

CORE POLICY # 1

Focus on the First Five Years of Life to Prevent Risky Behavior among Young People

Early child development (ECD)¹ aims to improve young children’s capacity to develop and learn with a combination of programs and activities, including basic nutrition; health care; activities designed to stimulate children’s mental, verbal, physical, and psychosocial skills; and parenting training.²

Investing in quality ECD programs not only has long-term benefits for human capital development but is also one of the most cost-effective ways to prevent risky behavior among young people, particularly among those who are most disadvantaged. Recent longitudinal studies have revealed that ECD programs can reduce the risk of early pregnancy, criminal and violent activity, and substance abuse during adolescence and young adulthood.³

The ECD approach, the ultimate goal of which is to improve young children’s *capacity* to develop and learn, is based upon the facts that most brain development occurs within the first five years of life and that the stimulation that the brain receives during these early years greatly influences cognitive and linguistic development as well as social and psychological behavior later in life. ECD interventions—which can take place at community centers or at home and be formal or informal—can include health care; nutrition supplementation; cognitive, social, and emotional stimulation; and—most important—effective parenting training (see Core Policy # 6 for more information on effective parenting). Programs targeted to children in their very early years (0 to 3) focus primarily on the parent by offering parental education and support activities, whereas programs targeting older children (3 to 5 years) usually include quality preschool or community center–based programs run by trained teachers.⁴

How Does ECD Prevent Risky Youth Behavior?

ECD interventions help prevent risky youth behaviors by ensuring healthy brain development and by fostering positive cognitive, social, and emotional skills in children that have long-lasting effects on their ability to learn and their capacity to self-regulate behavior and emotions.⁵ Quality ECD programs increase primary school completion rates, which in turn increase the likelihood of these children enrolling in and completing secondary school, which is a critical protective factor for young people. Because learning is cumulative, ECD interventions can increase children’s subsequent learning achievement and, for example, can also increase the impact of job training programs, because those who have more schooling tend to earn more money.⁶ Investments made during early childhood can also reduce the intergenerational transmission of inequality and poverty, which is a risk factor for young people. In addition, ECD programs for a family’s youngest children can free their older siblings, particularly girls, from the responsibility for caring for their younger siblings and allow them to attend primary and secondary school. Studies from the Philippines show that good nutrition at a young age has led to academic success, measured in terms of a higher probability of being enrolled in school and lower repetition rates, even by the time students are 11 years old.⁷ Finally, early childhood programs that target at-risk children and families and teach developmentally appropriate ways for both children and parents to develop decision-making and problem-solving skills are also critical for helping prevent children from engaging in chronic violence in later life.⁸

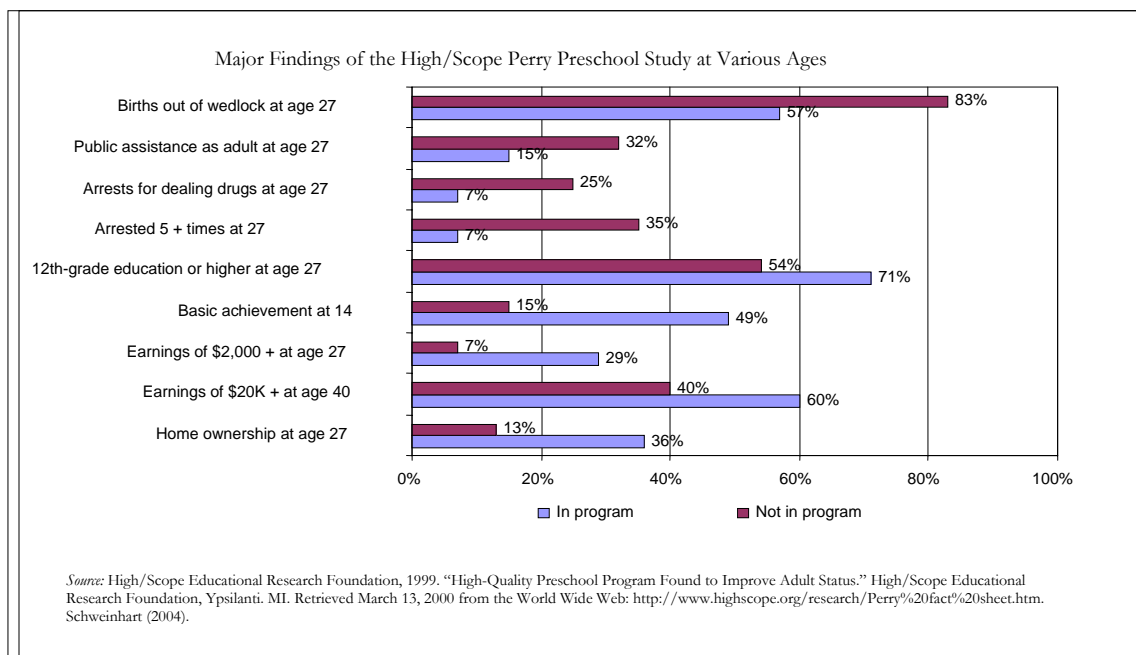
Conversely, children who do not receive proper care, nutrition, and attention in their formative years are at risk of developing major behavioral problems, with lifelong negative consequences for their educational achievement, employment, and earnings.⁹ At-risk children are particularly susceptible to these negative outcomes as they are already exposed to unhealthy and risky environments.¹⁰

Research Findings: Providing the Evidence Base

The effect of ECD interventions on behavioral patterns in later life is well documented, both in developing and developed countries. In the United States, evaluations of the celebrated *High/Scope Perry Preschool Project*—which is considered to be the gold standard of ECD programs—have demonstrated that young people and adults born into poverty who participated in high-quality preschool programs committed fewer crimes, had higher earnings, were more likely to hold a job, and were more likely to have graduated from high school (see figure) than those who did not participate.¹¹ *The Abecedarian Project*, a randomized prospective trial of full-time quality child care from infancy through age five, also yielded similar positive outcomes up to the age of 21. *Abecedarian* participants were less likely to become teen parents than were children who had not participated in the program.¹² An evaluation of the *Chicago Parent-Child Program*, which offered comprehensive, educational center-based, early intervention for low-income children and family support services, demonstrated that children who did not participate in the program were 70 percent more likely than the participants to be arrested for a violent crime by the age of 18.¹³

Similar findings have emerged in developing and middle-income countries. In Brazil, a study of the impact of preschool showed a benefit-cost ratio of 2 to 1 for children who attended one year of preschool, as well as a delay in the age of first pregnancy for the female participants.¹⁴ In Turkey, a mother-child education program, which provides cognitive enrichment to children and training and support for mothers, yielded positive effects for children and mothers in both the short term (for example, cognitive gains for children) and the long term (for example, greater educational attainment, reduced delinquency, and empowerment of mothers within families).¹⁵ The *Colombia PROMESA* project led to an increase in third-grade enrollment of 100 percent, indicating lower dropout and repetition rates for program children than for those in the control group.¹⁶

Investing in ECD to Reduce Risky Behavior among At-risk Youth



Moving Forward: Factors for Success

- **Provide quality ECD interventions right from the start** because the earlier and longer children are enrolled in ECD programs, the greater the effect those programs will have on them.

- **Ensure the holistic development of young children** by promoting supportive relationships and rich learning opportunities in addition to basic nutrition and health-care services.
- **Include parenting training as a key component of ECD programs** to prevent child abuse and neglect and achieve the long-term goals of ECD interventions, while being sensitive to the specific needs of teenage parents.
- **Involve parents and the community in implementing the program** to foster local ownership of the program and a sense of connectedness between parents and children.
- **Establish ECD programs that are inclusive of all children**, including children with special needs.
- Ensure the early childhood **curriculum is developmentally appropriate and participatory**.
- **Establish coordination and cooperation among the government line ministries and with agencies that provide ECD services** because of the cross-sectoral nature of ECD programs.

Endnotes

1. ECD typically refers to interventions that take place from birth until the age of 5. However, because many ECD programs are preschool programs, which typically serve children between the ages of 2 and 5, these two terms are often used interchangeably.
2. World Bank Early Child Development Website: <http://go.worldbank.org/BJA2BPVW91>
3. World Bank. 2006a. "Preventing Youth Risky Behavior through Early Child Development." *Youth Development Notes* 1(3). Human Development Network, Children and Youth Unit. World Bank, Washington, D.C.
4. World Bank Early Child Development Web site: <http://go.worldbank.org/AP9EZQVHD0>.
5. World Bank 2006a.
6. World Bank. 2006b. *World Development Report 2007: Development and the Next Generation*. New York: The World Bank and Oxford University Press.
7. World Bank 2006b.
8. U.S. Surgeon General. 2001. *Youth Violence: A Report of the Surgeon General*. U.S. Department of Health and Human Services. Washington, D.C.
9. World Bank 2006b.
10. World Bank 2006a.
11. Schweinhart, L.J., J. Montie, Z. Xiang, W.S. Barnett, C.R. Belfield, and M. Nores. 2005. "Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40." Monographs of the High/Scope Educational Research Foundation, 14. Ypsilanti, MI: High/Scope Educational Research Foundation. <http://www.highscope.org/Research/Perryproject>.
12. Campbell, F.A., C.T. Ramey, E.P. Pungello, S. Miller-Johnson, and J.J. Sparling. 2002. "Early Childhood Education: Young Adult Outcomes from the Abecedarian Project." *Applied Developmental Science* 6 (1): 42–57.
13. Reynolds, A.J., and D.L. Robertson. 2001. "Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest: A 15-Year Follow-up of Low-income Children in Public Schools." *Journal of the American Medical Association* 285 (18): 2339–2380.
14. World Bank. 2001. "Brazil: Early Child Development—A Focus on the Impact of Preschool." Report No. 22841-BR. World Bank, Washington, D.C.
15. Kagitcibasi, C., D. Sunar, and S. Bekman, 2001. "Long-term Effect of Early Intervention: Turkish Low-income Mothers and Children." *Applied Developmental Psychology* 22: 333–361.
16. World Bank. 1995. "Investing in Young Children." Discussion Paper No. 275. World Bank, Washington, D.C.

Key Implementation Considerations	
Anticipated Outcomes	<ul style="list-style-type: none"> • Improved cognitive development and school achievement • Less grade repetition and lower dropout rates • Higher and timelier school enrollment • Improved nutrition and health status • Improved social and emotional behavior • Improved child-parent relationships • Less child abuse and neglect
Secondary Effects	<ul style="list-style-type: none"> • Delay in first birth • Reduction in number of teenage births • Reduction in criminal activity and violent behavior • Reduction in substance abuse • Increased earning potential as an adult • Increased female labor force participation
Responsible Agency/Sector	Ministries of Education, Health, Social Protection, or Community Development
Targeted Risk Group	Type 1
Targeted Age Group	Children age 0–5 years
Necessary Initial Conditions	<ul style="list-style-type: none"> • Targeting mechanisms in place to identify who is in need of interventions and programs • Community awareness and ownership of program • Sufficient knowledge and training on the importance of ECD for key government officials and ministries • Partnership/agreement across sector ministries, at least at the local level • School curriculum strengthened to include and implement ECD approaches • Regulatory mechanism to ensure quality and a cadre of ECD professionals and caregivers
Specific Examples & Level of Effectiveness (Strong Evidence and Emerging Evidence)	<ul style="list-style-type: none"> • <i>Perry Preschool Project</i> (United States)—Strong evidence • <i>Abecedarian Project</i> (United States)—Strong evidence • <i>Chicago’s Parent-Child Program</i> (United States)—Strong evidence • <i>Early Enrichment Project</i> (Turkey)—Strong evidence • <i>PROMESA Program</i> (Colombia)—Strong evidence
Examples of Cost Elements per Beneficiary	<ul style="list-style-type: none"> • <i>Perry Preschool Project</i>: US\$14,716 in cost per participant. By increasing the number of children per teacher from five to eight, the program’s cost per child per year could be reduced to US\$5,398. • <i>Abecedarian Project</i>: US\$13,000 per child (2002 dollars). Benefits outweighed the costs by a factor of US\$4 for every US\$1 spent. • <i>Indonesia Early Childhood Development Project</i>: Initial estimated cost per year per child is US\$15; average project benefit-cost ratio is 6 to 1.
Issues to Consider for Replication and Sustainability	<ul style="list-style-type: none"> • Developmentally appropriate curriculum that views children as active, self-initiated learners • Small classes containing no more than 20 children and at least two staff members to allow a supervised and supportive learning environment • Staff trained in ECD and education who receive supervision and ongoing instruction and who meet frequently with parents and other caregivers • Sensitivity to the noneducational needs of disadvantaged children and their families, including providing meals and recommending other social services • Ongoing monitoring and evaluation of both teachers’ activities and children’s behavior and development