmental factors can also play a critical role. For example, a child who grows up in a violent household may learn that aggression is an acceptable way to resolve conflicts. Similarly, exposure to violent media can desensitize a person to violence and increase their likelihood of engaging in aggressive behavior. Social factors can also contribute to the development of aggressive behavior. For example, a person who feels marginalized or excluded from society may be more likely to engage in aggressive behavior as a way of asserting themselves. Similarly, a person who perceives a threat

to their status or power may be more likely to engage in aggressive behavior as a way of maintaining their dominance. It is worth noting that not all aggression is necessarily bad. In some situations, assertiveness and standing up for oneself can be important and appropriate. However, when aggression is used to harm others, it can have serious negative consequences for both the aggressor and the victim. Preventing the development of aggressive behavior requires a multi-faceted approach that takes into account the various factors that contribute to it. This may involve interventions that focus on parenting and family relationships, education and media literacy, and the promotion of social cohesion and inclusivity. Ultimately, creating a society that values empathy, cooperation, and non-violent conflict resolution is key to reducing the prevalence of aggressive behavior [10].

CONCLUSION

The development of aggressive behavior is a complex process that involves multiple factors. Research suggests that a combination of biological, psychological, and social factors contribute to the development of aggression. Biologically, genetics and brain chemistry can play a role in the predisposition towards aggressive behavior. Individuals with certain genetic traits may be more prone to aggressive behavior, and imbalances in neurotransmitters such as serotonin and dopamine have been linked to aggression. Psychologically, factors such as poor impulse control, low empathy, and high levels of anger can contribute to aggressive behavior. Individuals who have experienced trauma, abuse, or neglect may also be more prone to aggression. Socially, factors such as exposure to violence, a lack of social support, and cultural norms that condone aggression can also contribute to the development of aggressive behavior. It is important to note that while these factors may contribute to the development of aggressive behavior, they do not necessarily lead to it. There are many individuals who may have a genetic predisposition or have experienced trauma but do not exhibit aggressive behavior. Therefore, it is important to understand the complexity of the development of aggression and to address each individual's unique circumstances in prevention and intervention efforts.

REFERENCES:

- [1] M. A. Al-Garadi *et al.*, “Predicting Cyberbullying on Social Media in the Big Data Era Using Machine Learning Algorithms: Review of Literature and Open Challenges,” *IEEE Access*, 2019, doi: 10.1109/ACCESS.2019.2918354.
- [2] N. J. Kolla and M. Bortolato, “The role of monoamine oxidase A in the neurobiology of aggressive, antisocial, and violent behavior: A tale of mice and men,” *Progress in Neurobiology*. 2020. doi: 10.1016/j.pneurobio.2020.101875.
- [3] J. Kamphuis, P. Meerlo, J. M. Koolhaas, and M. Lancel, “Poor sleep as a potential causal factor in aggression and violence,” *Sleep Medicine*. 2012. doi: 10.1016/j.sleep.2011.12.006.
- [4] A. H. Veenema, “Early life stress, the development of aggression and neuroendocrine and neurobiological correlates: What can we learn from animal models?,” *Front. Neuroendocrinol.*, 2009, doi: 10.1016/j.yfrne.2009.03.003.
- [5] J. J. McDowell, “Empirical Matching, Matching Theory, and an Evolutionary Theory of Behavior Dynamics in Clinical Application,” *Perspect. Behav. Sci.*, 2021, doi: 10.1007/s40614-021-00296-w.

- [6] S. Teodorović and B. Uzelac, "Genetic basis of aggression: Overview and implications for legal proceedings," *Rom. J. Leg. Med.*, 2015, doi: 10.4323/rjlm.2015.193.
- [7] M. Bortolato, N. Pivac, D. Muck Seler, M. Nikolac Perkovic, M. Pessia, and G. Di Giovanni, "The role of the serotonergic system at the interface of aggression and suicide," *Neuroscience*. 2013. doi: 10.1016/j.neuroscience.2013.01.015.
- [8] P. M. Kulesa, J. C. Kasemeier-Kulesa, J. A. Morrison, R. McLennan, M. C. McKinney, and C. Bailey, "Modelling Cell Invasion: A Review of What JD Murray and the Embryo Can Teach Us," *Bulletin of Mathematical Biology*. 2021. doi: 10.1007/s11538-021-00859-7.
- [9] M. Carla Bosco, F. Raggi, and L. Varesio, "Therapeutic Potential of Targeting TREM-1 in Inflammatory Diseases and Cancer," *Curr. Pharm. Des.*, 2017, doi: 10.2174/1381612822666160826110539.
- [10] S. Bauman, "Cyberbullying: What counselors need to know," *Cyberbullying What Couns. need to know*, 2011.

CHAPTER 9

AN ELABORATION OF JOURNEY BETWEEN CHILD DEVELOPMENTS TO HUMAN DEVELOPMENT

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ABSTRACT:

The concept of child development and human development and examines the distance between the two. Child development is the study of the physical, cognitive, emotional, and social growth and changes that occur in children from birth through adolescence. Human development, on the other hand, refers to the broader process of growth and change that occurs throughout the entire lifespan, including physical, cognitive, emotional, and social development. The article highlights the similarities and differences between child development and human development and discusses the importance of understanding both for promoting optimal human functioning. The article concludes by emphasizing the need for continued research and collaboration between scholars in these fields to better understand the distance between child development and human development and how best to support individuals across the lifespan.

KEYWORDS:

Aggression, Child, Children, Emotion, Child Development, Human Development.

INTRODUCTION

Child Development refers to the physical, cognitive, and social-emotional changes that occur in children as they grow from infancy to adolescence. These changes are the result of biological, environmental, and cultural factors. Distance refers to the measure of space between two objects, ideas, or concepts. It can also refer to the extent or degree of difference between two things. Human Development refers to the biological, psychological, and social changes that occur in individuals throughout their lifespan, from conception to death. It encompasses both physical and cognitive development, as well as social and emotional development. Human development is influenced by a variety of factors, including genetics, environment, culture, and personal experiences.

Early child development (ECD) and human development (HD) are closely linked. Early child development refers to the combination of physical, mental, and social development in the early years of life those dimensions that are commonly addressed by integrated programs of ECD. These programs include interventions to improve the nutrition, health, cognitive development, and social interaction of children in the early years (Myers 1992; Young 1997). Human development refers to similar dimension's education, health (including nutrition), social development, and growth but at the scale of a nation. The multidimensional framework for HD used in this chapter is a variant of one first proposed by the United Nations Development Programme in 1990. (In)equality is included in the discussion, but an even broader concept of HD would include additional dimensions such as human rights (Sen 1999). Human development, broadly defined, is the overarching objective of most international and multinational

development programs. Because HD is so closely linked to ECD, investing in ECD is the natural starting point for these programs and for the public policy that frames these programs.

Linking Early Child Development to Human Development

Early childhood development (ECD) plays a crucial role in shaping human development. Human development refers to the gradual process of growth and change that takes place in individuals from conception to death. It encompasses biological, psychological, and social changes that occur throughout life. ECD refers to the physical, cognitive, social, and emotional development of children from birth to eight years of age. This period is crucial for the formation of neural connections, which are essential for learning and development. Research has shown that experiences during this period can have a profound impact on a child's cognitive, social, and emotional development, which can, in turn, influence their overall human development.

For instance, a child who receives quality care, adequate nutrition, and stimulation during their early years is more likely to have better outcomes in terms of cognitive development, academic achievement, and social skills. On the other hand, children who experience neglect, abuse, or poverty may face developmental delays, lower academic achievement, and mental health problems. ECD also plays a role in shaping a child's future health outcomes. For example, nutrition and health during early childhood can impact the risk of chronic diseases such as diabetes, heart disease, and obesity later in life. Overall, early childhood development is a critical factor in shaping human development. Investing in ECD programs and policies that support parents and caregivers can have long-term benefits for children and society as a whole.

Education

The first pathway, from ECD to HD, is through education. The importance of ECD for subsequent educational performance, and the role of education in economic and human development, are well known and supported by extensive scientific evidence accumulated from neurophysiology, pediatrics, the medical sciences, child development, education, sociology, and economics. Ample evidence documents the importance of the early months and years in life for a child's physical, mental, and social development (Cynader and Frost 1999; McCain and Mustard 1999; Myers 1992; Young 1997). The rapid development of the brain during the early months and years is crucial, and newborns who receive proper care and stimulation will be readier to enter school on time and to learn [1].

Children participating in ECD programs receive psychosocial stimulation, nutritional supplementation, and health care, and their parents receive training in effective childcare. Children who have participated in these programs show higher intelligence quotients and improvements in practical reasoning, eye and hand coordination, hearing and speech, and reading readiness (Myers 1992). Grade repetition and dropout rates are lower, performance at school is higher, and the probability that a child will progress to higher levels of education increases (Barnett 1995; Barnett 1998; GranthamMcGregor and others 1997; Karoly and others 1998; Schweinhart and others 1993).

Over the long term, these children benefit from earlier schooling, better schooling, and more schooling, making them more productive and more "successful" as adults. Being well educated is the best predictor of "success" as an adult, regardless of how success is defined. The definition of success, as a better job and higher income in the marketplace or increased and improved

production at home such that, childcare, nutritional practices, family health, can differ from case to case, but higher education is always associated with greater well-being, broadly defined (Haveman and Wolfe 1984; Psacharopoulos 1994) [2].

The public benefits of education are also well known. For society, they include greater ability to adopt new technologies, better functioning of democratic processes, lower fertility rates, and lower crime rates (Carnoy 1992; Rutter, Giller, and Hagell 1998). As firmly established in the economic literature on development, education is also important for economic growth (Barro 1997). The education pathway clearly demonstrates that the link between ECD and HD is straightforward, as abundantly documented by scientific evidence. Increased investments in ECD programs can be fully justified, and usually are, based on this evidence alone (van der Gaag and Tan 1998). Good education is a goal in itself and fosters economic prosperity. Yet, three additional pathways deserve at least the same attention as education.

Health

For many decades, the leading development agencies, including the World Health Organization, the United Nations Children's Fund (UNICEF), and the World Bank, have emphasized the importance of providing good nutrition, immunization, and other basic health care services for young children. The health benefits of these services are immediately evident (Bundy 1997; PAHO 1998; Stephenson and others 1993), and the cost-effectiveness of interventions to improve these services is well established (Horton 1999). Despite this knowledge, and shamefully, millions of children in developing countries still die before they have lived 1 year, and those who survive suffer from a myriad of easily preventable diseases [2].

ECD programs can make a dramatic difference. They are associated with decreased morbidity and mortality among children, fewer cases of malnutrition and stunting, improved personal hygiene and health care, and fewer instances of child abuse. Less well known are the strong links between trauma in the early years of life such that from malnutrition, even in utero, and infectious diseases and an individual's health as an adult. Recent studies show that the links between health and nutrition in the early years of life and one's health status as an adult are much more numerous and stronger than previously known. The range of adult health outcomes now known to be associated with growth in utero and early life development, or lack of, includes blood pressure, respiratory function, and schizophrenia. Childhood social and educational factors also are strongly associated with physical and mental health outcomes in adult life (Wadsworth and Kuh 1997) [3].

Scientific evidence of these links is also available in relation to the crucial period of brain development in utero and shortly after birth (Barker 1998; Ravelli 1999). Infant malnutrition has been associated with diabetes and reduced stature as an adult. Infection early in life has been related to the development of chronic bronchitis, acute appendicitis, asthma, Parkinson's disease, and multiple sclerosis in adulthood. And, low birthweight has been correlated with subsequent increased blood pressure, chronic pulmonary disease, cardiovascular disease, coronary heart disease, and stroke. Thus, although an investment in basic health and nutritional services for young children can be justified by immediate health and anthropometric outcomes for children, the linkage to their health status as adults heightens the importance of the interventions, which are standard components of integrated ECD programs. The linkage to adults' health status is also significant for HD efforts. Evidence indicates that the association between adults' health status and economic well-being is at least as strong as the association between education and economic

well-being (Hertzman 1999; Smith 1999). Adults with better health, higher life expectancy, and better weight and height measures tend to have higher productivity, less absenteeism from work, and higher incomes than their less fortunate counterparts.

However, the causality in the relationship between health status and economic well-being remains in question. Does good health lead to higher productivity (income) or does a higher income enable one to buy better health? Both relationships health as cause and as effect have been proven true. When possible, to establish that good or poor health came first, a subsequent economic effect could be determined (e.g., the reduced earning power of adults stunted by malnutrition as a child) (Bundy 1997; Thomas and Strauss 1997). The converse, higher income leading to better health, also is well documented (Acheson 1998). Clearly, better health results in higher income in many instances, but additional research is needed to further unravel the dual relationship [4].

To establish a definitive link between health and the HD of a nation, the health-and-income nexus must be aggregated across individuals, for populations. Recent studies demonstrate this link. Like education, the health status of a population is related to the economic growth of that population (Barro 1997; Pritchett and Summers 1996; WHO 1998). Key examples in Africa are the economic (growth-reducing) effects of malaria and the epidemic of acquired immunodeficiency syndrome (AIDS) (Bloom and Sachs 1998). Surprisingly, most of the studies of health and economic growth are recent, and additional research is needed to understand more fully the many ways in which the health of a population, which is a good in itself, can influence the wealth of a nation. But, the fact that the link is very important is no longer debatable. Like education, the health pathway from ECD to HD is clear. If increasing the wealth of a nation is an overall objective, beginning with the health of a newborn is a logical first step [5].

Social Capital

The “social” benefits of ECD programs are less well defined than the health and education benefits. Still, they do exist. Many studies of the effects of ECD programs note the change in children’s behavior (Kagitçibasi 1996; Karoly and others 1998). They are less aggressive and more cooperative, they behave better in groups, and they accept instructions (e.g., from parents) well. Overall, the children have higher self-concepts and are more socially adjusted.

A few long-term (tracer) studies point to similar outcomes for the children’s adult life: improved self-esteem, social competence, motivation, and acceptance of the culture’s norms and values. In particular, evidence suggests that participation in ECD programs leads to reduced criminal behavior and less delinquency as an adult (Schweinhart and others 1993; Yoshikawa 1995; Zigler, Taussig, and Black 1992). The link between improved social behavior and the formation and maintenance of “social capital” has yet to be established. Social capital includes many distinct social phenomena. At the macro level, it refers to informal institutional arrangements, trust, ethnic social networks, nonlegal market arrangements and other related phenomena (Coleman 1990; Putnam 1993) [6].

At the individual level, the term refers to a person’s ability to draw upon social networks to better pursue his or her own interests, a phenomenon that usually involves reciprocal arrangements similar to the exchange of “IOU” slips when obtaining financial credit (Coleman 1988, 1990; Lin 1999). Studies of the social benefits of ECD programs suggest that the benefits will continue later in life. As the brain needs to be wired properly for academic learning, so it

needs to be prepared suitably for social learning. If studies can truly establish the link between the social benefits of ECD programs and improved skills of adults in creating and utilizing social capital, the link to HD can easily be made.

To do so only requires that the benefits to social capital at the individual level be aggregated to society as a whole. Although social capital is an ill-defined concept that refers to many different social phenomena, this linkage has already been established firmly in the sociology and economic literature (Narayan 1997; Woolcock 1999). Much empirical evidence has been acquired recently, and although it does not directly make the link between children and adults as suggested above, it is convincing and growing. Interest in the link between culture, or values, and economic performance also is increasing. Recent studies suggest that “values” is an important concept for explaining differences in the growth of nations (Fukuyama 1995). If researchers determine that ECD programs can instill values that are reflected subsequently in adults’ behavior, the link between ECD and HD through the pathway of social capital may be even greater than suggested here.

Early Child Development

Table 1 summarizes the benefits of ECD better education, improved health, increased social capital, and greater equality. All of these outcomes are of value themselves, and the benefits are immediately tangible at the time of intervention (i.e., in a child’s early years). ECD programs are most often justified by the immediate benefits to a child’s social and cognitive development and health and nutritional status. Yet, as discussed above, these outcomes have positive, long-term consequences for the children as they mature into adults and for their nations as a whole. Except for the pathway of education, these long-term benefits are usually ignored by government officials and policymakers [7].

The link between ECD and HD through the pathway of education is clearly established and abundantly documented. New developments in health research, particularly those addressing the relationship between child health and adult health, also provide ample evidence of a link between ECD and HD. As additional research findings become available, the pathway of health is likely to become as significant to HD as is education. International organizations and governments may need to fundamentally rethink health care efforts worldwide and to direct a much larger share of health care budgets to the health care of children, especially in their early years. The aim will be not only to address children’s immediate health problems, but also to reduce their future health risks as adults.

The pathway of social capital is currently less clear, but suggestive. The link between social behavior as a child and as an adult need to be confirmed, and the link between social behavior and social capital is still weak. The literature on social capital is relatively young, but current evidence indicates that this pathway for ECD to HD will become as firmly established as the pathways of education and health. The pathway of equality from ECD to HD is undeniable and, as noted, is linked to the other three pathways. The finding that income equality is related to the health of society is a recent and surprising one, which reinforces the importance of ECD and suggests far-reaching policy implications. Education, health, social capital, and equality are all important contributors to economic growth. Together with economic growth, they constitute the mutually reinforcing elements of a comprehensive framework for HD, as depicted in Figure 1. This framework could be expanded easily, for example, to include gender issues or poverty (as it relates to equality)[8].

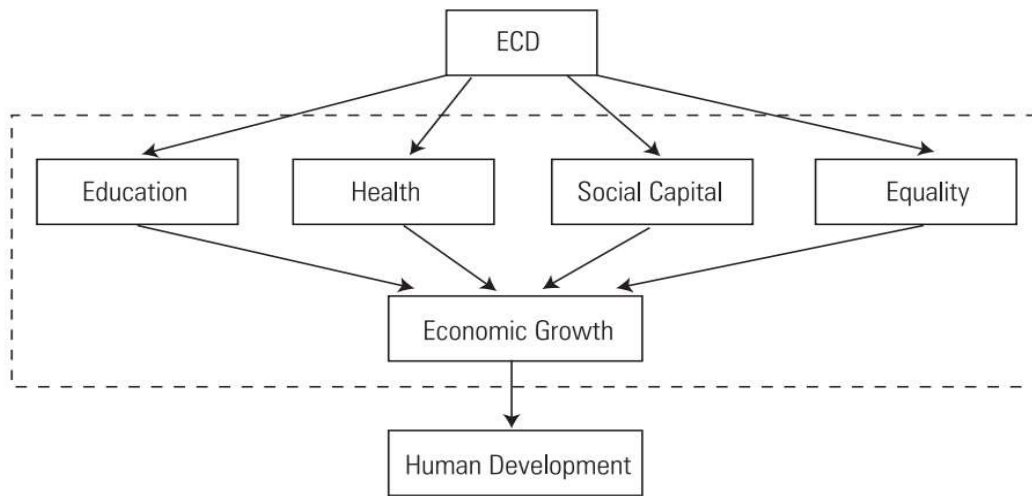


Figure 1: Illustrated the Child Development to Human Development

DISCUSSION

The journey from child development to human development is a complex and multifaceted process that encompasses various stages, domains, and factors. Child development refers to the physical, cognitive, emotional, and social growth and change that occurs in a child's life from birth to adolescence. Human development, on the other hand, is a broader concept that includes the ongoing growth and change that occurs throughout the lifespan, encompassing physical, cognitive, emotional, and social domains. In child development, the early years are crucial for laying the foundation for future development. During infancy, children develop motor skills such as crawling and grasping, while in early childhood, they acquire language and social skills. Cognitive development also progresses rapidly during this period, with children gaining an understanding of their environment and the ability to think abstractly. As children enter adolescence, the focus shifts to developing a sense of identity and autonomy. This period is marked by physical changes as well as social and emotional growth, with teenagers seeking to establish their place in the world and form close relationships with peers. Human development continues beyond adolescence, with individuals continuing to grow and change throughout their lives. In adulthood, individuals are faced with various challenges such as establishing careers, forming intimate relationships, and raising children. These experiences shape their personality and identity, as well as their social and emotional development. Factors that influence child and human development include genetic makeup, environmental influences such as nutrition, parenting, education, and culture. The interplay between these factors is complex, and developmental outcomes can vary widely among individuals [9].

CONCLUSION

The journey between child developments to human development is a complex and fascinating one. Child development refers to the physical, cognitive, and emotional changes that occur during childhood and adolescence, while human development encompasses the entire lifespan, including adulthood and old age. During childhood, children undergo significant changes in their physical development, such as growth in height and weight, as well as the development of fine and gross motor skills. Cognitive development includes the acquisition of language, memory,

attention, and problem-solving skills. Emotional development involves the ability to regulate emotions, form attachments with others, and develop a sense of self. As individuals progress into adulthood, they continue to experience physical changes and face new challenges, such as navigating relationships, career choices, and parenthood. Cognitive development may involve continued learning, problem-solving, and decision-making, while emotional development may involve a deeper understanding of one's own emotions and those of others. Human development also includes the changes that occur during old age, such as declining physical abilities, changes in cognitive function, and adaptations to new life circumstances.

REFERENCES:

- [1] D. I. Prasetya, I. Ma'rufi, and R. Indrayani, "Determinan Stres Kerja Pada Penjaga Palang Pintu Rel Kereta Api Resmi Resort 9.6 Daerah Operasi IX Di Kabupaten Jember," *J. Kesehat.*, 2019, doi: 10.25047/j-kes.v6i2.13.
- [2] Z. Adriana, "Exploring the role of civilizational competences for smart cities' development," *Transform. Gov. People, Process Policy*, 2017.
- [3] U. Machsunah, "Komunikasi Antarpribadi Sebagai Solusi Konflik Antara Orang Tua Dan Anak," *JIKE J. Ilmu Komun. Efek*, 2019, doi: 10.32534/jike.v3i1.880.
- [4] E. Abebe, S. Wiehe, and R. J. Holden, "11384 Medication Use Safety During Care Transitions for Children with Medical Complexity," *J. Clin. Transl. Sci.*, 2021, doi: 10.1017/cts.2021.740.
- [5] C. Hamer, "NCT Research overview: Parent-child communication is important from birth," *NCT Perspect.*, 2012.
- [6] D. A. P. Bundy, N. de Silva, S. Horton, G. C. Patton, L. Schultz, and D. T. Jamison, "Child and Adolescent Health and Development: Realizing Neglected Potential," in *Disease Control Priorities, Third Edition (Volume 8): Child and Adolescent Health and Development*, 2017. doi: 10.1596/978-1-4648-0423-6_ch1.
- [7] D. Kurniawati, "Manusia Dan Pemaknaan Ruang Kota Dalam Antologi Cerpen Salome Dan Orang-Orang Balikpapan," *LOA J. Ketatabahasaan dan Kesusastraan*, 2019, doi: 10.26499/loa.v14i1.1679.
- [8] P. Costa, C. N. T. Palombo, L. S. Silva, M. T. Silva, L. V. de J. Mateus, and S. M. M. Buchhorn, "Activities of university extension for transfer of knowledge about child development in day care centers: Report of experience," *Rev. da Esc. Enferm.*, 2019, doi: 10.1590/S1980-220X2018020603484.
- [9] E. M. Barbosa, J. C. Silva, and A. A. da Silva, "Teaching At Kindergarten: Notes From The Assumptions Of Cultural-Historical Psychology," *Nuances-Estudos Sobre Educ.*, 2018.

CHAPTER 10

AN OVERVIEW OF THE STANDARDS OF CARE INVESTMENTS TO IMPROVE CHILDREN DEVELOPMENT

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ABSTRACT:

The Standards of Care Investments to Improve Children Development are a set of guidelines aimed at ensuring that children receive high-quality care and education from birth to age five. These standards are based on current research and best practices in early childhood development and are designed to promote healthy physical, social-emotional, and cognitive development. The standards emphasize the importance of nurturing relationships between children and caregivers, providing safe and stimulating environments, and promoting the development of key skills such as language and problem-solving. They also stress the need for comprehensive family support, including access to health care, nutrition, and social services. By adhering to these standards, caregivers and educators can help ensure that young children have the best possible foundation for success in school and in life.

KEYWORDS:

Caregivers, Education, Environments, Healthcare, Language Development, Physical Development, Problem-Solving.

INTRODUCTION

At the 1990 World Conference on Education for All, held in Jomtien, Thailand, educators and policymakers recommended increased emphasis on care and stimulation during early childhood, improvements in the quality of education provided, and universal access to completion of primary education by the end of the millennium. During the 1980s, researchers showed that children in low-income countries have lower levels of literacy than children in high-income countries who receive similar amounts of schooling. Two plausible explanations for this finding are that children in poorer countries begin primary school without the developmental base to enable them to achieve their full potential and that the quality of schooling in low-income countries is lower than in high-income countries. During the 1980s, research conducted in several countries provided compelling evidence that schools differ considerably in their outcomes, even after accounting for children's family backgrounds. The results of large-scale studies of schooling in low-income countries demonstrated the importance of human and material resources for achieving better school outcomes. Research by the World Bank showed that such factors have an even stronger relationship to academic achievement in low-income countries than to that in high-income countries. In 1996, a consortium of thirteen Latin American countries conducted the Primer Estudio Internacional Comparativo, the first international study of school outcomes in Latin America to utilize common tests and questionnaires across several countries. The PEIC study entailed testing more than 50,000 pupils in grades 3 and 4 for language and mathematics skills and administering questionnaires to pupils, parents, teachers, and school administrators. The data included considerable information on early childhood outcomes, including parents' home practices and whether the child attended day care. This

comparative study is one of the first to assess the importance of these factors. The multinational study was funded by the Inter-American Development Bank; Convenio Andrés Bello; Ford Foundation; United Nations Educational, Scientific, and Cultural Organization ; and the following participating countries: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, Cuba, Dominican Republic, Honduras, Mexico, Paraguay, Peru, and República Bolivariana de Venezuela.

Two substantive reports of the study have been published. The first report provides technical information on PEIC and descriptive analyses by country. The second report, entitled *Schooling Outcomes in Latin America*, was coauthored by Willms and Somers and prepared in consultation with the Laboratorio Latinoamericano de Evaluación de la Calidad de la Educación, which coordinated the study. The second report presents, for each country, detailed descriptions of the relationships between achievement outcomes and family socioeconomic status, school sector , extent of urbanization , material resources , and school “culture”.

The present chapter summarizes some findings of the Willms and Somers report and extends the analysis to assess the relative importance of family and school factors. Four aims are to:

- a. Portray the relationship between school outcomes and SES, giving attention to urbanicity and sector;
- b. Estimate the magnitude of effects associated with risk factors relevant to childhood vulnerability in Latin America and discern the extent of these effects in mediating the relationship between school outcomes and SES;
- c. Suggest a framework for using findings from international studies to prescribe “standards of care” based on the most important predictors of early childhood outcomes;
- d. Suggest ways to improve the capability for monitoring progress in early child development.

The chapter demonstrates how the suggested framework could be applied across the relevant countries using PEIC findings and indicates the achievement of standards within each country. Drawing from the Willms and Somers report, the chapter presents data on twelve countries, referred to herein as the “Region”.

The chapter comprises five main sections, as follows:

- i. The Importance of Understanding Socioeconomic Gradients.
- ii. School Outcomes in Latin America: Gradients and School Profiles
- iii. Standards of Care: A Suggested Framework;
- iv. Childhood Vulnerability: Analysis and Findings;
- v. Next Steps: Strengthening the Basis for Monitoring and Reform.

A concluding section presents additional perspectives. Several caveats should be noted. Any analysis of this sort and any attempt to set standards can be easily criticized. A framework that links processes to outcomes is necessarily limited by the data available and the difficulty of generalizing empirical findings which reflect local social, political, and economic realities.

Collaborations with school districts and governments grappling with the use of data for monitoring have demonstrated that the main value of monitoring is to stimulate dialogue on desired outcomes of schooling and critical examination of current policies and practices. Accordingly, the overarching goal of the chapter is to generate dialogue about standards of care.

The Importance of Understanding Socioeconomic Gradients

Perhaps the most pervasive finding of research on human development is that children's developmental outcomes are related to the SES of their families. There is a "gradient": Children whose parents have lower levels of education and income and are working in less prestigious jobs are less likely to succeed academically, more prone to behavioral disorders, and more vulnerable to poor health than are children living in affluent families. Virtually every important social outcome seems to be related to SES. This relationship has become so firmly entrenched in understanding human development that the terms "children with delayed development," "children at risk," and "children living in poverty" are used synonymously. Because this relationship has become accepted as nearly universal, one may question whether further study of socioeconomic gradients is worthwhile [1].

Understanding socioeconomic gradients is essential for understanding factors that contribute to the success of society. A "socioeconomic gradient" describes the relationship between some developmental outcome and SES. Researchers of early child development are typically interested in outcomes describing children's cognitive, social, and behavioral development. These outcomes, such as achievement test scores, are usually measured on a continuous scale, but also can be measured dichotomously with indicators such as whether a child has a specific disease or behavior disorder or is particularly vulnerable.

SES refers to the relative position of a family or individual within a hierarchical social structure based on access to, or control over, wealth, prestige, and power. SES is usually operationalized as a composite measure comprising income, level of education, and occupational prestige. Gradients can be depicted as a line on a graph, with the developmental outcome on the vertical axis and an SES measure on the horizontal axis [2].

Implications of Socioeconomic Gradients

Gradients can be used to indicate the translation of investments in material, social, and cultural resources into skills and competencies over time such that between decades. For a society, they depict overall outcomes like levels of literacy as well as inequalities among social classes. These inequalities have several implications for society for its social cohesion, health and well-being, and social policy.

i. Social Cohesion:

Achieving equality of outcomes such that the shallow gradients is essential for achieving social cohesion. Ritzen's definition of social cohesion as "an inclusive civil society and responsive political institutions" is central to the World Bank's approach to policy and projects. Mounting evidence demonstrates that the economic success of societies depends on relationships among people within and among institutions, communities, and countries.

Researchers have used the term social capital to characterize the nature of relationships among people and the relationships' facilitation of collective action, social networks, and community

norms and values. Research at the micro level has shown that the productivity of institutions and organizations depends on teamwork, communication, sharing of knowledge and ideas, and workers' embracing of organizations' aims. Research at the macro level has been focused on the nature of social support and collective action and their effect on people's trust and trustworthiness and sense of security and well-being. Currently, the concept of social capital is being incorporated into the new growth models of economic development [3], [4].

ii. Health and Well-Being:

Inequalities in social outcomes appear to be a strong determinant of health and well-being. A number of studies show that health outcomes vary among neighborhoods, communities, health authorities, states and provinces, and countries, even after accounting for people's socioeconomic backgrounds. Two findings are especially relevant to socioeconomic gradients. First, gradients for mortality and health status are nonlinear: They are steep at low levels of income and become shallower at higher levels of income. After people meet their basic needs for food, clothing, and housing, further increases in income seem to contribute only marginally to their health. Second, health is not only related to overall levels of income and wealth, but also to levels of income inequality in a society. The predominating explanations relate to people feeling relatively deprived or excluded.

iii. Social Policy

Gradients can provide a focus for social policy, which is concerned mainly with achieving particular outcomes for society as a whole and, especially, for vulnerable groups. During the past few decades, governments have focused mainly on economic policies. Consequently, social policies have not changed at the same pace. Discussions about social policy have mainly concerned the functions of state governments, particularly provision of services and redistribution of income by income transfers to targeted groups. The roles of corporations, communities, and families in shaping social policy have received relatively little attention. Gradients are useful as a simple, straightforward device for shifting attention toward desired social outcomes and inequalities in outcomes [5].

Socioeconomic Gradients for Childhood Vulnerability

Socioeconomic gradients are pertinent to early childhood development and the vulnerability of children to society's inequalities. In PEIC and other studies, researchers have demonstrated the complex relationships and interactions between these gradients and children's vulnerability. Ten key questions for research have been elucidated by the Canadian Research Institute for Social Policy and are summarized below:

- i. At what age do socioeconomic gradients for children's outcomes become evident? Do gradients become stronger as children become older? For example, are gradients evident for the prevalence of children with low birthweight or for children early developmental outcomes? Do gradients become stronger after children enter the formal school system?
- ii. Are gradients stronger for some outcomes than for others? For example, are gradients stronger for cognitive outcomes than for behavioral outcomes?
- iii. Which SES components are related most strongly to children's social and cognitive

- outcomes? Most recent research emphasizes the effects of poverty on children's outcome, but other factors have a significant role. The relative importance of various SES components at different ages needs to be better understood.
- iv. Are gradients linear or curvilinear? A particular concern is whether gradients for children's developmental outcomes weaken above a certain SES threshold and, if so, whether this threshold varies among communities. For example, the income threshold for health outcomes appears to be about \$20,000: Below \$20,000, the relationship between income and health is strong, and above \$20,000, the relationship is weak. Income gradients may be curvilinear as well as linear. In Canada, the income gradient for health outcomes is curvilinear, but the change in slope is more gradual, making it difficult to identify a threshold accurately. Determining whether gradients are linear or curvilinear is particularly relevant to the development of policies for investing in early childhood by targeting resources to low-income families [6], [7].
 - v. What factors mediate the relationships between childhood outcomes and SES? The term "mediating factors" describes the underlying processes for one variable influencing another. For example, do parents in low-income families pursue a different approach to parenting which leads to poor developmental outcomes? If so, parenting styles could be a mediator of the socioeconomic gradient.
 - vi. Are there groups within society whose children are particularly vulnerable? Special concerns are the outcomes for children in minority groups, single-parent families, and families with parents who were teenagers when they had their first child.
 - vii. Do children's outcomes vary by community? In relation to children's development, "community" is defined as a group of citizens collectively concerned about the health and well-being of their children. Communities can be multiple and overlapping. A concern is whether children's outcomes vary among communities regardless of family background.
 - viii. Do socioeconomic gradients vary among communities? For example, are some communities particularly successful in abating inequalities in children's outcomes? In many contexts, gradients vary among communities, and communities that have particularly steep or shallow gradients can be identified. For school outcomes, gradients tend to converge for children at higher SES levels. This convergence has important implications for social policy for it suggests that children from relatively affluent family backgrounds tend to do well in any community, whereas children from less affluent backgrounds can have substantially different outcomes in different communities. Successful communities are able to bolster the social outcomes of their least-advantaged citizens [8], [9].
 - ix. What are the effects of segregating children from lower socioeconomic backgrounds by, for example, residential segregation, private schooling, selective schooling, tracking or streaming, and ability grouping within classrooms or by other mechanisms that differentiate groups according to socioeconomic background?

This question is especially relevant to low-income countries because their school systems are highly segregated owing to disparities in income between rural and urban

families and to private schooling. This “hypothesis of double jeopardy” implies that a child in a poor family is even more vulnerable when educated in a poor setting.

DISCUSSION

Investments in early childhood development are critical for ensuring that children have the best possible start in life. The standards of care for these investments are designed to promote healthy development and ensure that children are prepared for success in school and life. One key standard of care is access to high-quality early care and education programs. Research has consistently shown that children who attend high-quality early care and education programs are more likely to succeed academically, socially, and emotionally. These programs should be developmentally appropriate, culturally responsive, and staffed by qualified and trained professionals. Another standard of care is access to high-quality health care, including regular check-ups, immunizations, and treatment for illnesses and injuries. Health care should be provided by qualified and trained professionals who are knowledgeable about the unique needs of children. Safe and stable environments are also critical for children's development. This includes access to safe and affordable housing, nutritious food, and clean water. Children should also have the opportunity to develop positive relationships with caring adults, including parents, caregivers, and teachers. Finally, investments in early childhood development should prioritize equity and inclusion. This means ensuring that all children have access to high-quality care and education, regardless of their race, ethnicity, socioeconomic status, or other factors. It also means recognizing and addressing the unique needs of children with disabilities or developmental delays. Overall, the standards of care for investments in early childhood development should prioritize high-quality care and education, access to health care and safe environments, and a focus on equity and inclusion. By meeting these standards, we can help ensure that all children have the best possible start in life and are prepared for success in school and beyond [10].

CONCLUSION

Investments in early childhood development can have a significant impact on children's success in school and life. To ensure that these investments are effective, it's important to establish standards of care that prioritize high-quality care and education, access to health care and safe environments, and a focus on equity and inclusion. Access to high-quality early care and education programs, provided by qualified and trained professionals, can promote healthy development and prepare children for success in school and life. Access to high-quality health care, safe and stable environments, and positive relationships with caring adults are also critical for children's development. In addition, a focus on equity and inclusion is essential for ensuring that all children, regardless of their background or circumstances, have access to the resources and support they need to thrive. This means addressing the unique needs of children with disabilities or developmental delays and ensuring that all children have access to high-quality care and education, regardless of their race, ethnicity, or socioeconomic status. By meeting these standards of care, we can help ensure that all children have the best possible start in life and are prepared for success in school and beyond. Investing in early childhood development is not only a moral imperative but also a sound economic decision that benefits individuals, families, and society as a whole.

REFERENCES:

- [1] M. Iza, "La gamificación como estrategia innovadora para la enseñanza de las matemáticas en educación primaria," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [2] R. Septiana, "Makna Denotasi, Konotasi Dan Mitos Dalam Film Kein," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [3] B. kamil and laila puspita Utami Pratiwi, "Pengaruh Model Pembelajaran Experiential Learning Di Dukung Metode Example Non Example Pada Kemampuan Berpikir Kritis Peserta Didik Di Sma Negeri 1 Simpang Agung Skripsi," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [4] U. Mahlufah, "Hubungan Pengetahuan Dan Sikap Remaja Tentang Hiv/Aids Di Kelas Xi Smk N 1 Bawen Kabupaten Semarang Tahun 2019," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [5] A. I. Aulia, "Model Pembelajaran Bagi Anak Autis Di Sekolah Dasar Negeri Ketawanggede Malang," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [6] P. K. Padang, "Peraturan Daerah Kota Padang Nomor 6 Tahun 2019 tentang Rencana Pembangunan Jangka Menengah Daerah (RPJMD) Kota Padang Tahun 2019-2024," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [7] M. Ulva, "Gambaran Karakteristik Kecelakaan Lalu Lintas di Kota Makassar Tahun 2014-2018," *J. Wind Eng. Ind. Aerodyn.*, 2019.
- [8] L. T. Wahyuni, "Pengaruh Mengkonsumsi Pisang Ambon (*Musa Paradisiaca*. S) Terhadap Penurunan Tekanan Darah Pada Penderita Hipertensi Di Kelurahan Kubu Marapalam Wilayah Kerja Puskesmas Andalas Padang," *J. ensiklopedia*, 2019.
- [9] M. Elizabeth, "Efektifitas Penggunaan Antidiabetik Oral Kombinasi Pada Pasien Rawat Jalan Diabetes Melitus Tipe 2 Di Rsud Prof Dr. W.Z Johannes Kupang," *Skripsi*, 2019.
- [10] M. N. Noor, "Analisis Gaya Kepemimpinan Dan Motivasi Kerja Dalam Meningkatkan Kinerja Karyawan Pada Pt Melati Mulya Valindo Group Banjarmasin," *J. Wind Eng. Ind. Aerodyn.*, 2019.

CHAPTER 11

AN OVERVIEW OF ASIAN-AMERICAN CHILDREN DEVELOPMENT

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ABSTRACT:

Asian-American children are a diverse group with a range of cultural and linguistic backgrounds. Their development is influenced by a variety of factors, including their family structure, socio-economic status, and the broader cultural context in which they live. Studies have shown that Asian-American children tend to perform well academically, but may also experience significant pressure to excel and face mental health challenges. Additionally, there are notable differences in parenting practices, family values, and child-rearing goals among different Asian-American ethnic groups. Overall, a nuanced understanding of the diversity within this population is crucial for promoting the healthy development and well-being of Asian-American children.

KEYWORDS:

Acculturation, Biculturalism, Discrimination, Ethnic Diversity, Immigration, Mental Health.

INTRODUCTION

Asian Americans are a diverse group of individuals made up of several micro cultures under the umbrella of a larger shared macro heritage. It is important to note this inner diversity Americans of Chinese, Japanese, Korean, Vietnamese, and other Asian heritages as the various groups are at times as different as they are similar. Nonetheless, there are some common features that may help in better understanding Asian-American children.

The Shared Asian-American Heritage

Before considering some of the shared values and practices of Asian-American groups, it is necessary to reiterate that these groups are extremely diverse and that individual differences must be kept in mind as these broad generalizations are discussed. There are, however, some similar threads found in various Asian cultures, including the tendency to be more collectivistic as opposed to the more individualistic Western orientation, as well as the tendency to view the role of the family as central to existence. In addition, the value given toward preserving honor and harmony may be common across Asian-American individuals. These commonalities will be discussed before attention is turned to some of the differences present between the various Asian-American groups.

i. Collectivism

Valerie Pang and Li-Rong Cheng have called collectivism “one of the most powerful values” found in Asian-American communities (Pang and Cheng 1998, p. 6). Collectivism is characterized by a value system such that the group has more value than the individuals of which it is made. In this orientation, individuals sacrifice their own goals for the greater good of the community, and norms and traditions are emphasized. Virtually every Asian culture is collectivist in nature, in contrast to the more individualistically oriented American framework. This has special implications for Asian-American children, as they may incorporate both Asian

and American value systems into their own beliefs. This can be difficult for them as they straddle both cultures. An example is the extreme focus on independence as a positive quality in Western value systems such as that in the United States. An Asian-American child might allow his family more of a role in decisions regarding career or marriage and may thus be viewed in a negative light because of “dependence” on his family. It is important to understand that collectivist societies such as those in Asian cultures may have different values and priorities than those adhered to by Western societies [1].

ii. Deep Familial Ties

The role of family as central is another common tenet in most Asian cultures, and this familial devotion is often seen in Asian-American children as well. Brian Leung discusses these deep familial ties, noting that Asian-American parents are often seen as sacrificing their own needs for the needs of their children, and in turn adult children are often expected to care for their elderly parents. Also, respect for elder family members is more common in Asian-American cultures than in Western societies. It is also important to note that not all Asian American families are at the same stage in their own process of acculturation to the United States. Leung divides these families into three potential groups: recently arrived immigrant families, immigrant American families, and immigrant-descendant families. Recently arrived immigrant families may struggle with involvement in educational practices in America because of differences in beliefs about the educational system, language barriers, and employment demands. Immigrant-American families are those that consist of parents born overseas and children born in America, as well as entire families born overseas that have lived in the United States for a substantial amount of time. These parents will most likely have more involvement in their children’s education, as they are more accustomed to the culture of America. Differences may exist in opinions and values between parents and children as their levels of acculturation may be at different stages, and this can at times cause conflict in an Asian-American family. Finally, American-born families are those in which all members of the family are American-born. These families may subscribe to many Asian values but may practice them to a lesser extent.

iii. Preserving Honor and Harmony

A third major tenet shared by many Asian and Asian-American cultures is the presence of behaviors designed to “save face” or preserve honor and harmony. Saving face is important not only for oneself but also for others with whom one might be interacting, including groups outside of the ingroup. Disagreements are usually avoided and maintaining a polite and conscientious appearance is more important than winning an argument. This approach must be understood as appropriate in Asian-American children, though it differs from Western viewpoints about asserting oneself. Even children from American-born Asian-American families may retain these types of behavior patterns, as they are central to the Asian value system [2].

Differences among Asian-American Cultures

There are, of course, many differences between the various Asian-American cultures as well. On one level, traditions and customs, language, and dress differ from group to group, while on another level, differences exist in the immigration practices and regulations of the different groups, as well as in historical experiences. These differences may cause Asian Americans to develop culturally in different ways:

The Effect of Immigration Practices on Asian American Children

Chinese Americans are the Asian-American group that has been in America the longest. Many Chinese individuals immigrated to the United States to find jobs and fortune in the early 1800s and were welcomed at first because of the cheap labor they provided. Soon sentiments turned negative, however, leading to the Chinese Exclusion Act of 1882. This act prevented immigration from China and led to discriminatory practices in the United States, including lack of access to certain legal rights and segregation.

In addition, the prevention of immigration created a Chinese-American population comprised mostly of men, leading to lower numbers in subsequent generations. This act was not repealed until 1943 and had extreme influences on both the physical and psychological wellbeing of Chinese Americans. Such practices had an effect on the children of these Chinese immigrants as well, as feelings of shame and the results of discrimination and poverty were passed on from previous generations. Good education is often a main focus for these families and is a key reason for their immigration to the United States. Thus, educational achievement remains an immensely important goal for Chinese-American children.

Korean individuals arrived in America about a century later than the Chinese and also served as laborers. Again, attainment of better education was a major goal of these first Korean immigrants. The anti-Asian sentiments that continued to affect all Asian-American populations at this time in the United States caused many Korean and Korean-American families to settle close to one another, forming tightly knit communities. It is important for those working with Korean-American children to respect these communities and to try to work within them, making attempts to involve parents as much as possible. Though most Korean-American parents are highly respectful of teachers and educational administrators, they may not see it as their place to enter into the educational forum, deferring instead to teachers. Using material in the language of the parent is one way of ensuring more involvement.

Japanese individuals first immigrated to the United States in the late 1800s and early 1900s, with a desire for better education and financial opportunities as the primary force behind their immigration. While welcomed at first, anti-Asian sentiments resulted in the halting of immigration practices from 1931 to 1940. Whereas immigration was prevented quickly for the Chinese, this process took longer with the Japanese, allowing time for both males and females to immigrate to America. Thus, the Japanese-American population was not affected by the same setbacks suffered by the Chinese-American population. As a result, the Japanese-American population continued to thrive with two-thirds of the Japanese population being American-born by the 1940s. The discriminations directed against the Japanese-American population during World War II affected the acculturation of these citizens drastically, however, leading to less identification with America in some and highly overt identification, to the destruction of some of their own customs and practices, on the parts of others. World War II's relative recentness means that many Japanese-American children might come from families directly affected by its events [3], [4].

The Effect of Historical Experiences on Asian American Children

Historical experiences also differ for the various groups of Asian Americans. As mentioned before, during World War II, more than 100,000 Japanese Americans were interned in concentration camps in the United States, an event that continues to affect many Japanese-

American families. Though two thirds of these individuals were Nisei, or second generation individuals who had been born in America, the U.S. government viewed them as a danger to their country following the Japanese attack on Pearl Harbor. This indignation resulted in most Japanese American families losing all that they owned, leading to a step backward in their solidification as productive landowners and business owners. Because of the emphasis placed on the tenet of honor in Japanese societies, many of these families did not speak of the internment for many years afterwards, and Japanese-American children might be just beginning to understand the effects of this imprisonment on their own families.

The end of the Vietnam War in 1975 and the immigration that followed provides another example of a historical influence on a different group of Asian Americans. This group of Southeast Asian immigrants came from three different countries: Vietnam, Laos, and Cambodia. Although the first immigrants who came to the United States around 1975 were generally wealthy and quickly established themselves in their new country, immigrants that followed came from more desperate circumstances, escaping refugee camps and war-ravaged conditions in their homelands. Following these immigrants came the people released from reeducation camps and many biracial Asian children whose American fathers were in the service during the Vietnam War.

Understanding which group the families of Southeast-Asian-American children are associated with can provide those working with them in schools and elsewhere with crucial information about their backgrounds, value systems, and behaviors. In the Southeast-Asian-American community, there is a high level of respect for education and those who provide it, and thus good grades and hard work are emphasized by these families. Having more knowledge about the value systems, practices, and histories of Asian-American children can aid all those who work with them in better understanding their differences from and their similarities to non-Asian-American individuals [5].

The development of children in Asia and Africa can vary depending on a range of factors, including cultural, economic, and environmental influences. However, there are some general patterns that can be observed. In many parts of Asia and Africa, children tend to grow up in close-knit family structures, with extended family members often living in the same household. This can provide a strong support system for children, but it can also place certain expectations on them, particularly in terms of respecting elders and following cultural traditions.

Economic factors can also play a significant role in child development. Poverty is a major issue in many parts of Asia and Africa, and children growing up in impoverished conditions may face a range of challenges, such as malnutrition, limited access to education, and increased risk of disease. However, there are also many organizations and initiatives focused on supporting child development in these regions, such as providing access to healthcare, education, and other resources. In terms of education, there is often a strong emphasis on academic achievement in many parts of Asia and Africa. Children may face significant pressure to perform well in school and secure a good job in the future. However, there is also growing recognition of the importance of holistic development, and efforts are being made to incorporate more creative and experiential learning opportunities.

Overall, child development in Asia and Africa is influenced by a range of factors, and there is significant variation depending on the specific cultural and economic context. However, there are also many opportunities for children to thrive and succeed, particularly with the support of

family, community, and broader initiatives focused on promoting child well-being. Historical experiences can have a significant impact on Asian-American children, both in terms of their individual identity formation and their experiences within broader social contexts.

One of the most significant historical experiences that has shaped the Asian-American community is the legacy of immigration and exclusion. For many Asian-American families, the experience of immigration involves navigating language barriers, cultural differences, and economic challenges. This can lead to feelings of isolation and disconnection, particularly for children who may struggle to balance their family's traditional cultural practices with the expectations of mainstream American society. In addition to these challenges, Asian-American children may also face discrimination and marginalization due to historical events such as the Chinese Exclusion Act of 1882, the internment of Japanese-Americans during World War II, and the Vietnam War. These experiences can lead to a sense of distrust or suspicion towards mainstream American society, as well as a heightened awareness of issues related to race and identity [6], [7].

Moreover, Asian-American children may also experience pressure from their families to succeed academically and professionally, due to cultural values emphasizing education and achievement. This pressure can be particularly intense for first-generation immigrants who may feel a sense of obligation to succeed in order to provide for their families and contribute to their communities. Overall, the historical experiences of Asian-Americans have had a profound impact on the experiences of Asian-American children, influencing their sense of identity, their experiences with discrimination, and their expectations for themselves and their families. Understanding these experiences is essential for supporting the healthy development of Asian-American children and promoting greater understanding and inclusion within broader society.

DISCUSSION

Asian-American children are a diverse group, representing a wide range of cultures, ethnicities, and languages. Their development can be influenced by various factors such as their family background, cultural values, social environment, and educational experiences. In this discussion, we will explore some key aspects of Asian-American children's development. One of the most significant factors that shape the development of Asian-American children is their family background. Many Asian-American families place a high value on education and emphasize academic achievement as a means of success. This emphasis on education can lead to higher expectations for academic performance, which can place additional stress on children. Additionally, traditional gender roles may also play a role in the family's expectations for children, with boys often being encouraged to pursue more masculine activities and girls being encouraged to focus on domestic tasks and caregiving.

Cultural values and beliefs can also influence the development of Asian-American children. For example, many Asian cultures emphasize respect for authority, the importance of family, and the value of hard work. These values can have a significant impact on children's behavior and socialization. Additionally, cultural values around mental health and help-seeking behaviors may impact children's access to and utilization of mental health services. Social environment and experiences can also play a role in Asian-American children's development. Discrimination and racism, which can be experienced by Asian-American children, may lead to feelings of isolation, marginalization, and negative self-esteem. Additionally, cultural clashes between the values and traditions of Asian-American children and the dominant culture may create tension and

confusion for children. It is essential to acknowledge and address these issues to support the healthy development of Asian-American children. Finally, educational experiences can significantly impact Asian-American children's development. Asian-American children may face unique challenges in schools, such as language barriers, discrimination, and expectations based on stereotypes. At the same time, they may also benefit from cultural strengths such as strong family support and academic motivation. It is crucial to ensure that schools provide culturally responsive and inclusive environments that support the academic and social-emotional development of Asian-American children. The factors that shape Asian-American children's development is crucial for promoting their well-being and success. By considering their family background, cultural values, social environment, and educational experiences, we can better support Asian-American children's growth and development. It is essential to recognize and address the unique challenges that they face while also recognizing and building on their cultural strengths [8].

CONCLUSION

Cultural values play a significant role in shaping the development of Asian-American children. These values, including respect for elders, collectivism, and high academic achievement, are often emphasized in Asian cultures and can influence parenting practices and educational expectations. Asian-American children tend to perform well academically and have higher test scores than other ethnic groups. However, research suggests that this success may come at a cost, as Asian-American children may experience higher levels of stress and pressure to achieve. The experiences of Asian-American children are diverse and can be influenced by factors such as immigration status, socioeconomic status, and family structure. Asian-American children may face unique challenges related to their identity, including racism, stereotypes, and cultural expectations. These challenges can impact their mental health and well-being. Research indicates that a positive sense of ethnic identity can promote resilience and positive mental health outcomes for Asian-American children. Overall, it is essential to recognize the diversity of experiences and challenges faced by Asian-American children and to provide support and resources to promote their healthy development.

REFERENCES:

- [1] G. Trommsdorff, "Development of 'Agentic' Regulation in Cultural Context: The Role of Self and World Views," *Child Dev. Perspect.*, 2012, doi: 10.1111/j.1750-8606.2011.00224.x.
- [2] "Encyclopedia of multicultural psychology," *Choice Rev. Online*, 2007, doi: 10.5860/choice.44-3040.
- [3] C. Watanabe, T. Inaoka, T. Matsui, K. Ishigaki, N. Murayama, and R. Ohtsuka, "Effects of arsenic on younger generations," *J. Environ. Sci. Heal. - Part A Toxic/Hazardous Subst. Environ. Eng.*, 2003, doi: 10.1081/ESE-120016885.
- [4] J. Guzder, "Book Review: Culturally Competent Practice with Immigrant and Refugee Children and Families," *Transcult. Psychiatry*, 2005, doi: 10.1177/136346150504200312.
- [5] H. J. Joo, "Crime and Criminal Justice in South Korea: Editor's Introduction," *Asian J. Criminol.*, 2015, doi: 10.1007/s11417-015-9209-y.

- [6] “Encyclopedia of educational psychology,” *Choice Rev. Online*, 2008, doi: 10.5860/choice.45-6529.
- [7] N. J. Cabrera and C. S. Tamis-LeMonda, *Handbook of father involvement: Multidisciplinary perspectives: Second edition*. 2013. doi: 10.4324/9780203101414.
- [8] T. A.L. *et al.*, “Children’s intake of key vitamins & minerals for cognitive and immune development: A crosscountry comparison,” *J. Pediatr. Gastroenterol. Nutr.*, 2019.

CHAPTER 12

AN OVERVIEW OF ASTHMA PROBLEM IN CHILD AGE

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ABSTRACT:

Asthma is a common respiratory condition that affects children of all ages. It is a chronic disease that causes inflammation and narrowing of the airways, making it difficult for children to breathe. This can lead to a range of symptoms, including wheezing, coughing, shortness of breath, and chest tightness. Asthma can be triggered by a variety of factors, including allergens, exercise, cold air, and viral infections. Management of asthma in children typically involves a combination of medication and lifestyle changes, such as avoiding triggers and staying active. With proper treatment and management, most children with asthma are able to lead normal, healthy lives. However, it is important for parents and caregivers to be aware of the signs and symptoms of asthma, and to seek medical attention if their child is experiencing breathing difficulties.

KEYWORDS:

Asthma, Breathing Difficulties, Chest Tightness, Children, Coughing, Inflammation.

INTRODUCTION

Asthma is the most common chronic illness seen in childhood, affecting 5 to 15 percent of children in the United States, approximately 3 million children younger than eighteen years of age. One-third of these children have severe asthma. Over the last twenty-five years, there has been an increase in the prevalence of asthma. Although part of this may be attributed to physicians diagnosing asthma earlier in children, there still seems to be a real rise in the number of children worldwide with asthma. In the United States, African-American children are more likely to have asthma and more severe instances of the disease compared to Caucasian children. African-American children under four years of age are hospitalized four times as often for their asthma. Crowded inner city living also has been shown to increase a child's likelihood of having asthma, regardless of race. The innercity environment has particles or allergens such as air pollutants that sensitize these children to develop asthma. Urban settings provide increased allergic exposures and increased viral infections early in life possibly secondary to earlier daycare placement, and crowding. Furthermore, asthma tends to be more severe among children, resulting in higher death rates for children with asthma. Other associated factors include prematurity, low birthweight, poor nutrition, lack of breastfeeding, and low family income. Genetics also plays a role in developing asthma. If one parent is affected with asthma, the child is three times as likely to develop asthma compared to a child with non-asthmatic parents; if both parents have asthma, the risk increases sixfold.

Asthma is an illness that affects the lungs, specifically the airways. Air enters the body through the nose or mouth. It then enters the trachea, also known as the windpipe. This is the large main airway of the lungs. The trachea then divides into two smaller pipes called bronchi that bring air to both the right and left lungs. These airways then divide into many smaller airways called

bronchioles. These small airways eventually bring air and oxygen to the smallest sub-unit of the lung called the alveolus. The alveolus is where oxygen enters the blood and where carbon dioxide is released. There are hundreds of thousands of alveoli in each lung. The airways are made up of three parts. First there are the smooth muscle cells that surround the airway. These cells allow the airway to get bigger or smaller by relaxing or contracting. These muscles are involuntary, meaning that they cannot be consciously moved. They respond to local chemicals and nerves to relax and contract.

The second part is the lining of the tube, which is made of normally thin cells called epithelial cells. These cells help to protect the body from particles such as viruses or bacteria that may be breathed in but that should not be absorbed into the lungs or the body. The cells do this by trapping particles in mucus and moving them out by a brush border, which acts as a moving carpet by beating and bringing the particle laden mucus back out of the lungs. When the particles get closer to the throat, a person can feel them and is then stimulated to cough to get them out of the lungs. The third part is the lumen, or airway opening through which the air passes on its way to the alveolus to bring oxygen to the lungs that will then be used by the body. The size of this lumen is affected by the smooth muscle, the lining cells, and by any debris.

When someone has an acute asthma attack, their airways narrow because of smooth muscles, swelling or edema of the airway lining cells, and production of excessive mucus by these cells, making it more difficult to move air in and out of the lungs. When this happens, the patient will often cough, breathe more quickly than normal, and feel short of breath. People with asthma may also have noisy breathing, or wheezing. Wheezing occurs because the patient must still move the same amount of air through a narrower airway in the same amount of time. This means the air has to move faster to move past these narrow areas. This is heard as wheezing. The process is similar to water flowing through a narrowed pipe or tube; for example, through a nozzle. Water flow becomes noisy and audible, where it is normally quiet. Wheezing, however, may also occur in patients who do not have asthma but may have airway narrowing for other reasons such as a foreign body in the airway. Very young children may wheeze in response to a cold but may not have asthma when they get older. Patients having an asthma attack also can appear to be breathing hard, using extra muscles like their abdomen, shoulders and rib muscles to breathe. If allowed to continue without treatment, a patient will continue to work harder and harder until the muscles of breathing are exhausted, thus leading to death. Patients with asthma may be mildly to severely ill with an asthma attack, and symptoms can progress very quickly if not treated.

Many things can cause asthma attacks. For some people key triggers can be identified. Triggers are environmental, infectious, or social causes that set off a person's asthma. Common triggers include pollens, cigarette smoking, secondhand smoke exposure, dust mites, molds, pet dander, colds, cold air, exercise, stress, and changes in weather. These triggers are sensed by the lungs and the body over-responds, causing an asthma attack. Some patients have asthma where no clear trigger can be identified. Individuals with many allergies are at higher risk for getting asthma. People with eczema an itchy dry skin condition often associated with allergies also are more likely to have asthma.

Treatment of asthma requires a whole life approach. Prevention of attacks is extremely important, especially in children with moderate to severe asthma. This requires a multifactorial approach involving attention to and potential changes in all spheres of a child's life, including home and school. Environmental modification includes elimination of triggers such as cigarette

smoke, pet dander, dust, molds, pollens, and insects. Special care to avoid colds is also important. Furthermore, some children require preventive or prophylactic medicine daily to decrease the number of attacks. These include anti-inflammatory medications in more severe cases of asthma, to help decrease inflammation and swelling of airway lining cells. Once an acute asthma attack has started, treatment consists of albuterol, which immediately relaxes the smooth muscle to help open the airway. Steroids can also increase airway size by decreasing acute inflammation. Oxygen may also be needed. Education of patient, family, and other caregivers in the early recognition of symptoms is key to successful treatment of an asthmatic attack, and improving baseline lung functioning.

Asthma, like any chronic illness, can have a significant impact on a child's psychosocial functioning and development. Children with asthma exhibit a threefold increase in school absences (on average) when compared to children without asthma. A study by Fowler from 1992 also suggests a potential link between asthma and learning disabilities in children with poor to fair health because of severe asthma with poorer school performance. Children with asthma who come from lower income families (household income less than \$20,000 per year) were twice as likely to fail a grade than healthy children from low-income homes in this study. Children with asthma also exhibit increased emotional vulnerability. They may demonstrate anxiety regarding their asthma, and feel physically vulnerable as well, sometimes out of proportion to the severity of their asthma. Anxiety with hyperventilation can be a trigger for stress-induced asthma attacks. Young children with moderate to severe asthma may have great fears and anxieties regarding their health and fear of death at a very young age. In addition to the child, parents also develop fear and anxiety in relation to their child with chronic illness, which also may be out of proportion to the severity of the child's asthma. This can lead to increased parental sheltering and overprotectiveness, giving rise to the vulnerable child syndrome and feeding the child's anxiety.

Asthma can also be an isolating illness for school age children. Increased school absences take them away from their friends and peers. Having to leave the classroom to receive medicines or treatments also may give the child a sense of being set apart from peers and therefore different. Furthermore, classmates may perceive the child as being sick and may treat him differently as a result, further impairing bonding with peers. In conclusion, asthma is a common illness among children. It affects their physical, psychosocial, and emotional lives. Effective management involves the child, family, pediatrician, school personnel, and when needed, allergy specialists to minimize symptoms and allow children with asthma to thrive [1].

Causes of Asthma Problem in Child Age

Asthma is a chronic respiratory condition that affects people of all ages, including children. The exact cause of asthma is not fully understood, but it is believed to be a combination of genetic and environmental factors. Here are some of the common causes of asthma in children:

- i. **Genetics:** Asthma often runs in families, so children with a family history of asthma are more likely to develop the condition.
- ii. **Allergies:** Allergies to things like pollen, dust mites, animal dander, and mold can trigger asthma symptoms in children.
- iii. **Respiratory Infections:** Respiratory infections, such as colds and flu, can cause inflammation in the airways and trigger asthma symptoms in some children.

- iv. **Environmental Factors:** Exposure to air pollution, secondhand smoke, and other environmental factors can contribute to the development of asthma in children.
- v. **Obesity:** Obesity has been linked to an increased risk of asthma in children.
- vi. **Premature Birth:** Children born prematurely are at a higher risk of developing asthma.
- vii. **Certain Medications:** Some medications, such as aspirin and non-steroidal anti-inflammatory drugs (NSAIDs), can trigger asthma symptoms in some children.
- viii. **Emotional Factors:** Emotional factors such as stress and anxiety can trigger asthma symptoms in some children.

It's important to note that asthma triggers can vary from child to child, and it's essential to work with a healthcare provider to identify and manage triggers for your child's asthma [2], [3]. Asthma is a chronic respiratory disease that affects millions of people worldwide. While it is a manageable condition, there are several challenges associated with asthma that can make it difficult for individuals to control their symptoms and maintain a good quality of life. Some of the challenges of asthma include:

- i. **Lack of Awareness:** Many people are unaware of the signs and symptoms of asthma, which can delay diagnosis and treatment. This can result in more severe symptoms and complications.
- ii. **Environmental Triggers:** Asthma symptoms can be triggered by a range of environmental factors, such as air pollution, pollen, and dust mites. These triggers can be difficult to avoid, particularly in urban areas.
- iii. **Non-adherence to Medication:** Medications, such as inhalers and steroids, are crucial for managing asthma symptoms. However, many people do not adhere to their medication regimen, which can result in exacerbation of symptoms and a decline in lung function.
- iv. **Stigma:** There is often a stigma associated with asthma, with many people viewing it as a weakness or a character flaw. This can lead to feelings of shame and isolation, which can further impact an individual's mental health and quality of life.
- v. **Financial Burden:** Asthma medications and treatments can be costly, particularly for individuals without health insurance. This can result in financial stress and can make it difficult for individuals to access the care they need.
- vi. **Co-morbidities:** Asthma is often associated with other chronic conditions, such as allergies, anxiety, and depression. These co-morbidities can make it more difficult to manage asthma symptoms and can impact an individual's overall health and wellbeing.

Overall, the challenges of asthma are significant and can impact an individual's quality of life. However, with proper education, adherence to medication, and support from healthcare professionals, individuals with asthma can manage their symptoms effectively and lead a healthy, fulfilling life [4], [5].

Main Reason of Asthma Problem

The exact cause of asthma is not fully understood, but it is believed to be caused by a combination of genetic and environmental factors. Asthma is a chronic respiratory disease that causes inflammation and narrowing of the airways, leading to symptoms such as wheezing, coughing, shortness of breath, and chest tightness. Some of the known factors that can trigger asthma symptoms include:

- i. **Allergens:** Exposure to allergens such as dust mites, pollen, pet dander, and mold can trigger asthma symptoms in some people.
- ii. **Respiratory Infections:** Respiratory infections, such as colds, flu, and pneumonia, can trigger asthma symptoms or make them worse.
- iii. **Air Pollution:** Exposure to air pollution, such as vehicle exhaust, can trigger asthma symptoms.
- iv. **Exercise:** Vigorous physical activity, particularly in cold or dry air, can trigger asthma symptoms in some people.
- v. **Occupational Exposure:** Exposure to certain substances, such as chemicals and dust, in the workplace can trigger asthma symptoms.
- vi. **Tobacco Smoke:** Exposure to tobacco smoke, either directly or secondhand, can trigger asthma symptoms.
- vii. **Stress and Emotional Factors:** Stress and strong emotions can trigger asthma symptoms in some people.
- viii. **Genetics:** Asthma tends to run in families, suggesting that there may be a genetic component to the disease.

Overall, asthma is a complex disease with multiple triggers, and the exact cause can vary from person to person. While there is no cure for asthma, it can be managed effectively with proper treatment and care [6], [7].

DISCUSSION

Asthma is a chronic respiratory disease that affects millions of people worldwide. It is a condition that causes the airways to become inflamed and narrow, making it difficult to breathe. Asthma symptoms can range from mild to severe and can be triggered by a variety of factors, including allergens, pollution, exercise, and stress. One of the most important things for people with asthma is to have an asthma action plan in place. This plan should include information on how to manage asthma symptoms, when to seek medical help, and what medications to take. It's also important to avoid triggers whenever possible and to keep rescue inhalers on hand in case of an asthma attack [8].

In addition to managing symptoms, it's important to work with a healthcare provider to develop a long-term management plan. This may involve taking daily medications to control inflammation and prevent symptoms, as well as regular check-ups to monitor lung function. Asthma can be a

challenging condition to live with, but with the right management strategies, people with asthma can lead healthy, active lives. It's important to work closely with healthcare providers and to take steps to reduce exposure to triggers in order to manage symptoms and prevent complications [9], [10].

CONCLUSION

Asthma is a chronic respiratory disease that affects millions of people worldwide. It is characterized by inflammation of the airways, which causes difficulty in breathing, wheezing, coughing, and chest tightness. Asthma can be triggered by various factors, including allergens, pollutants, exercise, and stress. Treatment for asthma includes both short-term and long-term strategies, including quick-relief inhalers, long-term controller medications, and lifestyle modifications. Managing asthma requires a partnership between the patient, healthcare provider, and other members of the healthcare team. Patients with asthma should work closely with their healthcare provider to develop an individualized treatment plan and regularly monitor their symptoms to achieve optimal asthma control and improve their quality of life. While asthma cannot be cured, it can be effectively managed with proper treatment and self-care. By following their treatment plan and making healthy lifestyle choices, people with asthma can lead active and fulfilling lives.

REFERENCES:

- [1] R. Sun and L. Cao, "Bronchodilation test to assess asthma control," *Chinese Journal of Applied Clinical Pediatrics*. 2020. doi: 10.3760/cma.j.cn101070-20190722-00668.
- [2] M. Moin, "Challenges of asthma control in developing and developed countries," *Iran. J. Allergy, Asthma Immunol.*, 2013.
- [3] M. A. Connolly and J. A. Johnson, "Measuring quality of life in paediatric patients," *PharmacoEconomics*. 1999. doi: 10.2165/00019053-199916060-00002.
- [4] *Economic Valuation of Environmental Health Risks to Children*. 2006. doi: 10.1787/9789264013988-en.
- [5] B. M., "Current concepts and therapeutic strategies for allergic rhinitis in school-age children," *Clin. Ther.*, 2004.
- [6] NCT00426634, "Children With Asthma in New Orleans After Hurricane Katrina," <https://clinicaltrials.gov/show/nct00426634>, 2007.
- [7] M. Safri and A. R. Putra, "Early allergy symptoms in infants aged 0-6 months on breast milk substitutes," *Paediatr. Indones.*, 2015, doi: 10.14238/pi55.1.2015.13-7.
- [8] R. F., "Respiratory health starts in pregnancy," *Ital. J. Pediatr.*, 2017.
- [9] M. Safri and A. R. Putra, "Early allergy symptoms in infants aged 0-6 months on breast milk substitutes," *Paediatr. Indones.*, 2015, doi: 10.14238/pi55.1.2015.04.
- [10] K. Julge and T. Rebane, "Component resolved diagnostics in severe allergy problems," *Eur. J. Pediatr.*, 2017.

CHAPTER 13

AN OVERVIEW OF THE EMOTIONAL ATTACHMENT DEVELOPMENT IN CHILD AGE

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ABSTRACT:

Emotional attachment development in child age is a complex and important aspect of human development. Emotional attachment refers to the close emotional bond that develops between a child and their primary caregiver. This attachment plays a critical role in the child's emotional and social development, as it provides a secure base from which they can explore the world around them. Research suggests that emotional attachment is formed through a combination of biological, environmental, and social factors, and that it can have a profound impact on a child's emotional well-being and relationships throughout their life. This paper provides an overview of the key concepts and theories related to emotional attachment development in child age, and highlights the importance of nurturing secure emotional attachments in children.

KEYWORDS:

Attachment, Child Development, Emotion Regulation, Emotional Bonds, Emotional Development.

INTRODUCTION

Attachment is a strong emotional tie that children develop with the special people in their lives, particularly parents. Attachment figures provide comfort to children in times of stress; in so doing, they serve as a secure base from which children explore the world. Further, attachment figures serve as a source of pleasure and joy for children. Note, however, that parents also play other important roles in their children's lives, including playmate, teacher, and disciplinarian. The development of attachment follows four phases in infancy. For the first two to three months, young infants do not discriminate among the people who care for them. From three to seven months infants begin to show their preferences for familiar caregivers, such as their parents, by reaching for them, smiling at them, and responding to soothing efforts by them. By nine months, infants show evidence of their attachment relationships. They make attempts to maintain close proximity to their caregivers, and they are distressed by separations from them. Over time, partnerships emerge between children and their caregivers, such that children develop an appreciation of caregivers as separate persons with their own goals, needs, and desires. Attachment relationships with parents and other important caregivers continue throughout the lifespan. Moreover, beginning in adolescence, other attachment relationships develop, including those with romantic partners and close friends.

History of Attachment Theory

The earliest roots of attachment theory can be found in Sigmund Freud's psychoanalytic theory of development, written at the turn of the twentieth century. Freud was the first theorist to propose a stage theory of development. His first stage, the oral stage, presupposed that infants develop relationships with their mothers, because mothers satisfy their hunger. Animal studies,

however, provided persuasive evidence that feeding was not a sufficient explanation for attachment. In a series of famous experiments, Harry Harlow and his colleagues demonstrated that infant rhesus monkeys, raised in isolation, preferred the comfort of a cloth-covered surrogate mother to that of a wire-mesh surrogate with an attached feeding bottle. Clearly, the basis for attachment relationships does not reside in feeding alone. Erik Erikson, a student of Freud's, foreshadowed attachment theory by emphasizing the importance of children's ability to trust parents to meet their needs as the basis for later social and emotional development [1].

World Wars I and II alerted mental health professionals and the general public alike to the importance of close interpersonal relationships in development. Particularly in Europe, where casualty rates were highest, psychological trauma due to the loss of loved ones was common. Therapists, in fact, reported that death of family members was a frequent reason for individuals to seek therapy during the postwar years. In this context, British psychiatrist John Bowlby, while working with children and adolescents in London orphanages, discovered that the most disturbed children were those who had experienced separations from their caregivers, particularly their mothers. Consider, for example, his account of a seven-year old girl:

Bowlby also noted that children who developed behavioral and emotional problems often experienced parenting that was characterized by displays of ambivalence or outright rejection. Based on these observations, he hypothesized that a caregiver's emotional attitude toward a child had direct implications for that child's later mental health. In other words, he believed that mental health is dependent upon a child feeling wanted and loved [2], [3].

Three Main Propositions of Attachment Theory

Bowlby's seminal three-volume series on attachment and loss and subsequent work by his student, Mary Dinsmore Salter Ainsworth, form the core of attachment theory. There are three main propositions. The first is that infants' emotional ties to their caregivers can be viewed from an evolutionary perspective. Consider, for example, that closeness with adults can be viewed as an adaptive strategy for children because it leads to protection from environmental hazards, such as predators. Throughout the long evolution of human history, children who did not develop close relationships with their parents were less likely to survive and therefore less likely to reproduce. It is difficult to prove this thesis because there is no fossil record for social behavior. Still, it seems likely that attachment behaviors provided an evolutionary advantage.

Second, attachment is grounded in what is called a motivational control system, which organizes children's behavior. Just as physiological control systems are believed to regulate processes such as body temperature, a behavioral control system balances a child's desires to explore the environment and to seek proximity with caregivers, especially in the presence of danger. In this system, the child's primary goal is to feel safe and secure. Feelings of security, however, are dependent on caregivers' responses. When caregivers are sensitive and responsive, children are confident that their needs will be met and that they may rely on their caregivers in times of stress. In contrast, when caregivers are insensitive and unresponsive, children become distrustful of their caregivers and are unable to rely on them. In the face of insensitive caregiving, infants develop strategies that are adaptive in context, for example avoiding or clinging to caregivers.

Third, early experience guides later behaviors and feelings via internal working models of attachment internal' because they reside in the mind working because they guide perceptions and behaviors, and "models" because they are cognitive representations of relationship experiences.

In other words, children store knowledge about relationships, especially knowledge about safety and danger, in models that guide their future interactions. Each new interpersonal interaction is processed and interpreted according to children's representations [4].

These models are assumed to operate, for the most part, outside of conscious experience. Knowledge gained from interactions with primary caregivers, typically parents, is of greatest importance; for example, children with loving parents develop positive models of relationships based on trust. Simultaneously, children develop parallel models of themselves; for example, children with loving parents view themselves as worthy of care. These models are assumed to generalize from parents to other people in children's lives, including friends and teachers. So, a child will assume that a friend or teacher is trustworthy if the child's primary caregiver is trustworthy.

Mary Dinsmore Salter Ainsworth and the Strange Situation

Ainsworth conducted the first observational studies of mothers and children that were rooted in attachment theory, first in Uganda and later in Baltimore, Maryland. Through her careful field notes, she noticed important individual differences among infants. Most appeared soothed by their mothers, while others were not, and still others displayed little emotion to their mothers' presence or absence. Ainsworth moved her work to the laboratory in order to assess the effect of maternal absence on infant exploratory behaviors. Her paradigm, called the Strange Situation, is a thirty-minute procedure that consists of a series of separations and reunions among a caregiver, a child, and a stranger. Ainsworth and her students identified three patterns of attachment that were particularly evident from children's behavior in the reunion episodes with mothers. Most children displayed a pattern of attachment that Ainsworth and colleagues labeled "secure." When their mothers were present, these children displayed a balance between exploring the laboratory playroom and seeking proximity with their mothers.

During separations, secure children displayed some distress as indicated, for example, by crying. When reunited, these children greeted their mothers warmly, often with hugs, and were easily soothed by them. Children classified as "insecure-ambivalent" displayed few exploratory behaviors when their mothers were present, often clinging to them. These children were usually very upset during separations. When reunited, they displayed angry and resistant or ambivalent behaviors toward their mothers. For example, they would cry and raise their arms to be picked up and then push their mothers away while continuing to cry. Children classified as "insecure-avoidant" explored the playroom when their mothers were present. Unlike other children, however, these children paid little attention to their mothers. In addition, these children were usually not upset during separations and snubbed or avoided their mothers during reunions. Mary Main and Judith Solomon identified a fourth pattern of attachment, "insecure disorganized," characterized by extreme distress over separations and disorganized, disoriented, and confused behaviors during reunions. Specifically, these children displayed frozen postures, repetitive movements, and dazed facial expressions when reunited with their mothers [5].

Overwhelmingly, the Strange Situation has become the preferred method of assessing attachment in infancy. There is, in fact, considerable evidence that security status in the Strange Situation is related to parenting behaviors, especially maternal sensitivity, which can be defined as the mother's ability to perceive an infant's signals accurately and to respond promptly and appropriately. Children whose mothers are sensitive to their needs are likely to be classified as secure. Children with avoidant patterns tend to have mothers who are either rejecting or intrusive

and overstimulating. Children with ambivalent patterns tend to have mothers who are inconsistent in their parenting behaviors; for example, they may be sensitive and responsive some of the time but not always, which makes it difficult for children to predict their behavior. Children with disorganized patterns tend to have mothers who have experienced loss, trauma, or mental illnesses.

Although most of the research that has been conducted on patterns of attachment concerns infants' relationships with their mothers, there is some work that has examined infants' relationships with their fathers. There is no debate that children develop fullfledged attachment relationships with their fathers. In other words, it is clear that children can and do develop multiple attachment relationships. Little is known, however, about how children integrate the knowledge gained from multiple attachment models, especially when the models are different. Yet, there is some evidence for concordance across attachment figures children who are securely attached to their mothers are also likely to be securely attached to their fathers. Concordance is best explained by shared parenting values, although infant temperament has also been suggested as an explanation [6].

Child Care

By the twenty-first century, most infants in the United States experienced some form of child care in their first year of life. This represented an enormous shift in how children in the United States were raised, a shift that led to concerns about whether infant child care disrupts mother-child attachment. Some have argued that infants experience daily separations as maternal rejection, which should lead to avoidance, while others have suggested that separations prevent mothers from having sufficient opportunities to develop sensitive caregiving styles. The results of the National Institute of Child Health and Human Development Study of Early Child Care, a study of more than 1,000 infants and their mothers, clearly demonstrated that neither security nor avoidance in the Strange Situation was associated with type of care, amount of care, or quality of care. Instead, security was associated with characteristics of mothering, such as sensitivity. Infants who experienced dual risks, for example poor quality child care and insensitive mothering, were at increased risk for developing insecure attachments. Thus, the effects of child care on attachment depend primarily on the nature of ongoing interactions between mothers and children.

Other Measures of Attachment

The Strange Situation continues to be the benchmark method for assessing attachment security in infancy. Alternatives, however, have been developed. The Attachment Q-sort, developed by Everett Waters, is a method designed to assess attachment security naturalistically in the home environment. Observers sort a set of ninety cards with behavioral descriptions for example, "Actively solicits comforting from adult when distressed" from most characteristic to least characteristic of the child. The child's profile is compared to that of a prototypical securely attached child, based on attachment researchers' hypothetical sorts or rankings of the cards. Methods have also been developed for assessing attachment security in adolescence and adulthood. Preeminent among these is the Adult Attachment Interview, a semi structured interview in which adults are asked to reflect and report on their early experiences with attachment figures, typically their mothers and fathers. The coding system focuses on the consistency and coherency of responses. Adults are classified as "secure/autonomous" if they express value for their early attachment relationships and are able to report on these experiences

in a clear and organized fashion. Adults are classified as “dismissing” if they devalue the importance of early attachment relationships by expressing disregard for negative experiences, by having few memories of childhood, or by having idealized memories of their childhoods. Adults are classified as “preoccupied” if they display confusion or anger regarding early attachment relationships and talk excessively about their early experiences concerning them. Finally, adults are classified as “unresolved/disorganized” if they demonstrate lapses in reasoning during discussions of loss or abuse [7].

Stability of Attachment and Later Relationship Functioning

There is some evidence that attachment status is a stable phenomenon, as evidenced by concordance between security in the Strange Situation during infancy and in the Adult Attachment Interview during adolescence or early adulthood. Specifically, secure infants become autonomous adults, while avoidant infants become dismissing and ambivalent infants become preoccupied. Instability in attachment classifications over time seems to be linked to salient life events. Events that may redirect secure infants toward patterns of insecurity in adolescence and adulthood include maltreatment, the loss of a parent, parental divorce, or a serious illness for the parent or child. Strange Situation classifications in infancy are also predictive of later relationship functioning. Infants classified as secure show more positive emotions toward their parents at two years of age and have better communication with their parents during middle childhood than infants classified as insecure. Patterns of attachment in infancy are also predictive of the quality of relationships with people other than parents. For example, children who are securely attached to their caregivers have better relationships with teachers, peers, and close friends.

Clinical Implications

The field of attachment began with Bowlby’s clinical work with disordered patients. Since then, researchers have remained interested in links between early attachment history and the development of psychopathology. Work with institutionalized children demonstrates that the failure to form attachment relationships can lead to serious mental health problems. Most research, however, concerns associations between the quality-of-care children receive from attachment figures and later behavior. For example, infants with ambivalent attachment relationships are more likely to develop later anxiety disorders, while those with disorganized attachment relationships are more likely to develop later dissociative disorders, where individuals lose touch with reality. There is little evidence for specific links between types of insecurity and types of disorders. Instead, insecurity seems to operate as a risk factor that is neither a necessary nor a sufficient cause for disorders. Not surprisingly, there is evidence that a secure attachment relationship functions as a protective factor for children; in other words, security may protect children from the effects of other risk factors associated with psychopathology, such as their own difficult temperaments [8].

The processes through which early attachment relationships lead to later disorders are not well understood. Most theorists, however, believe that internal working models must moderate any link between the two. Models characterized by anger, mistrust, anxiety, and fear may lead children not only to behave aggressively but also to interpret the behaviors of others, even kind behaviors, negatively. In fact, the early memories of people with personality disorders are characterized by marked distortions and inconsistencies that reflect their negative attributions of themselves and others. More research on internal working models, especially with respect to

their resistance to change, could help direct future therapeutic efforts with both children and adults.

Cross-Cultural Research

Because attachment theory is grounded in evolutionary biology, one of its core assumptions is that infant-caregiver attachment is a universal phenomenon. This assumption is controversial. At the very least, however, research from around the world supports the claim that all infants develop attachment relationships, secure or insecure, with their primary caregivers. Beyond this, there is considerable evidence that the number of children who develop a secure pattern of attachment is proportionately similar across cultures. In African, Chinese, Israeli, Japanese, Western European, and American cultures alike, most children, about two-thirds, are securely attached to their caregivers. The proportion of children who are insecure avoidant or insecure-ambivalent, however, varies across cultures. Consider that in Japan a higher proportion of children are classified as ambivalent and a lower proportion of children are classified as avoidant than in Western European and American cultures. Japanese infants, in fact, are more likely to be very upset during separations from their caregivers and less likely to explore the environment than American infants. Based on these data and using the Japanese culture as an example, Fred Rothbaum and his colleagues offered a critique of the universality of attachment that focused on cultural variations in caregiver sensitivity and child competence.

Rothbaum and his colleagues argued that caregiver sensitivity in Japan is a function of parents' efforts to maintain high levels of emotional closeness with their children, but that in the United States it is a function of parents' efforts to balance emotional closeness with children's assumed need to become self-sufficient. In fact, Japanese parents spend more time in close contact with their infants than parents in the United States. Regardless, most attachment researchers now agree that caregiver sensitivity is only one important contributor to attachment security. In all cultures, other factors such as how much stimulation parents provide their children, as well as child characteristics such as temperament, are likely to influence the development of attachment. The link between attachment security and child competence has also received scrutiny from a cross-cultural perspective. Child characteristics that are associated with security in Western cultures, such as independence, emotional openness, and sociability, are less valued in other cultures. Attachment security may lead to social behaviors that vary across cultures but are nonetheless adaptive in context. For example, Japanese secure children may be more likely than Western secure children to depend on others to meet personal needs, because interpersonal dependency is valued in the Japanese culture. In other words, the characteristics of child competence may differ across cultures as a result of culture-specific pressures [9].

DISCUSSION

Emotional attachment is an essential aspect of a child's development, as it lays the foundation for healthy social and emotional development throughout life. The formation of emotional attachment begins in infancy and continues throughout childhood. During this period, children learn to form emotional bonds with their caregivers, which provide them with a sense of security and support. Attachment theory, developed by John Bowlby, posits that infants are born with an innate drive to seek proximity to their caregivers when they experience distress. Over time, through repeated interactions with their caregivers, infants learn to trust that their needs will be met, and they begin to form a secure attachment bond. As children grow, their attachment needs evolve, and they begin to form attachments with other important people in their lives, such as

siblings, grandparents, and peers. These relationships can have a significant impact on a child's emotional development, as they provide opportunities for social learning and emotional regulation. However, not all attachment relationships are secure. In some cases, children may form insecure attachments, which can lead to emotional and behavioral difficulties later in life. Insecure attachment can arise from a variety of factors, including inconsistent caregiving, neglect, and abuse. To promote healthy emotional attachment development, caregivers should provide a secure and consistent environment for their children. This includes responding sensitively to their children's needs and creating a predictable routine. Caregivers should also provide opportunities for social interaction and play, which can help children develop social skills and regulate their emotions. The emotional attachment development is a critical aspect of a child's growth and development. It lays the foundation for healthy social and emotional development throughout life and influences a child's ability to form relationships with others. Caregivers can support healthy attachment development by providing a secure and consistent environment and fostering social interaction and play [10].

CONCLUSION

In conclusion, emotional attachment development is a complex and essential process that occurs throughout childhood. It involves the formation of emotional bonds between children and their caregivers, which provide them with a sense of security and support. The quality of these attachment relationships can have a significant impact on a child's emotional and social development. Caregivers can support healthy attachment development by providing a secure and consistent environment, responding sensitively to their children's needs, and fostering social interaction and play. By promoting healthy emotional attachment development, caregivers can help children grow into emotionally secure and socially competent adults.

REFERENCES:

- [1] P. Sierra-García *et al.*, "Developmental Outcomes, Attachment and Parenting: Study of a Sample of Spanish Premature Children," *Span. J. Psychol.*, 2018, doi: 10.1017/sjp.2018.22.
- [2] A. S. Morris and A. C. Williamson, *Building early social and emotional relationships with infants and toddlers: Integrating research and practice*. 2019. doi: 10.1007/978-3-030-03110-7.
- [3] *Building Early Social and Emotional Relationships with Infants and Toddlers*. 2018. doi: 10.1007/978-3-030-03110-7.
- [4] J. Robinson and R. Grobbel, "Play therapy techniques with very young at-risk children in child care settings.," *Play therapy for very young children*. 2008.
- [5] J. Edwards, "The use of music therapy to promote attachment between parents and infants," *Arts Psychother.*, 2011, doi: 10.1016/j.aip.2011.05.002.
- [6] C. E. Kaplan and A. Thompson, "Chapter 14 Child and adolescent psychiatry. General principles," *Principles of Medical Biology*. 2000. doi: 10.1016/S1569-2582(00)80016-1.
- [7] K. A. Baumgarden, "The relationship between insecure attachment and nonsuicidal self-injury in adolescents and adults: A critical literature review.," *Diss. Abstr. Int. Sect. B Sci. Eng.*, 2018.

- [8] F. Metzner, K. Sobania, M. Vasileva, M. Wichmann, D. Lempertz, and S. Pawils, "Parental relationship quality as a resource for the early socio-emotional development during the first years," *Zeitschrift für Psychiatr. Psychol. und Psychother.*, 2020, doi: 10.1024/1661-4747/a000401.
- [9] N. authorship indicated, "*Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds*," *Fam. Ther.*, 2003.
- [10] T. J. Gaensbauer, S. Gray, and V. I. Hatch, "Assessing the Inner World of the Young Child," in *Clinical Guide to Psychiatric Assessment of Infants and Young Children*, 2019. doi: 10.1007/978-3-030-10635-5_6.

CHAPTER 14

AN OVERVIEW OF THE BABBLING AND EARLY WORDS

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ABSTRACT:

Babbling and early words are key milestones in language development for infants. Babbling refers to the stage when infants make repetitive vocal sounds, often using a combination of vowels and consonants, while early words refer to the stage when infants begin to produce recognizable words with meaning. These early stages of language development are critical for infants to acquire the phonological and semantic skills necessary for future language acquisition. Research has shown that parental interaction and exposure to language play a crucial role in facilitating these early language milestones. Understanding the development of babbling and early words can inform language intervention strategies for children who experience delays or disorders in language acquisition.

KEYWORDS:

Alphabetical, Babbling, Development, Infants, Intervention, Language Acquisition.

INTRODUCTION

A child's entrance into human society begins with the onset of language development. Parents often acknowledge this accomplishment upon hearing their infant's first words. Research on early language has convinced scientists that the emergence of first words is inseparable from important developmental milestones that occur prior to the recording of these words. Pre-speech vocalizations can be examined narrowly within the verbal domain only, or can be explored in a wider scope as related to cognitive and communicative developments that are established during the first year of life. The study of pre-speech vocalizations flourished during the last quarter of the twentieth century. During the late 1970s and early 1980s, most efforts concentrated on describing the sounds infants produce. In the 1990s, study of prospect development expanded in several important directions.

The Form of Infants' Pre-Speech Vocalizations

Pre-speech vocalizations are divided into reflexive vocalizations such that cries, coughs, hiccups, which are related to the baby's physical state, and nonreflexive vocalizations such that cooing, playful productions, yelling, which contain phonetic and syllabic features of speech. Both vowels and consonants appear in nonreflexive vocalizations, and the most prevalent syllable structure is a consonant followed by a vowel (CV; e.g., \ba\, \du\, \ke\). The overall composition of pre-speech vocalizations changes dramatically during the first year of life. In the first six months, babies all over the world sound alike. During this period, vowels predominate and are supported by prolonged back consonants (e.g., \k\, \g\). During the next six months, the sound repertoire significantly expands, with a marked shift toward more frontal consonants. John Locke reported

in 1993 that, by their first birthday, American English-speaking infants produce stops (\p\, \b\, \t\, \d\, \k\, \g\), nasals (\m\, \n\), and glides (\w\, \j\).

Stages in the Development of Pre-Speech Vocalizations

Developmental stages of pre-speech vocalizations as described by Carol Stoel-Gammon in 1998 are not discrete, and vocalizations from previous stages continue to be uttered subsequently. Novel emergent behaviors define the beginning of a new stage. Ages are assigned to each stage as estimates only, because children differ greatly regarding the timing for recording milestones of early language development. The first stage from zero to two months, phonation, is characterized mainly by fussing, crying, sneezing, and burping, which bear little resemblance to adult speech. The second stage at two to three months, cooing, begins when back vowels and nasals appear together with velar consonants like \gu\, \ku\. Cooing differs in its acoustic characteristics from adult vocalizations and is recorded mainly during interactions with caregivers. In the third stage at four to six months, vocal play or expansion, syllable-like productions with long vowels appear. Squeals, growls, yells, bilabial or labiodental trills, and friction noises demonstrate infants' playful exploration of their vocal tract capabilities during this stage [1].

In the extremely important canonical babbling stage at seven to ten months, two types of productions emerge: reduplicated babbling identical, repetitive sequences of CV syllables such that, \ma\ma\, \da\da\); and variegated babbling sequences of different consonants and vowels like CV, V, VC, VCV = \ga\ei\im\ada\. Such productions are not true words, as they lack meaning. Canonical babbling is syllabic, containing mainly frontal stops, nasals, and glides coupled with lax vowels (e.g., \a\, \e\, \o\). The emergence of canonical babbling is highly important, holding predictive value for future linguistic developments. Oller and her colleagues in 1999 argued that babies who do not produce canonical babbling on time are at high risk for future speech and language pathology, and should be carefully evaluated by a language clinician.

In the fifth stage at twelve to thirteen months, jargon or intonated babble, infants produce long strings of syllables having varied stress and intonation patterns. Jargon sounds like whole sentences conveying the contents of statements or questions, and often co-occurs with real words. Yet, it lacks linguistic content or grammatical structure.

Pre-Speech Vocalizations in Different Target Languages

The early interpretation of similarities in the phonetic structure of babbling among infants who acquire different languages such that Japanese, Hebrew was that pre-speech vocalizations are universal. This observation was explained by the strong constraints of the mouth's anatomical characteristics and by physiological mechanisms controlling movements of the tongue and palate. Cross-linguistic research in the 1990s revealed, however, that clear influences of segmental and suprasegmental patterns i.e., intonation and stress of the input are recognizable in prospect vocalizations. This is particularly true during the second half of the first year of life. In a longitudinal comparative of ten-month-old Spanish, English, Japanese, and Swedish infants, the relative distribution of consonants in their canonical babbling resembled the distribution of these segments in their language. As babies grow, the segmental similarity between their babbling and early words increases. Several studies by Peter Jusezyk and colleagues on speech perception indicate that infants' sensitivity to the acoustics and phonetics of languages increases with age, influencing their ability to discriminate the sequences of sounds and syllable structures

typical to their own language. Indirect evidence for the role of audition in the development of pre-speech vocalizations derives from studies on deaf children, who show significant delays in the emergence of canonical babbling and also a decreased variety of consonants uttered from age eight months onward [2], [3].

Mutual Imitation within Mother-Child Interaction

In 1989 Metchthild and Hanus Papousek were among the first researchers to point out that more than 50 percent of two- to five-month-olds' nondrying vocalizations are either infant imitations of mothers' previous vocalizations or mothers' imitations of infants' previous vocalizations. They suggested that this mutual vocal matching mechanism relates to the emotional regulation of communication in the beginning of life. Joanna Blake and Bénédicte de Boysson-Bardies found in 1992 that infants tend to vocalize more while manipulating small objects and especially when adults are present. Edy Veneziano in 1988 analyzed vocal turn taking in pairs of nine- to seventeen-month-old babies and their mothers. She reported that, as children advance toward conventional language, mothers' imitations of what babies say becomes selective. Mothers imitate only those infant vocalizations resembling conventional words, thus signaling to the child what constitutes a linguistic symbol with meaning.

Pre-Symbolic Productions in Hearing and in Deaf Infants

Cumulative research on pre-speech vocalizations clearly indicates that babbling is in fact structurally and functionally related to early speech. Locke argued in 1996 that when variegated babbling emerges, a consistent relation is identified between vocalizations and specific communicative functions i.e., protest, question, and statement. At around age eighteen months, the child's phonological system is clearly shaped by the target language's phonetic characteristics, and at that time conventional words emerge. Indirect evidence for the developmental significance of babbling was published in a revolutionary 1991 paper by Laura Petitto and Paula Marentette on hand babbling in two deaf infants of signing mothers. The argument was that these two infants who were recorded at ages ten, twelve, and fourteen months produced far more manual babbling than three matched hearing infants at similar ages. The deaf infants' hand babbling also revealed phonetic features of American Sign Language, suggesting that babbling reflects infants' innate ability to analyze phonetic and syllabic components of linguistic input [4].

Pre-Speech Productions and First Words or Signs

Early words are produced by the child in expected contexts, and hence are recognized by familiar listeners as linguistic units conveying meanings. In 1999 Esther Dromi distinguished between comprehensible and meaningful words. Comprehensible words are phonetically consistent forms resembling adult words that caregivers understand, but that do not yet convey referential meanings. Meaningful words are symbolic, arbitrary, and agreed-upon terms of reference. Considerable variation exists in both the age of speech onset and the rate of early lexical development. Large-scale questionnaire data reported in 1994 by Fenson and his colleagues for English speaking typically developing children, cited the range of vocabulary size for twelve- to thirteen-month-olds at 0 to 67 different words, and for eighteen- to nineteen-month-olds at 13 to 471 different words. In 2000 Maital and her colleagues reported very similar figures for Hebrew. Early words are constructed from a limited set of consonants, mainly stops, nasals, and glides. Syllable structures in these words are usually CV, CVC, or CVCV.

Several researchers found that during the first few months of lexical learning, many new words are composed from segments that the child is already using in babbling. A number of researchers have proposed that patterns of lexical selection and avoidance reflect the child's production capabilities. When productive vocabularies contain more than a hundred different words, the influences of phonology on the lexicon decline. Nevertheless, children who have relatively larger lexicons of single words also show larger inventories of sounds and syllable structures than children with smaller productive lexicons. Precocious word learners have much larger phonetic inventories than typically developing children at age eighteen months. The major semantic achievement in the first few months of vocabulary learning is the ability to use words referentially. Martyn Barrett and Esther Dromi, who independently carried out detailed longitudinal analyses of repeated uses of the same words over time, have argued that some early words show referential use from their outset, while other words are initially produced only in very specific contexts. Throughout the one-word stage, the phonology of words improves, and meanings become symbolic and arbitrary. A word initially produced in just one situation is now uttered in a much wider range of contexts, until it becomes completely context free and referential. As words become conventional tools for expressing meanings, the amount of pre-speech vocalizations declines and gradually disappears [5], [6].

Causes of the Babbling and Early Words

Babbling is an important developmental stage in which babies start to experiment with the sounds they can make with their mouths. It typically starts around 6 months of age, and involves producing strings of repetitive consonant-vowel sounds such as "ba-ba-ba" or "ma-ma-ma". This stage is essential for language development, as it helps babies learn the motor skills required for speech and also helps them to distinguish between different sounds and syllables. As babies continue to develop, they will begin to produce their first words. This typically occurs around 12 months of age, and is a major milestone in language development. The causes of babbling and early words are complex and involve a range of factors, including:

- i. **Brain Development:** The ability to babble and speak early words is closely tied to the development of the brain. As the brain develops, babies become more capable of understanding and producing language.
- ii. **Social Interaction:** Babies learn language by interacting with the people around them. Talking to babies and responding to their babbling helps to reinforce the connection between sounds and words, and encourages them to continue experimenting with language.
- iii. **Genetics:** The ability to acquire language is partly determined by genetic factors. Some children may be more predisposed to early language development than others.
- iv. **Exposure to Language:** The more exposure a child has to language, the more likely they are to develop their own language skills. Children who are exposed to a rich language environment are more likely to start babbling and producing early words.
- v. **Motivation:** Some babies may be more motivated to learn language than others. Children who are highly motivated to communicate with others may be more likely to start producing words earlier.

Overall, the causes of babbling and early words are complex and involve a range of factors. However, the most important factor is the interaction between the child and their environment, particularly the people around them [7], [8].

Challenges of Causes of the Babbling and Early Words

Babbling and early word development are important milestones in a child's language acquisition journey. However, there can be several challenges that children face while developing these skills. Some of these challenges are:

- i. **Lack of exposure to language:** If a child is not exposed to language in their environment, they may have difficulty developing babbling and early words. Children need to hear language regularly and interact with others who speak to them.
- ii. **Developmental delays:** Certain developmental delays, such as hearing impairment or a cognitive delay, can affect a child's ability to babble and develop early words.
- iii. **Speech disorders:** Children with speech disorders, such as apraxia or dysarthria, may have difficulty forming words and sounds correctly.
- iv. **Lack of imitation:** Children learn language through imitation, so if a child does not have someone to imitate, such as a caregiver or sibling, they may struggle to develop early words.
- v. **Shyness or anxiety:** Children who are shy or anxious may be hesitant to practice babbling and early words in front of others, which can slow their language development.
- vi. **Limited vocabulary:** Children may struggle with developing early words if they have a limited vocabulary. This can be due to a lack of exposure to different words and concepts, or because of a learning disability.
- vii. **Bilingualism:** Children growing up in bilingual households may take longer to develop babbling and early words, as they are learning two languages simultaneously.

Overall, it's important for parents and caregivers to provide a supportive environment for language development, and to seek professional help if they have concerns about their child's language acquisition [9].

DISCUSSION

Babbling and early words are both important milestones in a child's language development. Babbling refers to the production of sounds, often in a repetitive and non-meaningful way, that infants begin to make at around 6 months of age. These sounds typically include vowels and consonants, and are often the first step towards producing meaningful language. Early words, on the other hand, refer to the first actual words that infants produce, usually around 12 months of age. These early words may be simple, such as "mama" or "dada", but they are the first signs that a child is beginning to understand and use language in a meaningful way. Both babbling and early words are important milestones because they indicate that a child's language development is progressing normally. They also provide parents and caregivers with important cues about a child's understanding and communication skills. Babbling can be seen as a sort of "practice" for language production, as infants experiment with different sounds and try to replicate the sounds, they hear around them. This can help them develop the necessary motor skills and vocal control

needed to produce actual words later on. Early words, on the other hand, represent a major breakthrough in a child's language development, as they allow the child to start communicating in a meaningful way with the people around them. This can be a very exciting time for parents and caregivers, as they begin to get a glimpse into their child's thoughts, feelings, and desires. Both babbling and early words are important stages in a child's language development, and parents and caregivers should encourage and support their child's progress as they learn to communicate and express themselves through language [10], [11].

CONCLUSION

Babbling is a stage in a child's language development when they produce strings of syllables that do not yet have any specific meaning. This stage typically occurs between 4 and 10 months of age and is an important precursor to the development of language and communication skills. As children continue to grow and develop, they will start to use specific words to communicate their needs and desires. These early words typically consist of simple nouns, such as "mama" or "dada," and they begin to emerge between 10 and 14 months of age. The emergence of early words is a significant milestone in a child's language development and marks the beginning of their ability to communicate with others. As children continue to develop their language skills, they will gradually build their vocabulary and learn more complex grammar rules, which will enable them to communicate more effectively with others.

REFERENCES:

- [1] H. M. Sussman, F. D. Minifie, E. H. Buder, C. Stoel-Gammon, and J. Smith, "Consonant-vowel interdependencies in babbling and early words: preliminary examination of a locus equation approach," *J. Speech, Lang. Hear. Res.*, 1996, doi: 10.1044/jshr.3902.424.
- [2] M. M. Vihman, C. A. Ferguson, and M. Elbert, "Phonological development from babbling to speech: Common tendencies and individual differences," *Appl. Psycholinguist.*, 1986, doi: 10.1017/S0142716400007165.
- [3] L. M. Chen and R. D. Kent, "Development of prosodic patterns in Mandarin-learning infants," *J. Child Lang.*, 2009, doi: 10.1017/S0305000908008878.
- [4] C. Stoel-Gammon, "Prespeech and early speech development of two late talkers," *First Lang.*, 1989, doi: 10.1177/014272378900900607.
- [5] M. Lahrouchi and S. Kern, "From babbling to first words in Tashlihyt language acquisition: Longitudinal two-case studies," *Can. J. Linguist.*, 2018, doi: 10.1017/cnj.2018.6.
- [6] M. McGillion *et al.*, "What Paves the Way to Conventional Language? The Predictive Value of Babble, Pointing, and Socioeconomic Status," *Child Dev.*, 2017, doi: 10.1111/cdev.12671.
- [7] M. Majorano *et al.*, "Preverbal Production and Early Lexical Development in Children With Cochlear Implants: A Longitudinal Study Following Pre-implanted Children Until 12 Months After Cochlear Implant Activation," *Front. Psychol.*, 2020, doi: 10.3389/fpsyg.2020.591584.

- [8] L. Zampini *et al.*, “Preverbal skills in 8-month-old children with sex chromosome trisomies,” *First Lang.*, 2021, doi: 10.1177/0142723720962944.
- [9] C. Laing and E. Bergelson, “From babble to words: Infants’ early productions match words and objects in their environment,” *Cogn. Psychol.*, 2020, doi: 10.1016/j.cogpsych.2020.101308.
- [10] J. F. Werker, “The contribution of the relation between vocal production and perception to a developing phonological system,” *J. Phon.*, 1993, doi: 10.1016/s0095-4470(19)31317-8.
- [11] N. Esteve-Gibert and P. Prieto, “Infants temporally coordinate gesture-speech combinations before they produce their first words,” *Speech Commun.*, 2014, doi: 10.1016/j.specom.2013.06.006.

CHAPTER 15

AN OVERVIEW OF THE ENSURING A FAIR START FOR ALL CHILDREN

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ABSTRACT:

Ensuring a fair start for all children is critical for promoting equity and social mobility. In this paper, we discuss the importance of early childhood education and care (ECEC) in providing a foundation for children's development and learning. We review the current state of ECEC policies and practices in different countries, highlighting variations in access, quality, and affordability. We also examine the evidence on the short- and long-term benefits of ECEC for children's cognitive, social, and emotional development, as well as for families and society as a whole. Finally, we discuss the challenges and opportunities for improving ECEC, including the need for greater investment, coordination, and innovation in policy and practice. We argue that ensuring a fair start for all children requires a comprehensive and integrated approach that addresses the multiple dimensions of disadvantage and promotes inclusive and high-quality ECEC for all children and families.

KEYWORDS:

Child Development, Childhood Education, Education Equity, Family Support, Health Equity.

INTRODUCTION

A moment of immense vulnerability and possibility is early infancy. During the first three years of life, physical and mental development go through rapid and significant changes. Currently, it is believed that these developmental changes are the main "building blocks" of adult cognitive and emotional functioning. According to brain research, early events may affect how people grow, and the formative years provide a rare chance for all children but notably those who are at risk to modify their route in life. Worldwide, a wide range of interventions have been made to take advantage of this chance for the good of kids, families, and society. Children, parents, and families are the main targets of the initiatives, which sometimes include whole communities. The early child development (ECD) programmes foster young children's intellectual and physical development via a variety of services, including as daycare, preschool, home visits by qualified experts, assistance with health and nutrition, and parental education.

The programmes may have a home basis or a daycare facility. The evaluation of these initiatives shows unequivocally that early childhood interventions improve kids' academic and subsequent achievement, particularly for weaker, at-risk kids who come from low-income or impoverished homes. As a result of their parents' illiteracy or their moms' lack of education, these kids often suffer low birthweights as well as developmental delays. It is commonly known that children who live in poverty suffer unfavourable outcomes. From infancy through toddlerhood and preschool years with poor social and emotional competence, lower cognitive test scores, through adolescent (for example, reduced secondary school completion and low literacy, early

childbearing), they affect all stages of life. Early interventions are little expenditures with big benefits for children's and future generations' physical, mental, and financial health.

Early Interventions for Vulnerable Children

ECD programs may improve students' preparation for learning, raise school attendance, lower grade repeat and dropout rates, and raise people's potential for future employment in all nations. Children who get preschool education are better prepared for primary school, perform better overall, and often benefit from better health and nutrition. Preschool education is a crucial part of early child development. The advantages for underprivileged children are particularly significant and aid in redressing birth disparities. Early interventions specifically enhance the performance and accomplishment of underprivileged children in elementary school, according to research. In the United States, center-based programs for children ages 3-5 years and those for children ages 0-3 make up the majority of treatments showing success for young kids. The Abecedarian project in North Carolina and the Infant Health and Development Programs at different locations around the nation are two significant U.S. initiatives that made use of a quasi-experimental design and targeted newborns and young children starting at birth. The results of these initiatives are briefly outlined here. In other nations, such early childhood programs have also had fruitful outcomes. Some sensible substitutes place an emphasis on the education and development of parents, particularly mothers. According to the Perry Preschool Project, a third successful U.S. intervention for children from low-income families, there may be a sizable return on investment:

i. The Carolina Abecedarian Project

The Carolina Abecedarian experiment was a single-site, randomised controlled trial that included 111 biologically healthy infants from very underprivileged and uneducated homes at birth. A score on a thirteen-item high-risk measure indicating excessive danger was required for admittance. For instance, the average mother's IQ was 85, she had completed 10 years of school, and around three-fourths of the moms were single. The families in the control group got home visits, limitless iron-fortified formula, paediatric follow-up care, and social work services. The early childhood education programme Partners for Learning, which was created for the intervention and implemented in the participating child development centres, was added to the services provided to the intervention group above those provided to the control group. Incorporating "games" into a child's everyday activities, Partners for Learning is an educational programme that focuses on the first 36 months of life. These "games" cover social, emotional, and cognitive development, with a special emphasis on language. The centres accepted children beyond the age of six weeks and maintained a low child-to-teacher ratio of 3:1 for young children (under one year) and 4:1 for older children (between one and three years). Parents were invited to parent group meetings and received home visits [1], [2].

By 36 months, the mean IQ scores for the intervention and control groups were 101 and 84, respectively. The results have been widely reported. For children of less educated moms than for those of more educated mothers, the benefits of early intervention were stronger. The children started primary school at age 5, after the intervention was over. At ages 12 and 15, they underwent further testing, and a follow-up at age 21 was used to ascertain the long-term consequences. Over the course of 20 years, the early intervention children outperformed the control group in terms of performance. At age 21, more of them were still in school (40% versus 20%), more were in college or had graduated from college (35% versus 14%), and they had higher reading and mental test scores. When their first kid was born, they were, on average, 2

years older (19.1 vs. 17.1 years), and they had a higher employment rate (65 vs. 50%).

ii. Infant Health and Development Program

For around 1,000 low birth weight, preterm children from birth to age three, the Infant Health and Development Program (IHDP) was a longitudinal, eight-site, randomized evaluation investigating the efficiency of an ECD program and family support services. The design of the study's comparison group, which was chosen at random, sets it apart. Infants that met the study's eligibility requirements were born between January 1985 and October 1985 in one of the eight participating medical facilities, were preterm, and had low birthweights. The children who met the criteria were divided into two birthweight groups lighter and heavier and then randomly assigned to either the intervention or control group. The lighter group included two thirds of the sample, whereas the heavier group included one third. The intervention group received a randomly chosen third of the babies from each birthweight category, while the comparison group received a randomly chosen second third.

The newborns' hospital discharge marked the start of the intervention, which lasted until the babies were 3 years old (adjusted age). All newborns had a paediatric follow-up, which included a medical and developmental evaluation, and were given referrals for further care as necessary. The intervention group also got these things:

- (a) Weekly home visits during the first year, then biweekly for the second and third years;
- (b) 20 hours per week of out-of-home instruction in child development centres, starting at age 12 months;
- (c) Parent group gatherings at the child development centers every other month until the program's conclusion, where parents may get social support and knowledge on childrearing.

The IHDP showed promising results, and much like the Abecedarian experiment, the children of the least educated and least wealthy moms benefited the most. At 24 months and 36 months, the children in the intervention group outperformed the comparison group in terms of language and cognitive development. The beneficial benefits persisted until ages 5 and 8. Positive impacts were also seen in the socioemotional development of the kids. When they were 24 and 36 months old, they experienced fewer behavioral issues. By the time their children were 36 months old, mothers were more likely to be working and reported fewer depressive symptoms. The moms had an average of more months of work throughout the course of the intervention's three years than the mothers in the control group[3].

Early Childhood Services in Brazil

Brazil offers preschools for children ages 4-6 and daycare centers for children up to age 3 as public services for children under the age of seven. Although enrollment of 6-year-olds in primary school is deemed ideal, the official age for entry into primary school in 1999 was 7. Elementary and early childhood education have been the responsibility of municipalities since 1996, and the constitution of Brazil stipulates that at least 25% of the national budget must be allocated to sustaining and improving education. Government workers often work in public preschools, which follow a prescribed curriculum. A significant portion of preschool and nursery services are provided by private institutions, including for-profit, nonprofit, and government-

funded ones. These institutions also enroll over 44% of students in formal programs. A variety of informal ECD services are also provided by community-based, nonprofit, and religious organizations in the public and private sectors to accommodate the high demand for preschools and daycare. More than 1 million children are expected to be served by these informal, affordable alternatives to official state preschools via home visits, creche facilities, and training and literacy centers[4], [5].

i. Preschool Enrollment

About 27% of Brazil's 22 million 0–6-year-old children were enrolled in creche and preschool programs in 1997. About half visited private facilities, and the other half went to public ones. According to data from Brazil's National Household Survey, preschoolers and creche participants are often older, from wealthier, urban homes. By the age of six, 61% of Brazilian children are enrolled in early childhood programs, compared to 36% and 55% at ages four and five, respectively. In Brazil's regions, enrollment for all children less than 3 years old was 6–8%, while only 1% of infants attended creche.

For children ages 4–6, regional enrolment was greatest in the Northeast and Southeast, averaging nearly 50%. In contrast, enrollment was low in the Midwest, South, and North, as well as in all rural regions. Brazil's early education system is obviously a wealthy vs poor problem. The average enrolment rate for children ages 0–6 in the wealthiest 10% of the population is 56%, which is more than double the rate (24%) for children from the lowest 40% of the population, according to household statistics from 1997. In Brazil, more urban than rural kids engage in early education from ages 0 to 6, and three-fourths of all preschoolers attend urban schools. The Southeast area has the biggest disparity, which is then followed by the Midwest, South, and Northeast.

ii. Expenditures for Early Childhood Education

Brazil allocated over \$1 billion in public revenues to early childhood education direct spending in 1995. The costs per preschooler varied from US\$37 to US\$55 in the North and Northeast to US\$173, US\$324 in the South, and more than US\$660 in the Southeast. Seventy-five% of the nation's total expenditures on early childhood programs were made by the state of Sao Paulo alone. The majority of Brazil's total public preschool expenditure is derived from one affluent state's ECD budget, despite the fact that almost two-thirds of the nations impoverished reside in an area that in 1995 got just 5% of those monies.

Early childhood programs obviously imply very different things to children in this area than they do to children in So Paulo, as well as other underdeveloped or rural areas. Despite its relative prosperity, So Paulo nevertheless gets an excessive amount of social support for young children (0–6). Only 6% of the poor children served by these programs reside in the state, despite receiving nearly 14% of the national budget for such programs. In comparison, a poor state like Bahia, whose social assistance programs support 17% of the state's impoverished children under the age of 7, only gets 5% of the overall budget for similar initiatives. Three findings are significant:

- a.** Preschool and creche expenses per kid are the lowest of any educational level. The amount spent on postsecondary education was around 17 times more per student than the entire public spending for children aged 0 to 6 in 1995.

- b. There are little resources available for ECD services since municipalities bear the bulk of the direct costs for elementary education, preschools, and daycare centers. The consequences are severe. For instance, even though early childhood is when hunger is most hazardous, just 13% of the money for school meals is allocated to children ages 0–6.
- c. Children who are considered "rich" benefit disproportionately from public funds. Preschool education is a right guaranteed by the law to all Brazilian children, wealthy and poor alike; nonetheless, the majority of public funds are disproportionately focused on teaching nonpoor children [6], [7].

Benefits and Costs

The World Bank and the Institute of Applied Economic Research (IPEA) in Rio de Janeiro, Brazil, conducted an analysis to assess the impact of preschool education on children's nutrition, years of schooling, and future earning potential, for different age cohorts, as part of the assessment of early childhood education in Brazil. The research used information from a living standards survey conducted in 1996–1997 in Brazil, which included information on nearly 20,000 people between the ages of 25 and 64 living in about 5,000 homes in both urban and rural areas of the Northeast and Southeast. The following are the main conclusions:

- i. Preschool attendance has a favorable and considerable impact on the average number of years of education a person eventually completes. Preschool years are correlated with an increase in overall schooling of roughly a half-year, and the benefit may be greater for children of illiterate parents.
- ii. Pre-schooling also has a favorable and statistically significant impact on the likelihood of finishing a certain educational level by a particular age. For each additional year of preschool, the rates of grade repetition drop by 3–5%age points. As children in Brazil take an average of 1.4 years to finish a grade, the decline in grade repetition rates is crucial. Reducing repetition improves educational effectiveness while also lowering expenses.
- iii. Preschool attendance increases future wages both directly and indirectly. For boys, a year of preschool education directly increases future wages by 2–6%. Increases in general education have indirect effects on future income as well. The average estimate is that one year of elementary education will improve future income by around 11%. Because one additional year of preschool correlates with a half-year increase in schooling, it results in an indirect gain in future income of about 5%, according to the economic literature on education. One additional year of primary education is estimated to increase someone's future productivity by 10–30%. For children whose parents have just 4 years of schooling, the overall direct and indirect impacts of 1 year of preschool result in a minimum 7% increase in potential lifetime income, as shown in Figure 1.
- iv. **Willingness to Pay for Preschool**

The present value of the income from one year of preschool attendance was calculated and contrasted with the prospective income from not attending preschool. The analysis suggests that families, particularly those with higher incomes, might be willing to pay for preschool. Brazil

and other nations might provide preschool programs to more families and children at risk by collecting fees for those who can afford them, further increasing the return on investment[8], [9].

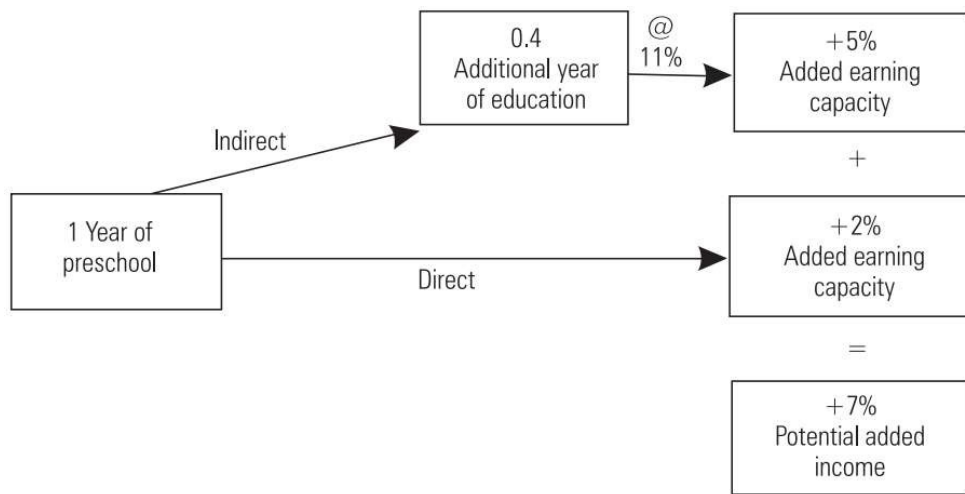


Figure 1: Represented the Increase in Future Earning Capacity for Children Whose Parents Have 4 Years of Education

DISCUSSION

Any society that values equity and justice must priorities giving every child a fair start in life. It is well acknowledged that a child's growth and chances of success in the future are greatly influenced by their early years. Therefore, regardless of their background or circumstances, we must invest in policies and programs that give all children the chance to thrive. To guarantee a fair start for all children, there are numerous essential components. First and foremost, it's critical to have access to early childhood education and care. Children who participate in high-quality early childhood programs have been shown to have a higher likelihood of academic and social success in later life. However, not all children from low-income families or marginalized communities have access to these programs, and many of them miss out on opportunities that their peers do. Policymakers must make investments to increase access to high-quality early childhood education and care, especially for those who need it most, in order to address this. Second, it's crucial to address health inequalities and guarantee that all kids have access to healthcare. The likelihood of success in school and in life is higher for kids who are healthy and well-fed. However, not all people have access to high-quality healthcare, and many children from underserved communities do not. Expanding access to affordable healthcare and tackling the socioeconomic determinants of health, such as poverty, food insecurity, and housing instability, are only two of the many strategies that must be used to address these inequities. Thirdly, it's critical to build circumstances that are encouraging of healthy growth.

This entails making certain that kids have access to good food, safe and secure homes, and loving adult interactions. Policies that combat poverty and economic injustice may also aid in building more stable and nurturing settings for kids. Finally, to provide a fair start for all children, systematic racism and prejudice must be addressed. Numerous obstacles and difficulties confronted by children from marginalized communities have the potential to harm their growth and future success. An all-encompassing strategy that incorporates legislative modifications, community involvement, and education is needed to address these concerns. Last

but not least, ensuring that every kid has a fair start in life is essential to advancing fairness and justice in society. In order to build a society where all children have equal access to opportunities for success, it is crucial to overcome inequities in access to healthcare, education, and supportive surroundings. To guarantee that every kid has an equal opportunity to succeed, policymakers and communities must collaborate to priorities and fund these pressing challenges[10], [11].

CONCLUSION

To build a just and equitable society, it is essential to provide every kid a fair start in life. We can help level the playing field for children from disadvantaged households and provide them the resources they need to thrive in life by making access to high-quality early childhood education, healthcare, and other services available. According to research, kids who get a fair start in life are more likely to complete high school, enroll in college, and make more money as adults. Additionally, they are less likely to experience chronic health problems, commit crimes, or live in poverty. However, providing resources alone won't be enough to ensure that every child has a fair start in life; society must also make a commitment to placing the needs of children and families first. This covers regulations that promote, among other things, access to high-quality healthcare, paid parental leave, and affordable housing. As a society, we must understand that putting money into children is not just the moral thing to do, but also a smart investment in the future of everyone. We can build a society that is more rich, healthier, and fair if we make sure that every kid has the chance to realize their full potential.

REFERENCES:

- [1] C. D. Fund, "The State of America's Children 2020," *Child. Def. Fund No Child Left Behind*, 2007.
- [2] Unicef-Onu-Unesco, "Sustainable development starts and ends with safe, healthy and well-education children," *Unicef*, 2013.
- [3] N. K. D. Lestari, "Kisah Dhruva Sebagai Media Pendidikan Karakter Pada Anak," *Adi Widya J. Pendidik. Dasar*, 2019, doi: 10.25078/aw.v4i1.929.
- [4] Institute of Health Equity, "Marmot Indicators 2014 A preliminary summary with graphs," *Inst. Heal. Equity Strateg. Rev. Heal. Inequalities Post*, 2014.
- [5] A. Chaudry, T. Morrissey, C. Weiland, and H. Yoshikawa, *Cradle to Kindergarten: A New Plan to Combat Inequality*. 2017. doi: 10.1177/0094306118815500f.
- [6] L. G. B. Savadogo, B. Ilboudo, C. Meda, and M. Kinda, "Early Initiation of Breastfeeding and Its Association in Rural Areas of Burkina Faso," *Open J. Epidemiol.*, 2018, doi: 10.4236/ojepi.2018.82005.
- [7] "Just give money to the poor: the development revolution from the global south," *Choice Rev. Online*, 2010, doi: 10.5860/choice.48-2194.
- [8] A. A. Sadek, A. M. Emam, and M. Y. Alhaggagy, "Clinicolaboratory profile of phenylketonuria (PKU) in sohag university hospital-upper egypt," *Egypt. J. Med. Hum. Genet.*, 2013, doi: 10.1016/j.ejmhg.2013.03.001.
- [9] UNICEF, "Sustainable development starts and ends with safe, healthy and well-education children," *Unicef*, 2013.

- [10] J. A. Richman, C. E. Huebner, P. J. Leggott, W. E. Mouradian, and L. A. Mancl, "Beyond word recognition: Understanding pediatric oral health literacy," *Pediatr. Dent.*, 2011.
- [11] S. K. Mattera, C. M. Lloyd, M. Fishman, and M. Bangser, "A First Look at the Head Start CARES Demonstration: Large-Scale Implementation of Programs to Improve Children's Social-Emotional Competence. OPRE Report 2013-47," *MDRC*. 2013.

CHAPTER 16

AN OVERVIEW OF THE EVALUATION OF EARLY CHILDHOOD PROGRAM'S EFFECTIVENESS

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ABSTRACT:

There is widespread agreement about the value of childhood education and how it affects kids' overall development. With a comparison group composed of kids from a nearby community who did not take part in the program, the study employed a quasi-experimental design. Children's behaviors and uniform evaluations were used to gather data, which was then analyzed using multivariate analysis of covariance. The research results revealed that early childhood program attendees considerably outperformed the comparison group in terms of cognitive, social, and emotional development. These results imply suggested early childhood programs could boost kids' growth and increase their ability to prepare for learning. To ascertain the long-term impacts of early childhood education programs and the precise elements that are essential to their efficacy, further study is nonetheless required. Overall, this research underscores the value of spending money on preschool programs in order to promote kids' growth and lessen educational disparities.

KEYWORDS:

Assessment, Child Development, Early Childhood Education, Effectiveness, Evaluation, Learning Outcomes.

INTRODUCTION

As more and more parents work and need child care, childcare is becoming more and more important in the United States and around the world. In order to increase all children's chances of succeeding in school and in life, society are also becoming more and more interested in providing them with stimulating and instructive experiences. These experiences are often offered in childcare settings, which are full-day programs, or in part-day programs like preschool or prekindergarten. Knowing how the kids are doing has become more crucial as more kids are being put in these daycare and educational settings. Children's learning and development while they are safe and unharmed are additional considerations; children's safety is simply one of them. The four issues covered in this chapter are: the components of high-quality childcare and education; the supports required to attain quality; the connections between quality and children's growth and well-being; and investments to promote children's development. These subjects' study and results are discussed individually. Although the majority of the research examined was done in the United States, the lessons learned may be applicable to early child development programs around the world. To fully understand the application of the results in various national settings and with varying levels of resources, further study is required.

Ingredients of Quality Childcare and Education

i. The Research

To comprehend more recent studies of high-quality childcare and education, it is helpful to first grasp early childcare research and the literature on preschool treatments. Quality is a term often used to describe aspects of programme settings and children's experiences there that are thought, by study and practice, to be good to the children's well-being. Aspects of children's growth and development and characteristics of childcare settings have been linked empirically, according to researchers. The National Association for the Education of Young Children's definitions of "developmentally appropriate practice" have successfully captured the knowledge of experience. Many authors have made an effort to define and quantify quality childcare. These conceptualizations have two characteristics: a separation between a classroom's dynamic and static elements; and an acceptance that the wider programme backdrop has a significant role in determining the caliber of children's classroom experiences. The characteristics that describe both the classroom setting and the wider programme framework have been studied by researchers. A review of this research reveals significant advancements since Lamb and Sternberg came to the conclusion that early childcare research focused excessively "on the effects of nursery per se instead of recognizing that nursery has a myriad of incarnations and must always be viewed in the context of other events and experiences in the children's lives[1]."

ii. The Findings

Researchers define the quality of early childcare and education in many ways, yet all the definitions reflect two main dimensions, or types of ingredients that correspond to the conceptual features just described:

- a) The structure of a program or classroom i.e., the basic setup that does not change much from hour to hour or day to day,
- b) The dynamics of the program or classroom i.e., the behavior and interactions of the adults and children which change constantly and are interdependent.

The size of the group, the proportion of children to adults, the make-up of the group, and safety considerations are all part of the classroom structure. Twenty students in a classroom with two adults equals a group size of twenty and a ratio of ten to one. In comparison to a classroom with thirty kids and two adults, this structure is different. The composition is also affected by varied numbers of children at various ages: Twenty 4-year-olds in a school will create a different atmosphere than ten 4-year-olds, five 3-year-olds, and five 2-year-olds. The physical setup of the classroom should be designed to ensure the children's safety, with electrical outlets covered, cleaning materials secured out of children's reach, and areas for adults to wash their hands after changing diapers or using the lavatory. The programme director or supervisor and the assistance she or he offers, together with the staff members' backgrounds and training, are also factors in the structure.

The four elements of classroom dynamics include instructor behaviour, pupil behaviour, teacher-pupil interactions, and the consistency and continuity of interactions. A teacher's actions might be either constructive or destructive. Positive actions include being alert, encouraging, involved, sensitive to children's needs, and responsive to those needs as they change. Harsh and detached are negative behaviours. There may be other behaviours, but research has shown that these

specific positive and negative behaviours are very significant for children and may be quantified by observation and recording. What are the markers of quality in children's behaviour, one could wonder? Children just react to the quality of the house or the centre, right? Of course, a good indication of the environment's quality is what kids do when they are in a daycare setting, whether it be at home or at a facility. For instance, a crying youngster may be a sign of hunger, a damp nappy, or a teacher who is being rude or unresponsive. Interactions between teachers and their students need particular scrutiny. When these interactions are acknowledged, it is acknowledged that adults' behaviours influence children and often are a reaction to children's behaviours. Teachers react to children when they speak and act in a high-quality daycare setting. If a teacher ignores a kid's "What is this?" question or does not provide encouragement when the child constructs a tower out of blocks, providing youngsters with engaging toys for play will not suffice. Continuity and stability are also essential components of classroom dynamics. Teachers must be consistent in their responses to students, and children require carers who are constant in their life[2], [3].

Supports Needed to Achieve Quality

i. The Research

The study emphasizes the value of childcare professionals as enablers of excellent outcomes. These studies document a range of staff traits in connection to the results of the kids. The factors include the staff's degree of formal education, their level of childcare experience, their specialization in early childhood education, as well as other qualifications or credentials, teacher turnover and changes, and the director's experience at the center. This study has been far less comprehensive and systematic in identifying that children's childcare experience happens in the context of other events and experiences in their lives than research on the elements of excellence. As Belsky points out, some studies include these variables into their analysis, but generally, the study has not yet produced conclusive findings on the benefits of childcare quality when adjusting for other factors. Some studies have looked at factors that describe the racial or ethnic background of the child, their age when they first entered out-of-home care, their gender, how long they spent in daycare, their temperament, their family's social support, and their family's level of stress. Other studies have looked at factors that describe the family's socioeconomic status. These factors are a reflection of the significant developments in the depth of childcare research over the last ten years, but more thorough study is required to link these variables to children's daycare experiences[4].

ii. The Findings

The research findings pertaining to staff characteristics point to eight factors that support quality childcare programs. These ingredients are:

- a.** Teacher education, especially specialized training in early childhood.
- b.** Inservice training beyond formal education.
- c.** Teacher experience with children.
- d.** Continuity of teaching staff low turnover among the teaching staff
- e.** Adequate staff compensation wages that allow staff to be comfortable in their jobs and not worry about better-paying opportunities elsewhere

- f. A center director with experience and training who can supervise and support staff
- g. Community partnerships linkages with other agencies that can provide health services and other supports
- h. Safe and appropriate physical space.

Relationship Between Quality and Children's Development and Well-Being

The relationship between childcare quality and children development and well-being has been assessed in studies conducted in child care centers and in family childcare settings. The findings indicate dimensions of quality related to positive childcare outcomes, outcomes associated with higher quality, and factors modifying the relationship between childcare quality and outcomes. Research on preschool interventions supports these findings [5].

Center-based Childcare:

Synthesizing the findings of these studies is complicated, however, because the studies differ in:

- a. Design;
- b. Age of children during assessment and follow-up;
- c. Measures of childcare quality;
- d. Demographics of the sample;

Outcomes Associated with Higher Quality

Some studies have measured children's cognitive development, particularly language development, even though the majority of studies have concentrated on associations between quality measures and children's socioeconomic behavior and development. Following their time in childcare, children's academic performance has been evaluated in a few longitudinal studies. All of the data points to the fact that children who attend higher-quality childcare facilities do better socially, emotionally, and intellectually. Peer interactions, particularly associative and cooperative play levels, are "more optimal" when childcare is of a better caliber, as are social development, emotion, and social skills. Additionally, play behaviors with peers that are more complex are positively correlated with quality indicators, and higher levels of social problem-solving abilities are visible in higher quality centers. Children that are enrolled in better classes have fewer or less severe behavioral issues as well as better social development, including less socially deviant behavior. Additionally, children are more cooperative, responsive, and innovative, have stronger attachments to their teachers, and are both adult- and peer-oriented. They also comply with requests from adults more readily and are less resistant to them [6], [7].

Studies have also shown the detrimental societal effects connected to reduced quality standards. Children who get lower-quality daycare, for instance, engage in more solitary play and aimless roaming, participate in classroom activities, have more severe "negative effects," such as frowning and weeping accompanied by vocalizations and body gestures, and have less prolonged language exchanges. Self-control, or the ability to regulate one's behavior, is seen as a necessary condition for success in school. Positive correlations between this outcome and programme quality have been found in the few studies that examined it. Children at high-quality centers, for instance, have better levels of self-regulation than children in low-quality centers, according to

Howes and Olenick's research. Children who attend centers of better caliber also have a stronger task orientation. Additionally, a number of studies demonstrate a positive relationship between center quality and receptive language.

Others demonstrate that children who get higher-quality care have superior performance on tests of perceptual abilities, including verbal intelligence and verbal comparison and counting. Younger children have lower levels of language development in environments with less verbal communication and adult attentiveness. Children from higher-quality childcare centers are less easily distracted, are more task-oriented and considerate, have fewer behavioral problems, are happier, less shy, and have more socially competent and friendly interactions with peers, according to longitudinal studies that follow kids into kindergarten, first grade, and beyond. Studies on preschool-aged children who had received center-based care as infants have shown long-lasting relationships with indicators of quality like increased positive and gregarious behavior with peers, decreased social withdrawal and aggression, and increased personal maturity and social skills with peers and adults. In the first grade, students who attended higher-quality childcare programmes do better academically and obtain higher ratings for school-related abilities like class engagement. By the sixth grade, students in these programmes are more often placed in a gifted programme and earn higher math grades [8], [9].

Factors Modifying the Relationship Between Childcare Quality and Outcomes

When examining relationships between quality indicators and child outcome measures, researchers are starting to realise how crucial it is to take child and family background factors into account. The results may vary between settings since the studies focused on various variables, measurements, and contexts, and the research in this field has not been sufficiently systematic to draw broad conclusions about these connections. Generalisations across research are made more difficult by the varied analytic techniques utilised. Various studies have looked at different effects based on the age at which children start childcare. Howes, for instance, discovers that although family socialisation practices are better at predicting outcomes for children who enrol as toddlers, teacher socialisation practices are better at doing so for newborns. However, Kontos, who studied children aged 3-5, finds no difference in effects. Other studies have looked into whether quality measures behave differently for boys and girls. Howes and Olenick identify many patterns of links between childcare, families, and the behaviours of children and parents. The authors conclude that males are more sensitive to the quality of care because childcare quality, but not task persistence, predicts self-regulation and task persistence in toddler boys but not in girls. Howes looked examined the combined impacts of high-quality and stable arrangements separately for boys and girls in the first grade and found that for females, stability alone predicts academic achievements, but for boys, stability and high quality both do.

Family-based Childcare:

Instead of center-based care, the study has emphasized childcare provided by families. Research on family-based care reveals very large variations in family socioeconomic status, racial and cultural makeup, geographic contexts, and definitions and assessments of quality. The age range is less wide than in center-based research because newborns and toddlers are more often served by family daycare. The association between the quality of family childcare and children's development has been better understood thanks to a multisite research called Quality in Family Child Care and Relative Care.

Family-based Childcare

Global quality, consistency of care, carer training, provider intentionality or professionalism and commitment to children, carer behaviours and characteristics, such as sensitivity and responsiveness, and structural elements such as group size are significant components of quality associated with positive outcomes in family childcare. The term "intentionality," as discovered by Kontos and others, has not previously been defined but might be a crucial gauge of family childcare quality. According to Kontos and colleagues, carers who are professionally qualified, actively seek out chances to learn about childcare and child development, actively plan for children's experiences, and actively participate in networks of other family childcare providers will deliver higher-quality care. According to the Quality in Family Child Care and Relative Care research, the bond between carers and parents may be quite important. It's common to think that family members are best equipped to offer the necessary childcare. However, in the study by Kontos and colleagues, relatives were less sensitive and responsive in their interactions with the target child, and their care was more likely to be rated as inadequate. According to the authors, children are less likely to get the warmth and attention that parents consider to be crucial components of high-quality childcare when people are caring for them in less-than-ideal situations[10].

Outcomes Associated with Higher Quality

Similar to center-based research, home creche measures outcomes such as cognitive and socioemotional development with a particular emphasis on child-caregiver bonding. According to Goodman and Andrews, adding a 2 to 4 hour per week home-teaching educational programme to a family creche environment greatly enhances children's receptive language, readiness abilities, and fundamental ideas. Kontos and others assess children's object play as a reflection of their degree of cognitive development, while Howes and Stewart highlight the significance of daycare quality on children's level of play with peers and objects. High-level object play was more common among kids in regulated care than it was with kids in care from relatives. Other research demonstrates that higher-quality care leads to better personal maturity and social skill development, less aimless wandering and more activity participation, more vocalizations to peers, and improved sociability. Children that are cared for by families and other relatives have less behavioral issues, according to Kontos and colleagues. In studies of babies and toddlers, the degree of a child's attachment to a caregiver has been a significant finding. Children can make greater use of the materials and resources available to them thanks to the security and trust that come with secure attachments. According to studies, when carers are empathetic, attentive, and have undergone specialized training, children feel more secure in their connection. There are no disparities in security rankings amongst the various kinds of carers, according to the Quality in Family Child Care and Relative Care research. A stable infant-mother connection may be the consequence of a complicated relationship between the quality of mother-infant interactions at home and the quality of daycare, according to preliminary data from another multisite childcare research. According to a preliminary assessment of this research, childcare that is of low quality, or where carers are not attentive, may have a negative impact on attachment.

Factors Modifying the Relationship Between Childcare Quality and Outcomes

Different quality impacts are shown depending on the socioeconomic position of the family (Kontos 1994; Kontos and others 1995), the job status of the mother (Kontos and others 1995), and the gender of the child (Howes and Stewart 1987), according to a number of studies. To

draw any solid conclusions regarding the most crucial variables modulating the association between family childcare and outcomes, however, these data are insufficient.

- i. Lower child–staff ratios and smaller group sizes
- ii. Appropriate caregiving
- iii. Developmentally appropriate practices
- iv. Caregiver responsiveness.

Child outcomes associated with higher-quality childcare are:

- i. Improved language
- ii. Enhanced social skills
- iii. Reduced behavior problems
- iv. Increased cooperation.

Smaller group sizes and lower child-staff ratios are crucial because they allow for more positive dynamics. Less students to engage with allows instructors to better react to each kid individually, pay attention to each child, provide adequate care, and provide a classroom setting that is developmentally appropriate. Good ratios and group sizes make pleasant dynamics feasible, but they do not ensure that teacher-child interactions will be of a high caliber. The staff must understand how to maximize favorable circumstances. Supports for the staff, such as suitable training and efficient management, are crucial. Positive dynamics and results result from investments in efficient supports and structures. Children are less likely to be aggressive, have stronger speech and language abilities, and engage with adults and their classmates in more positive ways[11].

DISCUSSION

With the goal of enhancing children's developmental results, early childhood programmes have been developed throughout time. These programmes' efficacy is often assessed using a number of approaches. In this talk, we'll look at a few methods for assessing the success or failure of early childhood programmes. Conducting a randomized controlled trial (RCT) is one way to determine the efficacy of early childhood programmes. Children are randomized to either the treatment group or the uncontrolled group in an RCT. The early childhood programme is given to the treatment group whereas it is not provided to the control group. The effectiveness of the programme is assessed by comparing the results of the two groups after a certain amount of time. An additional method of assessing the success of programmes for preschoolers is to carry out a kind of quasi-experimental investigation. Children are not randomly allocated to the treatment and control groups in quasi-experimental research. Instead, preexisting groupings of kids like those enrolled across different preschools or kindergarten classes are used. To ascertain if the programme was successful, researchers contrast the results of the kids in the course of therapy group to those of the kids in the control group. Researchers may also use that was not experimental approaches to assess the efficacy of early childhood programmes in addition to these methods that are experimental. These include pre-post designs, in which kids are tested before and after taking part in the programme, and longitudinal designs, in which kids are monitored over time in order to evaluate the program's long-term effects. The success of early

childhood programmes may be assessed using a variety of outcome indicators. These include tests of intelligence (IQ), language proficiency, and academic achievement. It is also important to utilize social and emotional measurements like behavioral and social skills tests. In general, examining the efficacy of early childhood programmes is a difficult and comprehensive task. The study design, outcome measures, and statistical analytic methods that are used to evaluate programme effect must all be carefully taken into considerations. We can better understand the efficacy of early childhood programmes and utilize this information in order to improve the standard of education and care for young children by using a rigorous and extensive approach to programme assessment[12].

CONCLUSION

In conclusion, it is critical to assess early childhood programmes to ascertain how well they promote the growth and growth of young children. Researchers may learn a lot about how early childhood programmes affect kids' mental abilities social, emotional, and behavioral development by using rigorous evaluation techniques including randomized controlled trials, long-term research, and observational assessments. The research indicates that children, especially those from poor households, may experience considerable advantages from high-quality early development programmes. Children who partake in these programmes are more likely to acquire critical abilities and competences including language and reading, numeracy, discipline, social skills, and a good attitude towards school. However, a number of factors, including the caliber of the programme, the qualifications of the teachers, the structure of the course of study, and the involvement of parents, also affect how effective preschool programmes are. To ensure that young children have excellent outcomes, it is vital to invest in high-quality early childhood programmes that include evidence-based practices, ongoing professional growth for teachers, and family participation. It is crucial to determine the efficacy of early childhood programmes in order to make informed choices about policy, programme development, and resource allocation that will ultimately benefit young children and their families.

REFERENCES:

- [1] S. Campos, J. M. Kapp, and E. J. Simoes, "The Evidence Base for the Maternal, Infant, and Early Childhood Home Visiting Program Constructs," *Public Health Rep.*, 2018, doi: 10.1177/0033354918764383.
- [2] E. O. Chung, L. C. H. Fernald, E. Galasso, L. Ratsifandrihamanana, and A. M. Weber, "Caregiver perceptions of child development in rural Madagascar: A cross-sectional study," *BMC Public Health*, 2019, doi: 10.1186/s12889-019-7578-3.
- [3] J. Berkes, A. Raikes, A. Bouguen, and D. Filmer, "Joint roles of parenting and nutritional status for child development: Evidence from rural Cambodia," *Dev. Sci.*, 2019, doi: 10.1111/desc.12874.
- [4] J. E. Luoto *et al.*, "An Implementation Evaluation of A Group-Based Parenting Intervention to Promote Early Childhood Development in Rural Kenya," *Front. Public Heal.*, 2021, doi: 10.3389/fpubh.2021.653106.
- [5] N. L. A. Catherine *et al.*, "Improving children's health and development in British Columbia through nurse home visiting: A randomized controlled trial protocol," *BMC Health Serv. Res.*, 2016, doi: 10.1186/s12913-016-1594-0.

- [6] K. Pretti-Frontczak, A. Giallourakis, D. Janas, and A. Hayes, "Using a Family-Centered Preservice Curriculum to Prepare Early Intervention and Early Childhood Special Education Personnel," *Teach. Educ. Spec. Educ. J. Teach. Educ. Div. Counc. Except. Child.*, 2002, doi: 10.1177/088840640202500308.
- [7] M. Liddell, T. Barnett, F. D. Roost, and J. Mceachran, "An evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY)," *Dep. Educ. Employ. Work. Relations*, 2011.
- [8] S. Larmar, "The early impact program: Strengthening child competencies," *Aust. J. Guid. Couns.*, 2008, doi: 10.1375/ajgc.18.2.128.
- [9] L. M. Espinosa and M. L. López, "Assessment Considerations for Young English Language Learners Across Different Levels of Accountability," *Natl. Early Child. Account. Task Force First 5 LA*, 2007.
- [10] M. T. Ruel, A. R. Quisumbing, K. Hallman, B. de la Brière, and N. C. de Salazar, "The Guatemala Community Day Care Program: An example of effective urban programming," *Res. Rep. Int. Food Policy Res. Inst.*, 2006, doi: 10.2499/0896291449.
- [11] A. Neuhauser, "A closer look at the effectiveness of early childhood education in at-risk families," *Mental Health and Prevention*. 2014. doi: 10.1016/j.mhp.2014.09.002.
- [12] W. Böttcher and H. Ziegler, "Support systems in early childhood and how to evaluate their impact," *Child Dev. Perspect.*, 2008, doi: 10.1111/j.1750-8606.2008.00047.x.

CHAPTER 17

AN OVERVIEW OF THE PRINCIPLES OF FIGURATIVE LEARNING IN CHILD DEVELOPMENT

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ABSTRACT:

Children can grasp abstract ideas and complicated concepts via the use of metaphors, similes, and other figurative language, which is a vital element of child development. The concepts of figurative learning in child development are examined in this abstract, together with the functions of language, cultural environment, and cognitive development in promoting the use and comprehension of figurative language. It emphasises the significance of exposure to metaphorical language at a young age and its possible advantages for cognitive and social development. The abstract also examines the difficulties and restrictions of metaphorical learning, including variations in comprehension and the possibility of misunderstanding. In general, the figurative learning principles provide insights into how kids learn and use language to make sense of their environment, as well as the ramifications of this process for their cognitive and social growth.

KEYWORDS:

Child Development, Cognitive Development, Cultural Context, Figurative Language, Language, Social Development.

INTRODUCTION

Practice quality is more significant than practice volume and the benefits and drawbacks of massed vs scattered practice in learning received a lot of attention in conventional studies of learning. Is it preferable, for instance, for the student to study consistently throughout the semester, or can he or she achieve a same level of success by studying for a lengthy time few days before the exam? The question assumes that the test requires figurative knowledge and that preparation entails memorization of facts, names, and dates. If so, the issue is whether kind of practice mass or distributed enables memorization the greatest. However, according to current thinking, the problem is more nuanced than that because motivation plays a role in how certain practices affect people. In fact, it is now understood that motivation and attention are two of the most important factors in metaphorical learning.

The value of scattered practice will be minimal if a person is practicing while not paying attention. On the other hand, practice that is intense, focused, and highly driven may be extremely successful. However, there is also a risk present here. Figurative learning benefits from some worry, but too much or too little might obstruct it. It's possible that there won't be enough worry if you routinely study for the test. On the other hand, waiting until the very last minute could cause you to get too anxious for the studying to be very useful. Therefore, massing or distributing practice does not necessarily result in better figurative learning. Such learning is improved by giving it just enough incentive to make it engaging while avoiding making it

emotionally taxing. Giving each person your whole attention is one way to motivate others. The Mt. Hope School allows students to read for just an hour and a half every day, which is perhaps less than what is allowed in public schools. However, when they read aloud to a student, they devote the whole hour and a half to focused reading, effectively practicing the assignment.

Children may successfully avoid practice in a huge classroom where they cannot be dealt with individually even when they spend two or three hours "reading." Social incentive and, if feasible, individual attention are the only ways to stop this ineffective practice, at least in the beginning. Utilizing older students, teaching aids, and small groups where the teacher can circulate are all ways to enhance the standard of practice. Improved social incentive is what causes the improvement. Less individualized attention is needed if a youngster has mastered attentional abilities. Show the skill to the youngster at his or her degree of proficiency. Similar to many academic talents, artistic and musical abilities often need to be taught metaphorically. The skill being taught must be within the child's range of competency when introducing such assignments. Suzuki music theory is a good illustration of this. The violin and other instruments are taught to young children by ear in the presence of one or both parents, who must take lessons at the same time. The Suzuki technique is based on the idea that young infants can coordinate their hands and ears far more easily than their hands and eyes. The youngster may develop a talent that makes him and others happy by working on his coordination abilities. Contrarily, the lesson of reading music is not introduced to youngsters until they have mastered several actual processes. It is also possible to teach drawing in methods that make the most of the abilities that kids already possess. Too frequently, kids try to draw houses, trees, people, and other objects by starting with far too advanced material. The outcomes are often fairly disappointing and quite stereotypical. On the other hand, a programme that starts where the kids are may result in some very beautiful work. One art instructor I know has the students begin by drawing straight lines that rise from the bottom of the paper in several directions, like fireworks.

The result is rather lovely, especially when using one- or two-colored pencils. The youngster is more than capable of completing the work. The grass and flowers at the bottom and the blue sky at the top were added by one of the kids I was watching, however! One metaphorical ability that kids often don't practice enough yet are perfectly capable of is printing. If they exhibit the required motor coordination by the time, they are five years old, youngsters may start printing letters. Such printing helps with letter discrimination and is a great pre-reading activity. Another purpose of printing is to teach children the symbolic nature of letters and to decrease some of the strangeness and mysticism that young children often feel in relation to written symbols.

Some of its allure and terror are removed when the youngster learns that she can create those lines. One of the most crucial justifications for teaching metaphorical chores at the level the kid can handle is to help the youngster overcome their worries and apprehensions about a task. When a youngster is taught a job that is above their capacity, the outcomes are, at most, harmless, such as drawings of grass and sky. The worst-case scenario, though, is when kids get so frustrated and angry that they lose all interest in the skill being taught. This often occurs when kids get formal reading instruction before they can do actual tasks. Many kids in this scenario are unable to comprehend what they are supposed to perform, and some of them even persuade themselves that they are the ones who are foolish, not the assignment. These kids were taught to read too young, which led them to believe they would never be able to learn. As a result, they were bad readers[1].

Social Learning

We have mostly examined learning so far in terms of its application to the physical world, the acquisition of tool skills, and the culturally mandated school curricula. What about the social sphere, though? How does a youngster acquire knowledge about other individuals and social situations? When dealing with the social realm, do the same learning strategies apply or do new ones? Piaget suggests that learning about the social world is not fundamentally different from learning about the physical world, despite the fact that he has not addressed social learning to a large amount and has mostly done so in his early writings.

It would be useful to at least provide instances of how operational, figurative, and connotative learning benefit the kid in social circumstances, even when there isn't enough evidence and theory to support a thorough discussion of social learning from a Piagetian viewpoint. Piaget's own examples focus mostly on moral growth and discipline, and the active classroom chapter will summarize his views on these topics. Here, we'll focus on classroom instances of social learning that follow the developmental modes[2], [3].

Operative learning happens when a youngster actively participates in and abstracts from his own actions in the social domain, just as it does in the physical one. By playing with one another, kids pick up social skills. Above all else, this type of play compels the child to consider the viewpoint of the other child when it differs from his own. Other kids provide a similar function to the physical environment in that they drive the youngster to advance to higher-level integrations by exposing him to inconsistencies in his own behavior. When kids are permitted to collaborate in small groups on joint tasks, it promotes operational learning in the social domain. Children acquire the ideas of collaboration, empathy, and respect for one another in the framework of such collaborative endeavors.

Constructing conceptions of other individuals involves operational learning as well. The youngster forms an image of his parents as a consequence of his frequent interactions with them. He acts similarly towards both his instructor and his playmates. His interpretations will always be shaped by his own preconceived notions and reflect what he has really experienced. It must be emphasized that, like much practical intelligence, these notions of other people are often unconscious and influence the child's behavior even when he is not fully aware of why he is behaving in that way. Without being able to articulate the various and different things that a teacher does that have contributed to this notion, students may characterize her as "nice" and react to her favorably.

In the classroom, figurative learning in the social sciences is also fairly prevalent. Frequently, it has to do with how one should dress and look. It is a kind of metaphorical learning to judge individuals by their outside look. Unfortunately, kids often engage in this behaviour. They will make fun of a kid who is dressed differently than them or an adult who has some kind of physical flaw. Such conclusions are the result of basic association learning, where specific perceptual characteristics are linked to certain personas. In some ways, assessing someone by their outward look is deceptive, much like rating a quantity based just on their appearance[4].

Children also acquire social skills via connotative methods. In fact, it's possible that this kind of social learning occurs more often for children. The youngster is required to interpret the words, actions, and gestures of both adults and children repeatedly. What does it indicate if your hand is up and the instructor doesn't see it? When you provided that incorrect response, what did the

instructor think? When you joined the game, why did the other kids decide not to continue? The youngster attempts to make sense of these events by connecting them to ideas he already has about himself and other people. The re-presentations that follow may be utilised to support both positive and negative ideas of oneself as well as positive and negative beliefs of others.

Motivation and Development

In the chapter before, we discussed several facets of how kids learn as well as the procedures and tenets of education. The motivational factors that drive a child's learning activities are discussed in this chapter. Traditional talks of motivation often focus on core urges like thirst and hunger as well as secondary drives like the need for acceptance. But motivation can also be viewed from a developmental perspective, or from the perspective of the factors that encourage the development of mental structures and guarantee their use. The focus of this chapter will be on these social and developmental processes. It is crucial to note some of the parallels and distinctions between growth forces and drives before moving on to a study of these developmental and social motives. Growth's primary impulses and motivations are cyclical in nature. Drives, however, often have short-lived cycles, while growth factors typically have cycles that span months or years. Second, drives go through a cycle that comprises a steady increase in tension, followed by a more or less abrupt decrease in tension due to hunger, thirst, or distension of the bladder or bowels. Growth forces, however, have a distinct pattern that starts with a time of stimulus-seeking and ends with a pattern of play, as we will explore in more detail below. We will examine the social incentives that follow the growth force cycles, namely the attachment, age, and imitation-avoidance dynamisms.

Cognitive Growth Cycles

A cognitive skill that is still developing goes through several stages. The first stage includes a time of stimulus seeking during which the sought-after stimuli serve as the building blocks for future cognitive development. As a dynamic of action, this stimulus-seeking behavior must be separated from "novelty," "exploratory," and "curiosity" drives. Without the proper stimuli, novelty, exploratory, or curious behavior does not occur. In all of the latter circumstances, it seems that the stimulus, in part or in whole, is the prod to action.

However, in the case of stimulus-nutrient-seeking, the stimulus's nature initially plays a more or less insignificant role. As long as the fundamental dietary components are there, the growing brain process is remarkably adaptable to outside stimuli. The child's capacity to utilize a broad range of diverse diets to promote physical development serves as a good parallel. Despite having drastically varied diets, children all across the globe generally develop in the same manner. It seems that they are able to get the necessary nutrients from a variety of foods. Similar to physical growth, mental development seems to be facilitated by nutrient seeking. However, it should be noted that once a child becomes accustomed to a certain food, long-term preferences are formed. Probably the same can be said for the mental stimulation that children receive.

Repetitive behavior is often seen as stimulus-nutrient seeking throughout the process of brain development. His emerging ability to coordinate perceptual and motor schemata are stimulated by his infantile cyclical reflexes, in which he pulls his mobile, watches it move, then pulls it again. The traditional "why" queries of a three-year-old are likely intended, at least in part, to provide verbal stimulus-nutrition for the child's developing language structures at a slightly later age. The participation in doing, producing, and collecting, once again at the primary school level,

supplies stimulation nutriment for the developing structures of practical intelligence[5].

Another feature of mental development cycles is something that may be referred to as stimulus-gating and storage. The youngster must regularly ignore or shut out distracting stimuli in order to seek stimulus nutriment. What I mean by stimulus-gating is that. When a youngster uses nutrition for mental development that he has identified, he is often resistant to other intrusive stimuli. The child's gated stimuli may not even be recognized in other circumstances. However, this isn't always the case; on occasion, the stimuli may be blocked from conscious interpretation but saved unconsciously for interpretation at a later time. This is especially true when the stimuli arrive in quantities that are too great for the infant to assimilate all at once yet may still have nutritional value for the youngster. This may be seen, for instance, when young children are brought to the zoo or the circus. The youngster may not start talking about or drawing the zoo or circus animals until weeks after his visit, despite the fact that the stimuli are significant to him and cannot be used all at once. Evidently, stimulus-gating and storage take place after a cognitive ability is formed, but they guarantee the efficient use of stimulus nutriment throughout the ability's construction[6], [7].

DISCUSSION

Children learn to understand abstract ideas and complicated concepts via figurative language, which is a vital part of their development. Children need assistance connecting actual experiences with abstract ideas, and figurative language, such as metaphors and similes, is essential. The significance of language is one of the tenets of metaphorical learning. Children may use metaphors and similes in language to convey and comprehend abstract ideas. Children may have a deeper knowledge of language and its intricacies by being exposed to a variety of figurative language styles. This may result in enhanced social and emotional intelligence as well as improved communication abilities. Another idea that is essential to the development of figurative learning is cultural context. Different idiomatic idioms and metaphors that are exclusive to their language and culture are found in different civilizations. As a result, it is vital to take into account the cultural setting while teaching youngsters to use metaphorical language. Children may have a greater appreciation for and respect for cultural variety as well as a better comprehension of language and communication by doing this. Another crucial idea in figurative learning is cognitive growth.

Children's comprehension and use of metaphorical language improve as they grow intellectually. While older children may be better able to use figurative language to express their thoughts and emotions, younger children may find it difficult to understand the abstract nature of metaphors. Furthermore, children's social and cognitive development depend on early exposure to figurative language. According to studies, young kids who are exposed to figurative language have better levels of creativity and problem-solving aptitude. Children who are adept at figurative language may also be better able to decipher social cues and comprehend the emotions of others. But there are drawbacks and difficulties with figurative learning as well. When it comes to metaphorical language, children's cognitive levels might differ, and misinterpretations can happen. Furthermore, figurative language can vary depending on the situation, which can cause misunderstandings. The concepts of figurative learning provide important insights into how kids pick up language and use it to make sense of their surroundings. We can better support children's development and assist them in acquiring critical abilities for social and emotional intelligence by recognizing the significance of language, cultural context, and cognitive development in

figurative learning[8], [9].

CONCLUSION

The principles of figurative learning in child development emphasize the critical function that figurative language performs in assisting kids in grasping abstract ideas and growing their social and emotional skills. Figurative language use and acquisition are influenced by language, cultural environment, and cognitive development. Children's cognitive and social development may benefit greatly from early exposure to figurative language, which can also lead to increased levels of creativity, problem-solving abilities, and social awareness. Figurative learning can have its drawbacks, too, such as individual variances in comprehension and the possibility for misunderstanding. Nevertheless, by comprehending the figurative learning principles, we may promote children's language development and aid in their ability to meaningfully integrate their experiences with the outside world. Overall, the figurative learning principles emphasize the significance of culture and language for a child's development and provide insights into how kids learn and use language to make sense of their world.

REFERENCES:

- [1] S. Bishara and S. Kaplan, "Executive Functioning and Figurative Language Comprehension in Learning Disabilities," *World J. Educ.*, 2016, doi: 10.5430/wje.v6n2p20.
- [2] L. C. Fernández and R. C. García, "Development And Improvement Of The Pragmatic Competence In Children And Adolescents With Autistic Spectrum Disorder And Functional Language," *Normas*, 2020, doi: 10.7203/Normas.v10i1.19279.
- [3] M. Khoirul Anwar and M. S. Anwar, "Gaya Bahasa Kiasan Dalam Lirik Lagu Band 'Efek Rumah Kaca' Album 'Efek Rumah Kaca, Kamar Gelap, Sinestesia'." *Buana Bastra*, 2021, doi: 10.36456/bastra.vol6.no1.a3599.
- [4] P. Martínez-Álvarez, N. Sáez, and M. P. Ghiso, "Mediating hybrid spaces in the bilingual science class by learning to cultivate children's metaphors," *Linguist. Educ.*, 2018, doi: 10.1016/j.linged.2018.08.003.
- [5] G. Cabral, "Book Review: Child Development and Education: A Piagetian Perspective," *J. Educ.*, 1976, doi: 10.1177/002205747615900308.
- [6] L. Iralde, C. Gaux, and H. Bouchafa, "Contributions of figurative language and morphological awareness to reading ability in Grades 2 and 4," *Psychol. Fr.*, 2018, doi: 10.1016/j.psfr.2016.11.001.
- [7] *et al.*, "Original Methods of Memorizing Information as a Way of Practical of Practical Teaching for Interns," *Sch. Notes Transbaikal State Univ.*, 2021, doi: 10.21209/2658-7114-2021-16-2-176-182.
- [8] M. Marschark and L. Nall, "Metaphoric Competence in Cognitive and Language Development," *Adv. Child Dev. Behav.*, 1985, doi: 10.1016/S0065-2407(08)60388-2.
- [9] M. Ptok, "[Pragmatic language impairment in children]," *HNO*, 2005.

CHAPTER 18

AN ANALYSIS OF THE EFFECTIVE PROGRAMS FOR YOUNG CHILDREN

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ABSTRACT:

Effective Programs for Young Children refers to various interventions and strategies aimed at promoting the cognitive, social, emotional, and physical development of young children. Such programs can be delivered in different settings such as home, school, and community, and typically involve a range of activities and practices, including play, storytelling, music, art, and physical exercise. Research has shown that high-quality early childhood programs can have significant and long-lasting effects on children's development and well-being, particularly for those from disadvantaged backgrounds. Effective programs for young children are characterized by a focus on individualized learning, active engagement, positive relationships between children and caregivers, and a supportive and stimulating environment. Effective programs for young children can also provide opportunities for parental involvement and education, which can further enhance children's development and strengthen families. However, to ensure that early childhood programs are truly effective, it is essential to use evidence-based practices and to continuously evaluate and improve program quality.

KEYWORDS:

Child Development, Curriculum, Early Childhood Education, Family Involvement, Learning Outcomes, Play Based Learning.

INTRODUCTION

The U.S. Head Start programme celebrated its fifth year of creating and putting into practise programme performance metrics in 2000. As the foremost early childhood education programme in the country, Head Start is setting the bar for establishing and disclosing responsibility for the services it offers to more than 800,000 kids and their families every year. Since this accountability system's initial conceptualization in 1995 and the release of the third progress report, Head Start has made significant strides in implementing outcome-oriented accountability. The approach blends program-level reporting and monitoring with the most beneficial aspects of scientific research. It is founded on standards for programme accountability that are developed by agreement. This chapter explains the Family and Child Experiences Survey, a key component of Head Start's commitment to monitor programme success. The results of Head Start are being evaluated, and the whole programme is being improved, using the survey data.

The Program Performance Measures Initiative

Programme performance measures are described as "methods and procedures for measuring, annually and over longer periods, the quality and effectiveness of programs operated by Head

Start agencies" in the Head Start Act. These metrics will be used to pinpoint areas in need of additional technical support and training as well as to identify programme strengths and weaknesses both nationally and regionally. The Government Performance and Results Act, section 641A of the Head Start Act, and the Advisory Committee on Head Start Quality and Expansion's suggestions were specifically taken into consideration while developing the programme performance indicators. In order to create the programme performance metrics in 1995, Head Start initiated a process of developing agreement. Discussions with Head Start programme staff and parents, early childhood organization representatives, researchers, experts in education, child development, and early intervention, as well as representatives from the Head Start bureau of the U.S. Department of Health and Human Services, were all part of the process [1].

Conceptual Framework

In 1996–1997, Head Start refined and simplified the first measurements in addition to creating a conceptual framework for the programme success metrics. For Head Start children and families, the conceptual framework unites, arranges, and demonstrates the relationships between process and outcome metrics. The conceptual framework is centred on Head Start's ultimate objective, which is to improve kids' social skills. The ability of a youngster to cope with their immediate surroundings and future obligations in school and in life is known as social competence. For a 5-year-old kid who is finishing preschool and starting primary school, school readiness, or whether the child has learned the abilities, understandings, and behaviors that assist assure effective functioning in the new setting, is a significant life challenge and critical test of social competence.

The "whole child" approach to school preparation advocated by the Goal One Technical Planning Group of the U.S. National Education Goals Panel has been embraced by Head Start. According to this perspective, being ready for school is a complex phenomenon that involves five developmental domains that are crucial for a child's readiness for school: language use and emerging literacy, social and emotional development, physical health and motor development, and cognition and general knowledge. The battery of metrics used to evaluate the effectiveness of Head Start programs includes measurements for each area. The interconnectedness of physical and mental health, dietary requirements, and cognitive, emotional, and social development is taken into consideration by the performance metrics.

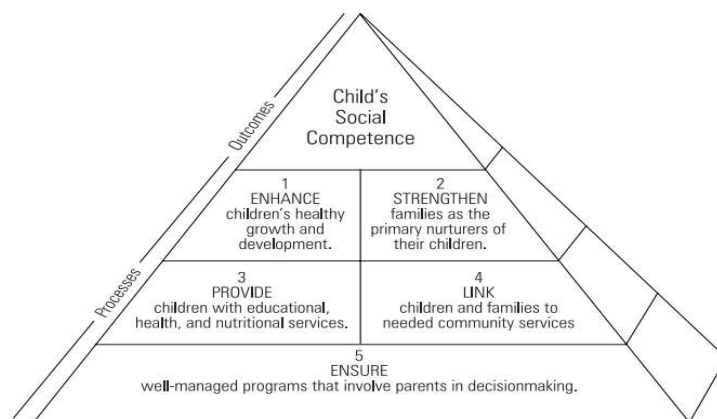


Figure 1. Illustrated the Head Start’s Program Performance Measures.

Program Performance Measures

Twenty-four programme performance metrics have been established by Head Start and are categorised under the five programme goals. Performance indicators outline how each programme performance metric will be evaluated. The purpose, performance measure, performance indicator, data source, and 1997–98 data are all included in the area of the Head Start programme performance measures matrix that is shown in Figure 1. Head Start ensures children receive necessary medical, dental, and mental health services is a more process-oriented criterion that is not included in the aim. The percentage of Head Start students who reported receiving necessary medical care serves as the performance indicator for this metric. Periodic reports provide updates on the indicators supporting each target. Data are gathered through agency resources such as the Head Start Family and Child Experiences Survey, regional office reports, the Head Start Programme Information Report, and the results for classrooms, teachers, families, and children.

Head Start's Family and Child Experiences Survey

The Family and Child Experiences Survey for Head Start is a key component of the project to monitor programme success. Through FACES, researchers are compiling extensive data on the characteristics, accomplishments, and well-being of families; the standard of Head Start classrooms; and the needs, opinions, and needs of teachers and other staff in Head Start. These topics include the cognitive, social, emotional, and physical development of participating children; the characteristics, well-being, and achievements of families; the quality of Head Start classrooms. The survey offers information on a sample of Head Start programs, centers, classrooms, kids, and parents that is nationally representative. Three factors are used to stratify the sample: geographic location, urbanization, and the proportion of older minority households participating in the programme. Six steps of data collecting are included in FACES. A field test involving over 2,400 kids and parents from forty Head Start programs throughout the country was conducted as part of the first phase. The field test demonstrated the viability of utilizing certain tools to evaluate children and interview parents on a broad scale. Invaluable data on the state of Head Start programs, kids, and families were also supplied by the exam.

Data gathering on a sample of 3,200 kids and families in the same forty Head Start programs was the focus of the second and third phases. Assessments of kids finishing the Head Start programme and of Head Start alums starting kindergarten were part of the spring 1998 phase. Additionally, information was gathered from parent interviews and kindergarten teachers' evaluations. The kindergarten group was then continued through the first grade.

The fourth stage included gathering data from the forty Head Start programs and monitoring the transition of former Head Start participants' kids into kindergarten. The kindergarten follow-up for kids who finished Head Start in the spring of 1999 and for first-graders who finished Head Start in 1998 was completed in the fifth phase. Children who finished Head Start in the spring of 1999 reached the end of the first-grade follow-up phase in the sixth phase in the spring of 2001. In order to maintain Head Start's commitment to continuous evaluations based on performance metrics, a new cohort that was chosen to be nationally representative was used to gather data starting in the autumn of 2000. In order to assess child outcomes, programme effectiveness, and family well-being and accomplishments, FACES continues to sample 2,800 children and their families from 43 new Head Start programs around the country [2], [3].

FACES: Findings

The FACES data collected during fall 1997 and spring 1998 offer important findings on the change in children's growth and development, the consistency of classroom quality, and the characteristics and accomplishments of Head Start families throughout the 1997–98 year. Follow-up into kindergarten reveals important information on Head Start graduates' performance in school. Key findings from 1997-98 is presented below.

Participation in Head Start can enhance a child's growth and development. The data show the following:

- i. The typical child completing Head Start possessed the early literacy and numeracy knowledge and skills, as well as the social skills, that indicate a readiness to learn when the child reaches kindergarten and first grade.
- ii. Head Start children showed significant gains in vocabulary and writing skills and in social skills during the Head Start year. The children showed little progress, however, in letter recognition and book knowledge.
- iii. During the year, the children's play became more complex, and they became more involved in interactive play with person indicator of social development.
- iv. Children who complete Head Start are "ready to learn," as shown by the extent of their learning by the end of kindergarten. By the end of kindergarten, Head Start graduates made substantial gains in word knowledge, letter recognition, math skills, writing skills, and phonemic awareness.

Participation in Head Start can strengthen families as primary nurturers. The data indicate the following:

- i. Primary caregivers were equally likely to be married or single. The typical caregiver was young, had at least a high school diploma or a graduate-equivalent degree, and was employed. Despite the high proportion of caregivers in the workforce, 85% of the households participating in Head Start received supplemental sources of income.
- ii. More than two-thirds of Head Start parents reported that they read to their children at least three to five times a week. Importantly, the frequency of parents' reading was linked to a child's vocabulary scores, and children who were read to more often showed greater word knowledge at the end of the year.
- iii. Head Start parents cited significant accomplishments during the year. More primary caregivers were employed an increase of 2% from fall to spring); 9% obtained a license, certificate, or degree; and fewer received welfare assistance score across Head Start's 518 classrooms was good. Nearly one-fifth of the classrooms were rated as very good or excellent, and no classroom was rated inadequate. These ratings compare favorably with those reported for other preschool and childcare programs.
- iv. The average numbers for both class size and child: adult ratios were far better than those required by Head Start's program performance standards and the accreditation standards of the National Association for the Education of Young Children.

- v. Most Head Start teachers have good teaching qualifications. Nearly one-third of all teachers had a bachelor's or graduate degree, and teachers averaged nearly 12 years of teaching experience. The educational level of teachers correlated with the quality of classrooms; that is, the higher a teacher's educational level was, the better the classroom quality was [4], [5].

The observed quality of Head Start classrooms is linked to children's outcomes. The data show the following:

- i. Children in Head Start classrooms that had richer teacher child interaction and more language learning opportunities had higher vocabulary scores. Also, children in classrooms that had lower child: adult ratios showed greater gains in vocabulary scores during the year.
- ii. Children in classrooms rated higher for their learning environment materials spent more time in simple interactive play or pretend play and less time in noninteractive play [4], [5].

DISCUSSION

For the purpose of encouraging healthy child development and enhancing results later in life, effective programmes for early children are essential. It has been shown that children's academic success as well as their social, emotional, cognitive, and linguistic development benefit from high-quality early childhood education programmes. Preschool education of the highest calibre is one programme for young children that works. According to studies, preschoolers who attend high-quality programmes excel academically and have superior linguistic and social abilities than their non-preschooling counterparts. Additionally, preschool can offer kids a secure and nurturing environment that can aid in their socialization with adults and other kids. Home visiting programmes are another good programme for young kids. These programmes provide assistance and direction to parents of young children in their homes, which may assist parents in creating good parenting habits and enhancing the results for their kids. Home visiting initiatives have been linked to better child development and health, more knowledgeable and confident parents, and lower instances of child abuse, according to research. Early childhood intervention programmes may also help young children with impairments or developmental delays by improving their outcomes. These programmes may help kids acquire the abilities they need to thrive in school and in life by offering a range of treatments including speech therapy, occupational therapy, and behavioral therapy. These programmes must be of the highest caliber and supported by solid research if they are to be successful. This implies that they should be developed using the most recent research on early learning and child development, and that they should be delivered by qualified experts who can provide tailored assistance to kids and families. Overall, young children's growth and future achievement may be significantly impacted by successful programmes. We can guarantee that all children have the best start in life by funding high-quality early childhood education and assistance programs [6]–[8].

CONCLUSION

The attempt to assess the effectiveness of the Head Start programme was started in 1995. By 1999, Head Start had gathered a lot of data on the effectiveness of its programme. Through FACES, Head Start has gathered information on how children's performance has changed over

the course of one or more years of participation, how graduates of the programme are doing in kindergarten, the quality and characteristics of Head Start programmes, and the success and well-being of Head Start families. According to the statistics, Head Start may improve outcomes for kids by strengthening families as the main caretakers of kids, fostering kids' growth and development, and delivering high-quality nutritional, health, and educational programmes. The performance information has been valuable for both internal and external accountability reporting for Head Start. Officials were able to provide the U.S. Congress with a report on the Head Start programmes' quality as well as the information and skills that the children who had finished them had acquired. Additionally, FACES data were provided to the Advisory Committee on Head Start Research and Evaluation, which was tasked by the U.S. Congress with making recommendations regarding the layout of a study or studies to ascertain the overall impact of Head Start nationally. Additionally, FACES data have been widely shared within Head Start. The statistics are used in ongoing initiatives to enhance Head Start and enhance technical support and training. Findings from FACES have been presented at national gatherings of academics and practitioners, such as the National Research Conference for Head Start, conferences of the Society for Research in Child Development, and gatherings of the National Head Start Association. The given facts and conclusions provide crucial proof of the need of making investments in young children's development.

REFERENCES:

- [1] D. Cattell-Gordon and D. Cattell-Gordon, "The development of an effective applied behavioral analysis program for a young child with autism: A parent's perspective," *Infants Young Child.*, 1998, doi: 10.1097/00001163-199810030-00011.
- [2] A. Mannocci *et al.*, "Are there effective interventions to increase physical activity in children and young people? An umbrella review," *International Journal of Environmental Research and Public Health.* 2020. doi: 10.3390/ijerph17103528.
- [3] R. Grist, A. Croker, M. Denne, and P. Stallard, "Technology Delivered Interventions for Depression and Anxiety in Children and Adolescents: A Systematic Review and Meta-analysis," *Clinical Child and Family Psychology Review.* 2019. doi: 10.1007/s10567-018-0271-8.
- [4] W. Correa, M. D. F. Minetto, R. Cappellaro-Kobren, and L. Kruszielski, "Parental beliefs on child development of children with developmental delays," *Paideia*, 2019, doi: 10.1590/1982-4327e2928.
- [5] A. Yue *et al.*, "Stimulation and early child development in China: Caregiving at arm's length," *J. Dev. Behav. Pediatr.*, 2019, doi: 10.1097/dbp.0000000000000678.
- [6] S. March, S. H. Spence, C. L. Donovan, and J. A. Kenardy, "Large-scale dissemination of internet-based cognitive behavioral therapy for youth anxiety: Feasibility and acceptability study," *J. Med. Internet Res.*, 2018, doi: 10.2196/jmir.9211.
- [7] W. Yang, H. Liu, N. Chen, P. Xu, and X. Lin, "Is Early Spatial Skills Training Effective? A Meta-Analysis," *Frontiers in Psychology.* 2020. doi: 10.3389/fpsyg.2020.01938.
- [8] K. Magnuson and G. J. Duncan, "Can early childhood interventions decrease inequality of economic opportunity?," *RSF*, 2016, doi: 10.7758/rsf.2016.2.2.05.

CHAPTER 19

AN OVERVIEW OF THE QUALITATIVE COMPONENTS OF HOME VISITING PROGRAMMED

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ABSTRACT:

Home visiting programs are an evidence-based approach to supporting families and promoting child development. While many studies have focused on the effectiveness of home visiting programs, less attention has been paid to the qualitative components that contribute to their success. This paper reviews the literature on the qualitative components of home visiting programs, including the importance of relationship-building, cultural competence, and individualized support. The paper also examines the challenges associated with implementing home visiting programs, such as issues with recruitment and retention of families and the need for ongoing professional development and supervision for home visitors. Overall, this paper highlights the importance of addressing the qualitative components of home visiting programs to ensure that families receive the support they need to promote the healthy development of their children.

KEYWORDS:

Child Development, Cultural Competence, Family Support, Home Visiting Programs, Individualized Support.

INTRODUCTION

Because of their parents' limited knowledge, time, and money as well as their intense emotional stress, young children in underprivileged Jamaican communities suffer overwhelmingly negative consequences from neglect, abuse, and unsuitable care.

The children are put at even greater danger as a result of the decline in traditional extended family support systems and the lack of or poor quality of cost-effective programmes that provide advantages to both parents and children. The results of these two factors, which interact cyclically over time, are dysfunctional families and fresh generations of kids who grow up to be parents who lack resources and developmental opportunities.

One out of every three children in Jamaica under the age of four, or around 70,000 kids, live in poverty. Early childhood programmes offered in homes may provide the best chance of ending the poverty cycle in our nation. High-quality early childhood programmes may significantly improve children's lives, according to international research, and those who are economically disadvantaged benefit most from them. Although 85% of all 4–5-year-olds in Jamaica have access to preschool, there are very few opportunities for infants and young children from birth to age 3.

Daycare availability for this age group is presently minimal, and the majority of programmes are provided by private providers at costs that are out of reach for low-income families.

One cannot expect the government, which is struggling under a crushing debt load and conflicting social sector demands, to fund a broad expansion of center-based childcare. Also, in rural areas with the highest rates of poverty and where mothers are most frequently unemployed or making a living in and around their homes, for-profit creche services may be seen as inappropriate and irrelevant. In Jamaica, home visiting programmes are a significant option for expanding access to early childhood treatments for low-income families and, eventually, for creating social capital. The quality components that could serve as standards for delivering such programmes are examined in this chapter. The effectiveness of the treatments seems to have been greatly influenced by certain practices that were examined for three home visiting models that are presently in use in Jamaica. The three approaches all provide the same fundamental components for children's psychosocial stimulation, together with counselling, instruction, and parental support. All of the programmes benefit underprivileged children, but their target audiences vary greatly from one another. These three initiatives are:

- i. The Roving Carers Programme, which helps families and children of adolescent moms.
- ii. A programme called Community-Based Rehabilitation that helps young children with impairments.
- iii. The programme for malnourished children, which attends to the nutritional and psychological requirements of kids who are admitted to the hospital for malnutrition.

The three primary tenets of the Convention on the Rights of the Child—survival, protection, and development—are all addressed by these programmes together. Each of these rights and objectives for children must get the appropriate amount of attention in any home visiting programme that is being considered for national implementation. Here is a quick rundown of the three programmes.

Roving Caregivers Program

The Roving Carers Programme is a key programme carried out under the Community and Home-Based Learning section of the Basic Education and Early Childhood Development Programme of the Government of Jamaica and United Nations Children's Fund. The initiative's goal is to create and expand early childhood services that are efficient and affordable and address the developmental requirements of babies and young children up to age three. RCP is a non-formal, multifaceted, integrated programme for parenting and child development. Childcare, environmental education, referral information, personal growth, skill development, and revenue generating are among the fundamental components.

The Rural Family Support Organization implements RCP in two rural parishes in central Jamaica. The government's new strategy on integrating early childhood education will be implemented in these parishes as a trial area. Ru-Fam-So offers comprehensive services for families and has excellent connections with a number of international and development organizations. The Teenage Mothers Project, the Male Adolescent Programme, the Uplifting Adolescents Programme, and the Home-Based Nursery Programme are among the services offered in addition to RCP. The original Teenage Mothers Project is where all of the programmes, including RCP, have their roots.

RCP was established in 1992 as a collaborative project with the Bernard van Leer Foundation with the aim of assisting high-risk families. Local child health clinics assist in identifying

recipients. A team of child development promoters is used by RCP to give parental education lessons and model stimulating activities in homes. The carers% are young people with a secondary education who are hired from the neighborhoods where they reside and do their duties on foot. Rovers are chosen on the advice of the guidance counsellors or past heads of their schools. Interventions are planned for both individuals and groups according to the closeness of the dwellings.

RCP has a significant training element. Preservice training for Rovers lasts for one week, and they get ongoing Inservice training consisting of one-day seminars every two weeks and one-week courses every three months. The workshops are organized to review weekly schedules, talk about visitation-related problems and concerns, and create playthings for stimulating activities. Project officials who undertake onsite monitoring inspections every two weeks keep a careful eye on home visits.

RCP now serves 3,500 children between the ages of 0 and 3 and 700 houses in around sixty towns after growing from 15 to 25 districts in about 6 years. The roaming carer concept was successfully tested in an urban environment in eleven impoverished inner-city neighborhoods for the benefit of 1,300 children in 1998 as part of a government programme to eradicate poverty.

Community-Based Rehabilitation Program

The Dedicated to the Development of the Disabled organization, founded in 1985, includes the Community-Based Rehabilitation Programme. By educating and assisting carers to help people with disabilities function at their highest potential, 3D is committed to the rehabilitation and integration of people with disabilities into their communities. The community programme offers a variety of services, such as early stimulation for kids who might develop slowly, early disability detection, ability assessment, development of individualized home plans to boost a child's abilities, group and one-on-one parental counselling, psychoeducational evaluations for kids in school, and referrals to other organizations. The home-based programme, which currently serves over 1,000 families across four parishes, was first implemented in one of Jamaica's fourteen parishes. The programme helps children from birth to age six who have drastically slowed down or had delays in one or more domains, including self-help, speech and language, motor or cognitive behavior.

Parents, doctors, nurses, daycare facilities, social workers, school instructors, and other adults recommend kids to 3D's community programme. Following a referral, the child is given a thorough evaluation using the Denver Developmental Screening Test. After a thorough medical examination and diagnosis, the kid is enrolled in an intervention programme run by a child development assistant. The assistant creates a unique child and family plan based on the evaluation, interviews with parents and community members, and observations made in the house. After laying the necessary foundation, the assistant starts instructing parents on ways for stimulation. Aides typically make at least two monthly visits to each kid, starting with weekly visits and decreasing in frequency as the programme develops. Referrals are made to other organizations for issues that need a specialist's evaluation or a particular intervention. In addition to attending weekly case conferences with the project supervisor to review the child programme and instructional techniques, each aide sees twelve to twenty children each week. The aides' initial training is supplemented by ongoing in-service training[1].

Malnourished Children's Program

The Tropical Metabolism Research Unit of the University Hospital of the West Indies' Child Development Research Group created the Malnourished Children's Programme in 1994 to address the early deficits of children admitted for malnutrition. Hospital staff saw that many children who recovered and were sent home from the TMRI had to be readmitted for the same problem within a short period of time before beginning this outreach programme. TMRI pioneered intervention tactics to address this issue by doing follow-up home visits to keep tabs on children who were released from the TMRI.

Staff members pay close attention to the child's level of stimulation, environmental elements that might be harmful to their health, and their nutritional condition and the need for dietary supplements during each home visit. An continuing weekly programme that includes parenting instruction and a social welfare initiative is available to parents of children accepted to the TMRI. TMRI assists parents in starting self-help initiatives, learning how to generate money, and locating employment or housing. For underprivileged, jobless parents, TMRI also gives food packages, beds, and clothes. At least twelve workshops must be attended by the parents in order to get a certificate of participation.

The Kingston metropolitan region, which has a high incidence of malnutrition, is home to three places where TMRI runs a community outreach programme in addition to individual house visits. A mobile toy lending library supports this program's frequent psychosocial stimulation of children aged 3 and under. Through a weekly programme at the nutrition clinic, TMRI has also expanded its parenting and child stimulation services to Jamaica's only private children's hospital[2].

Home Visiting Programs

Twelve elements of quality can be noted in the practices of the three model programs described above. These elements, which have contributed significantly to the success of the programs, are:

- i. Linkage of childcare supports with family supports.
- ii. Recognition of women's multiple roles as mothers, homemakers, and income earners.
- iii. Transfer of skills to the clients and households.
- iv. Flexibility in service delivery.
- v. Acknowledgment of family configurations and building on existing networks for children
- vi. Sustainability of the program play materials
- vii. Strong referral systems and access support
- viii. High staff retention
- ix. Documentation
- x. Strong feedback and monitoring mechanisms
- xi. Research orientation leading to action

- xii. Proactive measures to ensure sustainability and institutionalization.

The findings and impressions presented below for each element are based on interviews with program directors, staff members, and recipients as well as observations of meetings, training sessions, and other interventions. For analysis, the author assumed that the standards for program inputs were strongly related to the desired program outcomes, but made no attempt to establish direct connections between inputs and outcomes.

Linkage of Childcare Supports with Family Supports

The fundamental tenet of all three of the aforementioned programmes is that children cannot get assistance in isolation. The programmes use a comprehensive approach when making interventions on behalf of kids, offering assistance to both families and kids directly. RCP is a subsidiary of Teenage Mothers Protect, which was founded primarily to address the issue of underage pregnancy, as was previously mentioned. When it became clear that the issue of teen mothers could not be solved on its own, the project was expanded to include other services. In order to address the limiting outcomes of interacting with only the adolescent mother and her infant, RCP, a home visiting programme, was established. While teenage mothers attend academic and skill-building classes, as well as counselling and self-esteem-building sessions, their children are cared for by a demonstration nursery. There are additional sessions offered for grandparents and the dads of the newborns. This multifaceted approach encompasses the whole family network, and the program's success record in avoiding adolescent second pregnancies is virtually 100%.

Both parents must take part in the intervention for their disabled kid under the 3D programme. The home plan outlines each family member's responsibilities in order to promote the child's complete support. Additionally, the assistants work to foster positive relationships between families in recognition of the role that the larger community plays in influencing the development of the child. The staff of the Malnourished Children's Programme works to improve families' financial security by locating career possibilities and providing job recommendations for dads. Home visits help to continuously identify the unique and related social, environmental, and economic requirements of children and their families in each situation[3].

Recognition of Women's Multiple Roles as Mothers, Homemakers, and Income Earners

In Jamaica, a significant majority of families are led by women. Additionally, compared to males who make up 20% of the labor force, there are significantly fewer women in the workforce, at only 10% of the total. Each programme closely integrates childcare techniques to mother care and support due to this dual disadvantage. Referrals to prenatal clinics, breastfeeding promotion, nutrition education, reproductive health, environmental cleanliness and safety, as well as training and assistance for income-generating activities are all relevant issues that are covered in group parenting sessions.

Prenatal and genetic counselling are included in the modules on reproductive health in the 3D programme. Time management is emphasized in parenting classes to assist moms handle the extra demands of kids with impairments. The Malnourished Children's Programme, which focuses on kids whose development and survival are especially at danger, lays a lot of attention on possibilities for moms to generate money. The staff makes an effort to match each mother's interests and aptitudes with transferable skills. The programme pays for moms to participate in

chances for skill development in fields including childcare, geriatric care, dressmaking, and hairstyling. In order to prepare mothers with extremely poor literacy levels for domestic employment, practical in-home training in areas like preparing tables, making beds, and relating to employers is provided. The programme also offers moms who want to purchase and sell food or commodities concrete help by purchasing these things in bulk and providing them to mothers at much discounted costs.

Transfer of Skills to Clients and Households

The three home visitation programmes place a strong emphasis on giving parents the tools they need and teaching their families new skills via the deployment of trained and closely supervised outreach professionals. In RCP, parents are chosen to lead parent groups on projects that generate income, developing their leadership abilities, self-assurance, and self-esteem. The assumption is that parents would carry on these stimulating activities between visits after seeing the roving carers demonstrate them for the kids. Since the rovers' visits are frequently seen by parents or carers as opportunities to gain child supervision so they can attend to household duties, directly involving parents can be difficult at first. The focus of the programme, however, is on teaching parents how to incorporate stimulating activities into everyday household chores.

Parents are chosen as play leaders for group stimulation sessions in the Malnourished Children's Programme, and outreach workers monitor and direct these activities. Additionally, parents are expected to lead cooking demonstrations using kitchenware that is typically found in their own homes. Clients in the 3D programme who exhibit certain coping mechanisms are chosen and educated to act as community rehabilitation specialists. The benefits of the whole programme are sustained and strengthened by this method, which depends on the complete transfer of skills[4].

Flexibility in Service Delivery

Flexibility in execution is a beneficial trait shared by all the programmes. For instance, RCP first carried out stimulating activities in each individual house, but then adapted this strategy for homes near to one another to carry out activities in common yards. As a result of this modification, messages concerning child development were sent to many more people in addition to those who were formally enrolled in the programme. Age-appropriate groups of kids engage in stimulating activities where they gain social contact. RCP still does individualized house visits when the distance between residences is greater. In the 3D programme, clients meet in health centers even though their homes are far apart. Visits are carried out as part of the Malnourished Children's Programme in high-density neighbourhoods in appropriate and accessible venues. Basic schools are community-run, publicly funded preschools that serve children ages 4-5 and have a high coverage rate of that age group.

Programmes are more likely to be tailored to local conditions, fulfil the requirements of personnel, and take into account the situations of parents and communities if organizational flexibility is maintained. Additionally, the programmes show flexibility in the kind of help offered to families. Every programme recognizes that each family and child has unique needs and developmental stages, and that these variations must be taken into account while delivering services and choosing the right sorts of assistance. In contrast to a predetermined group activity for everyone, the Malnourished Children's Programme, for instance, supports a variety of income-generating activities based on the unique strengths or circumstances of the adults. Each home plan in the 3D programme, which directs the interventions offered, is created based on an

evaluation of the conditions the family is facing[5].

Acknowledgment of Family Configurations and Building on Existing Networks for Children

In Jamaica, child-shifting and alternative caring are quite widespread. There is a large amount of movement from rural to urban areas, and over 20,000 people leave Jamaica annually. As a consequence, there are many different types of family structures and sophisticated support systems for kids. The main and secondary carers are identified, and they are treated interchangeably, in all three programmes. Significant others are often included in RCP's stimulating and parent-education events. A child-to-child approach is part of the 3D program's strategy, especially when moms work outside the house and the intervention relies on the involvement of siblings. Parents participating in the Malnourished Children's Programme are invited to bring their neighbors to the TMRI for training so that they may continue the children's activities when the parents are not there.

Sustainability of the Program Play Materials

A key aspect of any early childhood intervention's quality is how well its practises incorporate knowledge about child development. For instance, it is now well-established that young infants learn best via experiencing play. Young children need a range of solid, hands-on materials in order to understand fundamental ideas and develop their sensory and motor systems.

Early childhood programmes in underdeveloped nations like Jamaica, however, have a significant problem in supplying a consistent and sufficient supply of educational resources. Although many activities for young children can be carried out using objects from nature, some learning materials need to be specially made. When there is no local source for these supplies, center-based programmes must import them at great expense and then frequently restock them as supplies run low or wear out.

The focus on sustained stimulation tactics and other programme elements in all three home visiting programmes is a favourable trait. RCP outreach professionals promote the creation of stimulating materials and the usage of everyday objects. They build toys for forthcoming visits during a portion of their biweekly meetings, and parents are taught how to make toys during parent group meetings. Even so, it might be challenging to have an adequate supply of supplies for the number of homes visited. Additionally, some of the manufactured materials are not long-lasting, and their replacement is expensive. Additionally, the rovers find it difficult to create some of the materials needed to support children's manipulative skills. RCP is creating a small-scale manufacturing facility for materials development to address this issue by fusing the creation of toys with the instruction of young people who are not enrolled in school in employable skills[6].

The mobile toy lending library's toys are made by a person employed by the Malnourished Children's Programme. Parents and participants in a nationwide technical and vocational training programme assist in the creation of toys. Community-based enterprises and business owners are urged to submit "trackables" as part of an ongoing collecting campaign. Parents are taught how to build toys and adaptive assistance in the 3D programme, however these items might be prohibitively expensive for low-income families.

Strong Referral Systems and Access Support

The programmers' utilization of community and other resources as well as infrastructure to promote optimal child development is another aspect that unites them. They largely rely on other services% to satisfy the various demands of families since they are aware of their unique advantages and limitations. The programmes raise customers' knowledge of these services and provide helpful assistance to make them easier to obtain.

For instance, the Malnourished Children's Programme will cover the cost of a multiparous woman's tubal ligation at the family planning center, if she so chooses. Parent leaders will accompany clients on their initial visit to these services, and the 3D organization will offer transportation for clients to access alternative services. In order to help customers, receive benefits provided by credit unions or insurance plans, the organization also serves as a referee. An important tactic for all three programmes is to build on already-existing social structures. Their experience illustrates that recommendations are necessary and that knowledge is insufficient on its own. Families with vulnerable children who are poor need assistance in getting aid.

High Staff Retention

Stability of staffing is another element of quality observed in the three home visiting programs. The administrators of these programs recognize that job satisfaction helps ensure staff stability which, in turn, is a prerequisite for staff growth and development. In RCP, out-reach workers matriculate into the program directly from secondary schools and generally stay for approximately 3 years, leaving to explore new career opportunities. Their average 3-year tenure enables the program to benefit from their accumulated knowledge and experience, in the delivery of home visits and the modeling of program delivery for new recruits.

In the 3D program, outreach workers most often begin as beneficiaries and stay in the program for an average of 10 years. The fact that the employee's own children benefit from the program is a main incentive for staying. Other incentives include opportunities for professional and self-development, as well as guaranteed benefits of employment, such as health insurance[7].

Documentation

Documentation of programme procedures and resources is a key component of any home visiting programme. Using this material to maintain consistency is a wise move. Weekly activity plans are created in RCP to direct rovers in kid stimulation and parenting education when they are visiting homes. These manuals are added to an activity "bank" that is subsequently taken from and expanded upon. A video documentary that explains the programme has also been effective in educating possible donors and teaching new carers on the scope and nature of RCP.

A comprehensive documentation unit, complete with cameras and video-editing equipment, has been built as part of the 3D programme. Twelve films and supplemental textual materials have been created for this course to chronicle the 3D training programme. For distribution, flyers outlining the programme have been created, and methods for assessing and documenting the developmental stages of the kids have been created. The Malnourished Children's Programme has developed toy-making guides and released books to reinforce workshop concepts. UNICEF is sponsoring the creation of a home-visiting handbook to expand upon and deepen the documentation of each of these programmes. It is hoped that this guidebook would serve as a

national standard for early childhood home visiting programmes.

Strong Feedback and Monitoring Mechanisms

Having a well-structured and useful system of feedback and monitoring is closely tied to upholding standards in any programme. Each of the three programmes has a well-established structure like this, and it should be emphasized as a crucial component of quality. Every two weeks, a full-day feedback session is conducted as part of RCP to examine how the home visits are doing, talk about how to deal with any difficulties that may arise, and emphasize and reinforce good things that have happened. Additionally, project officers accompany rovers at predetermined intervals to offer oversight and direction on location. The monitoring component of the Malnourished Children's Programme is similar, with the exception that feedback and planning meetings take place once a week and progress is documented in a written logbook. Each kid in the 3D programme has a case file created for them, and the cases are reviewed each week to talk about the development of each child. Additionally, a quarterly evaluation meeting that involves the entire staff must be attended. This program's monitoring is based on the "manpower model," in which a coordinator for community-based rehabilitation supervises the work of supervisors, who in turn supervise community rehabilitation employees.

Research Orientation Leading to Action

All three of these home visiting initiatives are trial runs, upgrades, or expansions of creative initiatives that are experimenting with fresh approaches and tools to better carry out their goals. Notably, each programme prioritizes research highly as part of its objective. Additionally, to offering helpful information for directing practice, this research has assisted in validating the programmes and demonstrating the need for additional funding. The study is being utilized in two programmes to support the government's decision to expand the programmes up[8], [9].

DISCUSSION

An internationally recognized measure has been used to evaluate the children's development in RCP, and a tracer study was carried out on primary school-aged children 12 years following the RCP intervention. It has also been assessed how training affects wandering carers' knowledge. Paraprofessionals in various developing nations now use this instrument as a result of research done in the 3D programme to verify an identification and evaluation instrument. The program's techniques were revised in response to recent community attitudes research, which revealed that neighbours are more likely to provide encouraging comments if a family exhibits significant acceptance of a kid with a handicap. The idea that psychosocial intervention might make up for impairments caused by early malnutrition is supported by internationally renowned research on the effects of dietary supplementation and stimulation. Children from the programme who are now 20 years old have been the subject of a longitudinal study by researchers in the programme. More recently, research on the causes of hospital readmission of malnourished children has prompted programme techniques to be improved, which has eliminated readmissions for programme participants' children.

One of the most important and sought-after aspects of intervention is sustainability. The programmers' proactive attitude towards assuring sustainability and institutionalization has been a key component of their high quality. Two of the three programmes, in particular, have taken on a role in mainstreaming their inventions. These programmes were developed for different stages

of their life cycles. They evolved from fruitful, modest pilot programmes that operated on a trial-and-error basis to enlargement and replication, during which time services expanded in terms of both scope and coverage. During this second phase, a lot of networking was done to inform stakeholders about the goods and procedures of the programmes and to establish partnerships for sustainability. For instance, RCP forged connections with Jamaica's Social Development Commission, the country's central organization for community development, and the government's initiative to end poverty. RCP also requested assistance from the public health department with parent education and training, leadership from a number of religious groups, and financial or in-kind donations from other nonprofits and commercial enterprises.

This networking was casual and one-on-one in certain situations. The advisory council for RCP also conducted several stakeholder input sessions and actively disseminated the results. Third-phase programmes are making an effort to expand their models outside the previously controlled settings and test their operational plans in more practical programme and service environments. By employing National Youth Service members to carry out the programme at one of seventeen early childhood resource centers, RCP has successfully advocated for and received government funding to expand its reach. Similar to this, the 3D programme is running a trial experiment in one parish where its services are being provided by government employees.

CONCLUSION

In conclusion, the effectiveness of home visiting programmes depends on qualitative elements. These elements provide a fuller comprehension of how these programmes affect families as well as the elements that contribute to their success or difficulties. The creation of programmes is aided by the significant insights that qualitative research offers into the experiences and viewpoints of families and home visits. Qualitative research enables home visiting programmes to customise their offerings to each family's particular requirements, strengthening bonds and generating good results. Overall, for home visiting programmes to be successful and have an impact, it is essential to include qualitative elements.

REFERENCES:

- [1] T. Saías *et al.*, "Evaluating fidelity in home-visiting programs a qualitative analysis of 1058 home visit case notes from 105 families," *PLoS One*, 2012, doi: 10.1371/journal.pone.0036915.
- [2] A. Munns, D. Hegney, and R. Walker, "Effectiveness and experiences of families participating in peer led parenting support programs delivered as home visiting programs and the meaning they attribute to these support programs: a systematic review protocol," *JBI Database Syst. Rev. Implement. Reports*, 2014, doi: 10.11124/jbisrir-2014-1276.
- [3] A. Martin, P. O'Meara, and J. Farmer, "Consumer perspectives of a community paramedicine program in rural Ontario," *Aust. J. Rural Health*, 2016, doi: 10.1111/ajr.12259.
- [4] R. E. Penzias, V. Sanabia, U. Bhaumik, S. J. Sommer, K. M. Shreeve, and E. R. Woods, "Parent experiences with a nurse-supervised community health worker asthma home-visiting program," *J. Asthma*, 2019, doi: 10.1080/02770903.2018.1536144.
- [5] M. Heaman, K. Chalmers, R. Woodgate, and J. Brown, "Early childhood home visiting programme: Factors contributing to success," *J. Adv. Nurs.*, 2006, doi: 10.1111/j.1365-

2648.2006.03914.x.

- [6] M. Heaman, K. Chalmers, R. Woodgate, and J. Brown, "Relationship Work in an Early Childhood Home Visiting Program," *J. Pediatr. Nurs.*, 2007, doi: 10.1016/j.pedn.2007.02.002.
- [7] L. Kihlström *et al.*, "Using Photovoice to Understand Perspectives on Safe Infant Sleep Practices among Caregivers Enrolled in Perinatal Home Visiting," *J. Soc. Serv. Res.*, 2020, doi: 10.1080/01488376.2020.1816594.
- [8] M. S. Wingate *et al.*, "Assessing needs and resources for the home visiting system in alabama: A mixed methods approach," *Matern. Child Health J.*, 2014, doi: 10.1007/s10995-013-1335-5.
- [9] S. S. L. Liauw, A. Kuper, G. Noël, and L. Richardson, "Global health education at home: Canadian medical students' perspectives after learning alongside Haitian peers," *Acad. Med.*, 2018, doi: 10.1097/ACM.0000000000002400.

CHAPTER 20

AN OVERVIEW OF THE PRIVATE SECTOR'S CONTRIBUTION TO EARLY CHILDHOOD DEVELOPMENT

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ABSTRACT:

A child's early years are a critical time in their development because they lay the groundwork for their future health, education, and general well-being. The business sector has aided in the promotion of ECD while governments and international organizations have taken the lead in this effort. This essay looks at the private sector's involvement in early childhood development and how it affects outcomes for young children. An examination of the literature and case studies revealed that the private sector contributes to ECD in a variety of ways, including via financial contributions, employee perks, community involvement, and creative ECD programme designs. Positive results from these contributions include enhanced child development outcomes, broader access to high-quality ECD services, and financial gains for companies. The need for more cooperation and coordination between the public and private sectors, resolving issues of fairness in access to ECD services, and guaranteeing the sustainability of private sector efforts are still problems. Overall, this work emphasizes the crucial role that the private sector plays in fostering ECD and offers prospective directions for further research and cooperation to enhance the results for young children.

KEYWORDS:

Child Development, Corporate Social Responsibility, Private Sector, Social Investment, Sustainable Development.

INTRODUCTION

The private sector can significantly and positively influence how well young children are developing. This chapter provides a framework for talking about the potential contributions of the private sector and identifies particular ways in which it may do so. The chapter is divided into four sections: definitions of the private sector; a review of the occasionally contradictory arguments for favoring private versus public care and education; and suggested strategies for boosting the participation of the private sector, particularly businesses and individuals, in supporting early childhood activities.

Early Child Development

Early childhood, child development, daycare, and early education are all included in the ECD idea. These phrases, albeit often employed in different contexts, collectively capture the core of ECD. When analysing the justifications for supporting ECD and the implications for private-sector involvement, it's crucial to understand the ECD's core principles. Early childhood in this chapter and volume refers to the time from conception till starting school at about age 6 or 7. When developing ECD programmes, the time frame may be extended through ages 7 and 8 to account for the transition from preschool programmes to grades 1 or 2 of primary school. Early

infancy is a time when the brain develops nearly fully, when people learn to walk and speak, start to form moral foundations, feel more confident, and have a broad perspective of the world. The basis for subsequent life and learning is laid at this early stage. As children learn to manage more sophisticated levels of movement, thinking, feeling, and interacting to others, child development is a multidimensional, integrated, and ongoing process of change. As a child interacts with his or her surrounding environments—the family, community, and larger society—they develop physically, mentally, socially, and emotionally.

In order to secure children's survival and to foster their growth and development, carers must take certain steps in the home or another environment. The biological, environmental, cultural, and economical factors that define a child's fundamental physical, mental, social, and emotional requirements are met through good care. Too often, childcare is seen narrowly as custodial care that simply fulfils biological demands and offers safety, ignoring the mental, social, and emotional development of the children. When discussing care options, it's also crucial to take the needs of both children and carers into account. For instance, while deciding amongst daycare alternatives, parents' requirements may sometimes take priority over children's needs.

Early education, also known as early learning, is the process of gaining information, skills, routines, and values throughout the early years of life via exploration, experience, reflection, observation, and/or study and teaching. Education plays a critical role in a child's development and involves the slow development of traits that are biologically programmed. Unfortunately, early education is frequently only thought of in terms of the intellectual growth that takes place in preschool settings, which are, as their name suggests, created to help children succeed in school and pay little attention to broader developmental needs or care. Childcare and early education programmes should include the same fundamental programme components to help children grow to their fullest potential, although being often labelled and set up separately. Although childcare programmes may operate at different hours than early education programmes because they must accommodate both parents' and children's needs, the fundamental care provided to the children should be the same.

Support ECD Programs

The early years of childhood are crucial for the development of intelligence, personality, and social behaviour, according to common sense and scientific findings. A child who develops well during these years will have more opportunities in life, be more productive, and is very likely to be a better citizen. The arguments for why society need to support ECD have been outlined elsewhere%. In specific communities and environments, some of these motives could be more compelling than others. In short, there are six reasons for ECD:

- i. Human rights, first. Children have the right to a complete life and development. Based on the almost unanimous ratification of the Convention on the Rights of the Child, which includes the right to healthy growth, the United Nations Children's Fund and other international organizations with the cooperation of local human rights organizations have actively advocated this viewpoint. This justification for funding early childhood programmes, meanwhile, is not very appealing to certain governments.
- ii. Social and moral standards. Humanity begins to pass on its ideals to children while they are very young. This argument will be persuasive for individuals who think that fundamental moral principles are being forgotten and/or that the unique values of their

cultural group are not appropriately reflected in a uniform childcare and school system backed by the government.

- iii. Early development is economically advantageous to society since it increases productivity later in life. Governments and companies worried about economic development and global competition may find this argument persuasive. The broad economic advantage and the link from early childhood through education to higher economic output, as shown later in this chapter, may not be enough to persuade private enterprises to invest in ECD%. The idea that childcare programmes would allow women to work and so boost the immediate availability of a crucial source of labor may be more persuasive to many companies.
- iv. iv. Cost-Savings. Investments in early childhood development are preventative and may lower later expenses and requirements for social welfare programmes, remedial education, healthcare, and legal and criminal services. Governments should find this argument especially persuasive, but private enterprises and people may not, since there may not be a significant or obvious immediate private gain to them. Social externalities are often excluded from private choices.
- v. v. Programme Effectiveness. Combining health, nutrition, education, and women's programmes with ECD may boost their effectiveness. Combined efforts lead to improved interactions between early stimulation, nutrition, and health. Childcare programmes may be worthwhile investments from the standpoint of business and industry since employees, particularly women, will miss fewer days of work owing to childcare-related issues.
- vi. Social equity (v). Giving people a "fair start" might aid in reducing upsetting gender and socioeconomic imbalances. This argument will especially resonate with governments, voluntary organizations, and groups that have not had equal access to services and who are interested in fostering a more fair society. This argument may need to be connected to the idea of creating better societal stability and to the philanthropic principles held by business executives in the industry.

Implications for the Private Sector

Primary schools have received less attention than secondary and higher education in discussions about private sector engagement in education. Even though some of the general discussion's points apply to ECD, the discussion of the private sector's participation in early childhood programmes must be different for a number of other reasons in addition to the obvious age gap between the children. Discussion of private sector engagement in this area should focus on four aspects of ECD. These include the development of early childhood education, the diversity and sexism of educational systems, and the "tension" between early childhood education and women's work[1], [2].

Evolution of the Field

Compared to other educational levels, early childhood education is in a different stage of funding, operation, and public-private governance. Primary school education, for instance, has increasingly fallen under public responsibility all around the globe, although not always being so. Religious institutions predominated in the delivery of primary education up until the late eighteenth century in Europe, for instance, a tendency that seems to be continuing now for early

childcare and education in many nations. Contrarily, childcare and early education are mostly the duty of the private sector, particularly in underdeveloped countries and for young children under the age of four.

Early childhood care and education are still mostly the family's duty in many developing nations, with the government providing just a small amount of financial assistance. And many nongovernmental, often religious, organizations run a sizable portion of formal and informal childcare and early education programmes. Since preschool education is typically not required or universal, governments are generally not concerned with providing financial aid for preschool education. The situation is comparable to that of upper secondary and higher education, despite the fact that these levels have a considerably longer heritage of public engagement than ECD has.

Of fact, there are significant exceptions to the private sector's dominance in caring for young children as a whole. In several nations, attending preschool the year before beginning primary school is now required for all students. Additionally, there are more and more public educational initiatives in Latin America for young children, some of which go as young as age 4 or even 3. The public sector is heavily engaged in supporting childcare and early education in Europe via a number of different ways. Prior to the 1990s, socialist countries made a significant effort to fund and run programmes for young children, but much of this work has been undone as a result of the change in political and economic policies. In India, the public Integrated Child Development Service benefits a relatively large number of kids[3], [4].

"Privatization" may not be a major problem in nations where the corporate sector already dominates ECD and early education. Instead, the task might be to determine how the private sector can assist parents in raising their children, can enhance current childhood programmes run by the private sector, and can collaborate with the government to increase access to and the calibre of ECD programmes funded and run by the latter. In certain nations, the issue may be how to engage governments in a subject they have been hesitant to join and increase public awareness of early childhood programmes.

Breadth

The majority of debates surrounding the private sector of education have been on how often students attend school and what they learn there. Early growth and learning, however, largely take place outside of the classroom in other teaching and learning contexts, such the family and community. Programmes to enhance early child development must include complimentary techniques related to the many contexts that surround a child, since development happens as children engage with their environment%. Among these tactics is i. Attending to kids in facilities apart from the house.

- i. Focusing on the atmosphere at home, educating and assisting parents.
- ii. Aiding initiatives for community development that are child-centered and concentrate on improving circumstances for kids in local areas.
- iii. Increasing the ability of social institutions set up to help families and children.
- iv. Promoting and enacting legislation to improve the political and legal climate for programmes.

The private sector may contribute to early child development in a lot more ways than only by running early childhood centers or giving funding to groups who do so.

Selectivity

Children who go through the educational system become older and join a more elite social and economic group, especially in developing nations. As people become older, they also get closer to, then pass, the legal age for joining the mainstream labor market. The families of kids who stay in the educational system are more likely to be able to afford their child's education thanks to selection. Children from wealthy households are more likely to stay in the system, whereas children from low-income homes are more likely to be chosen out. Loans for schooling are a viable choice since students who stay are often more capable and prepared than others for a job that will pay well once they graduate from school.

The business sector may see value in investing in these more chosen youngsters since they will want a highly skilled workforce, particularly in this era of globalization. Even though many young children in the developing world start working very young, these same conditions of selectivity, linked to age and labor-market availability, are less relevant to discussions of children during their first 5 or 6 years of life.

Tension Between ECD and Women's Work

Early childhood programming is at the intersection of education and care, and it relates directly to a tension in allocating women's time between children's development and women's work. Although, in theory, this tension applies to both parents, most societies continue to assign women the almost exclusive role of caregiver, hence, the phrase "women's work." Because care is part of ECD, the discussion of ECD extends well beyond the boundaries of educational institutions and budgets to include other parts of public bureaucracies and home care by parents or others. Discussion of ECD programs also includes not only their effects on children's performance and productivity in school and later life and work, but also the family members' earning and learning power as potential contributors to the labor force. This potential tradeoff between care and participation in the labor force recedes in importance as children mature and enter higher levels of education.

The Private Sector

Different meanings applied to the term "private sector" color and sometimes derail discussions of ECD. Failing to clarify the meaning of private sector can compromise discussions, because different organizations and individuals have different vested interests in the outcomes of early care and development, the types of resources they can offer, and their organizational ways.

Definitions

In a very broad sense, "private" denotes something which belongs to particular and distinct people or groups, while "public" denotes things and issues that are shared by many people. At this time, "public" is often associated with a government's remarks and functions as a spokesperson for a people's shared issues. Consequently, a comparison between the public and private sectors is frequently made. The propensity to mistakenly associate "public" with "governmental," however, may run counter to the word's original definition. It is appropriate to refer to a government as a "public" entity when it really reflects the interests of its constituents.

However, in a dictatorship, the people have no ownership or control over the government and the government's concerns may or may not be shared by the general populace.

Government involvement in education expanded quickly throughout the 20th century, especially at the primary school level. As a result of this shift, education is now often given for free within the context of a welfare state. The welfare state, however, has faced opposition during the last two decades, and efforts to "privatize" social services, including education, have emerged. The several facets of the private sector in relation to early care and education. These factors are sometimes combined to constitute the private sector, which is often defined as anything that is not related to government or that is "outside government"%. The statistic shows that a wide definition that contrasts the public and private sectors includes businesses created specifically to provide services and goods that may or may not be educational. Nongovernmental organizations%, community groups, for-profit and nonprofit organizations, religious and secular institutions, and private voluntary organizations% are all considered to be part of the private sector. There are both groups and people involved. The pros and cons of privatization have been hotly contested and are not covered in detail in this chapter. Instead, the larger theme of "involving the private sector" in care and education is the focus[5].

Private-Sector Involvement

Most enrollments of children in formal institutions owned and run by businesses or social organizations are reported in statistics on the participation of the private sector in childcare and education. The information includes enrollments in religious and secular institutions, for-profit and nonprofit educational institutions, as well as community organizations and PVOs that are specifically active in education. The numbers do not account for individual or informal home care and education, nor do they represent the educational contributions of businesses or social organizations that were not created specifically for educational reasons.

Rarely, if ever, are ownership, operation, or control of organizations and funding sources explicitly distinguished in the statistical and administrative definition of private-sector involvement. The prevailing standard seems to be ownership virtually always. According to Bray%, this notion of "private" is problematic given the many ways that organizations combine funding, management, and control. As with the rapidly expanding "charter" schools in the United States, government funding may be provided, but operation and control may be nongovernmental. Or, as is the case with many community-based centers that are officially recognized and supervised by the government but supported by volunteers from the community, institutions established and run by the government may be primarily funded by nongovernmental sources.

The majority of nations stated that a certain proportion of children participating in early childhood programmes are enrolled in private programmes in the most recent evaluations created for the Year 2000 Evaluation of Education for All. The proportion varies greatly amongst the nations. For instance, in Cuba, where there are no private schools, early childhood education and development are seen to be the duty of the government. However, the government heavily relies on local community organizations and families in a number of African nations and parts of the Middle East, where enrollment in these "private" programmes is reported to be 100%. The information for these nations does not reveal the level of state backing for the programmes.

However, the nongovernmental, administrative definition of private appears to be the definition

of choice or of least resistance for educational statistics as a whole. The estimates of private-sector activity may be severely underreported since most statistics do not take into account the contributions of private, unregistered organizations that are providing care and education.

Involving Institutions

a difference that roughly equates to "for-profit" and "not-for-profit," respectively. Using this distinction, discussion of the private sector could be restricted to businesses established with the intention of turning a profit for those who own and run them. This term derives from a framework for economic decision-making that connects effectiveness and efficiency to a company's drive to maximize profits. The term may be used to describe a company that creates and sells educational services or goods% or a company that works in a different market%. If used strictly, this economic definition eliminates all not-for-profit organizations, including churches, civic associations, and volunteer groups, even if they run a creche or school and collect fees. These non-profit organizations are categorized separately under the "social" heading since their stated goals are ostensibly charitable and social[6], [7].

It may be difficult to distinguish between a profit-seeking business sector and a social sector since nonprofit organizations and profit-seeking businesses may behave similarly. Many so-called "nonprofit" businesses make money, look for new markets, and strive to run as efficiently as possible. A non-profit educational institution often levies fees and may even turn a profit, but it may choose to share or conceal such earnings by increasing staff wages or reinvested funds back into the institution. Additionally, non-profit organizations might aim to maximize non-financial gains that are more personal than communal. A for-profit, non-educational corporate organization, on the other hand, may use its revenues% philanthropically to support nonprofit and government initiatives, such as child care and education programmes. Or, to provide subsidies for some students, for-profit educational institutions may use "sliding" fee scales, which are not done with the intention of maximizing profits.

If the private sector is primarily understood economically, "privatization" is reduced to the limited idea of privately owned and run businesses pursuing more market domination while being driven by a desire to maximize profits. Social groups would not be included. Despite the blurring lines between profit and charity, there is still enough of a difference for civilizations to continue to legally differentiate between the two. Additionally, compared to profit-driven businesses, social organizations are expected to more closely represent the public interest and to possess certain operational advantages over corporate entities and government bureaucracies. These benefits include things like their organizational setup and capacity for interacting with locals and accommodating cultural variations.

DISCUSSION

The importance of early childhood development % in a child's life might affect their future success, learning, and well-being. In order to assist ECD, the commercial sector has a critical role to play, and their efforts may significantly impact the promotion of favorable outcomes for early children. We will talk about how the private sector affects early childhood development in this conversation. First, the business sector may help ECD by funding initiatives that provide young children access to high-quality care and education. In order to construct early childhood education centres or to offer funds for the creation of top-notch educational materials, private businesses might collaborate with educational institutions. The business sector may help early

children's physical, cognitive, and social development by promoting access to high-quality ECD programmes. Additionally, the private sector can assist ECD by way of its corporate social responsibility % initiatives. Many for-profit businesses give away a portion of their earnings to fund community development projects, like ECD programmes. The commercial sector may assist efforts to increase young children's access to healthcare, nutrition, and education via their CSR programmes. Additionally, by making investments in R&D, the private sector can support ECD. Private businesses may collaborate with academic institutions and research organizations to support studies on the most efficient ways to encourage beneficial ECD results. The creation of evidence-based policies and programmes that assist the growth of young children may be influenced by this study. Promoting workplace rules that support families is another way the business sector can assist ECD. Private businesses may help their workers who have small children by offering flexible work schedules, parental leave, and daycare subsidies. The development of children may be benefited by a decrease in work-family conflict and the promotion of a good work-life balance for working parents. Last but not least, the commercial sector may support ECD by increasing awareness of its significance. Private businesses may advocate for laws and programmes that assist early children's development by using their platforms and marketing techniques to raise awareness of ECD concerns. This may encourage the public to support ECD efforts and provide funding for ECD programmes. In conclusion, the private sector must play a significant part in fostering the development of young children. The corporate sector may influence early children's physical, cognitive, and social development in a favorable way through making investments in high-quality ECD programmes, providing support for research and development, CSR activities, family-friendly legislation, and lobbying efforts. The business sector can contribute to ensuring that all children have access to the resources and assistance they need to flourish through collaborating with governments, civil society organizations, and communities[8], [9].

CONCLUSION

In conclusion, promoting early childhood development requires a considerable contribution from the corporate sector. Their contributions may benefit kids' physical, mental, and social growth, which may influence how well they do in school and how successful they are in the future. Through investments in high-quality programmes, R&D, CSR projects, family-friendly laws, and advocacy work, the private sector can support ECD. To guarantee that all children have access to the resources and assistance they need to flourish, cooperation between the corporate sector, governments, civil society organizations, and communities is crucial. Together, we can advance ECD results that benefit children and offer them the greatest possible start in life.

REFERENCES:

- [1] N. Mesa, M. Nores, and H. Vega, "Reaching Thousands of Children in Low Income Communities With High-Quality ECED Services: A Journey of Perseverance and Creativity," *Front. Public Heal.*, 2021, doi: 10.3389/fpubh.2021.637031.
- [2] K. Robert, Mbithi, "Human Resource Management Practices And Teacher Performance In Private Early Childhood Development Education Centres In Machakos County," *World Dev.*, 2018.
- [3] J. T. Atilas, M. Almodóvar, A. Chavarría Vargas, M. J. A. Dias, and I. M. Zúñiga León, "International responses to COVID-19: challenges faced by early childhood

- professionals,” *Eur. Early Child. Educ. Res. J.*, 2021, doi: 10.1080/1350293X.2021.1872674.
- [4] M. A. Sciaraffa, P. D. Zeanah, and C. H. Zeanah, “Understanding and Promoting Resilience in the Context of Adverse Childhood Experiences,” *Early Child. Educ. J.*, 2018, doi: 10.1007/s10643-017-0869-3.
- [5] P. M. Mwangi and T. D. K. Serem, “Basic Education from Early Childhood: Impacts of Free Primary Education and Subsidized Secondary Education on Public ECDE Centers in Nyahururu District, Kenya,” *Int. J. Educ. Adm. Policy Stud.*, 2013.
- [6] M. M. Black *et al.*, “Mechanisms linking height to early child development among infants and preschoolers in rural India,” *Dev. Sci.*, 2019, doi: 10.1111/desc.12806.
- [7] N. Rao, B. Richards, J. Sun, A. Weber, and A. Sincovich, “Early childhood education and child development in four countries in East Asia and the Pacific,” *Early Child. Res. Q.*, 2019, doi: 10.1016/j.ecresq.2018.08.011.
- [8] J. M. Trujillo-Torres, G. Gómez-García, M. R. Navas-Parejo, and R. Soler-Costa, “The development of information literacy in early childhood education teachers. A study from the perspective of the education center’s character,” *J. Technol. Sci. Educ.*, 2020, doi: 10.3926/jotse.728.
- [9] E. A. Richardson, J. Pearce, N. K. Shortt, and R. Mitchell, “The role of public and private natural space in children’s social, emotional and behavioural development in Scotland: A longitudinal study,” *Environ. Res.*, 2017, doi: 10.1016/j.envres.2017.07.038.

CHAPTER 21

AN ELABORATION OF THE COMMUNITIES CAN CHANGE THE WORLD

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ABSTRACT:

This paper investigates the notion that communities may significantly influence a child's development. According to research, a child's surroundings may have a significant impact on their physical, emotional, social, and cognitive growth. The study makes the case that communities may play a crucial part in fostering healthy child development by offering social support systems, stimulating settings, and access to tools and services that can improve kids' wellbeing. The report also highlights the difficulties communities have in fostering children's growth, such as social fragmentation, poverty, and inequality. The report outlines effective community-based programmes that have improved child development outcomes, drawing on case studies and empirical research. In order to provide a comprehensive and supportive environment where children may flourish, the article finishes by highlighting the significance of cooperation between families, schools, health professionals, and community organizations.

KEYWORDS:

Child Development, Communities, Cooperation, Early Childhood, Education, Environment.

INTRODUCTION

A number of variables, including genetic, biochemical, environmental, and social ones, have an impact on child development. While individual factors that affect children's development have received a lot of attention, it is becoming increasingly clear that communities also have a significant impact on how children develop. Communities can provide kids access to tools and services that may improve their well-being, safe and exciting surroundings, and supporting networks. Communities must also overcome issues like poverty, injustice, and social fragmentation in order to support healthy child development. Despite these obstacles, there are numerous community-based programmes that have succeeded in enhancing child development. In this essay, the importance of communities in the development of children is examined, along with the difficulties they encounter and the successful programmes that might serve as examples for future attempts. This study seeks to foster a better knowledge of the crucial role that communities play in determining the developmental outcomes of children by looking at the ways in which communities may alter the environment in terms of child development.

Overview or the Five Case Study

The five situations that are discussed in this chapter have several things in common. They all provide low-income neighborhoods direct ECD preschool or center-based programmes. Additionally, each programme has a training component that is designed to train teachers and carers. They are all dependent on some kind of community assistance and are having trouble expanding to serve additional kids. The instances, which are all illustrations of successful programmes, are succinctly outlined below and covered in more depth later in the chapter.

For scholarship students from underprivileged areas with relatively low educational levels, the Montessori Preschool Project in Haiti provides a 9-month teacher training programme that enables them to become certified Montessori preschool instructors. Following graduation, if the local communities provide the necessary resources for the schools to become financially sustainable after a few years, the teachers are given financial support to return to their community and establish preschools, mostly in underdeveloped and rural areas. Since its start in 1986, the initiative has educated more than 450 teachers and provided assistance to 43 preschools located all throughout Haiti, which together serve almost 2,000 children annually. To boost local capacity for early childhood education, two more teacher training centers have recently been constructed.

The Mother-Child Day Care Centre Services% in Uganda offers affordable, top-notch daycare for kids ages 0 to 10 in order to assist underprivileged working moms who reside in slums and rural trade regions in becoming financially independent. By empowering mothers and fostering their development so that they can better care for their children, the programme seeks to improve the conditions of young children. The three MCDCCS centers offer a range of integrated programmes, such as counselling on child health and breastfeeding, family planning, parenting skills, and literacy, in addition to offering a secure and stimulating environment for kids and dependable childcare services that enable mothers to work. Since the first center opened in 1987, the programme has served around 6,600 kids[1].

A nonprofit organization in Trinidad and Tobago called SERVOL has created and is in charge of managing a number of educational initiatives in the underprivileged and underdeveloped regions of the nation. The initiatives include a programme for early childhood care and education, a parent outreach programme, a secondary school alternative enrichment project, a programme for teenage skill development, and a high-technology course for young people between the ages of 20 and 25. Every programme, including the monitoring and content, is run exclusively by community members. In 1987, the government of Trinidad and Tobago, acting via the Ministry of Education, formed SERVOL as its agent for non-formal education and took over the payment of teachers' and instructors' wages. SER-VOL's programmes, which were first launched in 1971, have progressively grown financially sustainable. 160 public ECCE centres are now overseen, managed, and administered by SERVOL in Trinidad & Tobago.

The Madrasa Resource Centers percent in Kenya, Uganda, and Zanzibar assist underserved Muslim communities in establishing community-owned and -managed preschools. The Improving Primary Education percent project in rural Sindh, Pakistan assists local communities in establishing and running their own preschools and primary schools. These initiatives, which often entail collaborations with NGOs and local governments, have an emphasis on building local ability to raise the quality of basic education. The IPPS and MRC project teams carry out community awareness and mobilization activities, aid in the development of leadership and curriculum skills, pinpoint the roles and responsibilities of partners, and train and assist communities and school management committees in setting up, running, and funding their own early childhood programmes or primary schools. By making sure that females make up at least 50% of the total enrolment and choosing and training local women to be teachers, school heads, and members of school management committees, for example, special focus is placed on the education of girls and the empowerment of women. Early in 2000, the MRCs were working with around 130 villages in East Africa, and the 1996-started IPPS initiative was establishing preschools and primary schools with 12 communities. IPPS intends to extend to additional six to

eight rural Sindh areas and engage with mothers and other carers, concentrating on young children and on methods of childrearing in the home [2], [3].

In contrast to the other four situations, the Step-by-Step programme did not start in a local community in a developing nation. Instead, the programme was initially launched in Central and Eastern Europe and the Former Soviet Union and was originally created for former communist nations. The programme has gradually extended to other continents, such as South Africa, Haiti, and Mongolia. Step by Step offers a teaching approach to assist and direct educational improvement. It comprises resources, classes, and training programmes for educators that offer child-centered teaching strategies and encourage parental and community engagement in early childhood and primary education. By encouraging early children to make decisions, accept responsibility, communicate their thoughts creatively, and cultivate critical thinking abilities, the goal is to instill democratic concepts and values in young children and their families. The establishment of national associations for parents and teachers, new course content and interactive teaching methods at universities and pedagogical institutes, encouraging collaboration on educational content and policies among various government ministries, and training teachers and administrators at the preschool and primary school levels all support institutional reform. In 2000, Step by Step's sixth year of operation, it was serving more than 500,000 families and children in preschools and primary schools while training 40,000 instructors yearly in 28 countries. More than 300 institutions work together with the programme to retrain and retrain instructors to use new practices.

Features of a Successful ECD Program

Comparison of the five examples of good practice in this chapter suggests several common features that account for their success. The programs give priority to the following essential elements:

- a. Child-centered approach
- b. Parental involvement and family support
- c. Community ownership
- d. Cultural and financial sustainability
- e. Training and capacity building
- f. Integration within a broader framework of development
- g. Private-public partnerships.

Child-centered Approach

Each of the five programmes has embraced a child-centered methodology that promotes each child's holistic development by providing services that address their concurrent cognitive, motor, psychosocial, and emotional growth. Individual qualities and social skills like self-esteem, confidence, responsibility, problem-solving, and critical thinking are prioritised in the instructional strategies. This method sets these programmes apart from the traditional, mainstream educational systems in the countries, which are characterized by large classes, rote learning and memorization, a solely academic orientation devoid of play, no group activities, and preschools designed as an addition to primary schools without taking into account the unique

developmental needs of 3-5-year-olds. Since poor and vulnerable children are frequently marginalized, stigmatized, and experience low self-esteem, the underlying principles of the child-centered approach are crucial when aiming to improve the chances of these kids' lives [4].

Parental Involvement and Family Support

A child's everyday existence involves many different adults and family members. Building on the information and abilities that these folks already possess and providing them with extra resources to strengthen their duties as carers is one of the most efficient methods to promote a child's development. Both the MCDCCS and SERVOL programmes support families and work closely with parents, especially mothers. The programmes are expanding their advantages to carers as well as children by working with adults and family members.

When activities and patterns of communication and interaction are consistently reinforced between the programme setting and the home environment, ECD programmes have a much greater impact. Additionally, when ECD activities are provided for more than a few hours a day, a child's positive development is more likely to be maintained. Any ECD program's impact will be constrained if it is carried out in isolation. The program's reach is increased and affects other siblings and kids in the family when ECD-related activities are repeated at home. This is done through working with parents to change their behaviours and parent-child relationships. Since financial restrictions frequently only permit families to send a very small number of young children from the same household to educational programmes like preschools, this extension is especially crucial for children from low-income households. The programmes reach a large audience at a cheap cost by collaborating with parents to achieve these spillover benefits, which help kids who do not participate in any early stimulation programmes. To increase the likelihood that a child will continue their education beyond pre-primary education, parents have a better awareness of their child's developmental requirements and are encouraged to assist their kid's educational growth in the future. Future academic success of a child is positively impacted by parents' interest in their child's educational accomplishments [5], [6].

Parents' acceptance of the formal education system is eventually increased through including them in school and classroom activities, which helps them get used to the learning environment and the child-centered teaching approach. This acceptability is crucial since many low-income families are hesitant to prioritise funding their children's formal education. Additionally, people without a formal education and members of marginalised and socially excluded groups frequently struggle to comprehend the educational system and communicate with formal institutions. They may not be acquainted with administrative practises, find it discouraging to speak with administrators, and avoid connecting with teachers and other school staff. In response, the educational institutions in underdeveloped nations often have a tendency to restrict family involvement, for example, parents are not allowed in the classrooms in Haiti. Non-formal or semi-formal ECD programmes may close this gap by giving parents a place to start being involved in their kids' growth and, eventually, helping them succeed in school.

Community Ownership

The community where an ECD programme is anchored is referred to as the "community" in this chapter. All social organizations, people, and official and informal systems are included. The Myers-mentioned structures from the previous chapter may be considered formal institutionalized structures. In general, community participation occurs in the public, private, and

not-for-profit sectors. The instances discussed in this chapter are based on considerable community engagement in providing financial support for, implementing, and maintaining ECD programmes, with the exception of the Montessori Preschool Project, where all preschools are privately owned by people. The communities and the programmes have formed partnerships, and the programmes depend on the communities as local resources to save costs and raise quality. The success of a programme depends heavily on community engagement and ownership. However, the dynamics of community involvement, contribution, empowerment, and mobilization have varying effects on programmes and may or may not promote desired results.

Being involved in the community involves a variety of activities and commitments, making it a complex process. Here, the terms "community contribution" and "community participation" relate to two distinct types of community engagement. A local community may become engaged in an ECD programme by contributing in various ways, such as labor and in-kind assistance. Parents may also improve the quality and substance of a programme by, for instance, helping in the classroom or developing lesson plans. This kind of community that is evolving and offering "inputs" is referred to as "passive participation" by certain writers. This involvement, according to Evans, Myers, and Ilfeld, is "the contribution of each individual to a common endeavor—a contribution of time, or labor, or money, or knowledge, or of several of these." Parents and communities have little influence or say over what really occurs for their children when they participate passively [7].

The active engagement of a local community, above and beyond simple discussions with community organizations and parents to gain feedback, is a greater kind of community involvement. Shared accountability by the groups for choices is a component of active participation. A programme is more likely to be sustainable if a community participates actively in making choices about the programme and sharing responsibility for its implementation, even when passive involvement is beneficial and sometimes required. Active engagement necessitates and produces community management and decision-making. A programme that is run by a community has a significantly higher chance of being adopted by that community.

Experience has shown that community engagement generally works well for lowering programme costs and fostering at least a basic sense of community ownership. However, community involvement fosters an extension of services, develops local capacity, and empowers communities, which significantly increases potential effectiveness and long-term sustainability. All ECD programmes face the difficulty of fostering this strategy over time and seeing communities as full, equal participants rather than just as resources. The two examples in this chapter that are most successfully pursuing this sort of cooperation strategy are SERVOL and the MRC and IPPS initiatives.

Cultural and Financial Sustainability

Parental and community engagement are requirements for attaining long-term sustainability of ECD programmes in underdeveloped countries where resources and capabilities of the state sector are constrained when external financing has stopped. Each of the scenarios discussed in this chapter revolves around the need for long-term sustainability. All of the programmes got their start as modest projects that gradually grew in response to community demands.

Cultural and economic considerations are two separate facets of sustainability. Cultural sustainability refers to curriculum and instruction that take into account the local community's

understanding of and practices for socialization and child development. In general, if an ECD programme is started from inside the local community via a participatory approach, from the outset, for programme creation and execution, it is more likely to be culturally appropriate. The SERVOL, MRC, and IPPS projects provide as examples of how active engagement and the development of a culturally sensitive programme may lead to long-term sustainability.

Adapting training and teaching strategies to the educational and cultural environment of the community and society is an alternate strategy for attaining cultural sustainability. This strategy has been used by the Step-by-Step programme and the Montessori Preschool Project. They provide a somewhat adaptable didactical framework or a teaching and learning process that may be altered to take into account a community's native tongue, educational history, and cultural setting[8]. Financial sustainability is the continuation of financing and support for a programme after outside funding has finished in order to preserve and guarantee its viability. The support of the parents of these children cannot sustain ECD programmes that are intended to help the most disadvantaged and underprivileged children in a community. The stories in this chapter show that in order to sustain these ECD programmes over time, substantial financial or in-kind assistance from local communities and/or governments is required. Although each programme uses a different approach to achieving financial stability, they all co-fund their operations with members of the local community.

For instance, SERVOL collaborates with the government, which is in charge of paying teachers' and instructors' wages. Step by Step, the Montessori Preschool Project, and the MRC and IPPS programmes all depend on community donations and assistance from regional organizations, who give structures, matching funds, and even long-term subsidies. Fundraising is crucial for Step by Step as well as the MRC and IPPS initiatives in order to sustain and advertise the programmes. In order to improve the financial resources of their communities and benefit all members, both programmes have also included microcredit programmes and the usage of endowment funds.

Through the ECD centers, the MCDCCS programme in Uganda has creatively combined microcredit programmes and income-generating activities to support mothers and children. The program's primary goal is to raise family earnings since it is believed that all children would benefit if moms are given the tools and resources to properly care for their children. The MCDCCS centres provide working women direct childcare services, unemployed moms direct childcare and job options in small-scale, income-generating initiatives, and all mothers direct access to microcredit. The women's capacity to pay for childcare and medical expenses has steadily grown over the course of the programme, and the children's health and nutritional condition have both greatly improved.

Training and Capacity Building

In all the cases, the mere provision of childcare or preschool services is complemented by high-quality training for childcare providers or preschool teachers. All the programs have been supplemented gradually by significant capacity-building activities, to increase their local community's capacity to maintain and expand the program over time. Although these training efforts were conceived initially as a tool to facilitate small-scale, local capacity building for the programs, the training components have, in all five cases, evolved into separate, independent entities advocating holistic training approaches or methodologies for ECD. Typically, these training components are accompanied by a series of training manuals and materials. The teach-

ing methodologies used by SERVOL, the MRC and IPPS projects, and Step by Step have expanded far beyond their initial contexts to be adopted, adapted, and further refined by other programs in other countries. This expansion demonstrates that an ECD training program can, in itself, be an important tool for scaling up successful ECD initiatives beyond their country of origin.

Integration Within a Broader Framework of Development

The long-term reinforcement and sustainability of ECD programmes is aided by the integration of early treatments into the larger developmental framework. ECD interventions have been included into other initiatives aimed at assisting parents and local communities in a number of the instances in this chapter. For instance, a variety of supplemental programmes targeting human, social, and economic development in general support the basic ECD programmes in the MRC and IPPS projects, MCDCCS, and SERVOL. Among the instances, the MRC and IPPS initiatives use the most organized method and strategy for mentoring communities in order to boost local capacity, foster leadership, spread awareness, and engage the neighborhood. Their actions are governed by two main principles:

- a. Supporting and educating local women and guaranteeing their representation on all management committees,
- b. Giving localities the ability to run and pay for their own schools.

Through the provision of childcare and related services, the MCDCCS programme focuses on the needs of low-income working mothers and their empowerment. The integrated strategy used by MCDCCS incorporates childcare services, education for childcare providers, additional assistance for mothers, and possibilities for jobless women to find work. Each centre incorporates these activities and services into its daily operations.

SERVOL has adopted a different strategy, progressively establishing a number of independent but complementary programmes, such as ECCE services, parenting programmes, programmes for adolescents and secondary school dropouts, and higher education for young men and women. SERVOL strives to end the intergenerational cycle of poverty by using a life-cycle strategy and programmes for various age groups.

Private-Public Partnerships

The majority of the programmes discussed in this chapter had their start as one preschool or center-sized, demand-driven, small-scale operations in response to a community's pressing needs. The local initiatives started looking for outside financing from foreign donors, such as private foundations, bilateral and multilateral organizations to be able to serve more children and enhance the quality of the programmes as the community's need for ECD services grew. For instance, the MCDCCS programme and the Montessori Preschool Project both received substantial community support as well as modest contributions from foreign donors while being started and sustained on a small scale for roughly 15 years. Both initiatives were well-liked by the local populations in which they operated, assisted mothers and other carers, benefited the children who participated, and supported the local economy. The programmers' reach must now be expanded to include more communities, which would need significant expenditures. The MCDCCS programme is looking to open more centers and invest in more small-scale, money-making enterprises in order to ensure its survival. Through the establishment of additional

training facilities and the provision of ongoing professional development for educators at all educational levels, especially primary school teachers, the Montessori Preschool Project aims to increase the scope of its teacher training programme [9].

Even though such significant investments will aid in consolidating a programme, increasing its reach, and maintaining or even raising its quality, most donors won't continue to contribute significantly to a programme over the long haul. Innovative private-public collaboration structures are required inside nations if ECD initiatives are to be scaled up and sustained over time. After 10 to 15 years, overseas funders often stop giving or limit their support. SERVOL is one example. However, they are also interested in actively supporting or providing incentives to establish a structure that will enable programmes to become viable and self-sustaining over time. External donors are frequently willing to support local educational initiatives. Such a supporting framework must be created at several levels inside the community, via capacity development and community support, as well as regionally and nationally, through the creation of an enabling environment and legislative guidelines, in order to enable programmes to be scaled up.

By enhancing the abilities of local project teams, the MRC and IPPS projects have concentrated on creating this supportive network at the community level. This has allowed communities to expand the development, implementation, and monitoring of the MRC preschool programme as well as the management of IPPS preschools and primary schools. The initiatives also promote collaboration between neighborhood NGOs and municipal authorities. The Step-by-Step programme is active on a local, regional, and national level, but it places a higher premium on starting a process of institutional transformation that will eventually be welcomed and supported by government institutions. Using a public-private partnership, SERVOL is a rare example of a nonformal ECD programme expanding and becoming financially viable. Although SERVOL is now legally and financially supported by the government, it has managed to maintain its true community-based and community-managed nature while serving as the government's official agent for providing non-formal education services and managing 160 public ECCE centers. SERVOL is unquestionably a success story, but it took more than 20 years to get there.

DISCUSSION

Communities are important to children's development because they may affect how they grow physically, mentally, and emotionally. Communities may provide a favorable and encouraging atmosphere that supports children's healthy development since it takes a village to raise a kid. Communities may influence how children grow by giving them access to high-quality education, for example. Children's cognitive and intellectual growth depends on having access to education, and communities can make sure that kids have access to good schools, instructors, and resources. This may be done through making investments in education, supporting schools and instructors, and giving needy kids financial help and scholarships. Communities may influence child development by supporting healthy habits. A child's physical and mental health depend on good dietary practices, frequent exercise, and enough sleep. Communities can give access to nutritious meals, teach families about healthy practices, and develop places that are safe and convenient for kids to participate in physical exercise.

Communities may also encourage social and emotional growth by fostering nurturing surroundings. This can include making mental health resources available, encouraging constructive social contacts, and helping struggling families. Communities may also provide kids the chance to participate in extracurricular activities like athletics, music, and the arts, which can

foster their social and emotional growth. In conclusion, by ensuring that children have access to high-quality education, encouraging healthy lifestyles, and developing supportive settings, communities may revolutionize child development. Communities can guarantee that future generations have the means and resources to prosper by making investments in children's development [10].

CONCLUSION

In conclusion, communities may have a big influence on how children grow and how our society will evolve in the future. Communities can promote children's healthy development and ensure that they have the skills and tools they need to achieve by ensuring that they have access to high-quality education, encouraging healthy lifestyles, and fostering supportive settings for kids. Putting money into children's development is crucial for their long-term wellbeing as well as the welfare of the larger society. Children who obtain a high-quality education, develop healthy habits, and grow up in nurturing circumstances are more likely to contribute positively to society as adults. Therefore, it is essential that communities place a high priority on child development and work to create a safe and nurturing environment where kids can flourish. Communities may influence child development globally and open the door to a better future via concerted efforts.

REFERENCES:

- [1] M. Jutel *et al.*, "International consensus on allergy immunotherapy," *Journal of Allergy and Clinical Immunology*. 2015. doi: 10.1016/j.jaci.2015.04.047.
- [2] M. A. Abdullah, "Islamic studies in higher education in Indonesia: Challenges, impact and prospects for the world community," *Al-Jami'ah*, 2017, doi: 10.14421/ajis.2017.552.391-426.
- [3] K. Y. S. Putri, Z. Abdullah, E. N. Prananingrum, R. Darmawan, and T. I. Firdausi, "Information technology elaboration on natural science education in high schools in Indonesia during the 2020 coronavirus pandemic," in *AIP Conference Proceedings*, 2021. doi: 10.1063/5.0041712.
- [4] R. Ruhayat, "Reaktualisasi Perencanaan Partisipatif Bidang Sosial Keagamaan," *Anida*, 2015, doi: 10.15575/anida.v14i2.849.
- [5] V. Humeniuk, I. Umantsiv, A. Dligach, N. Ivanova, and H. Umantsiv, "State Financial Support For Small Business During The Coronavirus Crisis In European Countries," *Financ. Credit Act. Probl. theory Pract.*, 2021, doi: 10.18371/fcaptp.v3i38.237463.
- [6] C. Matei, "Prison Education, as Solution to the Failures of Other Institutions," *Anu. Univ. Petre Andrei din Iasi - Fasc. Asistenta Soc. Sociol. Psihol.*, 2021, doi: 10.18662/upasw/27/62.
- [7] E. Matusov, N. Bell, And B. Rogoff, "Situated Learning: Legitimate Peripheral Participation. Jean Lave And Etienne Wenger ," *Am. Ethnol.*, 1994, doi: 10.1525/ae.1994.21.4.02a00340.
- [8] O. Tretiak, V. Negodchenko, V. Toryanyk, and A. Cap, "Economic policy-makers and economic experts in the countries of Central and Eastern Europe: Ways of interaction," *Econ. Ann.*, 2019, doi: 10.21003/ea.V175-02.

- [9] D. Dröschel, S. Walzer, L. Vollmer, and A. Pimperl, “Municipal health conferences in the state of Baden-Wuerttemberg, Germany – ready for initiating and steering primary health care provisions at community level?,” *Int. J. Integr. Care*, 2017, doi: 10.5334/ijic.3747.
- [10] L. M. Khingeeva, “Authentication Of Terminology Shamanic Buryats Cult By The Example Of The Concepts Of Orgoy And Mayhabshi,” *Vestn. Tomsk. Gos. Univ. Kul'turologiya i Iskusstv.*, 2017, doi: 10.17223/22220836/28/17.

CHAPTER 22

AN OVERVIEW OF THE SOCIETY AND PARENTAL INVOLVEMENT IN EARLY CHILD DEVELOPMENT PROGRAMS

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ABSTRACT:

The involvement of parents and the broader society in early child development programs is crucial for promoting optimal outcomes for young children. This paper examines the literature on the role of parental and societal involvement in early child development programs, including the benefits and challenges of such involvement. The paper identifies different forms of parental involvement, such as parenting classes, home visits, and parent-teacher conferences, as well as societal involvement, such as community-based programs and partnerships with local businesses. The importance of cultural competence and inclusivity in these programs is also discussed. Ultimately, this paper highlights the need for continued research and collaboration between educators, parents, and community members to ensure that early child development programs are effective, equitable, and accessible for all children and families.

KEYWORDS:

Family Involvement, Home Visits, Inclusivity, Parent Teacher Conferences, Parenting Classes, Societal Involvement.

INTRODUCTION

Making individuals who will eventually be in charge of the programme take ownership of it from the start is one approach to start this process. When a programme is planned, funded, and implemented in cooperation, parents and community members may acquire the information and abilities they'll need to carry on the original programme and develop new programmes on their own. Parental and community participation in early childhood development is a unique asset and resource for implementing culturally relevant, highly successful programmes. Additionally, parental involvement will increase the likelihood that programme components will be replicated at home and incorporated into kids' daily lives, thereby expanding the program's advantages to other kids living in the home.

Communities have a key role in providing financial and in-kind support for ECD programmes since family resources are so few in developing nations. Communities are most at-risk in nations with poor institutional capacity. Large-scale programmes, however, cannot be started or maintained by communities alone. They need assistance from other parties, such as governmental and nonprofit organizations, regional donors, and the business sector. The long-term financial viability of ECD programmes can only be guaranteed when both the public and commercial sectors work together to support an ECD initiative and foster an environment that will allow the programme to advance. In the end, these collaborators will support parental and family contributions to finance and sustain a programme over time. The case studies in this chapter show that in order to strengthen these processes, new private-public partnership models

must be created and institutionalized, since assistance from foreign donors is often insufficient to scale up ECD programmes.

Compared to other educational services, community mobilization and parental involvement are very simple to obtain in early intervention programmes since preschool education and other ECD services for children ages 0–6 years immediately benefit children, parents, and other household members. Although Myers and Lokshin refer to the positive effects of ECD programmes on household income levels and well-being as "indirect" benefits and Lokshin and Tan refer to improvements in child outcomes through ECD interventions as "direct" benefits, this distinction may not be necessary. Providing childcare services may also be seen as "freeing up" family members to engage in productive activities or go to school, and parenting skills that are taught to parents, children, and younger siblings benefit all three groups equally.

All ECD services that offer childcare in some way provide these advantages. The services assist parents, and women in particular, by increasing opportunities for activities that generate cash. By relieving elder siblings in particular of childcare duties, they also help other family members, particularly females, by allowing them to finish their education. Supporting parents in their duties as carers, enhancing their parenting abilities, educating and empowering them are all goals of programmes that also provide counselling on more general elements of child development.

Another factor that contributes to the high level of parental support for ECD programmes may be the relatively low opportunity costs for families, as preschool-age children are typically not expected, in most societies, to help in the household or on the farm and are generally not yet, or only sporadically, involved in economic activities. This is in contrast to, for example, sending children to primary or secondary school. The special mix of these components seen in ECD programmes holds considerable potential for encouraging families and communities in poor nations with limited resources to make early investments in young children. The five case studies in this chapter serve as examples of how ECD programmes that include these elements are most likely to be successful and long-lasting and to have a significant positive influence on children, families, and communities. The following details each of the five cases:

i. Haiti: Montessori-Based Teacher Training and Preschools

The Montessori Preschool Project offers top-notch, well-recognized teacher preparation. People with limited financial resources are given financial support through a scholarship programme so they can open their own preschools and become certified preschool teachers. The Peter-Hesse Foundation, Solidarity in Partnership for One World, a non-profit organization established in Germany and Haiti, developed the initiative and provides funding for it. In order to support modest self-help initiatives for the underprivileged in Haiti, Peter Hesse established the foundation in 1981. The organization initially concentrated on two-day workshops on project management for self-help groups and on removing minor financial obstacles, mainly for rural enterprises. The Centre Montessori d'Haiti, the foundation's first teacher training facility, was established in 1984 as the foundation's focus shifted to early childhood care and development. The Montessori Preschool Project seeks to have an impact on the public and private education sectors in Haiti by proving that high-quality early childhood education is still feasible with minimal resources provided the quality and duration of teacher preparation are sufficient. Through high-quality teacher preparation programmes and the establishment of community-based preschools, the Montessori programme seeks to improve the chances for underprivileged children to develop themselves at an early enough age. Increased local ability to provide high-

quality early stimulation and education programmes to children ages 2.5 to 5 results directly from the training of skilled teachers[1].

Cultural Context

Communication is mostly done orally in Haiti. Teachers are used to memorizing and reciting lesson plans, but they struggle to put this information to use in the classroom. The majority of the Montessori training course is delivered orally in Creole, the native tongue, to promote application. A significant amount of practice time was added to the curriculum as part of the initiative to assist student teachers in Haiti in putting theory into practice. The student instructors are required to undergo supervised internships, produce instructional materials, and be skilled at repurposing common items as teaching aids. Haitian educators make up for a lack of textbooks and supplies by creating their own classes, instructional materials, and visual aids.

Methodology and Approach

The child-centered concept of Montessori education emphasizes each child's potential and unique learning path. Children are encouraged to study at their own speed and have free access to a variety of resources. Children have the flexibility to engage in purposeful action, which helps them develop not only their cognitive abilities but also their decision-making, intuitive, independent, and self-discipline abilities, as well as the social awareness and behavior needed to succeed in the real world. Children and teachers are taught to appreciate one another and behave no aggressively; competition is absolutely prohibited.

In the Montessori method, didactical materials provide information to children in a systematic fashion so that their minds may sort it into a coherent structure. A child's mind is continually stretched and exercised throughout this process of engaging with the content. The material's efficacy is a result of the presentation's well-thought-out format, which results from:

- i. Concepts are provided separately to prevent confusion from being exposed to too many concepts at once.
- ii. Utilization of a graded succession of self-teaching resources appropriate for the many phases of a child's development, ii. Appreciation of various challenges in isolation, from simplest to most difficult for young children, from tangible to abstract.
- iii. Using physical movement for certain reasons, such as fusing physical activity with focus.

More than half of the instructional materials used in Montessori preschools, including the majority of the reading materials, are made in the area. The majority of the content is created by teachers at the start of the school year. Each new preschool is also given one basic set of imported Montessori teaching materials, which cost around US\$1,000. instructors who do not totally grasp the Montessori pedagogy may nonetheless become excellent instructors since the Montessori teaching materials support the child's cognitive development even when a teacher does not fully understand the didactical foundation. People from underprivileged backgrounds and those with relatively low levels of education have become certified teachers through training in the Montessori teaching methodology.

Age ranges for students at Montessori preschools vary from 2.5 to 5 years old, and in rare circumstances, 6 years old. Children are encouraged to interact and learn from one another

regardless of their age in classes that do not separate students into age groups. Older kids are taught to take satisfaction in supporting weaker, younger kids, which improves their social skills[2], [3].

Implementation

A 9-month training programme, a final test, and two 6-week internships at a partner Montessori school are all required of Montessori student teachers. Three different sorts of degrees are available to them: the international Montessori directress/director diploma, the national teacher diploma, and the assistant's diploma. The Centre Montessori d'Haiti examines each student teacher before awarding them their certificate. Students must pass the national test given by the Centre Montessori d'Haiti in its entirety, show that they fully comprehend the Montessori philosophy, and pass a second exam given by an outside, internationally renowned expert in order to get the international diploma. The worldwide Montessori directress/director credential, which qualifies them as Montessori instructors qualified to teach and operate schools in Haiti and across the globe, has been earned by around 20% of all student teachers who had their training from Montes-Sori. They may also advance to the position of assistant student teacher trainers at one of Haiti's Montessori training facilities after one year of teaching.

A contract that they sign with the Centre Montessori d'Haiti obliging them to teach for three years in an underprivileged community after completing their training makes up around half of all Montessori student teachers. The majority of instructors create a school in their own community and commit to it for longer than the first three years. By sharing identical organizational structures, pedagogical philosophies, and administrative practices, all Montessori project preschools in Haiti are closely related. The instructors get together for a three-week course during the summer vacation to exchange experiences and improve their teaching techniques. The Centre Montessori d'Haiti stopped its teacher education programmes in 1996–1997 to develop the Montessori preschool system in Haiti and to carry out assessments. A professional teacher's organization called the Association Montessori d'Haiti was founded by 75 Haitian Montessori educators in 1996[3].

Evolution

In Haiti, the Montessori Preschool Project was underway in 1986. Since then, 43 Montessori preschools have been founded, and 41 of them are still in operation after surviving the tumultuous years of political turmoil in Haiti. They provide assistance to roughly 2,000 children from underprivileged neighborhoods each year in sixty preschool sessions. The project's key components are sustainability and expanding the capability of local educators. Twenty teachers were taught in the first 9 months of the programme at one Montessori training center with a preschool class of 25 children. Foreigners oversaw both the center and the class. The Trinidadian Montessori expert's direction allowed the center to quickly expand to accommodate an average of forty pupils each year, predominantly female. Two other training centers that are closely related to the original center have recently been built with financial assistance from the Peter-Hesse Foundation. The Montessori initiative presently has the ability to train sixty instructors annually using all three centers.

There are 41 Montessori preschools now in operation, including one for deaf children, one for children with HIV, and two that are affiliated with an orphanage. Three new preschools have opened annually on average since the programme started. Only one preschool has closed down

over the years, and that one has gone back to using the country of Haiti's traditional rote learning method. Classes continue to be "small" in comparison to the typical Haitian classroom size of sixty students. 450 instructors have been trained to date; 297 of them have earned national teaching credentials, and 83 have earned international teaching credentials. The children remain in the Montessori schools for an average of two to three years, and the growth in local ability to educate certified teachers immediately translates into greater capacity to deliver high-quality stimulation and education programmes for preschool-aged children. Only about 10% of the 2,000 students who enroll each year leave their programme. Each year, around 660 kids graduate, and more than 80% go on to elementary school. Parents don't seem to prefer enrolling boys over girls in preschool, which contributes to an increase in the proportion of females continuing on to primary school.

Financial Support

The Montessori Preschool Project has received yearly financial assistance of little more than \$100,000 on average. Although funding has frequently been much less, it has always been enough to support the project. The creator and roughly fifty individual contributors every year acquire funding on a private basis. Occasionally, the German government provides assistance through small grants to meet exceptional needs. A U.N. volunteer has previously been funded by the German Development Service and the United Nations Development Programme.

The foundation's financing supports overall project management, monitoring, and student teachers who go on to work in schools serving underprivileged kids in underdeveloped areas. Additionally, each new preschool is given US\$3,000–\$4,000 in startup funds. These funds are used to buy a basic set of Montessori teaching materials, support the building of the school and administrative organization, and hire technical assistance. If the neighborhood offers assistance to help the school become financially viable over time, Montessori graduates are encouraged and given financial support to create Montessori preschools for children at risk.

Preschools are supported by a small number of other financial resources, which are obtained via tuition and in-kind donations from the local community. The monthly fees that student teachers who are not receiving scholarships pay to the Montessori training facilities serve as a source of funding for them. By offering scholarships to a number of student teachers each year, the two recently created training centers are repaying the initiative for the beginning money they received.

Principles of Success

The success of the Montessori Preschool Project can be attributed to the following characteristics.

- i. **Driven by Demand:**The Montessori Preschool Project started small and has expanded in a sustainable manner.
- ii. **Community Based:**Schools are opened only when requested by a community and when community involvement proves to be reliable.
- iii. **Teacher Ownership:**Teachers privately own the schools and are accountable for financing, student performance, and school reputation.

- iv. **Financially Sustainable:**Schools and training centers become financially independent after approximately 1 year.
- v. **Culturally Relevant:**The project builds on indigenous cultural patterns, and the teaching methods are adapted to the local language and oral culture.
- vi. **Well-defined Selection Criteria:**Selection criteria for student teachers are clearly defined, and scholarship students are screened carefully to ensure their future commitment to rural communities.
- vii. **Low-income Employment Opportunities:** The project provides employment opportunities for low-income individuals. Poor students who have completed secondary education can become qualified and certified teachers and are supported to open their own preschools.
- viii. **Economically Inclusive:**The program brings together teachers and children from different economic backgrounds. The combination of poor and rich students helps the schools become financially sustainable and achieve a good reputation.
- ix. **Successful Teaching Method:** The Montessori approach builds self-esteem, confidence, problem-solving skills, and positive life attitudes.

Going to Scale

Preschools of excellent quality are still in high demand in Haiti. With the addition of the two new Montessori training facilities, the number of teachers who may be trained each academic year has expanded from 20 to 60. As more preschools are opened in underprivileged areas by new teachers, this increase is anticipated to have long-term ripple effects. At all levels of education, greater teacher preparation is required to raise the bar for education in Haiti. The Peter-Hesse Foundation suggests establishing a resource center to provide help and opportunities for professional growth to preschool and primary school teachers. Teachers utilizing the center would be able to take part in continuing education and special-topic seminars with industry professionals to improve their teaching and curriculum development abilities. They might do research, evaluate pedagogic materials for particular classroom requirements, and access print and electronic media assets with the help of professionals. The center would be open while working teachers are not present and would be accessible to all teachers from the public and private sectors[4].

Program Evaluation

In addition to its own 1996–97 evaluation, the Centre Montessori d’Haiti is pursuing an independent external evaluation of the project’s effect on the educational outcomes of poor children and the professional development of proficient preschool teachers.

Advocacy and Visibility

Promoting high-quality early child development and education as a priority in development politics, in Germany and internationally, is an important part of the foundation’s activities. For broader visibility, the foundation registered as an NGO and is represented in several childcare networks and at international early child development and U.N. conferences. The foundation’s “Three Suggestions for One World Development” was selected as input from NGOs to the U.N.

World Summit for Social Development, held in March 1995. The Montessori Preschool Project was also internationally selected for presentation at EXPO 2000 in Hannover, Germany.

Community-Based Mother-Child Day Care Center Services

Community-Based Mother-Child Day Care Centre Services offers working moms in Uganda's slums and rural trade communities' access to modern, reasonably priced daycare. The target population consists of underprivileged, discouraged, and homeless moms who are unable to pay for routine child care services and who are not permanently served by regional, national, and international initiatives that cater to the needs of women and girls.

MCDCCS employs an integrated strategy to provide a range of programmes to assist these women, including formal and non-formal education, counselling on breastfeeding and family planning, promotion of safe motherhood, public health education for children and mothers, help with health issues and immunization, promotion of gender equality and girl's education, enforcement of positive childrearing practices, training of childcare workers to the certificate level, and community outreach.

The most crucial services provided by MCDCCS are the microcredit facilities provided by the centers' revolving funds. These institutions provide many women with the sole opportunity to borrow money to meet their social, home, and business growth demands as well as to fund their children's education expenses. The most frequent use of loans is to cover the cost of timely medical care for ill children[5].

Mission

MCDCCS has adopted the philosophy that "women empowered are children liberated." Its mission is to improve the conditions of young children and end the cycle of poverty, illiteracy, and ignorance, beginning with their mothers. The belief is that, once poor women are freed from constant childcare and are given the chance to become economically active, the future of children will be ensured.

Cultural Context

Men in many African nations, including Uganda, want to prove their value by fathering a large number of children. This practise is especially prevalent among working-class, jobless males. According to surveys, Uganda has a high percentage of illiteracy and less educated and independent women than other nations. The majority of women shoulder the responsibility of having children and raising them, sometimes with little or no financial help. High birthrates and illiteracy continue to be issues that limit the potential and productivity of many women. With ambitions to eventually cover all Ugandan children, the Ugandan government started Universal Primary Education in 1997, initially for four children per household. The goal of this idea was to help females, however due to their traditional roles in the house and at work, it is almost difficult for them to attend school continuously from an early age. The poorest and most disadvantaged women and mothers in Uganda are not able to take benefit of many other government-launched programmes that are directly connected to the progress of women in Uganda.

Approach

The MCDCCS programme gives moms the tools they need to be more economically active and educated in order to improve the conditions of early children. Girls are released from their duties

as surrogate mothers caring for younger siblings when they are liberated from the continual childcare responsibilities and given the opportunity to participate in financial activities. Only by addressing women's concerns alongside family issues and taking into consideration the unique requirements of the targeted women can progress be realized. When affordable, high-quality daycare is available for newborns as young as a few days old and kids as old as 10, moms may become more financially independent and better meet the needs of their young children.

The MCDCCS centers concentrate on children from ages 0-8+ years, in contrast to typical Ugandan childcare centers, which are pricey and provide services for children aged 3 and older. The MCDCCS programme addresses topics including child health, family planning, gender issues, and the unique needs of girls with a general integrated and comprehensive approach. In addition to giving children a secure environment and educating their moms, the centers educate carers and instructors and provide job possibilities for women via microcredit programmes and small-scale income-generating businesses[6]. MCDCCS is a crucial step in boosting women's independence and putting them in a position to negotiate more control over birthrates, family planning, safe motherhood, and the prevention of STDs, including HIV/AIDS. An integrated strategy supports health initiatives, the adoption of good public health practices, and grassroots education of women.

Implementation

There are presently three MCDCCS locations open. They are situated close to places of employment to make it simple for moms to drop off and pick up their children since they are entirely focused on fulfilling mothers' needs. Between 6:30 a.m. and 6:30 p.m., the centers are open. The mother must visit the office on a regular basis to breastfeed a kid who is less than one year old. The facilities include hourly drop-off options as well as after-school care for older kids. They aid mothers in keeping track of immunization records and obtaining the immunization cards that are required for all children. The centers have evolved into unique locations for moms and kids. They have evolved into hubs for education, instruction, and relaxation where women may speak freely about their main everyday issues. Additionally, the facilities serve as crucial safe havens where battered women and children in need of shelter and counselling. Over 90% of battered women who seek shelter do so with their kids. The centres foster trust and understanding, which serve as the cornerstone for more extensive health and education initiatives, including family planning services. Women who do not have children enrolled in the centres are also welcome to use these services. The centers' fundamental statistics are meticulously and often checked[7].

DISCUSSION

Society and parental involvement play a crucial role in the early development of children. Early childhood development programs aim to provide a stimulating and nurturing environment for children to grow and develop into healthy, happy, and productive members of society. These programs not only focus on the academic and intellectual development of children, but also their social, emotional, and physical well-being. They promote the development of essential life skills such as communication, problem-solving, and self-regulation. Society plays an essential role in supporting early childhood development programs by providing the necessary resources, funding, and infrastructure. Governments, non-governmental organizations (NGOs), and community groups are often involved in establishing and supporting these programs. These organizations work closely with parents and caregivers to ensure that children receive the

necessary support and care in their early years. Parental involvement is crucial in ensuring the success of early childhood development programs. Parents and caregivers are the primary source of support for young children, and their involvement in their child's early learning and development is critical. Parents who are actively engaged in their child's early education can positively impact their child's social, emotional, and cognitive development. Involvement can take many forms, including attending parent-teacher conferences, volunteering in the classroom, and providing a supportive home environment that promotes learning and exploration. Parents can also participate in parenting classes and workshops to learn more about child development and effective parenting strategies. In conclusion, society and parental involvement are crucial components of early childhood development programs. These programs, coupled with the support and involvement of parents and caregivers, can help ensure that children receive the best possible start in life and grow into healthy, happy, and productive members of society [8], [9].

CONCLUSION

In conclusion, the importance of parental involvement in early child development programs cannot be overstated. When parents participate in their child's learning and development, they can play a significant role in shaping their child's future success. The benefits of parental involvement extend beyond the child's early years, as studies show that it has a positive impact on their academic performance, social skills, and emotional well-being throughout their lives. Additionally, the involvement of the community and society at large is crucial in ensuring that early child development programs are accessible and effective. By working together, parents, educators, and society can create a supportive environment that nurtures the growth and development of our youngest members, setting them up for a bright and successful future.

REFERENCES:

- [1] W. H. Organization, "Preventing youth violence: an overview of the evidence," *WHO Libr.*, 2015.
- [2] WHO, "Preventing youth violence: an overview of the evidence," *WHO Libr.*, 2015.
- [3] Y. M. Chan, "Self-Directed Learning Readiness And Online Video Use Among Digital Animation Students," 2018.
- [4] W. S. Barnett and K. Jung, "Understanding and responding to the pandemic's impacts on preschool education: What can we learn from last spring," *Natl. Inst. Early Educ. Res. ...*, 2020.
- [5] A. H. Savitri *et al.*, "Compare Resilience of Families with Mentally Retarded Children and Family with Normal Children," *Soc. Psychol. Educ.*, 2015.
- [6] C. D. Voicu and F. L. Matei, "STEAM approach in primary school and preschool education," *J. Educ. Soc. Multicult.*, 2021.
- [7] H. Zhang, "Application Of Educational Psychology In Preschool Education Curriculum," *Psychiatria Danubina*. 2021.
- [8] L. Beattie, "New Directions in Leadership in the Field of Preschool Education," *OMEP Research Update*. 2021.
- [9] A. S. Abdukosimovna, "Creating an Innovative Environment for Teaching Children

Visual Arts on the Basis of Steam-Technology in Preschool Education,” *International Journal of Innovative* 2021.

CHAPTER 23

AN OVERVIEW OF THE NARROWING THE GAP FOR POOR CHILDREN

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ABSTRACT:

Narrowing the Gap for Poor Children refers to the efforts to reduce disparities in educational outcomes between children from low-income families and their more affluent peers. This abstract discusses the various factors that contribute to the achievement gap, including inadequate funding, limited access to high-quality early childhood education, and a lack of resources in low-income schools. It also explores promising strategies that have been shown to improve academic achievement for disadvantaged students, such as targeted interventions, increased teacher training and support, and expanded access to technology. Finally, the abstract highlights the need for continued investment and attention to this critical issue, which has significant implications for the future success of individual children and the broader society.

KEYWORDS:

Poverty, Child Welfare, Education, Child Protection, Economic Mobility, Social Mobility, Empowerment.

INTRODUCTION

The reasons for investing in early child development are many. Perhaps the most important is ethical, for so many children lack the essential care needed to develop their full human potential. As noted by Amartya Sen, the core of human development is really a question of choice and freedom which millions of children in the world today still do not have. Gross underinvestment in children, and their mothers, especially those in the poorest households and with the least education, is one of the most potent “engines” driving the growing inequality within and between nations. Investing in early childhood is essential for nations and regions trying to eradicate mass poverty. Latin America is only one example of a worldwide problem. The issues are the same everywhere. This chapter addresses the underlying basis for the increasing problem of inequality and ways to combat this problem through action and policy.

Intergenerational Poverty

Two of the most dramatic concerns for the global community are the growing number of children in poverty and the vicious circle of poverty reproduction of poverty and intergenerational poverty. In Latin America, for example, more than four out of ten children under age 9 live on less than US\$2.00 per day. These children account for almost 10 percent of the total population in Latin America currently. Since 1980, the number of children in poverty has increased by almost two-thirds. Not only are many of the region’s children poor, however; they also face multiple, difficult obstacles related to poverty. Many have not completed primary education, and most live in poverty that is both material and educational. Many suffer from malnutrition, disease, abuse, and neglect, which begins during the critical period from conception through early

childhood and impairs their ability and capacity to learn. In Chile, for example, a study of children's psychomotor development by age 18 months and thereafter showed that 40 percent of the children from poor families were developmentally delayed by age 5, 50 percent were delayed in language development, 30 percent in visual and motor development, and 17 percent in gross motor development. Poor children, such as these, are condemned unnecessarily to illiteracy, low earnings, and few opportunities for a better life[1].

As adults, children of poverty pass their poverty on to their own children. This "reproduction" of poverty, or intergenerational poverty, is one of the major causes for the persistent poverty, income maldistribution, street children, and increased violence and crime throughout Latin America and other world regions. This tragic interlinkage develops as follows. Poor parents have many children and larger families, but do not have the means or parenting skills to provide for them or meet their developmental needs. Intellectually and emotionally stunted, the children are less able to learn and often fail in school, repeating grades and eventually dropping out. As unskilled youth with scarce market skills, most have to work in poorly paid "dead-end" jobs and some engage in better-paid illicit activities. When they have children, they replenish, and renew, the vicious circle of poverty. The new age of information technology will offer many opportunities for Latin Americans born today, but the children of poverty will be left even further behind, unable to effectively acquire the skills needed to participate fully in modern life. Even more so than previously, schooling will determine future job options and earnings.

Children who do not complete secondary school are increasingly disadvantaged. Those who are most vulnerable are children in poverty, from indigenous social groups, living in urban shantytowns or rural areas, and malnourished. Any one of these factors decreases their chances of completing secondary school. And, the lives of many of the 43 million children already in poverty in Latin America are affected by more than one of these factors, which is often the case. The overall impact for development in the region is, and will remain, strongly negative until this poverty cycle can be broken[2].

Breaking the Cycle

Fortunately, the knowledge and the means exist for greatly improving the lives and economic potential of poor children and families. Recent research in Latin America and elsewhere suggests effective ways for breaking the linkages in the cycle of poverty. Six methods are clear:

- i. Life education and counseling for older children and adolescents, and quality reproductive health services for young women.
- ii. Prenatal care and nutrition for mothers, and good nutrition and health care for children in their early years.
- iii. Education and training in parenting skills.
- iv. Community-based education and training in safety, health, and nutrition.
- v. Childcare to keep children safe and to provide adequate stimulation to foster development and readiness to learn.
- vi. Academic and psychological support for disadvantaged children during the initial school years, to increase their chances of success in school and society.

Communities and nations can break the cycle of poverty by intervening in these ways in an urgent and decisive manner. The technical and economic opportunities are available to confront the problem, but tremendous political will and commitment are needed to solve the problem. Government cannot act alone. The resources and talents of government must be matched by other sectors. By joining hands and sharing responsibility, the civil society, private sector, and government, supported by international agencies such as the World Bank, the Inter-American Development Bank, and other regional development banks, can meet this great social challenge of the new millennium and make a difference in many lives.

The IDB, for example, funds and supports many efforts throughout the Americas to improve the lives of disadvantaged children and youth. Some of these efforts are stand-alone projects, and more are part of multifaceted antipoverty programs. The motivation for many activities is the highly visible and troubling problem of street children in large urban areas, a key link in the poverty cycle. In partnership with the World Bank and other organizations, the IDB sponsors seminars and other events to increase and disseminate relevant knowledge and produces policy and program materials related to early child development.

Yet, no institution in government, the private sector, or international development can say today that it is doing enough. International agencies such as the IDB, which would like to do much more, are often constrained by the availability of subsidized funding and the reluctance of some countries to borrow at prevailing terms for child development programs.

Every dollar that is invested in poor children is a dollar well spent, now and for the future. Even in the United States, where there is broad consensus that investing in poor and at-risk children early in their lives pays dividends, more can be done. From a business perspective, investment in early child development “works.” Building brainpower builds economic power, and building healthy bodies builds healthy nations. The world cannot afford to waste a single future worker.

Intervening Effectively

Even modest investments in community-based child development programs that involve parents, schools, and local health organizations can have broad impact for society, by reducing the reproduction of poverty between generations and lessening related effects. Recent data from the United States, for example, demonstrate the effectiveness of prevention programs for children: the number of children who are victims of abuse and neglect declined in this country for the fifth year in a row, and the incidence of maltreatment decreased to 12.9 cases per 1,000 children, the lowest rate in 10 years. Much more information about early child development is known today than even a decade ago. And, every child, in every corner of the globe, deserves to benefit from this knowledge and from the progress that has been made through programs such as Head Start.

Head Start

In the United States, some of the most important lessons about early child development have come from the Head Start program, which celebrated its thirty-fifth anniversary in 2000. This government program of comprehensive early intervention for low-income preschool children, and their parents, enjoys remarkable political support. The reason is simple: Head Start “works,” it is cost effective, and it benefits the country. Head Start began as part of President Lyndon Johnson’s War on Poverty and in response to literature and media coverage during the early 1960s on the extent, and depth, of poverty in the United States. In the face of America’s growing

wealth at this time, millions of low- and very-low-income families were suffering alone and, in the shadows, unprepared to help their preschool children and passing on a life of poverty from one generation to the next. Child development experts in government and academia soon recognized that poor children needed “a hand up” very early in life. Waiting until a poor child entered kindergarten was often too late, and the public schools were incapable of overcoming the losses suffered by poor children in the first years of life. The time for making a national investment in poor children had arrived, and Head Start was created[3].

Head Start was never intended to focus only on education, but, rather, to help develop socially, emotionally, and physically healthy children. A typical Head Start class has seventeen children, one teacher, one assistant, and one other adult usually a parent. At least 10 percent of the enrollment opportunities must be available to children with disabilities. The curriculum is of high quality, comprehensive, age-appropriate, and standard across the United States. Much attention is given to cognition and language. But that is only the beginning.

Head Start children also receive comprehensive health services, including immunizations, physical and dental examinations, and nutrition support. They are helped to overcome their fears and they learn to share, cooperate, listen, and take turns. They receive lunch and a snack, and some children receive breakfast. The typical day is a mixture of instruction, creative play inside and outside, and balanced meals. Head Start also focuses on building families. Parental involvement and learning are extensive, and parents progress toward their own educational, literacy, and employment goals by training and working in Head Start. Although funding and enrollment have increased dramatically since 1965, Head Start maintains its core mission of developing the whole child and enabling each child to reach his or her full potential.

Head Start has accomplished a great deal. Research on the program shows that children leave Head Start with a wide range of specific skills and knowledge, which they need to succeed in kindergarten. The practical, common-sense achievements that they make lay the groundwork for their future learning and emotional development. Yet, improvements continue to be made in the program. During the past 7 years, administrators have expanded Head Start, strengthened parental involvement and learning, improved quality, and demanded more accountability.

Currently, almost 900,000 children are enrolled in Head Start, and another 45,000 are enrolled in Early Head Start, a complementary program that was created to meet the special needs of children ages 0–3. Recently, Head Start received its largest budget increase ever, and additional funding is being sought. Although most countries do not have the resources to fund early childhood education at this level, the investment is worth far more than the cost, because every child who enters Head Start is one less child that is on the road to poverty with no “off-ramp.” Enrollment in Head Start will not break the cycle of intergenerational poverty for every child, but it does increase the possibility of escaping poverty. As noted earlier, more resources are better than less, and some are better than none[4].

Lessons Learned

After 3.5 decades of experience with Head Start, six lessons have become clear for maximizing investments in early child development. These could be considered “six lessons for children to grow by.” They are as follows.

- i. The earlier intervention begins, the better. This lesson is perhaps the most important. Research shows that development of the brain in the early years is a pathway that affects physical and mental health, learning, and behavior throughout the life cycle. The research findings, which were presented at the United States' White House Conference on Early Childhood Development and Learning, in April 1997, and elsewhere, provided the impetus for initiating the Early Head Start program.
- ii. Quality counts. In a long-term study of poor children, one-half of the children were assigned to high-quality day care from infancy to age 5, and the other half received only nutritional supplements and visits from social workers. The group assigned to the high-quality day care were more successful later in life in almost every measurable way.
- iii. Money alone is never the answer, however. For this reason, Head Start is imposing new performance standards for all its centers and has allocated 25 percent of all new funding to support higher standards and investments in quality. The performance standards are rigorous, clearly stated, and mandatory. They are being used to evaluate all aspects of the Head Start program, from children's readiness to read and their social development, to the effectiveness of program management.
- iv. Excellence has to be the goal. Since 1995, 150 Head Start grantees have been terminated or have relinquished their grants for lack of quality. The program's consistent demand for high quality benefits parents and children. Recently, Head Start received the highest score in customer satisfaction of any government agency or private company in the United States.
- v. Quality early childhood education begins with training. The turnover rate for Head Start staff is very low less than 11 percent a year. And, 80 percent of Head Start teachers have 5 or more years of experience. A qualified and committed staff is one of the benefits of providing and supporting professional training. All Head Start teachers are currently required to have a special child development certificate. By 2002, the aim is to achieve a majority of Head Start teachers with a 2- to 4-year degree in early childhood education. The government is helping to expand the capacity of colleges and universities to teach early childhood education and to train childcare staff to work with infants and toddlers. Head Start also is increasing staff salaries and investing in the health and safety of its facilities.
- vi. Parents must be involved and accommodated. One of the reasons that parents express such a high level of satisfaction with Head Start is that Head Start "listens" to them. The program learns from parents and encourages them to remain involved. This emphasis has continued since the earliest days of the program and is the key to its success. In fact, many Head Start parents become Head Start teachers.
- vii. Keeping parents engaged and involved is not sufficient, however. Programs also must accommodate their changing needs. For example, when Head Start began, the number of women in the work force and of single-parent families was far fewer than today. As work patterns changed, Head Start had to change. Currently, Head Start is expanding its hours, increasing the flexibility of its hours, taking early childhood education programs into the workplace, and encouraging Head Start centers to partner

with quality programs that provide childcare after Head Start and until parents return home from work. Head Start also has learned the importance of keeping parents connected to the communities where they live. Programs must be culturally sensitive, involve community leaders, and keep decision making at the local level as much as possible.

Early childhood education must be integrated with other needs. Poor children do not need one strategy. They need a comprehensive strategy that extends beyond early childhood stimulation and education. Integrated services, especially for infants and toddlers, are a prerequisite for success. For example, in Head Start, childhood immunizations were an early priority. Today, at least 90 percent of U.S. children receive the most critical immunization doses by age 2. Immunizations save not only lives, but also resources, by preventing disease before it strikes. This understanding is important even for countries that do not have universal health care coverage or have only limited resources to purchase and distribute vaccines[5].

For the same reason, the U.S. Government is expanding access to health insurance for poor children. Three years ago, the State Children's Health Insurance Program was initiated with the states to ensure that millions more children from low-income working families have health insurance. Programs such as Head Start and childcare centers are effective ways of identifying children who are eligible for health insurance. Integrated services help ensure that nurses talk to teachers, teachers talk to nutritionists, nutritionists talk to staff, and everyone talks to parents.

Government should make early childhood education a national laboratory and catalyst for change. "If you build it, they will come" is a now-famous phrase from a recent U.S. movie, *Field of Dreams*. An adaptation of this phrase conveys an imperative for early child development: Build it and change will come. Head Start has been a national laboratory and catalyst for change. Since its creation in 1965, Head Start has transformed how people think about, educate, and care for young children in the United States and how quality is measured in all childcare settings. The Early Head Start program is doing the same for infants and toddlers[6].

When investing in early childhood education, maintaining an active research agenda is important. Because "one size never fits all," continuing efforts are needed to determine which programs are effective for which children under which circumstances and to use this knowledge to build better programs, integrating the best research as quickly as possible[7].

DISCUSSION

The gap between rich and poor children is a persistent problem that has been difficult to solve. Despite many efforts to close this gap, it continues to exist and even widen in some cases. However, there are several steps that can be taken to narrow the gap for poor children. One of the most important steps is to invest in education. Poor children often attend schools that are underfunded and understaffed, which puts them at a disadvantage compared to their wealthier peers. By investing in education, we can ensure that poor children have access to high-quality schools, well-trained teachers, and the resources they need to succeed. This can include everything from smaller class sizes to after-school programs that provide extra support. Another important step is to provide access to healthcare. Poor children often have limited access to healthcare, which can lead to health problems that interfere with their ability to learn and succeed in school. By providing access to healthcare, we can ensure that poor children are healthy and able to focus on their education. In addition to these steps, there are other measures that can be

taken to narrow the gap for poor children. For example, we can provide access to nutritious food and safe housing, which can help ensure that children are healthy and well-rested. We can also provide access to technology, such as computers and the internet, which can help level the playing field for poor children who may not have access to these resources at home. Ultimately, narrowing the gap for poor children requires a comprehensive approach that addresses the many factors that contribute to their disadvantage. By investing in education, healthcare, nutrition, housing, and technology, we can help ensure that poor children have the resources they need to succeed. This will not only benefit these children, but it will also benefit our society as a whole by creating a more equitable and prosperous future[8].

CONCLUSION

The most important reason for investing in programs such as Head Start or quality childcare is to “even up the odds” for poor children. The economic benefits are significant, as noted by van der Gaag in this volume. Yet, there is also a profound moral purpose for investing in early child development. This is a new millennium, a time of high technological achievement when almost no scientific advancement seems impossible. But, millions of children on every continent are struggling to survive. This disconnect between two reals, but inconsistent, concepts are unconscionable for the world today. The time has come to connect, to narrow the gap for poor children, between what can be done and what is being done. Much has been learned about how to help very young children grow to be smart and healthy. The important step, however, is the next step to engage families, communities, universities, religious and other organizations, as well as government, to invest in the first and most lasting hope of the new century, the world’s children. A 2-year-old in the barrios of Peru, a baby crying for milk in Lagos, a little girl not yet 4 years old in the slums of Calcutta, and a 3-year-old in Head Start in rural North Dakota these children, all children, are the future.

REFERENCES:

- [1] UNICEF, “Narrowing the Gaps: the Power of Investing in the Poorest Children,” *Unicef*, 2017.
- [2] H. Win, J. Wallenborn, N. Probst-Hensch, and G. Fink, “Understanding urban inequalities in children’s linear growth outcomes: a trend and decomposition analysis of 39,049 children in Bangladesh (2000-2018),” *BMC Public Health*, 2021, doi: 10.1186/s12889-021-12181-x.
- [3] M. F. Rizal and E. van Doorslaer, “Explaining the fall of socioeconomic inequality in childhood stunting in Indonesia,” *SSM - Popul. Heal.*, 2019, doi: 10.1016/j.ssmph.2019.100469.
- [4] J. Ross, “Improved reproductive health equity between the poor and the rich: An analysis of trends in 46 low- and middle-income countries,” *Glob. Heal. Sci. Pract.*, 2015, doi: 10.9745/GHSP-D-15-00124.
- [5] D. N. Muhoza and C. M. Ruhara, “Closing the poor–rich gap in contraceptive use in Rwanda: Understanding the underlying mechanisms,” *Int. Perspect. Sex. Reprod. Health*, 2019, doi: 10.1363/45e7519.
- [6] F. Monti, R. Farné, F. Crudeli, F. Agostini, M. Minelli, and A. Ceciliani, “The role of

- Outdoor Education in child development in Italian nursery schools,” *Early Child Dev. Care*, 2019, doi: 10.1080/03004430.2017.1345896.
- [7] L. Kossarova, R. Cheung, D. Hargreaves, and E. Keeble, “Admissions of inequality: emergency hospital use for children and young people,” *Nuff. Trust*, 2017.
- [8] C. Mpody, B. Willer, E. Owusu-Bediako, A. R. Kemper, J. D. Tobias, and O. O. Nafiu, “Economic trends of racial disparities in pediatric postappendectomy complications,” *Pediatrics*, 2021, doi: 10.1542/peds.2021-051328.

CHAPTER 24

AN OVERVIEW OF THE POLITICAL CHALLENGE IN CHILD DEVELOPMENT

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ABSTRACT:

The political challenge in child development refers to the difficulties faced by policymakers and practitioners in ensuring that all children have access to the resources and opportunities they need to develop to their full potential. Despite significant progress in improving child well-being over the past few decades, many children still experience significant disadvantages related to poverty, discrimination, and other social determinants of health. This abstract explores the various dimensions of the political challenge in child development, including the role of policy, practice, and advocacy in promoting positive outcomes for children and families. The paper highlights the importance of addressing structural barriers to child well-being, such as poverty and inequality, and emphasizes the need for a collaborative and inclusive approach that engages diverse stakeholders and communities. Ultimately, the paper argues that addressing the political challenge in child development is a crucial task for policymakers and practitioners in building a more just and equitable society.

KEYWORDS:

Advocacy, Barriers, Child Development, Discrimination, Childhood Education, Equity.

INTRODUCTION

The final question for this volume, and perhaps the first question in early child development, is: Why intervene in the lives of young children? In the previous chapter, Iglesias and Shalala highlight the ethical and moral impetus for early child development programs to “narrow the gap” for poor children. Earlier, van der Gaag connects early child development to human development overall. For children and families, the benefits are clear, as communicated throughout this volume. But the benefits also must be obvious to the larger society and government because their support is essential for maintaining and sustaining effective programs. To reap the full benefits of the many community-based efforts under way, programs must be taken to scale nationwide. The final challenge, then, is political to obtain the necessary commitment and cooperation, from all sectors, to realize the full potential of early child development, nationally and globally. This chapter considers the societal benefits and constraints to investing in early child development and the political challenge for doing so. Some factors, steps, and “rules” are suggested for investing in policies of action that would help bring ECD programs to scale.

Transforming Society Through ECD

Much progress has been made over the past 15 years in bringing early child development to the attention of society and government. Today, nations are adopting national plans for accelerating

early child development, and multinational organizations. Increasingly, early child development is viewed as the best proxy or contributor to economic development and national development.

All these participants deserve to be congratulated for the transformations in society that they have stimulated and underwritten. Their continued support and commitment can be the launching pad for achieving even greater transformations over the next 15 years to fulfill the hopes and expectations of many more children and their families. The long-term benefits of investing in early child development are extraordinary. The consequences of not investing or of neglecting children are equally far-reaching: lifelong deprivation and deficits for many children and major cumulative losses for their families, communities, and nations. From a global perspective, four aspirations would be that children grow up to reach their full human potential and that they live in a society where human rights are respected, democracy flourishes, and poverty is not an insurmountable barrier to human progress. Investing in early child development significantly helps to achieve these hopes [1].

Human Potential

ECD programs are instrumental for achieving human potential through, for example, the lifelong effects of improved intrauterine growth, psychosocial stimulation in early infancy, and preparedness for school. These and other benefits for enhancing the human potential are well summarized by the other chapters in this volume.

Human Rights

Human rights are often equated with civil and political rights, freedom of speech, freedom of religion, and rule of law. But human rights also include social and economic rights. The Universal Declaration on Human Rights and the Convention on the Rights of the Child, as well as other human rights covenants, recognize the right to life, survival, health, nutrition, education, and protection. A society that honors these rights must begin with the rights of the youngest children. The very essence of human rights is to protect the weak and vulnerable from the tyranny of the strong and powerful.

Protecting the rights of children who cannot defend themselves, to ensure their survival, growth, and development, is the obligation of all adults and all countries that signed or ratified these human rights instruments. In a very fundamental sense, human rights begin with the rights of children, and a society that does not invest its resources, to the maximum extent possible, for the survival, protection, and development of children fails to honor its human rights obligations, especially those set forth in the Convention on the Rights of the Child.

Participation

Because children do not vote and have no voice in society, some might say they have no stake in democracy. But the way children are reared and the type of physical and psychosocial environments they grow in have lifelong effects on the development of their values and personality traits. Nurturing children in an atmosphere of mutual respect and compassion and inculcating them, from the earliest stages of life, with the values of sharing and taking responsibility contribute to the creation of caring societies that espouse democratic values. From an adult's perspective, democracy requires that political and civic leaders be responsive to the protection of rights of all their constituents and that public resources be utilized in the most effective manner to help their constituencies. Democratically oriented leaders and electorates

should find that investing in children is the most enlightened and visionary public policy they can promote [2], [3].

Reduction of Poverty

Poverty has many faces, which include malnutrition, childhood disease, lack of learning and play opportunities, and violence against women and children. These and other facets of poverty undermine the optimal development of young children and diminish their potential for breaking out of the cycle of poverty. As suggested by Iglesias and Shalala in the preceding chapter, early child development is the shortest route of breaking the intergenerational cycle of poverty.

Children who are born healthy, fed well, stimulated in infancy, protected from childhood illnesses, and nurtured in stimulating and affectionate environments will grow up to become healthy adults, involved parents, and productive citizens. Successful child development results from adequate care at home facilitated by basic community services and supportive national and international policies. Women's role is critical. Research shows that children survive and thrive better in communities where women have dignity, access to resources, and political influence. These elements are all essential for reducing poverty and promoting early child development.

Constraints to Investment

For society, knowing the well-established benefits of early child development may not be sufficient for making the decision to invest in ECD programs and to support them fully. Policymakers may ask why there is not more investment in these programs globally if investing in early child development is so important. What are the constraints to investing in ECD? Common constraints for society and government are:

- i. Immediate costs versus long-term gains. The costs of intervening early are immediate, but the investment is long term. Because the observable benefits do not accrue until long after a government or administration has left office, ECD programs tend not to be popular among politicians, who desire more immediate recognition for their achievements. The benefits of constructing a school or clinic or distributing textbooks may not be obvious for years, but they contribute over time to the building of social capital and, hence, economic development.
- ii. Difficulty delivering integrated services. Early interventions that address integral needs of young children and families are difficult for society and government to deliver in a coherent and coordinated manner. Government tends to be oriented sectorally, and government departments or ministries tend to be organized vertically. Because the needs of children and families cross these artificial partitions, they are not easily addressed within the bureaucracies. Comprehensive development frameworks are needed to integrate the vision of policymakers and to coordinate action "on the ground."

In addition, two barriers to good decision making in global health and development are:

- i. The distance between a decision and an effect.
- ii. The time between a decision and an effect.

The greater the distance, or the time, between a decision and an effect, the more difficult it is to

make good decisions. The most difficult decisions to make are those that involve both distance and time. Decisions to invest in positive early child development are similar, because society's effects are realized over generations, even centuries, and may be broadly dispersed. Believing that society can change and that children's future and destiny can be improved is a first step. Once a nation adopts this positive perspective, determining what can be changed and what cannot be changed becomes easier to address. These decisions depend on the science[4].

The Challenges

Conferences on early child development, such as those held by the World Bank and other multinational organizations, are an important step in publicizing the benefits of early child development and overcoming the constraints expressed by governments and policymakers. These meetings enable researchers, administrators, and politicians to share and interpret research findings, celebrate the creativity and innovation of ECD programs, better understand the role of healthy child development in economic development, and appreciate the importance of investing in early child development for both human and global development. The chapters in this volume, which emanate from one conference, highlight four challenges for the field of early child development:

- i. Promoting a balanced view of development that includes ECD programs.
- ii. Making explicit the link between the needs of poor children and families and the concerns of politicians.
- iii. Developing improved methods for measuring and evaluating the effectiveness of programs.
- iv. Achieving sustainable, national programs.

One way to achieve sustainability is to change social norms. Measles, for example, used to be an expected childhood disease, but now a single case in developed countries is newsworthy and causes the public to question the activities of the local health department. The public relates to cause and effect. As Hawkins notes in his book *A Brief History of Time*, the history of science is the gradual realization that things do not happen in an arbitrary fashion. Or, as noted in a New York subway booth and reported in the *New York Times*, "Lots of people confuse bad management with destiny. The challenge now for early child development is to create better destiny through better management, to apply the science and invest in a better future for every child in every country.

Cause and Effect

History tells us that everything that now exists has a past and that everything that is done now will have ripples in the future. Knowledge about the brain's development—the windows of opportunity in the early years, the effects of learning on later years—supports this concept. But some effects are more permanent and some losses can never be recouped. Society cannot, for example, reverse the retardation caused by insufficient iodine intake during a child's first months and years, or return function to the legs of a child crippled by polio, or eliminate a child's trauma from experiencing war. Other causes, such as toxins and abuse, also have lifelong effects.

Recently, the U.S. Centers for Disease Control and Prevention published the first scientific study of the health of adults who were abused as children. The study documented, for the first time,

that smoking, drinking, drug use, depression, suicide attempts, and overweight all were elevated in adults who had experienced, during childhood, physical, psychological, or sexual abuse; a mother being beaten; or a family member using drugs or going to jail. In 1962, Kempe coined the phrase “the battered child syndrome”. The causes may be both genetic and environmental. Influences in a child’s up-bringing have a role in the mental health of the child and, later, the adult. The battered child syndrome causes a battered adult syndrome, and an accumulation of battered adults causes a battered society syndrome, which, in turn, continues to foster battered children. This intergenerational cycle complements, and enhances, the effects of a cycle of poverty[5], [6].

Inefficiencies

Many of the current approaches to social issues are inefficient. For example, mothers often bear children whom they may feed, nurture, and love for 9 or more months, only to lose them then to measles this is inefficient. If the child survives measles and continues on to primary school but drops out in the early grades, or thrives in school but then contracts an HIV infection and subsequently develops AIDS in the early 20s, this, again, is inefficient. Rearing children while being depressed and addicted because of being abused as a child also is inefficient. And, allowing children to be retarded because of preventable deficiencies in micronutrient intake is inefficient.

Similarly, not providing health and educational benefits to all children is inefficient, and building prisons to house troubled youth and adults because society “saved” money by not supporting community programs of health and education is inefficient. These approaches are not only inefficient; however, they also have heartrending and society-rending effects. Obviously, these inefficiencies are not rational and do not contribute to acceptable societies.

Nevertheless, inefficiencies persist, partly because of human tendencies to procrastinate, but also because of longstanding and unchallenged social norms. Societies may verbalize the need for prevention, but hesitate to take preventive action. For example, many countries have historically placed greater value on treating lung cancer, rather than helping people stop smoking. This emphasis is only now beginning to change, with the support and action of global organizations, including the World Health Organization, the World Bank, and UNICEF. And, despite professed interest in children and investments in Head Start, U.S. support for children is far less than that for older persons. In his book *The Virtues of Aging*, President Carter notes that for every US\$12 spent on people over age 65, the U.S. Government spends only US\$1 for children and youth under age 18. These are only two examples of the mismatch between rhetoric and action on prevention.

In the United States, a major change in perspective occurred when the rhetoric of disease prevention was modified to include health promotion. While disease prevention focuses on pathology and reducing the extent of a problem, health promotion focuses on positive changes in scale. The philosophy, objective, and expectations are different and, when communicated to the public, can help change social norms and values. Societies’ thinking about children has heretofore reflected the pathological approach of waiting until a “disease” is evident before reacting. Leadership is desperately needed, to ask questions such as “what is good for the future?” and “what is good for the world?” Efficient, positive approaches must be promulgated and fostered, for the vast majority of the public that government serves have not yet been born and may be of different nationalities[7].

Policies for Action

The decision to invest in early child development must be matched by efficient and effective policies to stimulate ECD efforts. Whereas the decision may appear to be noncontroversial, especially with regard to narrowing the gap for poor children, the policies which allocate, or reallocate, resources to health, education, and nutrition for young children are not. Some individuals and groups may support such policies, but many may not. Merely making “pro-poor” policies to focus on more vulnerable segments of a society or improve conditions in a particularly poor region does not guarantee that the policies will be adopted or implemented effectively. The political implications of a policy, including the support or opposition of key stakeholders, often influence adoption of the policy.

Four Considerations

Policymakers who are, or will be, designing and implementing ECD programs will need to address four factors: the stakeholders, or players in early child development; the relative power of each stakeholder; the position of each stakeholder; and public perception:

- i. **Players:** The stakeholders include all individuals and groups who will be affected by the change in policy and who may become involved in influencing its outcome. The players may include government ministries and local government; professional groups; business organizations; religious organizations; consumers of health and education services; and international organizations. Each group and subgroup will understand and act on the policies from a different perspective.
- ii. **Power:** Poor people are often poorly organized and politically weak, particularly in rural areas. Children, particularly in their early years, do not have a representative association, and adults are usually more influential, although not necessarily well organized. Additionally, power and influence are exercised differently depending on the political system and the traditions of a country and culture.
- iii. **Position:** The position taken by each stakeholder will reflect their support of, or opposition to, the policy and the intensity of their commitment. When multiple reforms are proposed, each stakeholder may support some policies and oppose others. The various positions taken serve as a basis for negotiation.
- iv. **Perception:** The public’s perception and understanding of the issue and the proposed policy may affect which groups become mobilized and their positions on the policy.

For “pro-poor” policies, a coalition of stakeholders needs to be developed to achieve sufficient adoption and implementation of the policies to sustain a positive change. As Hsiao and others suggest, development of this coalition depends, in turn, on the skill and commitment of those who support the policies, the nature of the proposed changes, and the overall country context. Successful implementation of any policy depends on the political skill of its advocates, and not simply political will. This skill must be technically based [8].

Six Steps for Government

Government has an essential role to play in early child development. By blending good politics and good techniques, government can stimulate public support for ECD policies and programs

which will strengthen its position and power to implement the policies and programs and foster cooperation and coordination with other stakeholders and potential funders. Six effective steps for government action are as follows:

- i. Create a political constituency for children Include the constituency in a strategic communications plan, which would be a component of the design of ECD programs. Build early child development into a holistic, integrated, comprehensive development framework designed to overcome the cycle of poverty and to foster a balanced view of economic, financial, human, governance, and institutional issues across government sectors. Having a political constituency for ECD programs can strengthen the power of the various stakeholders and change the public's perception of early child development.
- ii. Earmark public resources This action will ensure the availability of resources for ECD programs, protect the investment in children in times of crisis, and guard against changing political interests. Government should monitor children's growth and development as closely as, or more closely than, it monitors the growth in gross domestic product. Examples of successful ECD efforts that have been sustained by earmarked tax revenues include Colombia's use of a 3 percent payroll tax to support stable financing of day-care programs, even in times of financial adjustment or political upheaval. Earmarked revenues can serve to create a strong power base for ECD.
- iii. Provide incentives for community support of ECD Government should encourage initiatives by small community groups, civil society, and local government. The U.S. Head Start program is one example of a federally funded effort founded on community initiatives. By supporting such efforts, government can help create community-based productive and small business sectors, with new stakeholders, that can promote early child development with one voice. Having a "voice" is the first step toward empowerment.
- iv. Create demanding consumers Government can allow and even encourage private-sector providers of ECD programs. Government also can provide public subsidies for poor families, to help them access ECD services and make them effective consumers. These actions will further increase the number of stakeholders who are interested in, and supportive of, ECD programs.
- v. Provide information on the choices available. Government has a role in developing and disseminating information, standards, training materials, and program evaluations to enable consumers to make informed choices about early child development and alternative providers of ECD programs. Government can leverage improvements in the quality of ECD programs based on this information and on pilot studies of funding alternatives. One alternative, for example, is New Zealand's mixed funding model of block grants and subsidies. By enhancing public information, government would foster transparency of ECD programs and potentially enhance the public's perception of these efforts.
- vi. Create new providers. Mothers can be effective ECD providers in home-based programs, such as in Colombia and Bolivia. The women receive training and minimum assistance, on credit, to meet facility standards. They are "accredited" as eligible to provide day-care services. Such efforts enable providers to benefit from public subsidies while also

participating in a competitive, choice-based system of ECD programs. In addition, they benefit parents by increasing the number and type of care options to choose from. By helping to create new providers locally, government helps consolidate the players, power, position, and perception of early child development, primarily at the local level.

By taking these six steps, government can achieve a “golden triangle” of civil-society participation, market-driven mechanism, and a clear role for government. Government also can launch the necessary political action to foster sustainable ECD programs that can be moved to scale. As noted by Papert, “What is happening now is an empirical question. What can happen is a technical question, but what will happen is a political question, depending on social choices.” Clearly, early child development is, first and foremost, a political, or social, choice. It is no longer an empirical question, but, rather, an issue for action[9].

DISCUSSION

Before committing a nation’s resources to early child development, policymakers should have appropriate guidance from the ECD community. This guidance should be evidence-based and timely. Invest early and invest wisely. Often, there are no second chances for child development. Each child has only one opportunity, to grow and develop, and this opportunity should not be squandered. Identify opportunities to contribute to early child development in every development project. Children are everyone’s business and not the exclusive concern of one department, ministry, or sector. Every development project has a place for ECD initiatives. Early child development is integral to human development, as well described by van der Gaag earlier in this volume. Ensure that all governments and donor agencies honor the 2020 commitment, that all developing countries will allocate 20 percent of their budgets for basic social services, and that all donors will allocate 20 percent of their official development assistance for these services.

This commitment was made at several United Nations conferences and is vital for early childcare and development, a basic social service. Empower women. The well-being of children is inextricably linked to the well-being of women. Make the commitment to children, beginning with early childcare and development, the foundation for peace, democracy, and human rights in families, communities, nations, and the world. The love and care for children, and the imperative to invest in early child development, can be the basis for uniting a divided world. A deliberate plan to build and fund a coalition would capture local and community enthusiasm for early child development, the political commitment to ECD programs that has already been made by many countries, and the passion of donors who recognize the global need for efforts targeted to children worldwide. The coalition would represent a conscious decision to combine resources, experiences, scientific findings, ingenuity, a sense of community, and new approaches to education for the benefit of generations to come. Building a coalition will make change happen, including perhaps, the designation of ministers of child development[10].

CONCLUSION

More information is not needed to act now to support early child development. If appropriate action is taken, future generations will know and be grateful that politicians and economists, based on scientists’ teachings, invested adequately in their children. The concept of the “tipping point” applies. That is, there is a drop that causes the glass to finally overflow, there is a moment when a friendship becomes permanent, there is a minute when a vaccine provides protection, and there is a day when the world finally “does right” by its children. For children to have the

positive core elements that offer them a successful life, they need parents who have a capacity to nurture, good mental health, and a network of positive social support. These parents are more likely to be found in societies that are committed to parenthood, equity, economic stability, appropriate childcare, and effective education. Yet, to raise a child takes more than a village it takes the whole world and society and government need to identify how to do a better job. Focusing on averages is no longer sufficient; the important measures now are standard deviations, and the children and families represented by these deviations. The ECD community is an assemblage of individuals with diverse interests, expertise, and talents who are bound together by a shared goal to create a world that honors children by enhancing their positive development. The next step is to build a coalition, an alliance that will promote, measure, and improve the well-being of children, beginning in the early years. This is now the tipping point for early child development, the day when the investment in early childhood moves to a new stage, so that all children henceforth will benefit and progress cannot be reversed.

REFERENCES:

- [1] S. Gulati, "Technology-enhanced learning in developing nations: A review," *International Review of Research in Open and Distance Learning*. 2008. doi: 10.19173/irrodl.v9i1.477.
- [2] S. W. Siencyn, "Early years' provision for young children in Wales: History, challenges, and the welsh language," *Teanga*, 2019, doi: 10.35903/teanga.v10i0.68.
- [3] S. W. Warmann and J. Fuchs, "Academic pediatric surgery – The German perspective," *Semin. Pediatr. Surg.*, 2021, doi: 10.1016/j.sempedsurg.2021.151025.
- [4] The World Bank Group, "The World Bank In Malawi," *World Bank Gr.*, 2019.
- [5] I. Lutfiya, Irwanto, and W. Purnomo, "Identification validity early detection of child development using Indonesian mch handbook," *Indian J. Public Heal. Res. Dev.*, 2019, doi: 10.5958/0976-5506.2019.02113.2.
- [6] V. Cavallera *et al.*, "Scaling early child development: What are the barriers and enablers?," *Arch. Dis. Child.*, 2019, doi: 10.1136/archdischild-2018-315425.
- [7] F. Capelier, "The child victim put to the test of the law," *Dialogue Can. Philos. Assoc.*, 2021, doi: 10.3917/dia.232.0017.
- [8] B. Haughton *et al.*, "Incorporating the life course model into MCH nutrition leadership education and training programs," *Matern. Child Health J.*, 2013, doi: 10.1007/s10995-012-0959-1.
- [9] UNDP and UNHCR, "Regional Strategic Overview," *Reg. Refug. Resil. Plan 2015-2016*, 2015.
- [10] K. Gawlicz and M. Starnawski, "For child and social justice: radical approaches in education and care for young children in interwar Poland," *Early Years*, 2018, doi: 10.1080/09575146.2018.1449816.