

# Nutrition and Social Care in the First 1000 Days of Life: A Whole Child Development Approach

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## Executive Summary

When allocating resources for early childhood development, donors such as DEVCO should prioritize whole child development approaches. Specifically, interventions which target not only nutrition but also social care in the first 1000 days of life are more effective than siloed interventions, which focus on one area of improvement.

## Introduction: Why are the first 1000 days so crucial?

A wealth of research literature suggests that the first 1000 days of life is the most critical period in a child's development. With nearly 80% of brain development occurring before age three, infants and toddlers are highly susceptible to the positive or negative effects of their environments, as their brains undergo exponential neural growth (1). Thus, it is unsurprising that investments in early childhood produce massive returns: in some studies, every one dollar spent in ECE has reaped nearly thirteen dollars in later societal benefits, such as reduced spending on incarceration, welfare programs, and adult education (3).

Two important factors that influence brain development are responsive social care and nutrition. Children need proper nutrition in order to survive; furthermore, their brain architecture depends upon proper nutrition.

For instance, some aid programs which focus on sheer calories miss an opportunity to support children in the long term, as babies' brains need the proper micronutrients to aid in the construction of neural networks and cerebral structures (3).

Second, children need nurturing relationships with caregivers. Parenting practices have the power to set children up for later success or inhibit future learning and emotional growth. When parents or caregivers form strong relationships with their children in the first 1000 days of life, babies develop skills of empathy and self-control, which, later in life, prevent them from resorting to violence or crime (3). Furthermore, interaction between babies and their parents aids in the development of neural connections, as most learning is social. Finally, babies' language development is greatly enhanced when parents speak or sing to their children (3).

## Problem Definition

- Risk-factors in early childhood lead to poorer outcomes in school and life.
- Nearly 250 million children under five years of age are at risk of stunted growth globally (3).

# Approaches: Why must interventions follow the whole child development model?

Proper nutrition is necessary for any child’s development, but research has shown that nutrition alone doesn’t have the capacity to engender proper development or prevent adverse effects. In the classic “Jamaica study,” children with stunted-growth received either nutritional supplementation, psychosocial stimulation (wherein researcher home-visits were designed to increase mother-child play and thus bolster the caring relationship between mother and child), both, or neither. The results showed that the nutrition only group showed no significant long-term effects over the control group. The group that received both nutritional supplementation and psychosocial stimulation fared much better on social-emotional learning and academic post-tests, proving that nutrition alone does little to support brain development and later achievement (2). While nutrition is certainly integral to a child’s survival, social care is necessary for a child to thrive.

## Example of a WCD Approach to Early Childhood Care: ACE Haiti (1)

One successful example of a WCD development approach is the L3 Model, implemented by the Alliance for Catholic Education and the Center for the Development of the Whole Child in Haiti. “L3” represents the three Creole words for “home,” “school,” and “church,” which the program implementers identify as the three most important and influential institutions in a child’s life. By focusing on three systems, rather than just one, the program is able to reach a wider audience and address a greater set of needs. A holistic approach is taken at each level of programming. Church programming targets “nutrition and social care, school readiness, and positive parenting.” Results (see below) show that parents increased their knowledge in multiple areas of child rearing and early childhood development.

At pre-test, **42% of parents** agreed with the parenting mantra, “give them food, give them the whip.” At post-test, **only 14% of parents** endorsed this. At pre-test, **51% of parents** believed that processed food was bad for a child’s health and development. This number **dropped to 36%** at post-test. At pre-test, **69% of parents** believed that breastfeeding only was sufficient for a baby’s nutritional needs in the first six months of life. At post-test, **91% of parents** agreed with that statement.

## Policy Recommendations

**Programs must address nutrition and social care in order to achieve results.**

As demonstrated by the Jamaica study (2), nutritional care, while crucial, is not enough to engender positive lifetime effects.

**Programs should be culturally sensitive and utilize local systems.**

One benefit of the Haiti project (1) was that it utilized local systems, such as the Catholic church. Priests were trained in early childhood best practices and disseminated it to young parents through baptism classes. Furthermore, classes emphasized aspects of Haitian culture, such as breastfeeding, that were already supportive of early childhood development.

**To address nutritional needs in a cost-effective and sustainable manner, programs can educate parents on how to make better choices with the food items that are accessible to them.**

Instead of merely providing nutritious options, the Haiti program (1) provided parents with educational materials on how to prepare common Haitian recipes and ingredients in a way that was more nutritional for children. This is both cost-effective for the donor and sustainable, because after the termination of the program, parents will still be able to provide nutritious options to their babies.

### References:

- (1) Global Center for the Development of the Whole Child. (2023). Leveraging the Home, School, and Church for Whole Child Development in Haiti: L3. Institute for Educational Initiatives, University of Notre Dame.
- (2) Walker, S. P., Chang, S. M., Powell, C. A., Grantham-McGregor, S. M. (2005). Effects of early childhood psychosocial stimulation and nutritional supplementation on cognition and education in growth-stunted Jamaican children: prospective cohort study. *Lancet*, 366(1804-07).
- (3) World Health Organization. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.