



Empowering Mothers for Early Childhood Development

Prepared for WHA71 Side-Event
Early Childhood Development: connecting awareness in Community
organized on 22 May by the Alliance for Health Promotion
at the Palais des Nations in Geneva

Thanks to advances in developmental neurosciences, we know that early life experiences shape the future capacity of the brain, and have a direct – positive or negative - influence on the physical, cognitive and emotional health of a child. What children experience during these early years, including in utero, sets a critical foundation for their entire life course.

As recalled in the Convention on the Rights of the Child, “parents or, in some cases, legal guardians, have the primary responsibility for the upbringing and development of the child”. In other words, parents are the child’s first caregivers and educators.

But whilst fathers have a very important supporting role to play **it is mothers who are at the forefront of Early Childhood Development** during pregnancy and the earliest stages of childhood.

Unfortunately, maternal mortality and morbidity statistics speak for themselves. Too many mothers around the world still do not have access to quality basic maternal and child healthcare services. This is the basic building block of any strategy to promote Early Childhood Development and it needs tending.

Similarly, nutrition is still a major issue that must be addressed for optimal child development: in 2017, stunting still globally affected 22% of children under-five – that is 151 million children.

Moreover, mothers and families must also face a number of challenges, which do not concern health alone and cut across other sectors like social welfare, education, and labour.

For the purpose of this presentation, we choose to focus on 5 challenges.

1. The first one is barriers to breastfeeding

The nutritional value of breastfeeding for a healthy start in life is undisputable. To quote the lancet: *“Human breast milk is not only a perfectly adapted nutritional supply for the infant, but probably the most specific personalised medicine that he or she is likely to receive, given at a time when gene expression is being fine-tuned for life. This is an opportunity for health imprinting that should not be missed.”*

Breastfeeding also supports bonding and attachment, which is so important for optimal child development.

UNICEF published a report last month highlighting that that more than 800’000 child death could be prevented each year thanks to breastfeeding. Worldwide 7.6 millions babies year are never breastfed; and the breastfeeding rates are too low in most developed countries. Within the developing countries, poorer mothers breastfeed longer, while in the developed countries, it is wealthy mothers who are more likely to nurse longer. In Bhutan 99% of the mothers’ breastfeed compare to Ireland where only 55% of the mothers breastfeed. This relate to different cultures and different role of the mothers.

The many barriers to breastfeeding which need to be addressed include poor maternal health - including malnutrition -, the lack of knowledge and information about breastfeeding, misleading marketing about formula milk, difficulties in breastfeeding like sore nipples or the baby rejecting the breast, as well as poor family and social support. The obligation of returning to work is also an impediment to breastfeeding; and in many cases, breastfeeding is simply not part of the social norm with mothers being embarrassed to breastfeed in public.

2. The second challenge is multiple stress on the family

Poverty, violence, insecurity, exclusion, discrimination, isolation, separation or even culture shock in the case of migration or displacement are causes of stress in the family that often add-up.

Such stress hinders the family's ability to provide a secure and stable environment, and to establish responsive, caring, safe and loving relationships with the child. And we know that the child's developing brain is very sensitive to environmental influences.

Studies show that when a mother is stressed, anxious or depressed while pregnant, her child is at increased risk of having emotional problems, ADHD¹, conduct disorder and even impaired cognitive development.

This is where fathers and other family members, including sibling and the extended family, also play a key role in ensuring a secure and stable environment, and in supporting mothers in their role of primary caregiver.

More generally, involving fathers from the very beginning does contribute to the healthy development of children. It also lessens maternal stress and the risk of violence against children, thereby reducing the intergenerational transmission of violence.

3. The third challenge is violence against women and children

The epidemic of violence against women must also be addressed in relation to ECD. Violence to a mother by her intimate partner – whether it is physical, sexual or emotional abuse, or even controlling behaviour - IS violence against her children.

An estimated 3 to 9% of pregnant women experience violence during pregnancy, with a higher rate when the mother is young, single, from a minority or living in poverty. Violence during pregnancy can impair fetal growth, or even cause miscarriage – not to mention the impact of related maternal stress.

Any type of violence against children during the early years - including exposure or neglect - can have devastating effects on their development. It also perpetuates violence across generations.

4. The fourth challenge regards maternal mental health problems

Maternal mental health is often overlooked. Postpartum depression for instance is a case in point.

According to WHO, approximately 10-15% of new mothers suffer from postpartum depression after having a baby. Unfortunately, it is too often underestimated or mistaken with the “baby blues”, i.e. the worry and tiredness that many women experience after giving birth.

Mental health difficulties, including depression and anxiety, impact a mother's ability to provide for her child the protection and nurturing care that they need. These can compromise caregiving activities like feeding practices and sleep routines, as well as medical visits, vaccinations and safety practices².

Perinatal mental health problems not only have an adverse impact on the mother, but also jeopardize the healthy development of the child.

5. The fifth challenge relates to parenting skills

We know that more-educated mothers have healthier children. They have better health care, marry later and are more likely to use contraception to space their children. They also have better skills for obtaining and evaluating information on health care, disease prevention and nutrition. They are more likely to use their economic resources on food, education and health care for their children.

However, parenting is not easy; it is actually the most important and challenging job any of us can have. And unfortunately there is no training for this job. Parents often lack basic knowledge on Early Child Development, as well as the skills that would allow them to provide the nurturing care that is so important during the early years.

In Conclusion

Addressing all these challenges goes beyond the health sector. A cross-sectorial / multi-stakeholder approach is required at every level to empower mothers and families for ECD.

It is also a matter of child rights: every child has the right to develop to their full potential. The Committee on the Rights of the Child actually published a General Comment in 2005: Implementing child rights in early childhood³.

Nevertheless, it is important not to put too much pressure on mothers, and even more so when they are in vulnerable situations. What mothers need most is recognition and support.

So what are MMM Recommendations regarding Early Child Development?

1. Invest in quality maternal health (including maternal mental health) and child health infrastructure and services, especially targeting the most disadvantaged families.
2. Invest in cross-sectorial policies to support Early Childhood Education and Care, including awareness raising and training programs for both professional (healthcare and social workers) AND parents (both before and after childbirth).
3. Provide support for mothers during pregnancy and after childbirth, including home visits or child/mothers friendly maternity services that among others support breastfeeding, as well as safe spaces where mothers can meet, inform and support each-other – or simply rest and relax.
4. Ensure maternity protection at work, including paid maternity leave/parental leave to support nurturing care and allow breastfeeding.
5. Address violence against women and violence against children: prevent domestic violence at all levels, educate women about their rights and promote safe and respectful relationships. Identify

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819576/> - See also MMM Statement for World Health Day 2017

³ <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf>

abused mothers and give them the necessary support.

6. Recognize that the unpaid work of caring for a child, especially during the critical time between pregnancy and age 3, is essential and valuable, but also time consuming. Address the unequal distribution of this work and the resulting time and financial poverty for many mothers. Develop targeted public infrastructure and services; and adopt reductive and redistributive policies.
7. Address the issue of unpaid care work as a major obstacle to gender equality and women's participation to both the economic and political spheres: gender equality also matters for ECD.
8. Involve fathers - right from pregnancy. Adopt policies fostering lifelong patterns of equality in caregiving, including paid paternity leave, shared parental leave and family-work reconciliations policies - for both men and women: sharing the care benefits children, mothers and fathers themselves – and ultimately society as a whole.
9. Prioritize girls' education, and promote women economic empowerment and financial independence: healthy, educated and empowered mothers have healthy, educated and confident daughters and sons.

Last but not least, Early Childhood Development is also about social transformation and building more peaceful societies.

We would like to conclude with a quote from Rima Salah, a former Deputy Director of UNICEF and a professor at the Yale Child Development Centre, who spoke at the International Conference "Mothers4Peace" that MMM organized on May3-4 in Casablanca, Morocco:

"Emerging and well established evidence from multiple disciplines continues to substantiate the link between early years and early life environment with long term wellbeing, violence prevention and behaviours linked with more peaceful communities. The formative years of life and the intra- and inter- family and community relationships are powerful agents of change that can promote resilience, social cohesion and peace.

[...]

There is no better time than now to unite our strengths and elevate the role of mothers as they toil every day to anchor peace in their home and raise children as drivers of a culture of peace"

Make Mothers Matter (MMM) is an international NGO created in 1947 to raise the awareness of policy makers and public opinion on the contribution of mothers to social, cultural and economic development. MMM has no political or religious affiliations, and thus transparently voices the concerns of mothers at international level with permanent MMM representatives at the United Nations (General Consultative Status) and at the European Union.