Ten Myths of ECCD

Myth 1: The brain is fully developed by birth.

**Reality:** Most of the brain's development happens in the early years. Research suggests that most of the development of intelligence occurs before the age of seven. Moreover, during the first two years of life, most of the growth of brain cells occurs, accompanied by the structuring of neural connections in the brain. This process is affected by a child’s nutritional and health status and also by the kind of interaction a child develops with people and objects in the environment. It is highly dependant upon adequate nutrition, stimulation, and care. During these first years, the key brain pathways for lifelong capabilities are established (or not). Therefore, what happens to a child, and the opportunities provided to a child in the first years are crucial in determining lifelong outcomes.

Myth 2: Early Childhood Care for Development programs are synonymous with “preschool”. The major rationale for ECCD programs is to prepare children for primary school.

**Reality:** Early Childhood Care for Development is all that the name implies and more: it comprises all the essential supports a young child needs to survive and thrive in life, as well as the supports a family and community need to promote children’s healthy development. This includes integrating health, nutrition, and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing a child needs in order to realize her/his human potential. While one outcome of ECCD programs is that they can help children to be more successful in school, the early years are a crucial phase of human development and NOT merely preparation for later years.

Myth 3: ECCD is a foreign, “Western” concept which is not applicable to other cultural contexts.

**Reality:** All of the world’s young children need adequate care. There is a long tradition of creative programs and ECCD experience in many parts of the Majority World. These programs and the experienced people who shape them provide a rich resource to countries and decision-makers who are trying to establish better care and support for families and young children. In many settings within the Majority World, changing conditions caused by migration, economic shifts,
armed conflict, disease, and other disturbing factors have made some kind of organized response necessary.

Quite simply, children are no longer being cared for in traditional ways, and many parents are no longer living in contexts that support their ability to parent. Appropriate ECCD interventions vary from culture to culture, and from society to society. Models and experiences can be gleaned from a whole range of Majority World contexts, and expertise can be fruitfully exchanged between countries in which cultural values, history, and/or social conditions are similar. While it is not recommended that Western models and experiences be imported wholesale to Majority World contexts, lessons learned from these models can be helpful in some settings.

Myth 4: ECCD is a luxury item, an added expense that developing countries can not afford on top of their efforts to provide universal primary coverage.

Reality: Primary schools cannot be effective if children do not arrive at school with the intellectual, physical, and social underpinnings that allow them to learn. Thus many economists and child development specialists would argue that ECCD is a necessity if the investment in primary education is going to pay off. The expense of ECCD interventions has to be measured in terms of their returns. Several program models have proven to be cost-effective, and have been demonstrated to “pay for themselves” in terms of reduced costs in the primary years (i.e., they reduce the cost of school repetition, school failure and drop out), and an increase in children’s ability to earn later in life.

Myth 5: In a poor country, child survival comes before ECCD.

Reality: Child Survival is part of ECCD, but it is not the whole picture. Once a child has survived, the question must be asked: what is the quality of life for that child, and how can that child realize her/his potential? Children who are helped to survive, then are basically ignored by their society until they reach school age, frequently develop serious health and mental deficits that may persist and generally will impede their ability to participate productively in their society.

Myth 6: ECCD is a private, family matter—it is up to parents to raise their young children and
should not be a concern of the public sector or a policy issue.

**Reality:** In an ideal world, where parents had the time and resources and social supports required to care for and educate children, this might be true. However, in most parts of the world today, both in resource-rich and impoverished countries, young children are not getting the care they need, and parents do not have the extended family or social supports that traditionally sustained them in their roles. Therefore, attention to the early years must be everyone’s responsibility and concern.

Neglecting children in their first years decreases the likelihood that they will grow to be healthy, productive citizens, and has been demonstrated to have economic and social implications for the society as a whole. The benefits to society of ECCD programs include: lower child morbidity rate, higher school enrollment, lower grade repetition rates, fewer school drop-outs, improved school performance, higher future income, freeing of mothers to participate in the work force, freeing of older sisters to attend school rather than staying home to take care of younger siblings, and lower crime rates. Consequently, ECCD has been demonstrated to be a powerful social and economic investment.

**Myth 7: Good parenting is a natural phenomenon and cannot be taught.**

**Reality:** Parenting and child-rearing practices differ from culture to culture, and are in fact taught from one generation to the next. This becomes problematic when cultural contexts have been disrupted, and parents who used to learn from their extended family members no longer have access to those supports and “teachers”. It is also problematic where traditional childrearing practices are no longer adequate to prepare a child to survive and thrive in the society in which the child lives. When parenting practices prove harmful to a child’s health or violate a child’s rights, they also need to be re-examined and moderated. There is no single “right way” to parent, but children do need to be parented skillfully, and all the child’s caregivers need to be supported in developing the skills necessary to support a child’s healthy and holistic development, in ways that are culturally respectful but also respectful of a child’s rights.

**Myth 8: Putting resources into ECCD competes with other funding priorities.**
**Reality:** The basic concept underlying ECCD is that to invest in human potential, you must start at the beginning. Or to put it more positively, by starting at the beginning, you can maximize all future investment. Therefore, investing in the youngest children means that these children will reach primary school age more able to participate and succeed, and that these children will reach adolescence with the intellectual, physical, social and emotional underpinnings necessary for them to become good citizens. ECCD is not a “magic medicine” to deter all problems, but research and experience have shown that serious problems arise when children are neglected in their fundamental years of development. Thus putting resources into ECCD is the necessary first step in any serious attempt to invest in children, to invest in “human capital”, and to invest in a country’s future.

**Myth 9: We should look for a model of ECCD programming that can be applied in any setting.**

**Reality:** In our search to achieve coverage there is a temptation to establish a large-scale, centrally-managed model. There is an argument that this creates “economy of scale” and makes it cheaper to provide ECCD for a greater number of children. This would be true if people’s needs and situations were uniform, or if ECCD were just a commodity. But ECCD is not just a package that can be delivered to people—it is a process of activating the talents, participation, and resources of parents, communities and nations on behalf of young children. Healthy child development can be stimulated in a variety of ways, and is dependant in part on the local cultural, social, and economic conditions.

Different models may be appropriate for different settings, however in all settings the care and education provided for young children and their caregivers needs to be tailored to the local situation and cultures. Thus rather than searching for the perfect model of ECCD programming, it is more useful to look at the range of services that exist, and find ways to strengthen the total picture of supports for communities, families, and young children.

**Myth 10: Low-cost ECCD Programs should be sought by program planners.**

**Reality:** The focus should be not on low-cost programs, but rather on cost-effective programs. Many low-cost programs sacrifice so much in quality, that resources are wasted and thus they are extremely costly. In the search for low-cost programs we often shortchange people in terms of what is being offered. It is not equitable for early childhood projects directed to poor children to have to work with inferior materials and training while projects for more privileged children (e.g., formal pre-schools or centers) have access to superior materials and training. If ECCD programs
are to make a positive difference in children’s lives, then every attempt should be made to avoid the creation of poor programs for poor people.

Early childhood programs are the most cost-effective when they are built into the way the people in a country invest in themselves and their future. Our focus should be on marshalling appropriate resources to reflect the importance of the effort, and on spending those resources in ways that will allow diverse community-based solutions to grow into sustainable support structures for children.