

ECD Interventions in South Asian Countries: A Narrative Review

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ABSTRACT

BACKGROUND

Early Childhood Education (ECE), sometimes known as nursery education is a branch of educational philosophy that deals with the formal and informal teaching of children from birth to eight years old. This is usually up to the third stage level Early childhood education is seen as a critical stage in a child's development. The worldwide society has achieved great progress in saving the lives of children under the age of five in the recent two decades. These advancements are not assisting all children, particularly those with disabilities, in thriving. The majority of early The studies of childhood development has concentrated based on impacts of natural ecological significance and psychological factors on the child's brain, as well as the impact of early intervention in children's growth and development. However, because children with impairments are often excluded from research, sub - little is known concerning which therapies are beneficial for this high - risk population. It presents an outline of such a youngster growth as well as developmental disorders in this article. We discuss family centered care strategies aimed at providing optimal development stimulation in a safe, stable, and supportive setting. We argue for expanding especially with inclusive early childhood development intervention, children with developmental disabilities can reach their full potential and thrive. It urges the international group of researchers to take a methodical approach to enhancing the proof foundation for early intervention in low - resource settings for children with developmental impairments, as well as their implementation.

METHOD

A writing analysis was applied within detail of scopus pubmed, direct science, & science related network. Monitoring analysis, studies of case - series and case reports evaluate the effects of biological and psychological circumstances on the growing mind, as well as early intervention's effect on early childhood development, were involved.

RESULT

ECD interventions aim to aid development by combining family support, health, nutrition, and educational services, as well as offering direct learning opportunities for early children and their families. A two - pronged method that allows children with disorders to engage in normal ECD Programmers in addition to providing specialized interventions, greatest often through careers, is likely to be the most beneficial. We urge international research groups, including funders, to collaborate to increase the evidence base for interventions for children and their families with developmental disabilities.

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CONCLUSION

The goal of ECD therapies is to improve children's development. Children with developmental disabilities, on the other hand, are frequently excluded from these programmed, despite having the highest require for assistance. There's always a scarcity of studies on which treatments are beneficial in enhancing the consequences of this for this underserved settings, as well as information on term of budget and what can be scaled up successfully. A two pronged method that allows children with impairments to engage in normal ECD programmed while also offering specialized interventions, most often through careers, is likely to be the most beneficial. We urge international research groups, including funders, to collaborate to increase the scientific base for therapies for children with developmental impairments and their families. We ask for more concern to be paid to this underserved group, for public policies to be prioritized, and for governments to be held accountable for ensuring that during this vital period, multi - sectorial assistance centered on the children and his or her family is given. This will help to ensure that every child have a strong early foundation on which to build for optimal development, which is crucial for long - term health equity.

KEYWORDS

Child development, Children with disability, Developmental disabilities, Early interventions, Early childhood development

INTRODUCTION

Since 1990, significant global success has been created in lowering child mortality, with the children's death rate under the age of five years decreasing in every corner of the globe. Morbidities caused by non - communicable diseases and impairments, on the other hand, have not received the same attention. This study examines the importance of taking action to close the early childhood developmental care gap, particularly for the 53 million children under the age of five who have disabilities or developmental disorders such seizures, intellectually disabled, functional limitations, autism, and hyperactivity disorder.¹ During the early years of a child's life, it is critical to focus on supporting children with disabilities to thrive, as this is critical for their development. Furthermore, governments are need by UN Convention on the Rights of the Child and UN Convention on the Rights of Persons with Disabilities to offer inclusive and accessible early childhood services to all child.² The purpose of this article is to explore early childhood development and developmental impairments, as well as why equitable Early Childhood Development (ECD) programmes may be the most effective way to assist children with The full potential of children with developmental problems is realized.

LITERATURE REVIEW

Child Development

ECD is a time of immense possibility for optimal intellect development, but it is a period when children are vulnerable. In these initial years, language, cognition, motor, and socio - emotional domains develop fast. As the child learns to be more independent, these zones of development don't work or evolve in isolation, but rather collaborate and enables one another. As a youngster learns to see, she will reach for and interact with items more frequently, helping her to improve

her motor skills and coordination. Factors that are biological, emotional, and environmental all have an impact on the form and function of the developing brain. For example, if a child is given appropriate nutrition and has opportunity to play, she may be able to gradually explore her interests. Surroundings and engage with her caregiver, reinforcing her psychological progress. Additionally, the time span during which these elements influence brain development is significant, since there are certain early windows of opportunity that, if missed, can obstruct normal long term well - being and brain development. It is become progressively clear this good early childhood growth has long term positive effects on educational success; Adult productivity and community well - being are two important factors to consider. 8-10 Hazards of biological and psychological nature, on the other hand, has a detrimental impact on the growing brain and jeopardizes children's growth.³ These early child conditions are influenced by a variety of structural elements. Inadequate cognitive and psychological stimulation, as well as a lack of nurturing care in the early years (nutrition, excitement, and excellent health), are among these issues. In low - and middle - income countries, children under the age of five are the most vulnerable (LMICs) may be more vulnerable to poor development due to poor health and nutrition. Early childhood intervention can help to promote a child's development. For children's growth to be maximized, a number of interdependent aspects are required. Supporting responsive relationships and lowering stressors in children's and families lives, enhancing talents in cognitive control and personality, and stimulating circumstances in which the greatest amount of learning is possible across all developmental areas are just a few examples. ECD interventions aim to aid development by combining family support, health, nutrition, and educational services, as well as offering direct learning opportunities for early children and their families.⁴ The 'Nurturing Care Framework,' developed by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the World Bank, all focusing on this issue at the same time. This action plan intends to enhance health and human potential by providing a framework for assisting children in surviving and thriving by taking five strategic actions: Manage and spend, put a priority on families and communities, expand services, track and analyses data, and experiment.⁵ We recognize that immediate action is required to ensure that all children reach their full adult potential by improving early life outcomes in a marginalized group, children with developmental disabilities should be included in this programmed.

Developmental Disability

The terms developmental delay and developmental impairment are not interchangeable. A divergence from normative milestones is generally referred to as developmental delay; this can include delayed cognitive, verbal, motor, and socio - emotional development. The term developmental disorders are used variously in different locations and cultures to describe a variety of childhood disorders. We describe developmental disability in this article as a broad group of conditions that can have a wide variety of consequences on children's function development (e.g. sensory, cognitive, and physical). With a population of 53 million people children under the age of five living with developmental problems.⁶ Worldwide, it is the most frequent cause of childhood disability. This data is based entirely on the current reporting of only six diseases (epilepsy,

intellectual impairment, vision loss, hearing loss, autism, and attention deficit hyperactivity disorder). As a result, the true number of children with developmental disabilities is likely to be significantly greater than this estimate, especially when a wider age range is included. The majority of children with developmental disabilities reside in low - and middle - income nations, and the prevalence of developmental disabilities is higher among families with high levels of poverty and low educational attainment. However, there are still data gaps in LMICs when it comes to the prevalence, epidemiology, and aetiology of developmental disorders. One explanation for the uncertainty in the estimations is that identifying children who have or are at risk of developmental delay necessitates the use of appropriate developmental diagnostic methods to quantify ECD29, which are typically unavailable in LMICs. Developmental disabilities have far - reaching consequences that go beyond basic capacities. Children and their families with developmental disabilities are at a significant risk of social isolation, educational exclusion, as well as discrimination and violence. Further, caring for a child with developmental disorders can put a lot of stress on families, and caregivers can face a lot of stress, worry, despair, weariness, stigma, and prejudice.⁷ In addition, As a result, caregivers are more prone to experience mental illness and social isolation. The careers of children with intellectual and developmental disabilities have greater levels of depression symptoms, according to a recent thorough study. (31 percent vs. 7 %, respectively) and anxiety symptoms than caregivers of children without intellectual and developmental disabilities (31 percent vs. 14 percent, respectively). Childhood disability has significant expenditures, including the cost of the additional services and resources that the child need, as well as the economic loss of parents who are caring for their children As a result; childhood impairments have the potential to exacerbate povert.⁸

Early Intervention for Children with Developmental Disabilities

The efficacy of ECD therapy for children at risk of and with developmental issues, notably in low - and middle - income countries (LMICs), is modest but growing. Many programmes and studies intentionally omit children with developmental disabilities because they may require additional considerations, when the primary outcome is developmental progress, children with developmental disabilities may be unable to exhibit it. As a result, for children with developmental disorders, the dangers of delayed development are magnified, through other health service or care routes, they may receive less stimulation and learning chances. Children with developmental problems are consequently excluded from ECD, perpetuating an already unstable developmental cycle. We know that early intervention in these children's development is crucial, but without more study in this area, we won't be able to plan and administer inclusive services for all children. For example, Monitoring and assessment of ECD programmes in LMICs using evidence - based methods include shortcomings, such as the difficulties in determining and evaluating quality and coverage in everyday programmes, which limits comparative understanding of impact. Early detection of developmental abnormalities, as well as early childhood intervention (ECI), improves a child's developmental potential, functioning, quality of life, and social participation. Furthermore, some ECIs may have broader benefits for careers, such as providing support and assisting in the development of knowledge, confidence, and coping techniques, all of which can have a good impact on their mental health. However,

there is a scarcity of data from LMICs, as well as Evidence of implementation to help policymakers and funders make better decisions. ECI for disabled children can encompass a wide range of multidisciplinary services, such as hospital or clinic - based therapy, school - based programmes, parent and community support, and home - based childcare. We know that when you're functioning with a lot of resources, Interventions that focus on the family are more likely to succeed. To increase service satisfaction and improve the child's and caregiver's psychosocial well - being. In terms of impact, ECIs for children at risk of cerebral palsy: a systematic review discovered that they enhanced cognitive abilities and motor results up to age of preschoolers, albeit the heterogeneity of the interventions made it difficult to pinpoint which ones were most successful. Nonetheless, without such ECIs, the number of years spent disabled in LMICs will exceed 3.3 million. ECI for children with developmental difficulties can be delivered in two ways: integrating disabled children in standard ECD treatments and creating customized intervention programmes for disabled children. These approaches come in a variety of shapes and sizes, as they are utilised to help children and families with a variety of needs. In the United Kingdom, for example, universal programmes All families have access to services such as the five necessary health visits for young children.⁹ Families are the focus of targeted programmes like the Impaired Children's Outreach Service (DCOS). With disabled children who are particularly vulnerable. Who are more likely to have bad results later in life? While early childhood centers have enhanced both inclusive and targeted efforts for children with disabilities, inadequate country health systems and conflict situations remain important hurdles to providing high - quality services. In mainstream programmes as well as specialist ECIs, there is still a need for inclusive methods for children with developmental disorders.

Case Studies of Children with Developmental Problems Undergoing Early Childhood Intervention (ECI)

There are a number of case studies for ECI for children with developmental difficulties that have been discovered. The following were chosen for Elucidation because they provide a variety of strategies for children with diverse developmental difficulties in a variety of LMIC settings. Caregiver Skills Training (CST) was established by the WHO for caretakers of children with intellectual disability. There are nine group sessions and three home visits scheduled make up the CST. The curriculum educates communication and learning plan of action as well as how to deal with tough behaviour. However, due to a lack of integration in health systems, delivering the group format in a sustainable and scalable manner by a lay facilitator remains a challenge. Although there is currently no evidence of effectiveness, randomized controlled studies are currently underway in Pakistan (Family Networks for Children with Developmental Disorders and Delays 50) and Italy, with trials in China, Ethiopia, and Kenya on the horizon. 'Titukulane,' a community group intervention aimed at reducing mental health problems among the parents of afflicted children, is one example of an intervention that tries to give careers of children with intellectual disabilities with tailored psychological support.¹⁰ This community - based intervention consists of eight modules that were developed and evaluated to assist parents with the challenging work of caring for a child with a cognitive impairment. Learning through Everyday Activities with Parents (LEAP - CP) is an acronym for Learning through Everyday Activities with Parents. This is a family - led intervention. That aims to

enhance the mobility of children with cerebral palsy. It is provided peer to peer at home over 30 weekly 2 h visits. Therapeutic modules (goal - directed active motor and cognitive methods, as well as LEAP - CP activities) and parent education are included in the visits. In India, randomized controlled trials are now underway. All of the participants' families get nutrition and health care as part of the experiment, which may have an impact on the results. The London School of Hygiene & Tropical Medicine (UK) has established three caregiver group programmers under the Ubuntu title. The interventions are made up of ten sessions that includes Essential care behaviors such as feeding, posture, communication, and play are discussed in a local support group setting. Using a community - based participatory approach, 'Getting to Know Cerebral Palsy' was created as a resource to help families understand the condition. In response to a recognized need, the Early Intervention Program (EIP) was created for assistance for families with infants and toddlers. (Under the age of two) who are dealing with a developing developmental disorder. 'Juntos' was created for Latin American children with congenital Zika syndrome and their families, as well as caregivers' mental well - being , which is considered crucial to a child's early development pass, In India and Pakistan, a parent - mediated intervention for autism spectrum condition is being tested, is one of the interventions for children with autism spectrum disorder. The intervention addresses parent - child contact *via* video feedback methods and was designed to be delivered by non - specialists. Because PASS focuses on enhancing a child's social communication, it will be critical to incorporate common mental health comorbidities like sleep problems into larger programmers of intervention. These instances serve as excellent case studies for a number of interventions aimed at children with developmental difficulties who live in low - resource settings. These case studies illustrate that in low - and middle - income countries, Community - based group interventions facilitated by qualified and supervised health or peer support professionals can help children with developmental difficulties satisfy their overall needs. The focus on caregiver involvement, which is crucial, especially where health resources are scarce, is a commonality. However, there is a lack of formal evaluation of their efficiency and cost - effectiveness, as well as insufficient implementation in education and social welfare, making it difficult to scale these programmes.

DISCUSSION

An Assertion for Action

There are a lot of children with developmental difficulties, and the consequences for the children and his or her parents are significant. Case studies have taught us a lot, but there haven't been enough improvements in Early Childhood Intervention (ECI) for children with developmental problems, and there are still a lot of unmet needs. The reasons for this disparity are numerous and complex. One explanation is that system of health is frequently weak, poorly organized, and overburdened in many locations, with concerns about the availability and quality of healthcare personnel competent of performing the procedure. Gaps in system of health are especially relevant in weak governments, such as those afflicted by war or hunger, because they face multiple competing pressing requirements. Furthermore, in many cases, the international and the national policy agenda supporting a focus on children with developmental disabilities is insufficient, limiting the priority given to this issue as well as the funding available to improve services. 'Provide comprehensive, equitable, and high - quality education for

everyone,' according to international treaties and Sustainable Development Goal 4, member states of the United Nations have a clear responsibility to ensure inclusive education. Investing in inclusion prior to schooling, on the other hand, is not required and hence becomes discretionary. There are also cultural issues, such as widespread discrimination and stigmatization of handicapped children and their families. Finally, there is a dearth of evidence on service needs and effectiveness, which must be enhanced. ECI demands a systems approach with worldwide collaboration to improve surroundings that give equal chances for children with developmental disabilities. As a result, assessing Future study should focus on the impact of therapies on children with in a range of low - resource settings with developmental disabilities and their families to guarantee that all young children reach their developmental potential. As poverty remains a major concern for afflicted families in LMICs, more research is needed to identify barriers to accessing general (e.g. primary healthcare) and specialty services. In addition, research on ways ECD interventions for children with developmental disabilities must be expanded in terms of their reach and cost - effectiveness. To improve service delivery techniques, an assessment of how these interventions can be incorporated into health systems is required. In research, global collaboration is required, Provide the best available evidence on practices to improve skills and knowledge at the local level so that Children with developmental impairments are not turned away from existing services, and there is evidence of "what works" in aim of giving sustainable, inclusive ECD therapies in resource - constrained settings. We implore the scientific community to do the following: including funders, to support this initiative. Reach proof improvement in a systematic manner.

CONCLUSION

The goal of early childhood development therapies is to improve children's development. Children with developmental disabilities, on the other hand, are frequently excluded from these programmes, despite having the highest requirement for assistance. There is currently a lack of research on which treatments are effective in improving outcomes for this underserved population, as well as data on expenditure, and what can be expanded successfully. A double strategy is the most likely to succeed, enabling children with impairments to participate in standard ECD programmes while simultaneously providing specialized interventions, most often through careers. We urge international research communities, including funders, to work together to improve the research base for interventions for children and families with developmental impairments. We ask for more focus to be paid to this underserved group, for public policies to be prioritized, and for governments to be held accountable for ensuring that At this crucial moment, multi - sectorial, services geared for the youngster and his or her family. This will aid in providing a strong early foundation for all children's growth, which is essential for long - term health equity.

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