Early child development in Mexico: advances and challenges

Desarrollo infantil temprano en México: avances y retos

1. Introduction

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

2. Progress

Today it is possible to describe a more encouraging picture due to influences such as the reduction in infant mortality, the entry of many more women in the paid labor force, and implementation and wide dissemination of research results, which have shown the importance of the early years for development and behavior with life-long results. The influence of studies from neurobiology and economics has been remarkable along with the importance of the early years for development and behavior with life-long results. The influence of studies from neurobiology and economics has been remarkable along with the importance of the early years for development and behavior with life-long results. The information base regarding ECD is in the process of improving with the implementation of the Child Development Inventory test (CDI) designed and validated in Mexico. The CDI is being administered to an ever-increasing proportion of the population along with the inclusion of developmental indicators in the National Health and Nutrition Survey, Instituto Nacional de Salud Pública (INSP) initiatives to implement a household survey, and Instituto Nacional para la Evaluación de la Educación (INEE) initiatives to measure results and quality at the preschool level.

International funding for research and programs aimed at ECD has increased in recent years. The World Bank and the Interamerican Development Bank have provided significant economic resources to ECD. UNICEF supports various initiatives, and foundations such as Kellogg and LEGO have provided funding for ECD initiatives. In the article by
O’Shea-Cueva et al., data indicating a marked increase in the national health budget devoted to ECD\textsuperscript{10} are shown. In short, it is possible to identify progress not only in rhetoric and law\textsuperscript{17} but in the programs and available human, institutional and organizational resources (and to a certain extent, also financial), and concrete actions aimed to improve ECD.

3. Challenges

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

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

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

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

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

**Funding**

No external funding was received for carrying out this study.

**Conflict of interest**

The author declares that there are no conflicts of interest.

**References**

1. Chávez A, Martínez C. Nutrición y desarrollo infantil. México D.F.: Nueva Editorial Interamericana; 1979.

2. Cravioto J, Arrieta-Milán R. Efecto de la desnutrición sobre el desarrollo neurointegretivo del niño. Bol Med Hosp Infant Mex. 1982;39:708-24.

3. Cravioto J, Matsubara M, Arrieta R. Peso bajo al nacimiento y funcionamiento del sistema nervioso central en los primeros años de la vida. Bol Med Hosp Infant Mex. 1988;45:718-28.

4. Grantham-McGregor S, Cheung YB, Cueto S, Grewale P, Richter L, Strupp B; International Child Development Steering Group. Developmental potential in the first 5 years for children in developing countries. Lancet. 2007;369:60-70.

5. Naciones Unidas Derechos Humanos. Oficina del Alto Comisionado para los Derechos Humanos (ACNUDH). Convención sobre los Derechos del Niño. Available from: http://www.ohchr.org/SP/ProfessionalInterest/Pages/CRC.aspx.

6. Naciones Unidas. Convención sobre los Derechos del Niño. Observación General no. 7 (2005). Available from: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2FC2%2FGC%277%2FRev.1&Lang=en

7. Myers R, Marínez A, Delgado MA, Fernández JL, Martínez A. Desarrollo Infantil Temprano en México. Diagnóstico y recomendaciones. Washington, D.C.: División de Protección Social y Salud, Banco Interamericano de Desarrollo; 2013. Available from: http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=37472911

8. Gobierno de la República. Diario Oficial de la Federación. Plan Nacional de Desarrollo 2013-2018. DOF: 20/05/2013. Available from: http://www.dof.gob.mx/nota_detalle.php?codigo=5299465&fecha=20/05/2013

9. Secretaría de Salud. Acuerdo por el que se emiten las Reglas de Operación del Programa Seguro Médico Siglo XXI, para el ejercicio fiscal 2015. Available from: http://www.dof.gob.mx/nota_detalle.php?codigo=5377540&fecha=28/12/2014.

10. O’Shea-Cuevas G, Rizzoli-Córdoba A, Aceves-Villagrán D, Villagrán-Muñoz VM, Carrasco-Mendoza J, Halley-Castillo E, et al. Sistema de Protección Social en Salud para la detección y atención oportuna de problemas en el desarrollo infantil en México. Bol Med Hosp Infant Mex. 2015;72:429-37.

11. Secretaría de Desarrollo Social. Acuerdo por el cual se emiten las Reglas de Operación de PROSPERA Programa de Inclusión Social, para el ejercicio fiscal 2015. Available from: http://www.normateca.sedesol.gob.mx/work/models/NORMATECA/Norme_Operacion/2015/rop_prospera.pdf

12. Rizzoli-Córdoba A, O’Shea-Cuevas G, Aceves-Villagrán D, Mares-Serratos BB, Martell-Valdez L, Veláz Andrade Victor. 7.1 Evaluación del Desarrollo Infantil en México. In: Santibañez-Martínez L, Calderón-Martín del Campo D, editors. Los Invisibles—Las niñas y los niños de 0 a 6 años—. México D.F.: Mexicanos Primero Visión 2030, A.C.; 2014. pp. 117-132.

13. Comisión Nacional de Protección Social en Salud. Manual para la Aplicación de la Prueba Evaluación del Desarrollo Infantil “EDI”. México, D.F.: Secretaría de Salud; 2013. 100 pp. Available from: http://www.himfg.edu.mx/descargas/documentos/EDI/ManualparalaPruebaEvaluaciondelDesarrolloInfantil-EDI.pdf

14. Rizzoli-Córdoba A, Schnaas-Arrieta L, Liendo-Vallejos S, Buenrostro-Márquez G, Romo-Pardo B, Carreón-García J, et al. Validación de un instrumento para la detección oportuna de problemas de desarrollo en menores de 5 años en México. Bol Med Hosp Infant Mex. 2013;70:195-208.

15. Rizzoli-Córdoba A, Schnaas-Y-Arrieta L, Ortega-Riosvelasco F, Rodríguez-Ortega E, Villasís-Keever MA, Aceves-Villagrán D, et al. Child Development Evaluation Test analysis by fief improves detection of developmental problems in children. Bol Med Hosp Infant Mex. 2014;71:154-62.
16. Rizzoli-Córdoba A, Ortega-Ríosvelasco F, Villasis-Keever MA, Pizarro-Castellanos M, Buenrostro-Márquez G, Aceves-Villagrán D, et al. Reliability for detection of developmental problems using the semaphore from the Child Development Evaluation test: Is a yellow result different from a red result? Bol Med Hosp Infant Mex. 2014;71:277-85.

17. Estados Unidos Mexicanos. Presidencia de la República. Ley General de los Derechos de Niñas, Niños y Adolescentes. Diario Oficial de la Federación. DOF: 04/12/2014. Available from: http://www.dof.gob.mx/nota_detalle.php?codigo=5374143&fecha=04/12/2014.

18. Marmot M, Atkinson T, Bell J, Black C, Broadfoot P, Cumberlege J, et al. Fair Society, Healthy Lives. The Marmot Review Executive Summary. Strategic Review of Health Inequalities in England post-2010. Available from: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review.

Robert G. Myers
Hacia una Cultura Democrática, A.C. (ACUDE), México D.F., México
E-mail: rmyers@acudemx.org