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Strong foundations: early childhood care and education

A global history of early childhood education and care

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INTRODUCTION

Early childhood education and care are services for children under compulsory school age involving elements of both physical care and education.¹ Apart from their critical contribution to cognitive stimulation, socialization, child development, and early education, they are an essential service for employed parents. Before and after school programs may also be provided for primary-school--aged children. (The data concerning these programs are far less available, however.) ECEC programs include a wide range of part-day, full-school-day, and full-work-day programs under education, health, and social welfare auspices, funded and delivered in a variety of ways in both the public and private sectors.² ECEC programs may be publicly funded and delivered (the predominant pattern in the Nordic countries, for example) publicly funded and privately delivered (as in the Netherlands and Germany, for example), or include a combination of publicly-funded and delivered, publicly-funded and privately delivered, and privately funded and delivered programs as in many of the less developed countries such as Brazil as well as most of Africa, for example. They may be free, in particular those programs delivered under education auspices, or they may charge income-related fees; but in almost all of Europe they are heavily subsidized by government. The services are voluntary and take-up is high where the programs are free or at very modest and the quality adequate. Some European countries have guaranteed a place for all children by the time they reach a certain age (e.g. age 1 in Sweden, Denmark, and Finland, and age 3 in Germany) (Kamerman, 2000, 2001; OECD, 2001). They may be permitted to enter albeit without a right to participate, when they are 3 or 4, as in much of Africa and Asia. And they end when compulsory primary school begins at age 5, 6, or 7. But access is very limited in most of the countries in Africa, Asia, and Latin America.

The major cross-national differences have to do with such variables as: the locus of policy-making authority (national, state or province, or local); administrative auspice (education,

¹ These services include center day care, family day care, pre-Kindergarten, Kindergarten, nursery schools, play groups, drop-in centers, etc. The several EFA Global Monitoring Reports refer to “early childhood care and education (ECCE)” as programs that last at least two hours a day and 100 days a year. The International Standard Classification of Education (I ISCED) level 0 constitutes pre-primary school for children aged 3 to primary school entry. The Dakar Framework (2000) makes it explicit that ECEC is not limited to formal schooling but includes care as well; but it does not clarify the relationship between care and education; and children in day care centers may not be counted as enrolled in early childhood education in some countries. The developed countries increasingly view the two functions as integrated...

² The acronyms for early childhood education and care vary. The EFA, GMR team uses “ECCE” for early childhood care and education. The OECD uses “ECEC” for early childhood education and care. Unicef uses “ECCD” for early childhood care and development. The World Bank uses ECD for early child development. For the purposes of this paper, these labels are interchangeable.

health, social welfare, or a combination); age group served (infants and toddlers; preschoolers); access and percentage of age group covered; universal or means tested; other eligibility criteria (poor; with a single parent; with employed parents; children with special needs); funding strategies (government, national and international philanthropic organizations (NGOs), employer, parents' fees, combination); delivery strategies (supply or demand); locus of care (pre-primary-school; center; caregiver's home; in-own-home), primary caregiver (professional; paraprofessional; relative; parent); and program philosophy, as relevant (Kamerman, 2001).

In this paper, my focus is on the history of ECEC around the world. I will begin with a global overview of developments followed by a description of the major regional variations (Africa, Asia, Latin America, and Europe/AngloAmerica) and include a few country illustrations in each region.³ There are significant regional and country variations but strong similarities cross-nationally as well, especially with regard to a dominant ECEC paradigm. My main focus will be on the developments between the 1960s (when social protection policies exploded in Europe and the Anglo-American countries and the African countries became independent) and the 1990s, with some mention of earlier developments as relevant. My story ends with the remarkable developments culminating in the explosion of attention to ECEC in the 1990s: the Jomtien Declaration of 1990 and the Dakar framework of 1990 and the joint sponsorship by UNESCO, UNICEF, UNDP, and the World Bank of the World Conference on Education for All, the launching of UNESCO's Global Monitoring Reports, the World Summit for Children, the Convention on the Rights of the Child (CRC), and the launching of the OECD (Organization for Economic Cooperation and Development) Thematic Review of Early Childhood Education and Care. This cluster of developments launched a new era in the history of ECEC and requires a separate telling, in another time and place.

What was the status of ECEC before this? How did these ECEC programs begin and how did they develop over time? What are the major differences and similarities? What was the relationship between "care" and "education"? What were the public responses and the patterns of child enrollment?

³ The case illustrations include both brief and more extensive histories. They draw on secondary sources and my own research and research of staff of the Columbia University Clearinghouse for International Developments in Child and Family Policies. The European and North American cases are drawn from EU and OECD reports and my own research. The more extensive cases from the developing countries are drawn from the Clearinghouse (China and India in the Asian region and Columbia in the Latin American regions, and from the OECD ECEC thematic review (Mexico) and Unesco reports (Kenya, Mauritius and Senegal.) The countries were selected because of significant population size, contrasting cultures, and the availability of historical material.

A HISTORICAL OVERVIEW

In attempting to paint a picture of global developments in early childhood education and care policies and programs, we are confronted by the paucity of national data, let alone comparative, cross-national data. Reviewing the histories of ECEC developments in several countries reminds us that in much of Europe and North America, and even in several of the developing countries such as China and India, kindergartens and nurseries were first established in the 19th century, often drawing on the same models: Froebel, Pestalozzi, Montessori, and the activities of missionaries. Early on, a distinction was made between “kindergartens” for educational purposes and day nurseries to provide care. But subsequent developments were slow, with some expansion occurring during World War II and some following that. Except for the eastern European socialist countries, with extensive developments occurring right after the War II, and France, with the integration of preschool into the education system in 1886 and the expansion of the *ecole maternelle* in the 1950s, the most significant developments date from the 1960s: the end of colonialism, the establishment of independent states in Africa, the dramatic increase in female labor force participation rates, the extensive developments in child and family policies in Europe and the U.S., the debate between care vs development as the critical issue in the ECEC field.

To the extent that some comparative data exist, we are dependent on UNESCO for the findings of three world surveys, one in 1961, a second in 1974 (but published in 1976), and a third in 1988 (published in 1991); (UNESCO, 1961; Mialaret, 1976; Fisher, 1991). Fortunately, these three dates frame the core of our history. There are few significant developments before the 1960s and there is an explosion in data availability by the late 1990s. This section draws on the results of these three surveys and on several internal UNESCO memoranda.

The first survey of ministers of education by the International Bureau of Education was carried out in 1939. Its conclusions with regard to pre-primary education were that this was a field that was developing rapidly in many countries and that programs were being organized by both government agencies and the private sector (NGOs). A 1939 UNESCO memorandum laying out “Recommendations Adopted by the International Conference on Public Education between, 1934-77 acknowledged the need for child care facilities for the growing numbers of working mothers and stressed the value of preschool, which it stated, should be available to all

children. The memo goes on to state that the programs should be voluntary, free or with fees similar to those in primary school, cover the full work day, and provide better trained teachers.

A 1946 memorandum submitted at a Unesco-organized conference on early childhood education and signed by Alva Myrdal for the Ad Hoc Committee for an International Council on Early Childhood Professionals, reflected the position of a group of international experts and advocates from 10 countries. The memo stressed the importance of ECEC services and the inadequate supply even in the developed countries. It noted the diversity of programs both nationally and cross-nationally and their poor quality. And it emphasized the key roles of government and NGOs in developing the field, concluding with a strong recommendation for a more active role by Unesco.

World War II intervened and the next effort at obtaining a worldwide picture of ECEC was a 1961 survey with responses from 65 countries (UNESCO, 1961). Synthesizing the results, it is worth noting that only 25 percent of the responses were from developing countries, that only Liberia and South Africa responded among the African countries, that only China, Japan, India, Iran, Korea, and Malaysia responded among the Asian countries, that Malaysia stated that this was not an educational priority, and that the programs were largely private in the Philippines. Most of the countries used the term “kindergarten” in describing these programs, while others used it only to distinguish programs for the older “preschool” aged child from younger children; and many used it to describe all programs for children from birth to compulsory school age.

Among the most significant findings of the 1961 survey were the following:

1. Compulsory primary school was – and should be -the first educational priority for countries, and not all had achieved this goal as yet.
2. Nowhere does pre-primary education seek to undermine or usurp the role of parents and the family. Nonetheless, given the rising numbers of mothers working outside the home, such programs were becoming more and more essential.
3. Where spaces were limited, priority was being given by most to children who are neglected, abused, reared with inadequate parenting.
4. Certain initiatives appeared to have been successful and were spreading across country boundaries, as countries borrowed ideas and learned from others’ experiences.
5. The programs were expensive to establish and operate.
6. There was a shortage of qualified teachers in all countries.

7. The status of pre-primary school teachers was low. In almost half the countries, the salaries for preschool teachers were lower than those of primary school teachers.
8. There was very little research on pre-primary schools and on their impact on children and child development.

The public/private distinction is viewed as important but unclear. Seventy-five percent of the programs included private providers; only the communist countries, one-third of the group, had only public programs. The private providers were of two types: (1) those established by NGOs, women's groups, and religious institutions, and (2) those established by private individuals for profit. The private establishments were regulated when they were subsidized by government or included in the public system. The programs were voluntary in all but two countries. In those, it was mandatory for the 5-year olds, the year just prior to entering primary school. They were free if public (funding and operation), and if there were fees, they were modest, income - related or involved a small contribution. The usual age range for children in the programs was 3 – 5 or 6, whenever compulsory school begins.

The focus was on the “whole child,” including behavior, aesthetics, physical, social, and cognitive development. Respondents stated that the most important service that the pre-primary school programs provided was care for the young children of working mothers, and overwhelmingly, countries' responses stated that these children, too, should have priority for places. Research was carried out almost nowhere, but Sweden did have a special lab for research on pre-primary education, established in 1957, in Stockholm. The main barriers to more rapid development were the lack of funds, the inadequate supply of facilities, and the absence of trained teachers.

In another UNESCO memo from 1961 (.International Conference on Public Education, Recommendation # 53) with recommendations regarding “Introducing and Extending Pre-Primary Education,” two important principles were stressed: (1) The family is primary, but despite the primacy of the family there is growing need for extra- familial education and care experiences for children from the age of 4, and (2) Primary school is the priority. Wherever compulsory primary schooling is already in place, preschool should be introduced and expanded; where not, it should be planned for. Both care and education should be included in these programs, and if delivered through different government agencies, links should be established to connect education, social service agencies, health care, and parents. The programs should be voluntary, and if public, free.

A 1972 UNESCO Memo, entitled “Pre-Primary Education: UNESCO’s Program, 1972 Memo states that: “Due mainly to member states’ priorities, educational areas and levels, until 1970 the organization had only a general concern with pre-school education.” Recommendation 53, on the Organization of Pre-Primary Education, July 1961, one of only two UNESCO recommendations with regard to pre-primary school, between 1934 and 1992, was the first important step in the promotion of ECEC, beginning with a collaboration by several major international organizations including UNICEF and UNESCO. Pre-Primary education was included in the UNESCO program budget for 1971-72 for the first time, to provide assistance to member states with regard to new initiatives the field. The major activities included the collection of information, commissioning comparative studies by consultants, and organizing expert seminars. The development of national projects in conjunction with UNICEF, was also encouraged.

In December, 1974, Unesco held a meeting of experts on the Psychological Development of Children and its Implications for the Educational Process, focused on children aged 0-6. The report stressed a broad definition of child development, including physical, social, emotional, as well as cognitive development, noted a growing concern for children’s moral education, and pointed out the implications of the state of knowledge regarding all this for ECEC programs. One conclusion, reflecting its concept of child development, was that preschool “can foster cognitive development without impairing creativity” and that “emotional and social development are not necessarily inhibited through efforts to enhance cognitive development”.⁴

UNESCO’s assessment of the field of early childhood education at that time was that a comprehensive review of developments was not warranted, because there were so many unresolved questions: Why encourage the development of Pre-Primary education? Should it be part of the education system, or? How could the diversity of programs be resolved? Given that they were more likely to be located in urban and affluent communities, wouldn’t this increase existing inequities with the disadvantaged and rural populations losing out even more?

The conclusion was that the main problems facing the expansion and advancement of pre-primary education were numerous and included: unclear benefits; scarce government funds;

⁴ One of the five background papers prepared for the conference was by the child psychiatrist Halbert Robinson MD and focused specifically on the implications for ECEC. The link between child development psychology and ECEC was the explicit focus of the 12-country monograph series edited by Halbert and his wife, child development psychologist Nancy Robinson, published between 1973 and 1975, and subsequently synthesized in a volume they edited with two other colleagues, *A World of Children*. Monterey, CA: Brooks/Cole Publishers, 1979.

lack of agreement as to which government agency should have primary responsibility for policy; increasing regional and class inequities; and a scarcity of qualified teachers.

During the 1960s, the UNESCO Statistical Yearbook reported available data at five- year intervals, sometimes beginning as early as 1950, 1955, 1960, or 1965, providing data on the number of facilities and children enrolled in pre-primary schools, the numbers of full-time and part-time teachers, the numbers of participants who were girls. The regions covered were Africa, Asia, Europe and North America. The age range of children was from 3 or 4 to 6. In 1963, the Yearbook defined pre-primary school as including public nursery schools, kindergartens, and infant schools, but excluding day care centers and private programs. In 1968 the distinction between public and private programs was clarified:

- Public preschools were those operated by a government agency regardless of whether or not funded by the government; and
- Private preschools were those operated under private auspices, whether or not receiving private funds.

From 1968 on, the data reported are for private as well as public programs, sometimes disaggregated and sometimes not. Day care centers were excluded even if providing education although it was acknowledged that many countries did include these facilities in their report, anyway. The 1968 report indicated that 36 million children under compulsory school age, around the world were enrolled in preschool. In addition, “nurseries” “cared” for 1-3 year olds, and these data were included and reported, but only by some countries.

The supply was still characterized as very limited in 1970, and located largely in urban and affluent areas. In 1972, for the first time, data on public and private preschools were reported separately. It became apparent that private preschools were an especially large component of the African, Asian, and Latin American preschools. Now, data regarding the centers providing care for 1-3 year olds were excluded, no longer reported. In 1975, the Yearbook began reporting the age of entry into preschools on a regular basis, usually ages 3 or 4, and the age of compulsory school entry, usually 6 or 7.

In the 1974 survey (Mialaret, 1976) the definition of preschool became much broader than formal education. The Report states that ECEC begins at birth, varies with the age of the child and the social context, and includes children from birth to age 3 not just the 3 to school entry age. It acknowledged the different labels applied to ECEC across countries (pre-primary school, preschool, kindergarten, nursery school, early childhood education (ECE), early

childhood care and education (ECCE), or education and care (ECEC), subsequently settling on ECCE (and still later, ECCD). Despite the emphasis on a broad view of early education, UNESCO and the World Organization for Early Childhood Education Survey went to all ministries of education in member countries and the responses from 67 countries focused primarily on formal schooling.

The major goals were identified as:

- care for children while mothers work
- socialization
- cognitive stimulation
- intellectual development and preparation for primary school
- overall child development

The major problems were identified as:

- an inadequate supply of places, nowhere near yet available to all
- located primarily in urban and affluent communities
- inadequate physical facilities
- unqualified and inadequately trained teachers
- a short day in many countries, inadequate to meet the needs of working mothers
- insufficient places for disadvantaged children and/or handicapped children
- Fragmentation across government ministries with policy making responsibility, especially education, social welfare, and health.

The overall conclusion was that preschool education was a new field and that preschools were expensive and generally less well developed in the poor countries than the rich; and often unequally developed within regions and countries.

Despite all the problems and criticisms, the general conclusion was that there had been a good beginning. Nonetheless, Myers (1992, p. 12) refers to a World Bank 1978 Working Paper, that concluded that “on the basis of the available evidence, giving priority to support for preschool interventions could not be justified.” Further confirmation of this can be found in a review by the World Bank of its involvement in early childhood education and development as of 1985, which concluded that “very little was being done directly within the Bank to attend to child development and virtually nothing had been done within the education sector.”

The 1991 report of the findings of the 1988 survey (Fisher, 1991) are of special interest for the still broader perspective taken regarding the ECCE field. First, with regard to the

definition. The report states that ECCE refers to “programs intended to provide care and/or education for children from their birth until the ages of 6 or 7 years...[They] are organized by government ministries or agencies concerned with the education, development, care, and welfare of children up to age 6 or 7 or by non-governmental organizations” such as women’s groups, religious institutions, or parent groups (Fisher, 1991, Preface). Non-formal as well as formal educational facilities were included. Among the major trends noted were the expanded role of day care centers and the role of communities. Of special importance is this new emphasis on the inclusion of day care centers as part of early childhood education and the explicit label of “Early Childhood CARE and EDUCATION.” (emphasis in the original)

Although the survey was sent to government officials in different agencies, most responses still came from ministries of education. Unfortunately, the responses were especially sparse from Asia (less than half the countries in the region) and Africa (only about one-third). Most of the responses, by far, came from the developed countries. Nonetheless, 88 countries from around the world did respond. In listing the programs that they had in their countries, about half referred to kindergartens, 40 percent referred to programs attached to primary schools. One-third was located in urban areas.

Half the programs (54 percent) charged fees, the same as in 1980, 17 percent served children aged 0-6 in one program, two-thirds provided a full day program to meet the needs of working mothers. Among the developing countries responding, were Chile, Jamaica, Mauritius, Mexico, Peru, and Surinam.

The primary goals listed in the survey responses were:

- the total development of the child (including physical, cognitive, social, and emotional development)
- the intellectual development of the child
- preparation for primary school (for the 3 -6 year olds) or providing health care (for the under 3s)
- care for children while parents worked.

Government was one of the major funding sources, along with parent fees; these were followed by local government and international organizations, especially UNICEF.

As to the source of policy and relevant legislative initiatives, almost half (47 percent) specified the Ministry of Education either alone or with another ministry. All addressed the importance of parent involvement but the activities ranged widely. Finally, only two countries,

F.R. Germany and Norway made an explicit statement with regard to integrating handicapped children into programs.

A review of the data published during the 1980s in the UNESCO Statistical Yearbook, reveals nothing new. The numbers of children enrolled in programs are provided along with data on the age of children's entry into preschool, the age of entry into compulsory school, public and private facilities, and the number of teachers and other staff. But there remains a big gap. What is missing throughout these years are enrollment rates – the percentage of children in the age group served who are enrolled. The first time enrollment data are presented and published is in 1992. And only in 1996 are any data published regarding public expenditures on preschool separate from primary school.

It was the third Medium Term Plan (1990-1995), Towards Basic Education for All, that put closure to this history. The Jomtien and Dakar Declarations initiated a powerful movement towards education for all, beginning with the World Conference on Education for All, along with the Convention on the Rights of the Child, and the conviction that access to preschool education, also, was a legal right.

We turn now to explore the histories of ECEC in the major regions of the world. We begin with Europe and North America as the richest region with the most extensive ECEC developments.

ECEC IN EUROPE AND THE ANGLO-AMERICAN COUNTRIES⁵

ECEC policies and programs in Europe and the Anglo-American countries evolved out of remarkably similar historical streams: child protection; early childhood education; services for children with special needs; and services to facilitate mothers' labor force participation. In all the countries, one overarching theme is the movement from private charity, beginning in the early and middle 19th century to public responsibility, evolving largely after World War II. The extent of public responsibility does vary, however, across the countries. However, it is the relative emphasis given in public policy to custodial care of poor and disadvantaged children of working mothers, on the one hand, and education and socialization of all children, on the other,

⁵ In addition to the specific references cited in this section, I draw on Sheila B. Kamerman "Europe Advanced While the US Lagged", in Jody Heymann and Christopher Beem, eds, *Unfinished Work*. New York: The New Press, 2005, and on Alfred J. Kahn and Sheila B. Kamerman, *Social Services in International Perspective*. Washington, D.C.: DHEW, 1976.

that appears to be the most distinguishing variation among countries.⁶ Some illustrations of the historical roots of the countries' child care policies and their early development, follow.

In Britain, day nurseries and infant schools stressing education were established in the early 19th century. The former were not very extensive but the latter expanded rapidly, and then largely disappeared to be replaced later by part-day kindergartens. The infant schools provided an “inferior” form of care and education to the children of poor working women and covered 20 percent of three year olds and 40 percent of 4 year olds in 1851. By 1901, 43 percent of 2-5 year olds were attending these schools and England seemed well on the way to providing a voluntary but free educational service for all young children from the age of 2 or 3, if parents chose to avail themselves of it, until 5, when compulsory education began. Scholars state that the main need appeared to be the improvement of the quality (Tizard, Moss, and Perry, 1976; Kellmer-Pringle and Naidoo, 1974). In contrast, middle and upper class children were cared for at-home by “nannies” or their equivalent, supplemented increasingly, beginning in the last quarter of the 19th century, by part-day kindergartens organized on the model of the German, Friederich Froebel. The failure to improve the quality of infant schools for children of the working class, or to integrate these programs with the new educational philosophy of the kindergarten, and the inclusion of 5 year olds in primary schools, contributed to the decline in the popularity of nursery education in 20th century England. One other result was the continuity of a pattern of fragmentation between early education as an enrichment program and day care as a “protective” service. It took to the present time for there to be a significant increase in coverage and a renewed and successful effort at integrating the two parallel streams, now all under education auspices.

In France and Italy, the developments began with 19th century charitable institutions for poor, deprived, often abandoned children (David and Lezine, 1974; Pistillo, 1989). In France, the programs serving 3-5 year olds were taken over by the Ministry of Education in 1836 and integrated into the public school system in 1886. Since World War II, and especially since the mid-1950s, growing pressure from middle class families to expand the programs to include their children as well, led to a substantial expansion. The objective was largely to provide a socialization and educational experience for children from age 2 or 3 to compulsory school entry (age 6), and to prepare them for primary school. Access was viewed as a right for these children.

⁶ Compulsory education for primary school was enacted in Britain in 1870, in France in 1882, in Sweden in 1842, in Italy in 1860 and in Germany and the U.S. in the 1870s and 1880s.

Provision for younger children emerged later, under the auspices of the health ministry, and grew more slowly. These latter services for the very young, were designed initially for protective purposes, to minimize the spread of contagious diseases, and thus with no attention to education. Subsequently, the focus was on providing care to the children of working parents and the goals broadened, but the supply of places and the scale of provision have never reached the level of the universal preschool which now covers all 3-4-5 year olds and almost half the 2 year olds.

The Italian developments were similar to the French, but totally dominated by the Church, until national legislation was enacted in the late 1960s and early 70s, dramatically increasing the role of government. After beginning as institutions for poor, abandoned children, acknowledgement of the educational and socialization purposes of ECEC programs emerged only after World War II. Legislation was enacted in 1968 assigning the national government and the Ministry of Education the major role in financing the establishment and operation of preschools for all 3 - 6 year olds and greatly expanding the supply. Access was specified as a right for children of this age. Soon after, a law was passed in 1971 that required the national government to contribute to the funding of child care services for the under 3s, as well, but required regional and local governments to assume responsibility for their operation.⁷ Working mothers have priority for places in these facilities. The 1968 legislation, with its national funding, led to a rapid and extensive expansion of preschool programs throughout the country, establishing a universal, largely public and secular program for all. By now, about 95 percent of the 3-4-5 year olds are enrolled. In contrast, with very little national government financial support, the 1971 law resulted in only modest growth of the centers for the very young. Differences in investment across regions led to wide variations in the supply of services for the very young and their quality

Sweden's early history was similar to the countries described above in that the roots of its ECEC programs are in the 19th century, in protective services and private charity. The first day care center was opened in 1854 with the primary purpose of providing care for the children of poor working mothers; funding was by private charities. Paralleling this development were the infant schools, with the first established in 1836 and the first kindergarten following the Froebel model, in 1890. In 1944, when limited public support for the day care centers was first introduced, they were placed under the aegis of the National Board of Health and Welfare (Gunnarsson, Korpi and Nordenstam, 1999), like the day care centers in France and Italy for the

⁷ Of some interest, Italy enacted its parental leave policy a few months later.

under 3s. In the early years, the major purpose of these centers serving children aged 0-6 was to provide care for the children of poor, single working mothers as an alternative to foster care. A separate system of early education, often part-day, continued for middle class children. In 1968, a National Commission on Child Care was established by the government and instructed to develop proposals for a child care system that would integrate both streams -- day care and education -- and would respond to the growing demands of employed mothers. In 1972, the Commission issued its report, recommending that "the old views of care as poverty relief and pedagogical activity as stimulation for children of better off parents should be brought together into a single form to provide education and care for all children. This would be called "preschool" irrespective of whether it was provided full-time or part-time" (Gunnarsson, Korpi, and Nordenstam, 1999 p. 23). In 1975, a National Pre-school Act was passed, incorporating that recommendation, laying down the framework for subsequent child care policy, with programs offering full work-day services (but with parents able to enroll their children for part of the day, if they preferred). The priority for places was given to the children of employed mothers and ECEC was defined as a societal responsibility for all children. In 1985 the Parliament passed a law stating that by 1991 all children aged 18 months to 6 years would have a right to a place in public child care and by 1995; a subsequent law required the municipalities to provide places for children aged 1 - 12. The guarantee was to cover children from the time that the fully paid parental leave ended (one year after birth) and overlapped with the additional six months of partially paid and unpaid parental leave. In the mid 1990s, in a dramatic policy shift and in recognition of the political value of the education label, the responsibility for preschool was transferred to the Ministry of Education.

As in the other advanced industrialized countries, ECEC programs in the United States have evolved out of similar diverse historical streams including child protection, early childhood education; services for children with special needs, and services to facilitate mothers' labor force participation (Kamerman and Gatenio, 2003; Kamerman and Kahn, 1976). The history begins with two developments: (1) day nurseries (child care centers), first established in the 1830s under voluntary auspices and designed to care for the "unfortunate" children of working mothers; and (2) nursery schools, developing from the early education programs in Massachusetts also first established in the 1830s, and the later "kindergarten" programs based on the work of Froebel. Day nurseries expanded subsequently in response to pressures created by the rapid industrialization and massive immigration which took place in the latter part of the century.

These nurseries were custodial in nature, focusing primarily on basic care and supervision of the children. During war times -- the Civil War, World War I, and World War II -- these programs increased in numbers, only to decline when war ended. Kindergartens and nursery schools expanded slowly during the 19th century and experienced a significant increase only during the 1920s, as a form of enriched experience for middle class children.

Little public support developed in the country for either program type until the mid 1960s and early 1970s when a confluence of factors led to the significant expansion of both program types. The numbers of ECEC programs -- both day care centers and nursery schools -- increased dramatically. This expansion both reflected and contributed to a resurgence of national interest in early child development. The War on Poverty included attention to deprived and disadvantaged children, and the development of compensatory education programs as a response. Researchers stressed the importance of early education as a strategy for both better preparation for school as well as for ensuring access to health care and improved nutrition. Head Start was established first as a summer program and then as a year-round program. The increase in female labor force participation rates by middle class wives raised the issue of the need for decent quality out-of-home care for children generally. The rising welfare caseload stimulated interest in providing federal funds for child care for women receiving social assistance as well as those who had received aid earlier and those who were viewed as at risk of receipt. And middle class parents, regardless of their employment status, increasingly viewed preschool as a valuable experience for their children, and essential for facilitating an easier transition to school.

In 1971 the Congress enacted the first national child care legislation but President Nixon vetoed it on the grounds that such a program would constitute an effort at "communalizing" child rearing. Conservatives mounted a massive campaign throughout the 1970s to block any federal child care initiative and only in the early 1980s did they begin to acknowledge the need for such services, albeit under private auspices. In subsequent years these diverse streams have continued to expand: care for poor and/or neglected children, care for the children of working parents, compensatory education, and early education to enhance the development of young children. Although ECEC scholars and advocates are increasingly convinced of the need to integrate all these program types, categorical funding coupled with diverse societal values continue to support the differences. The result is a fragmented ECEC system, of wide-ranging quality and with skewed access, but with some movement in recent years toward the expansion of early education programs and the integration of early childhood education and care.

To summarize: The roots of ECEC policies and programs in the European countries can be found in two mid-19th century developments: (1) protective services for neglected children and the children of poor working mothers; and (2) preschool education focused on enhancing or enriching the development of middle class children. Subsequently, during and after World War II, a third component began to shape these policies, namely that of responding to the needs of the growing numbers of women in the labor force, who wanted decent quality and affordable care for their children. And fourth, more recently, preparing young children for school has been an added factor.

In some countries (e.g. Belgium, France, F.R. Germany, Italy) the educational component became dominant earlier than the rise in women's labor force participation and provided the core of an early education system for children aged 2 1/2 or 3 to compulsory school entry, usually age 6. Ninety percent of this age group was in preschool in Belgium and France as early as the mid 1970s and 80 percent in Germany. Much lower coverage rates characterized programs serving the under 3s, under health or social welfare auspices depending on the country. In several countries the shortage of places for the under 3s – and in some countries out of parental preference -- family day care (child minding) was a significant program component, usually arranged informally but sometimes, as in Denmark, with training, supervision, and regulation required. By now, this model of care for the under 3s, in centers, family day care homes, or by parents home on parental leave (see below) followed by preschool for the 3 to 6 year olds, has emerged as dominant in continental Europe. The preschools were free for the normal school day while care for the younger children carried fees, albeit income-related. The central and eastern European countries followed a similar model (see below).

As more women entered the labor force in the 1970s, this system of early education began to be used to provide care as well, and to adapt to the needs of working mothers/parents. In contrast, in countries where female labor force participation rates increased early (e.g. the Nordic countries in the 1970s), a child care or day care model became dominant, designed to respond to the needs of working parents and thus covering a full workday and year, from the beginning. Over time, education seems to have become the frame for these countries as well, as Sweden shifted policy responsibility for its child care programs to the Ministry of Education in 1995, and England, parts of northern Italy, Scotland, and Spain followed, along with Brazil. Kenya, New Zealand, and Vietnam had gone this route even earlier, including their programs of care for the under 3s as well as the 3 – 6 year olds, under education.

For the under 3s, beginning in the 1970s in some countries and over time, maternity, paternity, parental, and child rearing leave policies have begun to cover infant and sometimes infant and toddler care. Toddler care remains in short supply in all countries, and remains caught in the tension between those who wish to promote parental care and those who want to support women's desire to enter paid employment, but not at the cost of short-changing their children. This tension has been best addressed in Denmark and Sweden, where the leave now covers a maximum of 1 to 1 1/2 years, eligibility is linked to prior employment and thus creates a strong incentive for obtaining prior employment, the benefit levels are wage-related and replace almost all of prior wages, and, most important, a place is guaranteed for children from the age of one. Moreover, women and men have the right to phase in their return to work on a part-time basis, thus easing the transition back to employment for themselves and for their baby. In contrast, policies that encourage poorly educated, unskilled women to take long leaves, paid at a low rate create a work disincentive for these women and may also deprive their children of valuable group experiences.

In contrast, in several of the Anglo-American countries, the two parallel streams have continued, in part because of the absence of national policy supporting education early on and in part, perhaps, because of the continued ambivalence about where primary responsibility for child rearing and socialization should lie.⁸ Child care and education have only begun to be integrated and the two -- and sometimes three -- streams (compensatory education; care; and education/socialization) -- have remained separate. These are the countries which have progressed least in this field.

In short, child protection continued to be a factor in the development of ECEC as it was in the development of maternity and parenting policies (See below). But more important in this later period are the needs of working women and the needs of children for care while mothers -- and fathers -- worked outside the home, and the stress placed on preparing children for formal education. These have been the primary factors driving the ECEC developments in the 1970s, 1980s, and 1990s in Europe and the Anglo-American countries. Of some interest, the major legislative initiatives that drove these developments occurred from the late 1960s through the mid 1980s in Europe. They are the initiatives that provided the impetus for the expansion of

⁸ In addition, in the U.S. as in several other countries, there was an additional factor, namely the division of responsibilities between federal and state governments with the allocation of responsibility for education assigned to state governments.

ECEC programs: the responsiveness to the needs of working parents, and the growing stress on education as the strategy for framing the policy debate. And wherever these programs were established, when free, voluntary, and very low cost to parents, they met with enormous parental enthusiasm.

Between 1960 and the end of the century, ECEC in Europe was largely a movement to universal provision for the 3-5 year olds. One year before the beginning of compulsory school, pre-primary enrollment covered just about all the EU countries. (Eurydice, Key Data on Education in Europe and Nordic Statistics). Almost all 4 year olds and close to that for the 3s had become universal beginning with children from age 3 in Belgium, Denmark, France, Iceland, Italy, Spain, and Sweden, and close to that in Germany, Hungary, Norway, and UK. The issue of quality emerged as requiring attention, although there was no consensus on the definition of quality cross-nationally (Moss & Pence, 1994; Helburn, S., et al, 1995). Curricula varied along with the balance between directive and non-directive activities, the emphasis on numeracy, literacy, and verbal skills, but with many commonalities as well (attention to music and art, for example). Most important, there is extensive research in the European and Anglo-American countries documenting the positive consequences of the ECEC programs, including enhanced cognitive, social, and emotional development and school readiness as well as positive school related and behavioral outcomes (Kamerman, et al 2003); and there have been growing efforts to link these research findings into policy and program developments, in some countries.

.Maternity, Paternity, and Parental Leave Policies:

Maternity leaves are employment-related policies that were first enacted more than a century ago to protect the physical health of working women and their babies at the time of childbirth.⁹ They were enacted well before women constituted a significant component of the paid workforce in any of the countries discussed here, and when female labor force participation rates were quite low. Linked to provisions for sick leaves (non-job-related disabilities), maternity leaves ranged in duration initially, from 4-12 weeks, were paid as a lump sum or flat rate benefit, and established on the assumption that relieving women of the pressures of the workplace for a brief time before and after childbirth while protecting their economic situation,

⁹ For more information about global developments and developments in the OECD countries see: Sheila B. Kamerman, "Parental Leaves: An Essential Ingredient in Early Childhood Care and Education," in Society for Research in Child Development (SRCD), Social Policy Report, 2000 See also, Social Security Programs Throughout the World, Washington, D.C. GPO. For more information about the European Union countries, see Peter Moss and Fred Deven, eds. Parental Leaves: Progress of Pitfall? Brussels, Belgium: CBGS, 1999.

would protect and promote the physical well-being of women and their babies. By World War I, 21 countries had established at least an unpaid maternity leave and of these 13 were paid (Gauthier, 1996). By the beginning of World War II, eight more European countries had enacted a paid leave, including all the major western European countries; among the major industrialized countries, only the U.S. and Canada did not have such legislation in place.¹⁰

These statutory leaves were provided to employed parents (initially, to only certain categories of workers but now in some countries, to the unemployed and those with no labor force attachment as well) and protect the jobs of the individuals who take the leave, until they return to work.¹¹ Most countries provide a paid leave replacing all or some portion of prior wages. This leave may be supplemented by a longer unpaid leave (or one paid at a lower level). Among the OECD countries only the U.S. and Australia, have no paid, universal, non-means-tested leave. (It is generally recognized that unless paid, most working mothers/parents cannot take advantage of the leave, since their families' standard of living depends on their wages.) The leave policy is usually part of employment policy while the cash benefit replacing wages foregone is usually paid for through the social insurance (social security) system -- linked to sickness benefits primarily but sometimes to unemployment benefits (as in Canada), or free-standing parent benefits (as in Sweden).

Paid maternity leaves, an essential support for employed mothers, were first established as part of the invention and enactment of social insurance by Bismarck in the Germany of the 1880s. Concerned about rising social unrest linked to rapid industrialization, threatened by three international movements at the time – Catholicism (and the spreading influence of the pro-labor policies supported in the encyclicals of Pope Leo XIII), Socialism, and the growing public concern with the "social question" (the problem of low wage workers) as well as the fragility of the new German state. Bismarck turned to the enactment of social insurance as a device for binding workers and other groups to the state, "not only through bonds of loyalty but also through common self interest". (Levine, 1988, p. 55) In 1883 the first national social insurance law was enacted, providing for health insurance through a large number of independent "funds,"

In Canada, a job-protected maternity leave of at least 17 weeks was enacted by the federal government and the provinces during the 1970s, and the federal government provided a cash benefit while on that leave through the 1971 Unemployment Insurance reform legislation. Adoption was included in 1984 and an additional 10-week, paid parental leave was added in 1990 (see also, Baker, 1995 and 1997). In 2001, the parental leave was extended to one year (52 weeks).

¹¹ Leaves provided as a result of collective bargaining agreements or voluntarily by employers may supplement the statutory provision and raise the benefit level and/or extend its duration.

for paid sick leave, and for paid maternity leaves. Germany launched the new policy of a six-week leave, paid at 50 percent of prior wages and France followed soon after (Koven and Michel, 1993). From 1893 on, French women were entitled to medical care and hospitalization at the time of maternity, and after 1913, working women were entitled to an eight-week maternity leave, paid at a flat rate (Gauthier, 1996).

Another factor in the early developments of these leaves was the role of the ILO (the International Labor Organization), in setting international norms (ILO, 1980 and 1985).¹² In 1919, the ILO adopted its first convention dealing with maternity protection, which was significantly extended in 1952, and then again in 2000. The first convention applied to all women working in industry and commerce¹³, and provided that they be entitled to a maternity leave of 12 weeks in two equal parts preceding and following childbirth, with the part following birth being compulsory. The Convention stated that while on leave women should receive a cash benefit that would be at least two-thirds of prior earnings. The second, a revised Maternity Protection Convention, was adopted in 1952 and extended the 12-week leave to 14 weeks (6 before and 8 after birth), at 100 percent of prior wages. Despite the slowness of formal endorsements, by 1960 the ILO was reporting that 59 countries provided paid maternity leaves, 72 by 1980, and more than 100 by the end of the 1980s (ILO, 1980 and 1985).

Worldwide, 128 countries of the 172 responding to the International Social Security Association survey in 1999 provided at least some maternity leave (SSA, 1999). Sixteen weeks was the average basic paid leave, typically, a maternity leave including 6-8 weeks before and after childbirth. In almost half the countries the cash benefit replaces the full wage (or the maximum covered under social insurance). Except for some variations in the benefit level, this became the standard for maternity policies in the EU countries as well. Moreover, in 95 of the countries (and all the European countries) both health and medical care are provided also. Increasingly, in Europe, adoption is covered as well.

From the first Convention, the ILO has made very explicit the purpose of these policies: "The principal object of these measures is to protect the health of the future mother and child and to guarantee a continuing source of income and security of employment" (ILO, 1985, p. 1). The benefits were either linked to sickness (short term disability) benefits, or were a free-standing

¹² See URL for the ILO: <http://www.ilo.org/public/english/bureau/inf/pr/2000/28/htm>

¹³ Two years later, women working in agriculture were included as well.

social insurance benefit (SSA, 1999). A few additional countries provided these benefits as part of unemployment insurance (e.g. Austria and Canada).

In reviewing the history of maternity, paternity, and parental leave policies, after health protection, the second most important factor driving European developments was labor market policy, often linked with concern with gender equity. During the 1960s and 1970s, labor force participation rates of women began to rise dramatically in many of the advanced industrialized western countries. The trend in the OECD countries turned toward longer and more generous maternity leaves, with benefits replacing all or most of prior wages.

In addition, two significant innovations in maternity leave policies were initiated at the end of the 1960s and the beginning of the 1970s. First, was the development of paid child-rearing leaves in the eastern and central European countries and second, the development of paid parental leaves in the Nordic countries. Hungary established a child rearing leave in 1967, for women to take after the end of the fully-paid 24 week maternity leave, in part because it was cheaper than providing decent quality infant and toddler care and in part because it permitted some manipulation of the unskilled labor supply as needed, in and out of the workforce (Kamerman and Kahn, 1981). The policy was so designed (and as necessary, modified) to encourage low-skilled women to withdraw from the labor force during periods of high unemployment -- and to ensure good child care at low cost for those women in the labor force, since subsidizing women at home at a low-level, flat rate benefit was less costly than providing decent quality out-of-home child care. The policy was soon copied in other central European countries (e.g. Czechoslovakia; Poland), in three Central Asian countries (Armenia, Georgia, and Uzbekistan, see below) and some version of this was enacted subsequently in Finland and Germany in the 1980s, and recently, in Austria.

Paralleling this, and for different reasons, parental leave policies were developed first in Sweden in 1974, and subsequently in the other Nordic countries. For the most part, these benefits are linked to employment and earnings and replace all or most of prior wages. The purpose of this development was to promote gender equity in countries that needed women in the labor force and wanted to encourage their participation, perhaps as an alternative to bringing in guest workers from other countries. In effect, the objective was to facilitate female labor force participation and enhance gender equity at the same time as assuring children of adequate care. And there emerged a growing recognition that these leaves constituted an important component of child care policies, in particular policies regarding infant care.

Other international bodies entered the policy arena and once again helped raise norms. A European Union (EU) directive on a paid 14-week maternity leave was adopted as a health and safety measure in 1992 (EC, 1994) and a directive mandating a three-month, gender-neutral, job-protected but unpaid, parental leave was enacted in 1998. These EU directives launched new parental leave policies in several EU countries. (Parental leave policies have not been adopted in the developing countries.)

To summarize: Despite a general trend toward convergence within the EU, the maternity and parental leave policies in the EU 25 member countries remain diverse, ranging from the EU minimum (14-weeks maternity leave plus 14-weeks parental leave) in Ireland, to a maximum of three years in Finland, and including fully paid, partly paid, and unpaid components.¹⁴ They are popular benefits and where wages are fully replaced by the benefit (or almost fully), take-up is very high, in particular, by mothers.¹⁵ These policies were all launched initially as part of the basic social infrastructure, within the national social protection/social insurance systems. Their development was motivated by concern with maternal and child health protection and subsequently shaped by the normative pressures from international organizations. In contrast, the movement toward parental (and child rearing) leaves was stimulated by increased female employment and labor market policies as well as, in some countries, interest in gender equity (the Nordic countries) or support of traditional families and gender roles (Germany), and some emerging concern with promoting child well-being.¹⁶ International organizations and pressures played a role here, as well, in particular, the European Commission. A key issue in recent years is the recognition of the need to "fit" the leave policies after birth to ECEC policy (see below) making the former the strategy for infant care and the latter, preparation for school (Kamerman, 2000; Plantenga and Siegel, 2004).

¹⁴ Because of space constraints, I have not discussed paternity leaves, but these are a minor add-on to the primary maternity and parental leave policies.

¹⁵ Only in Sweden is there high take-up of parental leave by fathers, and that is in part in response to strong efforts on the part of the government to encourage such behavior. Recently, there is a growing effort at increasing fathers' use of parental leaves by including a "use it or lose it" provision. If fathers do not use a portion of the parental leave, say one month, it is a lost benefit.

¹⁶ German policy was designed to support traditional families by providing a very modest flat-rate benefit rather than a wage-related benefit. Maintaining the benefit level below what would permit a lone mother to remain at home without earnings or without social assistance (welfare, in U.S. terms), has meant that the benefit is only viable for a married woman with an employed husband.

A growing body of research in the European and Anglo-American countries now documents the positive impacts of these policies on child health and well-being (Kamerman, et al, 2003; Kamerman, 2000; Tanaka, S., 2005; Waldfogel, 2005).

The Transition Countries

The transition countries, the countries moving from planned to market economies, had a long and extensive history of ECEC services for the 3-6 year olds after World War II,¹⁷ a much less extensive supply of services for the under 3s, long and generous maternity leaves, an innovative and generous child care leave policy for employed women following childbirth, and an expectation of full employment for all. Several central and eastern European countries adopted a policy initially developed by Hungary in 1967, of an extended parental or child rearing leave following the end of the childbirth-related maternity leave, until a child was age 3 (or sometimes 2) years old (Kamerman and Kahn, 1981 and 1991).

1989 was a watershed for the Central and Eastern European countries. With a rich package of child and family cash benefits, services, and leaves sustained over a long period of time, the initial impact of the transition to a market economy brought unemployment, significant cuts in social benefits and services, higher fees for services, and cuts in consumer subsidies (Rostgaard, 2004; Kamerman, 2003). Nonetheless, by the end of the decade, the central European and Baltic countries were recovering, and the long earlier history of government funded and provided ECEC services was re-affirmed.

The basic ECEC model has been the same both before and after the transition: Preschool for children aged 3-6 or 7 whenever compulsory school begins, under education auspices, and child care services for children aged 0-3 usually under health auspices, coupled with an extended leave from employment.

All the transition countries have paid and job protected maternity leaves with benefits that replace 80-100 percent of wages, and extended parental or child rearing leaves, but with much lower benefits. There has been some decline in these benefit levels but the duration remains long (3 years in Hungary and Slovakia, 4 years in the Czech Republic (or 7 if a child is

¹⁷ In Hungary, for example, the roots of ECEC are similar to those in western Europe and the developments following its establishment as a socialist state stressed full coverage of 3-5 year olds in preschool under education auspices and a separate crèche system for the under 3s, under the Ministry of Health.

handicapped).¹⁸ Leaves for caring for an ill child exist in almost all these countries and have been sustained over time.

The countries of Central Europe seem to have sustained their preschool (kindergarten) enrolments, with Hungary covering 86 percent of 3-5 year olds in 1997, the same proportion as in 1989 and the Czech Republic also covers 86 percent but a rate that is significantly lower than a decade earlier (96 percent). But fees have been instituted or raised, leaving some parents unable to afford enrolment. Government funding has increasingly been replaced by a system of multiple funding sources including higher parent fees, and the burden on families increased. Children cannot participate in these programs in the Czech Republic when a parent is home on extended parental leave (up to 4 years after childbirth) (OECD, 2000). As a result some 3-4 year olds are closed out of this important experience. Public attitudes toward maternal employment when children are young changed and became more negative about work during those years, a development that occurred before in the 1970s, when there was concern with excess labor.

The programs operate for a full day (10-12 hours a day depending on the country) providing care for children whose mothers work full time. These programs are almost uniformly under Ministries of Education, even though most are established and operated by municipalities; and they are largely publicly funded and delivered, although government funding in some countries (e.g. the Czech Republic) has been replaced by a system of multiple funding sources and parent fees have been raised in all countries. The delivery system is more diversified than earlier; nonetheless, fewer than 2 percent of Czech programs, for example, are private. There is some development of a voluntary sector, with ECEC services delivered by NGOs, often church-related.

Coverage of the under 3s was modest in the pre-transition era, ranging from 9-14 percent in the central European countries but has largely disappeared since 1990. The assumption is that public policy has made it possible for parents to provide this care themselves; thus services are not needed. Where services for the under 3s exist, they are administered under Ministries of Health. In most countries, parental and relative care is substituting for nursery care, and not always by choice. There is some beginning development of community-based family support services (part-day and/or part-week mother/child programs; toddler programs, for children whose

¹⁸ The Central Asian countries of Armenia, Georgia, and Uzbekistan have similar policies, but either unpaid or paid at a significantly lower level.

mothers are not in the labor force, in order to assure their exposure to the cognitive, social and emotional experience that is so important for their development. (Kamerman and Kahn, 1994).

THE DEVELOPING COUNTRIES

In the developed countries, as we have seen, the demand for ECEC has been driven by (1) high and continued rising female labor force participation rates and the need for childcare while mothers carry out work outside the home and (2) the recognition that a group experience is valuable for its impact on the child's overall development and in preparing children for primary school. In the developing countries, mothers are assumed to be at home, or if at work, usually work in the informal sector, in agriculture, or selling in the market. In rural areas children may be expected to carry out household chores or other family work from an early age. As a result, the prevailing attitude has been that there is no need for government action. The demand for early childhood education has not been viewed as significant and the concept of ECEC as a legal right has only begun to be discussed.

Moreover, in many developing countries there has long been a split in ECEC policy (as in most industrialized countries just described) because services for children under age 3 are viewed as the responsibility of parents, and policy, where it exists, is in the domain of health and/or social welfare while services for children aged 3-6 (or whenever compulsory school begins); are more likely to fall within the education sector. Ministers of Education are less knowledgeable about the under 3s even if they are assigned administrative responsibility (as in Brazil, for example). They either remain disconnected from these programs or they treat them as miniature versions of primary school, obviously not what ECEC should be.

Maternity leaves, where they exist, are limited to workers in the formal sector and are brief, typically 12-14 weeks of paid leave in Africa and Asia, for example, with six weeks before birth and eight after. They are designed to protect the physical health of mother and child (as they were initially in the west) not to support mothers' care for babies.

According to the Education for All, Global Monitoring Report (2005), more recently, the driving factor in increasing the demand for ECEC programs in many developing countries (as in the industrialized countries just described) is the evidence that these programs lead to enhanced school performance including better school attendance, lower rates of class repetition, lower dropout rates, and stronger literacy and numeracy skills. Participation also is identified as the best investment for economic growth, with the highest rate of return as a cost effective route to

poverty reduction. The demand is also growing as more women are moving away from working in the informal sector (from agriculture to manufacturing and services) and out of unpaid family work to wage employment. (Choi, 2002)

It is the Jomtien decade that succeeded in placing ECEC on the global agenda as a necessary component for future economic and social development in developing countries. Two aspects were particularly important: (1) increasing awareness of the importance of the early years for subsequent child development and learning and (2) the expansion of the supply of programs to stimulate and support economic and social development.

Africa

In the ADEA Newsletter (2002) Africa is described as having the youngest population in the world, (half of the population are children under 14 and 20 percent under 5). It is the region with the highest infant mortality rate, with children likely to suffer from chronic malnutrition and an inadequate food supply, experience severe poverty, likely to live in the midst of armed conflict and/or becoming an AIDS orphan. In addition, he or she “will probably not receive any Early Childhood Development (ECD) care, since such services are still very rare in Africa,” (P. 1) with some exceptions (see below) for children aged 3 to 5 (in particular, Kenya). Enrollment rates improved during the 1990s in response to the 1990 Jomtien and Dakar conferences, the World Summit for Children, and the CRC, but coverage remains very low. Most African countries have pre-primary enrollment rates of less than 10 percent, but rates vary greatly in the region from over 90 percent in Mauritius to less than 1 percent in the Congo and Djibouti. The situation varies across the countries, with eastern and southern Africa accounting for 62 percent of the participating children. The programs are largely private with 80 percent of the children enrolled in private programs. International organizations have played an especially important role (e.g. UNICEF and the World Bank; the Bernard van Leer and Aga Khan Foundations), ECEC is still viewed as a luxury, primarily the responsibility of families and communities, and investments in ECEC not viewed as important.

Of particular importance in Africa, is the shared history of colonization by European countries and the impact of this experience on ECEC developments. Most of the African countries achieved independence in the 1960s, a decade when most of the countries were confronted by the over-arching task of nation-building.

Pence (2004) points out that ECEC has a much longer history as a part of colonization activities in Africa than many seem to have realized. The first nursery school in Kenya was established for European children in Nairobi in 1942, for example, when the country was under British administration. “In the post WWII period a particularly important factor in ECD development throughout Africa is the interaction between colonial structures typically established to serve only the colonizing population, and post-independence efforts to establish ECD systems for all.” As he states, “The colonial structure of preschools, nurseries, crèches, kindergartens and other programs bearing European names are familiar from their European origins and they did not look greatly different in their African settings.” (p. 9) The problem was that these newly independent governments were trying to address the much larger needs of the overall country with very limited financial resources and while they were also nation-building. The inability to do this led many countries to turn to the private sector for ECEC provision instead.

Kenya was at the forefront of ECEC developments in Africa. In describing the Kenya story, Pence (2004) states, that Kenya, one of the earliest of the newly independent African countries, followed a route that many other African countries would also take, identifying early childhood services as a key component of local development, particularly in the rural areas. The Kenyan “Harambee” (let us pull together [or self help and mutual aid]) preschools were informally organized and typically had one of the local mothers identified as the “teacher.”

Kenya achieved ECD visibility partially through interaction with what would become another key strand in the African ECD fabric -- support from the international donor community, in this case the Bernard van Leer Foundation. In 1971 the Kenyan Ministry of Education and the Bernard van Leer Foundation launched the Preschool Education Project at the Kenya Institute of Education, which was to become, arguably, the best known ECD project in Africa for many years. The focus of the collaboration was on three objectives: 1) preparation of a cadre of officers who could assume the role of promoting and supervising nursery schools; 2) documenting the education and social gains of children experiencing the programs; and 3) establishing a number of “demonstration’ programs suitable for training purposes.” (Pence, 2004, p.9) The BvLF project lasted from 1972-1982, and focused largely on issues related to quality and community-based programs targeted on the 3-5 year olds. Government policies have drawn on the experience of these and other NGO projects leading to the development of community, family, and home-based programs in much of Africa.

The BvLF focus was on the provision of preschool education including teacher training and curriculum development, and reflected an emphasis on early learning services as prevention against educational failure. Most of the developments were in urban areas or wealthy communities where parents could afford the fees. Many were and still are convinced that given limited resources, the vast majority of children could not be served by center-based programs and many advocates were convinced that the model of a center-based program was unrealistic. Non-governmental organizations (NGOs) such as voluntary organizations, women's groups, and large international organizations also played an important if more modest role in subsequent developments.

In 1966, responsibility for preschool was assigned to the Ministry of Culture and Social Services while in 1980 it was transferred to the Ministry of Education, Science, and Technology. The Presidential Circular No. 1 of 1980 mandated that this Ministry of Education would be responsible for preschool education for the 3-5 year olds (Choi, 2005). The MOE sets policy for ECEC, registers preschools, coordinates funding, and provides teachers. Teacher training has remained one of the most important functions of the Institute. (Haddad, 2002) Haddad (also stresses the importance of Kenya's programmatic responses to ethnic diversity. Of some interest, after the 1990 Jomtien Declaration of Education for All, the Ministry of Education reached out to cover the under 3s as well. As a result, the whole early childhood age group from birth to 5 was placed in the education sector. (Choi, 2005)

As other African states achieved independence, "the shared dynamics of colonial legacy, political uncertainty, financial and other limitations of a new government, NGO and private participation in the provision of care, and donor involvement and influence presented a complex vortex of forces" (Pence, 2004, p. 9). The need to establish ECD policies, programs, regulations, training and delivery of rural as well as urban services (along with all the other issues in nation-building) was not at the top of government priorities. Nonetheless, Kipkorir (1993) stressed three reasons for the relatively rapid growth of preschools in Kenya: the value Kenyans place on education and their conviction that preschool would enhance their children's performance in school; the opportunity for safety and security in the preschools; and the opportunity for socialization.

Before 1990, according to Aidoo, 2005; Haddad (2002), Pence, 2004, and Black, 1996 young children from birth to 5 were largely invisible in most African policy documents except with regard to health and nutrition policies. Despite the conviction stressed in the Jomtien

Declaration that “Learning begins at birth,” almost no attention has been paid to the youngest children, under age 3 (Evans, 2002). In 1990, about 74 percent of 3-5 year olds in Kenya were enrolled in ECEC but there are no data for the under 3s. Parent education was the focus of the limited attention to the under 3s; and there has been little commitment to developing holistic approaches to ECEC rather than a narrow focus on formal education.

Despite some evidence of growing government participation with regard to expanded supply, improved quality and training of teachers, coverage remained meager and quality, poor. About 80 percent of the programs were public, but managed by parents or community organizations.

Some other illustrations follow, underscoring the importance of the transition from colonial status to independence.

Uganda became independent in 1962. In 1980 in Uganda, the preschool program for 3-5 year olds was transferred from the Ministry of Culture and Social Services to the Ministry of Education and Sports, with responsibility for the 0-3 year olds assigned to parents. One ECEC policy began to emerge in 1993 in response to the Education Policy Review Commission Report which found a lack of government control of quality, curriculum, pedagogy, facilities, and age of entry (EFA Assessment Report 2000). The Report set out recommendations and the government has committed itself to supporting a holistic model of ECEC as the foundation for basic education and the right of every child. The goal is to improve existing institutions for 0-1 year olds, kindergartens for 1-2 year olds, and nurseries for 3-5 year olds. A new ECE national curriculum was produced. Coverage still remained very low, however (about 3 percent).

Mauritius became independent from France in 1968. Since 1978, ECEC has been organized into two separate systems covering two age groups: the under 3s are in the child care system under the Ministry of Women’s Rights, Child Development, and Family Welfare while the 3-5 year olds have been in the preschool system under the Ministry of Education. (Bennett, 2000) The public’s view is that pre-primary education is to prepare children for school. Reading and writing are viewed as skills to be learned before entering primary school at age 5. The country is close to achieving full universal coverage for the 5 year olds.

During the 1980s and 1990s, there was a rapid and significant expansion of the supply of ECEC programs in Mauritius with technical assistance from France, India, and UNICEF. Eighty-three percent of the programs are operated by private providers and 17 percent are publicly funded and operated. Since 1993, private providers must meet government standards.

If they don't meet these standards within three years, their registration is cancelled. Coverage, which was already 78 percent in 1993, by 1998 was a remarkable 93.5 percent of the children aged 3 - 4, and almost all the children entering primary school had at least one year of preschool. The government provides a monthly subsidy for the 4 and 5 year olds. The 0-3 year olds were served in community-based centers or home-based programs (family day care), developed in the context of the World Bank's regional ECEC initiative. Of the under 3s, 40 percent were cared for by mothers, 42 percent by home care providers, and 18 percent were in day care centers. The demand for day care centers increased despite the prevalence of untrained, and unregistered providers.

Senegal became independent in 1960 and is a democratic republic. Its first public nursery was established in 1965, following the French model of preschool education. In 1971 preschool education became part of the education system, albeit with a diverse delivery system made up of public, NGO operated, and religious preschools. The President made early childhood a national priority in the 1980s in the context of increasing dissatisfaction with the rigidity of the French model. He integrated the two systems under a Ministry of Family and Early Education, with, pre-kindergartens for one to two year olds, and part-day kindergartens for three to six year olds. To improve access and reduce regional inequities, the new policy focuses on creating community-based centers that integrate health, education, and nutrition in a holistic approach to child development, replacing the more expensive traditional French preschool.

Towards the end of the 1990s, a study was carried out by the Working Group on Early Childhood Development (WGECD) of the Association for the Development of Education in Africa (ADEA) (Torkington, 2001). The conclusion was that: "there were many ECD projects and programmes in Africa but that they were uncoordinated and under-funded, and many were of low quality, that the majority of programmes depended on the support of NGOs, national and international, for their existence that there was little financial commitment by governments to the development of ECD...and provision and financing (were left) to civil society."(Torkington, 2001, p. 6) A major finding of a survey of all African Ministers of Education, covering 49 countries and with 33 responses, was: "Center-based provision pre-dominated and these were mainly referred to as pre-schools or kindergartens, run mainly by NGOs or private operators, sometimes by government and whose services were mainly paid for by parents. Only 2 countries referred to home-based provision, and most did not even mention health services." (p. 27). It was clear that they saw ECD mainly as preparation for formal schooling. Little attention was

paid to monitoring and evaluation, or to systematic data collection. Although half the responses referred to the ECD period as from birth to compulsory school entry, in fact, their focus was on the 3-6/7 year olds.

The ECEC paradigm most African countries followed (with a few exceptions, such as Kenya and Senegal), is similar to the predominant European model: One age-segregated system for children aged 3 to - 6-or 7 (when compulsory school begins) in a preschool program under education auspices and a second system for the under 3s in centers or nurseries, under health or social welfare auspices. The priority has been on the 3 to 5 or 6 year olds, most of whom are in some form of preschool while the 0-3s appear largely in home-based care and parent care and education.

Torkington (2002) described the most prevalent ECEC model in Africa as center-based, delivered by private organizations or individuals, largely of poor quality, badly equipped, unregulated, and funded largely by parent fees and international organizations. In a couple of countries Ministries of Education with support from international NGOs cover the costs of training staff and sometimes contribute to their salaries. Within the centers the emphasis is on preparation for formal schooling. Home-based programs are relatively rare.

Only in the 1990s, following the Jomtien Declaration and the Dakar Framework did ECEC developments in Africa become more significant. Before that, data were sparse and developments modest (even now, ECEC coverage for sub-Saharan Africa for children from birth to age 6, was just 5.8 percent) (EFA 2005). Torkington (2002) stressed that “without the support of international funders the whole precarious ECD structure in Africa would collapse.” There was little government funding and no real commitment. It is interesting to note, that in Pence’s list of Key ECD events in Africa between 1971 and 2004, no event is listed between the 1963-early 1970s activities of the Bernard van Leer Foundation and the signing of the Convention on the Rights of the Child by many African countries in the 1990s.

Among the obstacles to increasing the supply of ECEC in Africa that were identified in the mid 1990s were: limited resources; inadequately trained staff; the low status of the program; low quality; and in some cases harmful cultural practices. According to an estimate quoted by Aidoo (2005) and drawing on UNICEF’s State of the World’s Children (2005, p.7) more than 95 % of young children in Africa do not have access to early stimulation programs, care facilities, or non fee-paying preschools.” Inequities between girls’ and boys’ education with girls especially excluded affects negatively both the rights and future of girls and their children. The agenda for

improving the ECEC situation includes: an expanded supply; enhancing quality; and implementing alternative models to include more home-based programs, employer provided services, and Islamic programs.

Asia

In contrast to Africa, where some generalizations are possible because of a shared history of colonialism, the Asia Pacific region demonstrates a greater diversity than any of the other major regions, making it almost impossible to provide a history of regional ECEC Developments. The region extends from Iran in the west to Japan and Korea in the East and Kazakhstan in the north to New Zealand in the south¹⁹. (EFA GMR 2005 Report) It is characterized by an extraordinary range of countries differing by physical and population size (from China, India, and Indonesia to the island countries) and by diversity of histories, cultures, ethnicities, and religions (Hindu, Buddhist, Confucian, Taoist, Islam). Some have colonial roots (e.g. India and Vietnam) others were part of the Soviet Union (most of the Central Asian Countries). Almost all have multiple languages. They have varied attitudes towards girls' education and women's roles. But at the same time, others have a long history of valuing education and a conviction as to its importance. Thus, very high rates of primary school enrollment (which is largely compulsory and free in many countries) but not yet comparable attention to pre-primary school.

Central Asia includes the countries that were affected by the break-up of the Soviet Union and its transition from a command to a market economy. East and Southeast Asia includes China with a population of 1.3 billion and its recent movement to a quasi-market economy as well, and Vietnam with its history of French colonialism, communism, and its experience of war with France and the U.S. The Pacific region is made up largely of small island states. And South and West Asia is dominated by India, with its history of British colonialism, its religious and political conflicts, and its recent exploding economy and advances in technology and computer services. The region as a whole accounts for 2/3 of the world's population; and except for Japan and Korea, most have young and expanding populations.

Education in Asia has been recognized as a key factor for achieving social and economic development as well as for raising individual standards of living. Education expanded

¹⁹ For conceptual purposes, Australia and New Zealand are treated in this paper as part of the Europe and Anglo America section, while in the UNESCO reports they are included in the Asia-Pacific region.

significantly over the last three decades albeit not uniformly, responding to social changes as well as unprecedented economic development. Nonetheless, significant poverty remains. In South Asia, an estimated 37 percent of the population lived below the poverty line (US\$ 1), the poorest sub-region in the world after Sub-Saharan Africa. At the same time, however, income distribution is more equal than in Africa and Latin America (Education for Global Participation: Key Indicators 2003. Special Chapter on Education, p. 56). If the goal is to achieve poverty reduction, sustainable economic growth, and develop a skilled and productive labor force, education must expand even further. Increased attention to female education is especially important because women remain largely responsible for child care and child rearing.

The task of providing an accurate picture of the history of ECEC in Asia and the Pacific region is further complicated by variations in the definition of ECEC, the fragmentation of administration and delivery systems across government agencies and divided between age groups, the distinction made between care and education, the poor quality of programs and the inadequacy of teaching staff. All the ASEAN (South East Asian) countries have enacted laws that outwardly stress the importance and value of women's role in the society, establish increased rights and acknowledge the changes occurring in women's roles, but these laws do not appear to be implemented, promoted, and/or enforced. Before the 1990s there does not appear to have been any significant interest in ECEC.

ECEC was not extensively developed in the period in focus here and gender differences were not significant (much less than in primary school). In East and South East Asia coverage was more extensive but located largely in urban and affluent areas and private providers were the major component of the delivery system. Children from low income families were largely excluded; thus, those who research has documented could benefit most had the most limited access.

The Asia-Pacific region has increased the average education of its labor force more than any other region in the world. Coupled with the dramatic decline in fertility, the ability of countries to afford preschool has increased and the value of preschool seems to be more appreciated. Given increased female labor force participation along with fewer extended families, countries have less capacity to provide child care. Thus, despite limited resources, need, desire, and demand for access to ECEC is increasing. Where resources are severely constrained, efforts have been made to encourage the NGO sector (community, religious organizations, enterprises, women's groups) to take the initiative in this area.

Twenty-five out of forty-two countries in the region provide for a paid and job-protected maternity leave at the time of childbirth, of at least 8 weeks and typically 12-18 weeks; and half of those provide for full wage replacement (SSPTW, 2000). Of some interest, three countries Armenia, Georgia, and Uzbekistan, following an Eastern European model, provide for a post-maternity leave for child care/child rearing purposes of 2 – 3 years, either unpaid or with a modest cash benefit. (There are no data on coverage and take-up.) (SSPTW, 2004)

In most Asian countries, preschool or pre-primary school is for children aged 3 to compulsory school entry, usually age 6. Coverage for this age group averaged 50 percent in the 1990s; what exists is largely in the urban areas. Data on the earlier years is very limited. In many countries, the data are not disaggregated by age and coverage data are not available for the under 3s. One positive development is that in many countries almost all children are enrolled the year before primary school. Furthermore, there was a substantial increase in coverage between 1970 and 1990 (from a very low base) and then again in the 1990s (following Jomtien and Dakar), especially in China, Korea, Thailand, and, to a lesser extent, in India and the Philippines.

The enrollment rates of preschool ranged widely in each Asian sub-region as well as across the regions. The average participation rates were low -- about one year of pre-primary education in East Asia and the Pacific, 0.7 years in South and West Asia, 0.8 years in Central Asia, as compared with 1.6 years in Latin America and the Caribbean, 1.8 years in Central and Eastern Europe, and 2.3 years in Western Europe and North America. Program quality was poor (low staff:child ratios and teacher qualifications). (The rates of coverage in Sub-Saharan Africa and the Arab states are even lower, at 0.3, however.)

Typically, preschool was delivered under Ministries of Education, and had as its objectives stimulating child development (cognitive and social, and preparation for primary school. Except for China, India, and Vietnam (see below), there is little reference to early regional histories or even country-specific histories. Governments do participate in funding and delivery of preschool education, but in most countries the private sector is involved as well. A few brief illustrations are followed by two more extensive cases: China and India.

In Laos, after legislation enacted in 1975, preschool was introduced through the establishment of two types of programs, one for the under 3s and another for the 3-5 year olds. In 1985 at the end of the first 5-year education plan, about 3 percent of children aged 3 months to 5 years were enrolled. By 1988 coverage had increased to 2 percent for the under 3s and 8

percent of the 3-5 year olds, with somewhat lower rates for girls, clearly inadequate to meet the need.

In Cambodia, preschool is for 3- 5 year olds, under the auspices of the Ministry of Education, Youth and Sport, with compulsory primary school beginning at age 6, and located initially at the workplace. In the 1990s preschool covered about 5 percent of the age group. Care of the 0-3 year olds was largely by mothers bringing babies to the fields while they work, or secondarily by older siblings. There is some evidence of emerging interest in programs for the under 3s; the responsible ministries for care of the under 3s are: the Ministry of Health and the Ministry of Rural Development.

In Malaysia, preschool is for 4-6 year olds and coverage has increased significantly from 17 percent in 1981 to 41.5 percent in 1995. Almost 88 percent of the children in first grade in 1999 in Malaysia had prior preschool experience, while only 27 percent did in Indonesia. There is very limited coverage for the under 3s. Child (day)care centers under the Ministry of Social Affairs, provide services for children from 3 months to six years who need care while their parents work outside the home. Kindergartens, under the Ministry of Education, provide early education services for children from 4-6.

In the Philippines as in most of Southeast Asia, mothers are the primary caregivers of young children, with other relatives contributing as well too. There are two separate types of ECEC programs: day care centers and preschool programs. (Palattao-Corpus, 1993) Kindergartens were first established under the direction of early American missionaries in 1924 (Palatto-Corpus, 1993). Subsequently, other religious groups and NGOs followed. The Day Care Service, under the Department of Social Welfare and the Urban Community Welfare program was established in 1964 as part of a UNICEF-Assisted Social Services project. The first centers were organized in locations with an established community welfare program. In the 1970s, a supplemental feeding program was introduced into the daycare service. By 1975 local governments were involved and in 1978 the Barangay Day Care Law was enacted, requiring the establishment of a center in every barangay²⁰. The UNICEF-Assisted Early Child Enrichment Program was expanded beginning in 1983, providing part-day rural centers for 3-6 year olds, health care, nutrition, and socialization

²⁰ The barangay is the smallest unit of government – a local government area, either a village or urban neighborhood.

Preschools or kindergartens are for 3- 6 year olds, but with private or community-based preschools for 2-3 year olds. Preschool is not part of the formal education system, is voluntary, usually attached to public primary schools and supervised by the principle of the primary school where they are located. Despite not being part of the formal school system, they still operate under the auspice of the Ministry of Education, Culture, and Sport (MECS).

The Preschool Education Program for children aged 2 ½ to six is sponsored by either the government or private sector organizations (NGOs, religious organizations) and registered with the government agency, which sets the standards for them. The main goal is to prepare children for primary school. The programs are half-day, five days a week, following the school calendar and schedule. The programs are funded by the local government and parent “contributions” and parents are involved in a variety of volunteer activities in the program. The programs serve the three to six year olds, including street children, disabled children, and abused children.

In the late 1980s about 20 percent of three to six year olds were enrolled.

In 1985 the Inter Agency Committee of the Early Child Enrichment Program was established to coordinate ECEC policies in programs across the day care centers and preschools and across the ministries involved in child-related agencies, including education, social welfare, health, etc. The problem of a fragmented delivery system was recognized and addressed through these efforts at coordination.

Vietnam is among the developing Asian countries with relatively significant ECEC enrollment rates in the early 1990s. As de los Angeles-Bantista notes (2004), Vietnam’s longstanding status as a predominately agrarian society has meant that traditionally, all able family members have shared an equal responsibility for farm work. For this reason, even before major changes in the economy had taken place and urban centers developed, Vietnamese women in rural villages have needed some form of childcare support, a need which was most often met by grandparents and other elder relatives, 87 percent of children under three years old are cared for at home; poor families have no other options (de los Angeles-Bantista, 2004). Those who can afford it, hire household help to provide care in their homes. But recently there has been a shift towards out-of home ECEC now covering more than half of the 3-6 year olds.

Its ECEC history begins in 1954, following the end of the French colonial regime and the establishment of the Socialist Republic of Vietnam (Tran Thi Trong, Pham Mai Chi and Dao Van Phu, 1993; Thaveporn Vasavaku, 2000), with some developments occurring even during the war (1946-54). The new constitution guaranteed certain rights to women and children, in

particular with regard to child care and education. A government circular issued in 1970 announced the establishment of crèches and nursery schools, and stated that plans for their development were to be included in every national plan, beginning in 1971. The goals of these programs were to prepare children for primary school, to improve quality, and to advise parents how best to bring up their children.

The different forms of provision include: public crèches (day care centers) for full time care for children 3 months to 3 years; public preschools and kindergartens for 3 - 5 year olds, private mini-creches (family day care homes) for 0-6 year olds, community childcare centers, and home-based childcare for babies up to 2. They are all administratively under education and official policy is to promote all as ECEC services. Kindergartens have always been defined as including both education and care while recently the day care centers are also expected to provide education. They are funded by the Ministry of Education, local authorities, international organizations and NGOs such as UNESCO and UNICEF.

In 1987 the administration of preschool education for children under the age of 3 and preschool for children aged 3 to 5 were merged under the Ministry of Education. In 1991, the Department of Preschool Education became the basic education unit in a newly organized national education administration. The main attention is on the 3-5 year olds. Eight percent of the 0-3 year olds are enrolled in preschool education, but 45 percent of 3-5 year olds and 75 percent of the 5-6 year olds are enrolled. . The programs are administratively integrated under the Ministry of Education but the actual delivery system is fragmented, and the supply inadequate, especially for the under 3s. Access and quality vary dramatically between urban and rural areas. The programs are overwhelmingly public or publicly subsidized.

Two other countries that provide contrasting illustrations of Asian ECEC developments are China and India.

Influenced by Confucian ideology, education has been highly valued in China due to its importance in personal development and social mobility and this is reflected in attention to preschool as well. Western ideology and pedagogy has also played a role, along with the changing political ideology within China.

According to Wei Zhen Gao (1993), “The first regulations regarding preschool education were formulated and promulgated in 1903, and the first group of preschool educational institutions was born at that time.” (p. 8 3). The initial developments were modeled on the Japanese preschools, and American missionaries followed. Throughout the first half of the

century, the development was slow, reaching a pre-liberation peak in 1946. The Communist party had shown interest in preschool education as early as 1927, especially supporting its development in rural areas and were to be active players subsequently.

Based on the major changes in economy, politics, and demography, the post-World War II developments of ECEC in China may be grouped into three periods. (Zhai, 2005)²¹ First, the period of war recovery and initial industrialization (1949-1957), along with the rapid growth of population and overall employment rate when the number of child care facilities increased greatly to assist working parents, particularly mothers, to concentrate on their work. For example, the number of children attending kindergarten increased from 130,000 in 1949 to 380,000 in 1951. In 1955, the Ministries of Interior, Education, and Public Health issued a unified policy statement promoting kindergartens and nurseries in rural areas, thus enabling greater female labor force participation. In the cities, all factories were required to organize child care facilities and kindergartens. Even with such official determination, by 1957, there were only about 1.4% of preschool age children aged 0-6 enrolled in kindergartens; and most of these programs were concentrated in coastal provinces.

Second, is the volatile period, including the Great Leap Forward, natural disaster, and the Cultural Revolution (1958-1977), when the number of day-care facilities decreased dramatically, particularly in the rural areas. But by 1962 the number slowly resumed the level that existed in 1957. During the Cultural Revolution (1966-1976), ECEC facilities were severely curtailed as societal chaos affected the workforce and the family (Lee, 1992; Wu, 1992).

In the third stage, the regulatory and modern development period including economic reform and the one-child policy (1978-present), the overall demand for day-care services increased again. Many of the professional elite sent to the countryside for reeducation who were born in the 1950s, the first baby boom wave, were allowed to return to the cities from 1979 when they were of marriage and childbearing age. In addition, along with the economic and social development, the increasing desire for a higher standard of living forced many young couples to take full-time jobs and thus, out-of-home care facilities were viewed as essential. The official statistics show that, by 1988, about 20% of all children between 3 and 6 years old attended kindergarten.

²¹ This case illustration draws on Fuhua Zhai's "profile" of China's child and family policy on the Columbia University Clearinghouse for Child, Youth, and Family Policy. www.childpolicyintl.org

The Ministry of Health issued three documents in 1980 which constituted the regulations governing ECEC services and programs. In 1981, the government issued Guidelines for Kindergarten Education, with an improved version of the first guidelines for preschool education published in 1952. After the 13th Chinese Communist Party Meeting in 1983, preschool education received new official endorsement, and policy makers and scholars began another nationwide promotion of quality teacher training, compilation of curriculum manuals and textbooks for kindergartens, and research to improve the implementation of ECEC. In 1999, the Guiding Framework of Kindergarten Education stated that ECEC should be the foundation of children's immediate and lifelong education and that kindergartens should promote children's development and enable them to have a happy and meaningful childhood.

In China, ECEC in the broad sense is education for children from birth through age 6 or 7 (children begin primary schools at age 6 or 7). Four broad goals of ECEC were identified in the 1996 Statute of Kindergartens: (1) to help children cultivate good habits; (2) socialization and moral education, (3) to promote cognitive and language development; and (4) to develop physical and motor skills. These goals reflect how early education should contribute to enhancing behavioral, social, and academic skills.

There are two major types of ECEC programs: nurseries for children under age 3 and kindergartens for children from age 3 to 6. Nurseries are under the jurisdiction of the Ministry of Health, while kindergartens are under the Ministry of Education. As the government and the public are now attaching more importance to education in the early years, nurseries are gradually expanding their focus to include education in addition to child care, and thus the Ministry of Education has taken on responsibility for supervising the education component of the nurseries. For children in the remote rural areas with sparse populations and poor transportation, ECEC services includes residential boarding schools, mobile kindergartens, play centers, children's activity stations, toy libraries, and touring instructional teams, and children participate in different formats, such as seasonal classes, weekend classes or mixed age groups.

In terms of administration and funding, due to the unbalanced development of the economy, geographical vastness, cultural and linguistic complexity, and limited ECEC services, the central government has relied on local governments to administer ECEC. The government sets out national guidelines for ECEC while local authorities supervise the implementation. The program models are open for observation to day-care workers from across the country and from

the government's point of view, setting up and supporting national models of ECEC facilities is an effective way of improving their quality.

Since ECEC is not included in the compulsory education system, government input is relatively small when compared with the other sectors. For instance, it accounted only for 1.3-1.5% of the total national education expenditure in 1996. NGOs are the main providers of nurseries and kindergartens, supplemented by governmental bodies, enterprises and institutions, communities and individuals. Parents are expected to pay fees and share a reasonable amount of the costs, which amounts to a large percentage of family income. Nonetheless, according to the Education Today Newsletter (July-September, 2005), in India 95 percent of expenditures on pre-primary education come from public funds, in contrast to 5 percent in Indonesia.

Teacher qualifications have been an ongoing concern, as in many developing countries. There were no specific qualification requirements for early childhood teachers before the 1990s. Since 1979, especially in the last decade, the Chinese government has devoted much effort to improving the professional training of ECEC teachers and has established an integrated professional training system. Since the late 1980s, the focus of further training has been on improving teachers' professional skills. In 1989, the Statute of Kindergartens put forward some basic requirements for principals, teachers, child care workers, and medical staff, which were subsequently made more explicit in 1996. Kindergarten teachers are required to be graduates of normal schools of early childhood education or above, or graduates of senior high schools with kindergarten teacher certificates acquired through qualifying examinations.

Nevertheless, there are huge variations in the quantity and quality of ECEC programs across local authorities. Many children in poor families or underdeveloped communities are unable to access quality ECEC services.

Traditionally, as throughout Asia, caring for children in India has been the responsibility of the family and organized provision of ECEC services is very recent. Even after first established, subsequent development was very slow. (Gill, 1993; Rao, 2005)²²

The history of early childhood education in India dates back to the 1890s, when kindergartens were first started in the country (Rao, 2005). Despite an early start, early childhood education activities remained scattered, concentrated in urban settings, restricted to certain regions in the country, and confined to those who could afford such services. According

²² This case illustration draws on Manita Rao's "profile" of India's child and family policies on the Columbia University Clearinghouse on Child, Youth and Family Policy. <http://www.childpolicyintl.org>

to Gill (1993) the factors leading to the neglect of ECEC developments include historical and cultural realities, the caste system, childrearing beliefs and practices, and the low status of women.

It was not until the creation of the Central Social Welfare Board in 1953, after independence, that the national government started playing a more active role. The Board sponsored voluntary agencies that would set up *balwadis* (kindergartens or child education centers) for the children of the less privileged. The objective of the program was to shift the focus towards rural areas and the poor and to emphasize the holistic development of the child rather than preschool education alone. Over time many were also established in urban or semi-urban communities. In addition to the Central Welfare Board, they are operated by the Indian Council of Child Welfare, state governments and municipal authorities.

In 1974, the national government launched the Integrated Child Development Services (ICDS) program, which has become the world's largest attempt to provide a package of services to the most vulnerable population groups. The program concentrates on urban slums, tribal areas and the more remote and backward rural regions of the country. This is the largest ECCE program in the country and was established to provide vulnerable children a head-start by providing an integrated program of health, nutrition and early childhood education. Its package of services includes supplementary nutrition, immunization, health check-up and referral services, non-formal pre-school education and community participation for children below six years, and to pregnant and nursing mothers. The scheme is funded by the central government.

The federally funded, UNICEF-assisted program began with 33 modest projects reaching about 150,000 young children. The program also serves as a basic preparatory half-day preschool for children, with the goal of providing education that prepares them to enter primary school. Initiated in 1975, the program today covers 4.8 million expectant and nursing mothers and over 23 million children under the age of 6 (close to 15% of the total pre-school population). In addition to this, supplementary nutrition centers set up in most neighborhoods provide nutrition to children who are between 3-5 year old.

The focal point for the delivery of services is the *anganwadi* (courtyard garden), a term borrowed from the simple child care centre which could be run in the courtyard of any village home. The *anganwadi worker*, the key worker and first paraprofessional in the child care service, is usually a local woman. She is considered a community worker earning a small

honorarium for the services she renders to the community. The cost of the ICDS program averages \$10-\$22 per child a year.

Though ICDS is the major program catering to the ECCE needs, several other schemes have also been initiated by the central and state governments mainly to supplement the ICDS provisions, in content and coverage. For instance, 'Creches and Day Care Centres Scheme' was started in 1975 to provide day care services for children below five years. It caters mainly to children of casual, migrant, agricultural and construction laborers. The program is primarily custodial in nature. Similarly, 'Early Childhood Education Scheme' was introduced as a distinct strategy to reduce the primary school drop-out rate and to improve the rate of retention of children in primary schools. Under this scheme, central assistance is given to voluntary organizations for running pre-school education centers. In addition to these schemes that reach out to the rural, urban slums and tribal areas, there are innumerable private, fee charging nursery schools which cater to the needs of middle class parents living in urban and semi-urban areas. At present, there is no system of licensing or recognition of such institutions. Table 1.0 presents details about coverage under various ECCE schemes in 1989-90.

Evaluation studies have found that, despite some unevenness in the quality of services, the ICDS program has had a positive impact on the survival, growth, and development of young children. For example, a study conducted in rural areas of three southern states (Tamil Nadu, Andhra Pradesh and Karnataka) found that the program had a significant impact on the psycho-social development of children, for both boys and girls. The study also showed that undernourished ICDS beneficiaries attained higher developmental scores than well-nourished children who were not enrolled in the program. A national study conducted in 1992 by the National Institute of Public Cooperation and Child Development confirmed the positive impact of ICDS. Where the program was operating, there were lower percentages of low-birth-weight babies, lower infant mortality rates, higher immunization coverage, higher utilization rates for health services, and better child nutrition. Further, the percentage of severely malnourished children declined, the positive effects of preschool were evident, and a larger percentage of mothers were getting their children medically examined. Over the last three decades, ICDS has demonstrated its effectiveness. Consequently, the Government of India has renewed its commitment to making the program universally available in order to achieve equality of opportunity for all Indian children.

Only in the 1960s and 1970s was legislation enacted that called for “creches” (day care centers) to be established in factories for the children of working employee/mothers. A national crèche fund established by the government gives grants to voluntary organizations to set up day care facilities for children of working mothers. Children of migrant, casual, construction or agricultural laborers use these crèches. In recent years, the educational function of these centers has come under great scrutiny and criticism. They are today mostly centers where food is served to children and mothers free-of-cost.

Located mainly in urban areas and operated privately, (for profit) nursery schools and kindergartens focus on the education of children between two and a half and five, and are designed to provide early education and care to the children of middle class working mothers. They are funded by parent fees and do not serve children from poor families.

Recognizing the crucial importance of early childhood education, the National Policy on Education-1986 recommended strengthening the ECCE program not only as an essential component of human development but also as a support to the “universalisation of elementary education”. (Gill, 1993) The program is expected to prepare the child for primary school. It also indirectly enhances enrollment and retention rates of girls in primary schools by providing a substitute care facility for younger siblings. The national policy envisages ECCE as a holistic experience fostering health, psychological and nutritional development of children along with school-related skills.

Table 2.1: Coverage under Various Childhood Education Schemes 1989-90

Programs	Number of centers	Beneficiaries coverage	Percentage of population in age group 3-6 *
ICDS (preschool education age group 3-6)	203,383	657,800+	11.43
(2424 sanctioned Projects)	4,365	153,000	0.27
Early Childhood Education (ECE) Centres			
Creches and Day Care			

Centers-age group 0-5 (estimated coverage on the basis of 25 children per creche)	12,230	306,000	0.53
<i>Balwadis</i> -age group 3-6 (estimated coverage on the basis of 30 children per <i>Balwadi</i>)	5,641	169,000	0.29
Pre-primary schools	14,765	144,000	2.50
Total	-	864,600	15.02

*Total population in the age group 3-6 years in March 1990 (estimated on the basis of 7 per cent of total population) - 57.54 million

Source: Rajlakshmi Murlidharan and Venita Kaul, Early Childhood Care and Education: Status and Problems

Latin America and the Caribbean (LAC)²³

The Latin American and Caribbean region (LAC) includes 35 countries, in South America, Central America and the Caribbean, with 54 million children under the age of 5. According to UNICEF, 60 percent of the region's children are living in poverty, with incomes less than \$1 USD. Rural poverty is especially severe. More than 80 million children in LAC suffer from malnutrition, disease, and limited access to school (Waiser, 1998)

The region is characterized by an extensive and diverse colonial heritage from Britain, France, Netherlands, Portugal, and Spain. In addition, the major international governmental organizations, UNICEF, UNESCO, UNDP, and the World Bank, and the large international NGOs such as Save the Children have played an active role in supporting ECEC initiatives in the region. Save the Children reports that the child policy priorities for the region include: neonatal health and reproductive health, early child development and primary education, nutrition, and emergency responses and preparedness

According to a World Bank study (November 24, 2004) LAC is the world's most unequal region with the richest 10 percent of the population receiving 48 percent of the wealth while the 10 percent poorest receive only 1.6 percent. The countries are characterized by extensive inequities with regard to education, health, and water as well as income. Race (African descendents) and ethnicity (the various indigenous people) constitute the major source of inequities. According to the World Bank's 2003 annual report on LAC, these inequalities slow the pace of poverty reduction and undermine the development process itself. (de Ferranti, et al., 2003) In contrast, gender differentials in income and education have been reduced. Female labor force participation increased from 23 percent in 1960 to 31 percent in the early 1980s. In part like Africa, in addition to the role of the large donor institutions, the earlier colonial histories had a major impact on ECEC policy and program developments. During those years an elite colonial population shaped policies and programs to serve their own interest first.

According to an April 2000 press release, (World Education Forum, Press Kit, Latin America, 2000) "the gaps in educational access between males and females, literates and illiterates, and urban and rural dwellers in Latin America and the Caribbean..." considerably narrowed in the 1990s.

²³ This section draws on the Columbia University Clearinghouse profile on Columbia, by Sandra Garcia (2005)

Drawing on data from UNESCO's regional office, ECEC coverage increased from 7.9 percent in 1980 to 15.0 percent in 1986 for children aged 0-5, in contrast to 32 percent in the British Caribbean, an increase of 69 percent. Several other countries, including Brazil (91 percent), Costa Rica (85 percent), Dominican Republic (233 percent) Mexico (133 percent), experienced greater increases. Focusing only on the 3-5 (or 4-6) year olds, the age group targeted by most preschool programs, the coverage for the region then would be closer to 30 percent, largely in middle class and urban areas.

Although access to ECEC was very limited even at the end of the 1980s, between 1985 and 1995, UNESCO reported a significant increase in the region (UNESCO Education, Latin America and Caribbean). Chile's enrollment rate, for example, went from 83 percent to 96 percent, Jamaica's from 76 percent to 81 percent, and Trinidad and Tobago from 8 percent to 10 percent. Parent awareness of the value of preschool increased. More attention was paid to non-formal programs although formal preschools were still more dominant. Private enrollments continued to increase, especially in the former British Caribbean. Issues of inequities and inadequate quality remained pervasive along with the problems of meeting the needs of marginalized populations. The split between day care and preschool remained a problem here as elsewhere. And most children entered primary school without any prior pre-school experience.

According to the World Education Forum, between 1990 and 1998, enrollment in ECEC increased even more significantly, covering about half the 3-5 year olds, and 80 percent of those in the Caribbean. Myers (1992) points out that this rapid expansion occurred during a period of extraordinary economic pressures. Moreover, given that "most preschool statistics (in LAC) do not pick up participation in non-formal programs and they leave out programs that are not the responsibility of the education sector..." a significant population of children would not be counted, for example, those who are in the home day care program in Columbia, even though the program has an educational component. (Myers, 1992, p. 8)

Of some interest, goals similar to the Education for All goals, were established in the LAC region over twenty years ago, in 1980:

We turn now to two country cases: Columbia, and Mexico.

Mexico is a large country both in physical size and in population (OECD, Mexico, 2005). It has a population of more than 100 million of which about 12 percent are under age 6. Proximity to the U.S., with whom it shares a long border, has played an important influence on its history, culture and economy. Its early colonial history with Spain has also been a major

influence. Its population is diverse both racially and ethnically, and indigenous people constitute a significant part. Eight percent of its population is classified as indigenous and distributed among 64 ethnic groups. More than 1.2 million children under 5 live in families where an indigenous language is spoken.

Mexico is the only Latin American country in the OECD and thus, the only Latin American country to participate in the OECD thematic review of ECEC programs. (OECD, 2005) The OECD country report on ECEC in Mexico states that “At least three demographic tendencies have had important effects on early education policies and provision: a falling birthrate and decreased population growth; migration (both internal and international); and urbanization”. (p.8). Seventy-five percent of the population live in urban areas in contrast to 50 percent in 1960. The fertility rate dropped rapidly beginning in the 1970s and the absolute number of young children under age 5 is dropping, too, affecting potential demand. Demographic change, internal migration, and urbanization have played a major role in shaping Mexico’s ECEC policies and programs.

Women working in formal employment (most work in informal employment), and enrolled in the social security system, have the right to a 12-week maternity leave, six weeks before birth and six after, with 50 percent of pay provided through a government benefit, and with their job protected if they return to work within one year after birth. In addition they receive a lump sum to cover special expenditures linked to childbirth and a new baby.

The first known day care center in Mexico was established in the mid 19th century to provide care for the children of working mothers and another was established in 1910 that continued to operate until 1920. Government involvement occurred first when the post revolutionary constitution of 1917 guaranteed working women the right to day care services for their children. Implementation of this right evolved slowly over time but by the early 1970s all female government workers and all female workers (and sole male parents with young children) who were enrolled in the social security system had a right to day care provided by the government. In the 1970s, the regulation of these facilities was placed under the Ministry of Education. The law emphasized that day care not be primarily custodial but be dedicated to the holistic development of the participating children (Tolbert, et al, 1993).

Preschool education had a parallel history. Preschool education began first in the late 1800s. The concept was that early care should help to develop, socialize, and educate young children. The programs were influenced by the ideas of Pestalozzi, Froebel, and later,

Montessori, influences shared with the European and North American countries as well as with several other Latin American countries. Preschool education spread slowly also, shifting only gradually from its social welfare bias to an education and development base. Periodically, curricular reform was carried out as well.

Responsibility for preschools was placed in the Public Education Secretariat and from 1948 to 1992, in the Office of Preschool Education. In 1992 the education system was re-organized and preschools were placed within “basic education” leaving it without a national office of its own and devolving to the states. Basic education covers children aged 3-5 and includes preschool for children of this age until compulsory primary school begins. This makes Mexico the only country in the world to make preschool mandatory for children from age 3. It is phasing in universal preschool one year at a time and expects it to be fully implemented for the 3- 5 year olds by the 2008-09 year. In 2002, 20 percent of 3 year olds, 63 percent of 4 year olds, and 81 percent of 5 year olds were enrolled for an overall country average of 55.5 percent. However, a large but unknown number of children were in private for-profit centers where quality varies enormously. Education is free and secular but there are no government subsidies for the programs. Over time local governments, state governments, and NGOs as well as private (for profit) providers have become part of a very fragmented delivery system.

The OECD country report characterizes Mexico’s ECEC system as shaped by four historical traditions:

- charity and welfare, including child protection and compensatory education, administered under social welfare auspices
- care for the children of working women, administered under the auspices of the social security and health ministries
- non-governmental and community-based programs, and
- early education, located in the education ministry

Over time, two major categories of programs emerged:

- Initial Education, a voluntary program stressing protection for and care of children under age 4, including parent education
- Preschool for children aged 3-5, a compulsory program, oriented to education and development for children, until they enter primary school. Many of these are half-day programs, with separate morning and afternoon shifts (as in Brazil, too).

Given its size and diversity, it is not surprising that within these overarching categories, Mexico has several other special programs. For example, in 1978 a large program of non-formal initial education was established, funded largely by the World Bank and the Inter-American Development Banks.

The responsibility for preschools devolved to the states in 1992 as part of the decentralization of basic education. Eighty percent of enrollments were in state supervised preschools while only 10 percent were private. Most children were enrolled in general preschools. Eight percent were in special preschools for indigenous children and 3.5 percent in community-based programs under NGOs. Some preschools had separate morning and afternoon shifts, providing only a half day preschool program.

The preschool programs were funded by different government ministries and thus it is very difficult to assess public investment. Most support for initial education comes from parent fees, supplemented by government funds from social security, the health ministry, the education ministry, family welfare, and other government agencies. The funds for preschool education come mainly from the national budget but supplemented, also, by other agencies, the states, municipalities and parent fees or contributions. The federal government provides resources to state governments and the state and local governments share in the funding of the programs.

Turning to another country case, Colombia is located in the northwestern part of South America, with a population of about 43 million of whom three-quarters live in urban areas. It has a diverse population with a large group of indigenous people and blacks and is overwhelmingly Catholic (as is most of the region). Fertility rates declined significantly in the 1970s and 1980s. Female labor force participation rose from 20 percent to 30 percent between 1965 and 1985, although most women worked in the informal sector. Poverty is a pervasive problem and about 55 percent of the child population were poor in the 1990s. Other problems included malnutrition in children under 5, access to health care and access to clean water.

Until the mid 70s, pre-primary education was not important within educational policy in Colombia. Enrollment rates were very low in 1975, for example, and pre-primary education was offered primarily by private institutions to children from affluent families in the main cities (Ministerio de Educación Nacional & UNESCO, 1999). Although by 1985 enrollment rates more than doubled, and government involvement also increased, it was not until the early 1990s that important legislation led to significant expansion of services.

Colombia neither did nor does have a comprehensive early childhood education and care policy. Both the legal framework and the institutions that provide services to this group of children are fragmented. In 1968 the Law 75 created the Colombian Institute of Social Welfare (*Instituto Colombiano de Bienestar Familiar, ICBF*) in order to centralize the provision of child protection services that were being provided by different entities. Later, in 1979 a more comprehensive system was created (the National System of Social Welfare) with the main objectives of promoting family integration and protecting children's rights. Within this system, the most important institution was the Colombian Institute of Social Welfare, which was assigned by law the responsibility of coordinating the system. In general, this system had responsibility for (1) child protection and (2) early childhood care (particularly for low-income families), which includes the provision of child care, nutrition, and access to health care (this latter in coordination with the Ministry of Social Protection²⁴).

In 1984, the Ministry of Education introduced the policy of providing integrated care and education along with the participation of the family and the community in ministry-sponsored institutions. By the mid 1980s, the weak economy led the government to seek out less expensive, high coverage alternatives to the more traditional center-based programs. In the late 1980s (see below) community welfare homes and child homes were established.

In 1991, Colombia signed a new Constitution, which declared education as a legal right for children aged 5 to 15 (including at least one year of pre-primary education and nine of basic education). In 1993, the Social Security Law gave special attention to young children and established special programs targeted towards pregnant women, infants and women head of households. Also, in 1994, the General Education Law established at least one obligatory year of preschool education called Grade Zero, and in 1997 the law stipulated this year of preschool as universal (Ministerio de Educación Nacional & UNESCO, 1999). These legal reforms, together, have translated into an important expansion of education and services for children 0-5. However, the coverage of services for this age group is still limited.

Colombia has two main strategies directed to early childhood: preventive care (care, health and nutrition) and pre-primary education. These are mainly designed to “compensate” for unequal initial conditions among disadvantaged children when they enter the formal education system (Ministerio de Educación Nacional & UNESCO, 1999). The main program that carries

²⁴ The Ministry of Social Protection was recently created (2002) and is a product of merging the former Ministry of Health and Ministry of Labor

out the preventive care strategy is the Community Welfare Homes and the main programs that carry out the pre-primary education strategy are the Child Homes and the obligatory pre-school year before entering to first grade. It is important to note from the outset that these programs overlap in terms of the age group they serve and it is not very clear what criteria are used for who is served in which program or who can use more than one program.

The following is a description of the two major programs that are aimed at children 0-6 years old (most of them targeted to children who come from poor and vulnerable families), first established in the late 1980s and still sustained:

Community Welfare Homes are family-day care centers that are run by “Community Mothers” (women from the community who are paid 2/3 of the minimum wage and who provide care for up to 15 children in their own home). The program is targeted on children under the age of 6 who come from poor or vulnerable families. In addition to the provision of day care, these centers offer a nutritional supplement, promote immunization, and facilitate linking children and their families with the health care system. This program has the most extensive coverage of any in the country. At the same time it has many problems because not all the children enrolled come from the poorest families (the priority target group). The program has also been criticized for its poor quality: many of the “Community Mothers” do not have the minimum educational requirements and many of the homes do not have adequate materials (Nuñez & Espinosa, 2005).

Child Homes are more formal day care centers, which in addition to providing care, nutrition and preventive health care (monitoring of growth and promotion of immunization) also provide a more structured educational program that aims to stimulate children’s cognitive and social skills. In contrast to the community welfare homes, these are run by professional staff and the facilities are owned (or funded) by the government. They serve children from 6 months old up to 5 years old who have at least one working parent and it also (in theory) sets a priority on low-income families. The quality of this program is much higher than that of the Community Welfare Homes, however the coverage is much lower (both because it is more costly and because it benefits more middle-class families and not poor families, the main priority group). (Perotti, 2000).

Two other programs are: Family, Infants and Women Homes which are centers for pregnant women and mothers of children under the age of 2 who are in a vulnerable situation (either psychological or socioeconomic). It monitors children’s nutrition, and provides a nutritional supplement. A second is the Infants and Mothers program also targeted towards

pregnant women, mothers who are breastfeeding and children under the age of 7 who live in rural areas. The program provides the nutritional supplement mentioned above and tries to link children and mothers with the social security program and health insurance.

In addition to these is Grade Zero, the first year of formal education that corresponds to one year of pre-primary school. It is compulsory and aims to prepare children for first grade (mostly in reading and math). One problem is that when a child goes from a Child Home to Grade Zero, he/she may lose the nutrition and preventive care benefits received in the Child Homes. Although the food programs in schools may serve the nutrition supplement, it is not clear that all needy children are covered (because the food program is school-based and the child may not be enrolled in a school that has the program).

Unlike the other programs mentioned above (which are ran by the Colombian Institute of Social Welfare (ICBF), the Grade Zero (formal pre-primary education) is coordinated by the Ministry of Education and implemented by the *Departamentos* (“states”) and municipalities.

The private sector plays an important role in the provision of preventive and childcare services in Colombia. In recent years, the government (through the government agency) pays some foundations and NGOs for the provision of services (the payment is per child served). There is no information on the exact number of private institutions or number of children covered, but according to the latest report given to UNESCO, there were 145 institutions in the country providing services to young children, but it is not clear from the information obtained how many of these provide formal pre-primary education and how many provide preventive care (Ministerio de Educación Nacional & UNESCO, 1999). It is known that 45% of the children enrolled in pre-primary education are enrolled in private institutions, but it is not clear how many of these slots were paid for by the government.

All the preventive care programs (plus the Child Homes, which have a stronger educational component) are run by the ICBF (Columbian Institute of Social Welfare), which is a heavily centralized agency. The programs of formal pre-primary education (i.e. Grade Zero) are coordinated by the Ministry of Education and implemented at the local level (by the Departments (States) and municipalities). This is a characteristic of the educational system, which since 1993 has undertaken important reforms in terms of decentralization of responsibilities and resources²⁵.

²⁵ Before the Decentralization Law (Law of Competences and Resources of 1993) the education system was fully under the central government. With the decentralization law, this responsibility is distributed to different levels of government so that the *Departamentos* (“states”) are in charge of teachers’ management (contracting and payroll) and the municipalities are in charge of construction, maintenance and equipment/supplies.

Since 1990, Colombia made significant progress in expanding coverage of formal education to children aged 5 and 6, increasing from 54% in 1992 to 84% in 2003 (Departamento Nacional de Planeación, 2005). However, the net coverage for pre-primary education (including 3 and 4 year olds in addition to 5 year olds²⁶) is still low at 37% (UNESCO, 2005). When we look at the 5-year old group alone, which is the official age of obligatory pre-primary education, Colombia also made important progress since the early 1990s (as have many other Latin American countries), however the coverage as of 1998 was relatively low at 53% (compared to 100% in Argentina, 77% in Peru, 58% in Brazil, and 55% in Chile) (UNESCO, 2001).

With respect to care, as of 1997 24% of children between the ages of 0 and 6 (and 60% of the targeted population in terms of both age and income) were served by the child care and preventive care services offered by the ICBF (Ministerio de Educación Nacional & UNESCO, 1999). Nonetheless, more than 63 percent of children under the age of 5 were cared for by a family member (Fedesarrollo, 2004).

Despite the legal reforms carried out in the 1990s, young children in Colombia are still very vulnerable and unprotected. Over two thirds of children under the age of six are poor and almost one-half (45%) do not have health insurance (Fedesarrollo, 2004) and as mentioned above, more than half of preschool-age children are outside the formal educational pre-primary education system. Unfortunately, not all the programs described have the intended coverage and most importantly, do not always cover the target population for which they were created. For example, recent estimates reveal that public day care centers cover only 27% of children in the lowest income quintile (while they cover 17% of children in the top quintile) (Fedesarrollo, 2004). Family day care is disproportionately used by low-income families. While close to 70% of families from the bottom two quintiles use family day care for their children under 5, only 49% of families in the top quintile do. Given the likelihood of poorer quality in family day care homes than in centers, further questions about equitable access arise.

²⁶ Technically in Colombia the pre-primary education age-group is 3-5 year olds, which includes one year of compulsory preschool education, this is when children are 5 years old.

SUMMARY AND CONCLUSIONS

The World Conference on Education for All in 1990, jointly sponsored by the major international governmental institutions including UNESCO, UNICEF, UNDP, and the World Bank, held in Jontien, Thailand, in March 1990, was a watershed in ECEC developments; it ends the history told here. Apart from the Conferences' main focus on universalizing basic education as a fundamental right and eradicating literacy, it initiated a new stage in the development, advancement, and promotion of ECEC. The Conference Declaration included a statement that has been repeated endlessly, since then: "Learning begins at birth. This calls for early childhood care and initial education. These can be provided through arrangements involving families, communities, or institutional programs as appropriate." (Article 5) A Framework for Action was included in the Declaration, announcing as a goal: "Expansion of early childhood care and development activities, including family and community interventions, especially for poor, disadvantaged and disabled children."

Ten years later in Dakar, Senegal at the April 2000 World Education Forum, the 1990 Declaration was reaffirmed including the goal of "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children." The developments of the decade may not have been dramatic, but clearly they contributed to a new movement.

What accounts for these and several other developments highlighting the importance and value of ECEC, is a separate story. This paper focused on the earlier history leading up to the astonishing increase in attention to ECEC that the Jomtien and Dakar Conferences initiated and the global social movement that appears to have been launched.

ECEC is a diverse field of education, ranging from formal pre-primary education and center programs to informal and home-based family day care and parent education programs. Only since the late 1980s are day care centers explicitly included in the definition of ECEC policies and programs and only in 1992 does the UNESCO Statistical Yearbook publish enrollment rates for the first time, covering the portion of the 3-5 year cohort (the primary age group targeted) enrolled in ECEC. Despite an explicit statement regarding the importance of including data on both care and education programs, and covering both children under age 3 and those aged 3 to 5 or 6, most of the data still focused on the 3-5 year olds, and came from Ministries of Education. As a result, coverage rates are significantly understated. They do not consistently include (or exclude) private programs, local community programs, day care centers,

family day care homes and other home-based programs, religious facilities, or any programs not administered under the auspices of ministries of education. Given a review of the Statistical Yearbook regarding whether data on the under 3s is included or not, the results are also unclear, since this varies from year to year and across countries.

The contrast between developments in the advanced industrialized countries (the OECD countries) and the developing countries, is stark, even in the mid-1990s, especially with regard to access and coverage (enrollment rates) and quality. The relatively high proportion of providers that were public rather than private, is far more likely to characterize the European countries (including the CEE countries) than the African, Asian, and LAC countries; private programs were an especially large component of services for the under 3s. The European countries were clearly already moving towards universal preschool for 3-5 or 6 year olds or whenever compulsory primary school began. Apart from Europe, only Mexico seemed to be moving towards this standard.

The programs were overwhelmingly described as voluntary with only some countries requiring participation for five year olds, in the year before primary school begins; and only Mexico mandating enrollment from age 3 on (on a phased in basis). Another important indicator used in the developing countries is the proportion of the entering class in primary school who have had a pre-primary experience. This, too, has increased over time. A regional LAC report (UNESCO Policy Brief No 21) found that by the end of the century, 10 countries had at least one year of compulsory pre-primary education, for the year prior to entry age into primary education. In effect, in 19 major countries located in the region, most children were in preschool at 5 years of age; and these programs were free. The cause of low enrollment rates of 3 and 4 year olds in this region may be due to the fact that only the one year is really free, and a second is the issue of whether non-formal and informal services where many of these children participate, were counted.

A few European countries had already moved towards an integration of care and education programs, but most countries around the world still kept these two functions separate. As a consequence, the dominant pre-primary education paradigm covering most EU countries, OECD countries, and the developing countries, assumes two ECEC systems and makes an explicit distinction between programs serving the under 3s, stressing care of children while mothers work (and, sometimes, access to health care, too), usually administered under ministries of social welfare or health), and programs serving the 3-5 or 6 year olds, stressing education,

preparation for primary school and socialization, usually administered under ministries of education. A few countries integrated the two services under one administrative auspice, education, such as Sweden did in 1995, and New Zealand and Vietnam did earlier, in 1986 and 1987²⁷. Although Brazil has done this administratively, it has still not really been implemented.

The supply of places for the under 3s remained very limited throughout the 1990s, even in Europe (European Commission, 1990), and were almost non-existent in most developing countries. A few European countries developed an alternative policy, parental or child rearing or child care leaves following childbirth, usually for two or three years, to enable women to care for their own infants at home, (Kamerman and Kahn, 1991). These included both paid and unpaid – but job-protected – leaves. These countries set child care policy and leave policies to make it possible for out-of-home care services to pick up responsibility for such care when the leave ends. This is clearly not a viable option for developing countries, whether because most women in these countries work in the informal sector and would not qualify for such benefits, or because the cost is likely to be prohibitive. This problem of resources may also account for the paucity of data on the under 3s from the early ECEC developments through the 1990s. Either the data were not collected, or not reported because these children were cared for by family members, relatives, or in informal care and thus the data are unavailable.

The roots of many of these programs can be found in 19th century developments, often of both kindergarten and day care centers, separately. In most of the European countries as well as Japan, China, and Thailand, preschool began with two separate often parallel streams and responded to these developments by subsequently establishing a sequential system with care services concentrated on the under 3s and preschool for children aged 3 to 5 or 6. In addition, most countries that developed just one formal preschool policy concentrated on the 3-5s, often explicitly assuming that responsibility for care of the under 3s belonged to parents and families.

The programs have been largely center- or school-based with home-based (family day care) programs targeted largely on the under 3s. Family day care homes certainly did exist in a number of countries, both OECD (e.g. Denmark, France, Turkey, and the U.S.) and developing countries (e.g. Columbia and Brazil) with the services provided by private caregivers, usually untrained. While most family day care homes provided full day care, it is not clear how many of

²⁷ Subsequently, other countries, also, integrated their two ECEC systems into one system under ministries of education, for example: England, Scotland, Spain, and parts of northern Italy.

the center-based programs covered a full work day or full school day. Data on program hours are not provided in any systematic way, especially for the developing countries.

Comparative cross-national data date from the 1970s (Kamerman, 1976 and Kahn & Kamerman, 1977). Most programs were located in middle class urban areas. Although public programs in most countries were supposed to be free, the reality seems to have been that even then there was some expectation that parents make a “contribution” to the programs even if they were not charged a full fee.

There are no data systematically reported with regard to non-formal, home-based programs (family day care) or parent education programs. This is so even in the developed countries. There are rather some discrete projects supported by donor organizations such as Unicef, the World Bank, and the Van Leer Foundation or a demonstration program established in a country. For example, the Turkish Early Enrichment Project (TEEP) operated in Turkey from 1982 - 1986 and subsequently became the Mother-Child Education program. It was an adaptation of the earlier HIPPY program (Home Intervention Program for Preschool Youngsters) developed in Israel, and adapted in other countries as well. The program consisted of bi-weekly, home visits and group meetings with mothers, held on alternative weeks. Its focus was on enhancing the social, emotional, cognitive, and personality development of children and on enhancing parenting skills as well. The program had significant positive cognitive effects on the participating children and positive behavioral effects on both child and mother. A follow up study was conducted ten years later and found that the effects were sustained over time. (Kagitcibasi, 1996)

Different conceptions of childhood undergird the policy and program initiatives described in this paper, but they are identified and discussed more explicitly in the literature regarding the developed countries. The exceptions are: (1) the growing conviction that children have a right to a place in ECEC just as they have a right to enrollment in primary school; and (2) the growing conviction that children’s views should be tapped in evaluating policies and programs that affect them (Landsdowne, 2005). Both these new views of childhood characterize the global scene, going well beyond any single country. Other relevant aspects of the discussion about childhood have to do with the importance of including children as the unit of attention when evaluating policy impacts and viewing childhood as a social phenomenon rather than as an instrumental process -- in other words, investing in children as a moral obligation rather than for their future value as productive adults. This clearly has implications for ECEC curricula, whether the

emphasis is on school readiness narrowly defined, and school related skills, or on a broad view of child well-being, and children's spontaneity and leadership in non-directive activities.

The factors said to have shaped the ECEC developments since the 1960s are surprisingly similar cross-nationally:

- the changing roles of women especially, the rising rates of female labor force participation
- urbanization and the concern with urban/rural inequities
- decline of fertility rates
- decline of or disappearance of the extended family
- compensation for disadvantage
- exposure to educational leaders both directly and indirectly
- globalization
- the growing conviction that education is a right and early education a child's right as well (and the impact of the Convention on the Rights of the Child)
- a desire to improve primary school performance and to enhance "school readiness" by increasing access to preschool
- brain research highlighting the value of early education
- the economic research stressing the benefits of preschool – the human capital argument
- the increased availability of data making comparisons with one's own country more visible
- increased awareness by the public of the value of preschool programs
- the role of international governmental and non-governmental organizations.

The influence of charismatic leaders in early education is mentioned surprisingly often, even in countries such as Thailand, Hong Kong, Mexico, Nigeria, China, the Philippines, and Japan in addition to almost all the European countries and the U.S., and the CEE countries. Froebel, Pestalozzi, Montessori, were mentioned in several sources as playing an influential role, especially in the development of kindergartens/preschools, as are American missionaries.²⁸

There were also some idiosyncratic developments that played an important role. These included:

²⁸ Loris Malaguzzi and Reggio Emilia in Italy may play a similar role when discussing more recent developments.

- the colonial experience and the post-colonial response, especially in Africa,
- the fall of the Soviet Union and the affiliated states
- South Africa and Apartheid
- Vietnam and its war of independence
- the internal politics of China, India

As early as 1961, the responses to the survey revealed many developments and issues that continued to be important throughout the next 30 years. Included among these were:

- the primacy of primary school along with a growing recognition of the importance of preschool
- the primacy of the family, the emphasis on the family as a provider of care, especially for the under 3s, and the conviction that preschool did not usurp parents' role
- a priority for places for children in need of protection, neglected, poor, disadvantaged
- a priority for the children of working mothers
- the importance of teacher training
- the low status of preschool programs and preschool teachers, inadequate training, all reflected in low salaries
- the importance of private programs to sustain the supply
- regulation, especially of private providers
- urban/rural inequities
- inequities with regard to indigenous people and ethnic and racial minorities
- the growing awareness of the value of preschool
- a beginning recognition of the value of "care" along with "education"
- concern about costs and source of financial support

No single government ministry has been consistently in charge of policy and program for ECEC. Several ministries, NGOs, and private organizations are responsible, making for tensions and turf problems as well as fragmentation of policy and delivery systems. Education, social welfare, health, (the three most important) as well as justice, labor and family makes it very difficult to function effectively, to assess the smoothness of the transition from home to school, and to analyze ECEC costs and public investment.

In reviewing the value of preschool, the benefits identified and discussed included: lower child morbidity, fewer primary school-related problems, improved primary school performance, and in several developing countries, improved health care and nutrition. Over the 35 years reviewed here, the public became increasingly aware of the value of these programs, in both developed and developing countries. The brain research as well as school outcome research appears to have been influential, albeit only in the later years, beginning in the 1980s. Certainly, research played an influential role with regard to the positive benefits of preschool in debates in the U.S. and the Anglo-American countries, France, and the Nordic countries, and is referred to in the literature regarding developments in many of the developing countries. There is also some significant research that was carried out in some of the less developed countries including Kenya, Mexico, Turkey, and Vietnam. (Kagitcibasi, 1996; Schady, 2005; Kamerman, et al (2003).

In short, the driving forces during the 35 year period from 1960 to 1995 could be described as follows:

In the 1960s, the major factors were economic growth and the explosion in social protection policies in Europe and the Anglo-American countries and the beginning attention to compensation for disadvantage, the end of colonialism and achieving independence in: Africa, the increase in urbanization, especially in Africa and Asia.

In the 1970s, family change played a particularly important role, in particular the increase in female labor force participation, the decline of the extended family, the increase in lone mothers, and the decline in fertility.

In the 1980s, globalization of the world economy was a major factor, along with the beginning spread of HIV/AIDS, the collapse of communism and the emergence of the new CEE and CIS countries, and the CRC., all leading to a re-assessment of the value of children.

In the 1990s it was the Jomtien and Dakar conferences that both reflected and added to the growing public awareness of the value of preschool programs and provided a possible foundation for a new social movement.

International government institutions such as UNESCO, UNICEF, UNDP and the World Bank and the European Commission including the EC Childcare Network and the EC European Family Observatory, and the OECD, and international NGOs both foundations such as the Bernard van Leer and the Aga Khan Foundations and organizations such as Save the Children clearly played a role in these developments although it is not clear how significant this role was.

Unicef played an especially important role in Africa, Asia, and Latin America, and more recently in the CEE countries, providing financial assistance, technical assistance, innovative program initiatives, and relevant research. The World Bank seems to have been a later arrival in the developing country initiatives. Some have suggested that the more recent developments were more a reflection of demographic and social pressures, especially the rise in female labor force participation rates among women with young children, than a response to any specific initiative by these organizations. However, there are repeated references to the role of the donor organizations in the literature, especially from the 1970s on. The CRC appears as an emerging influence even in the early 1990s and was probably far more significant in later years.

The issue of quality received increased attention in the European and North American countries, beginning in the 1990s, but little attention in the developing countries during this period except with regard to improved teacher training. A significant knowledge gap exists with regard to the lack of a threshold measure of adequate quality.

The tension and debate continued with regard to the trade-off between increasing access and enhancing quality, with the former appearing to have priority. The debate also continues with regard to whether programs should be voluntary or compulsory, whether given limited resources, the programs should be center –based or home-based, whether there should be one program for children from birth to primary school entry or two programs divided by age between the under 3s, in programs stressing care and a second for the 3- 5 year olds, in a program stressing education, what part of the curriculum should focus on formal school skills rather than on enhancing child development, the need for research, and the politics of developing, expanding and promoting ECEC.

Although support for working mothers is stressed as a priority in almost all surveys and discussion since the early 1960s, there has been surprisingly little attention to implementing relevant policies. Even as coverage and access increased, ECEC continued to be part-day in many countries; and despite the emphasis on the value of holistic programs, most tended to focus on achieving narrow school-related skills.

Finally, there is the issue of “lesson learning” and cultural diffusion (Rose, 1993; Inglehardt, 1988; Kahn & Kamerman, 2000). The history of ECEC programs is a fascinating illustration of how policies and programs can be transmitted across national borders and even around the globe. With similar roots in many countries, followed by developments that were transmitted from other countries that were exposed to the work of pedagogic giants, one can see

similar policy and program initiatives emerging around the world, over time. After all, this is how social security expanded around the world, and maternity leave policies, and compulsory primary education. Here, of course, the international organizations and their conferences, seminars, expert meetings, and reports provided opportunities for learning and shared experiences. These went beyond what was intended, culminating in the large shared initiatives beginning in 1990. Wollons (2000) reminds us in her study of the international diffusion, politics, and transformation of the kindergarten, countries have immense power “to respond to and reformulate borrowed ideas” and local cultures have similar power to shape and adapt them further. In effect, that is what this history is all about: the adoption of an innovation in the field of education that took two important functions related to child development, childhood education and childcare and socialization, borrowed them from different sites, and set the foundation for key initiatives around the world.

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APPENDIX

Table 1: ENROLLMENT IN PRE-PRIMARY SCHOOL ^{29, 30} - 1961

Country	Ages Included	1 System or 2 ³¹	Funding	Parent Fees ³²	Auspice ³³ (Education, Social Welfare, Health)
Albania	3-6	1	Gov't	Free	Ed
Argentina	4-6	1	Mixed		
Australia	Under 5				
	Comp. school at 6	2 parallel	Private	Yes	Ed
Austria	3-6	2	Gov't		
Belgium	3-6	2	60% Gov't	Free	Ed/?
Brazil	4-6	2	Mixed	Free/Gov't	Ed
	1.8.4			Free	
Bulgaria	3-7	2 3.7	Mixed	Free (½ day; fees for whole day)	Ed.
Burma	4-6	1	Private	Free	NGO + Ed
Byelo Russia	3-7	2	Gov't	Free	Ed/Health
	2 mnths to 3 yrs				
Canada	5-6=Kgn	1			
	2-5=Day care	2 parallel	Mixed	Free	Ed + SW
Ceylon	2-5	2 parallel	Private	Fees	?
China	4-6	1	Gov't	Free	Ed
Columbia	--	--	--	--	Ed
	To be est. 1961				
Czech Republic	3-6	2	Gov't	Free	Ed +?
	3 mnths to 3 yrs		Gov't	Free	
Denmark	3-7	2	Mixed-Gov't funds	Fees	SW
	0-3		35-65%		SW
El Salvador	4-6	2	Gov't	Free	Ed/?
Finland	3-6	2	Gov't	Free	SW
France	2-6	2	Gov't	Free	Ed
	0-3		Mixed	Fees	Health
Germany	5-6	2		Fees	Ed
	3-5			Fees	
Greece	4-6		Mixed	Free	Ed
	3-6			Free	
Guatemala	4-6		Mixed	Free	Ed
Honduras	3-6	2	Mixed	Free	Ed/SW
	0-3				
Hungary	3-6		Gov't	Free	Ed
	0-3	2	Gov't	Free	Health
Iceland	5-6	2	Private	Fees	--
India	3-6		Private	Fees	Ed
Iran	3-6	2 (1 for poor orphans)	Private		Ed

²⁹ 63 of 65 countries surveyed, responded.

³⁰ All the programs were voluntary but there was strong encouragement in several countries for participation in the year before compulsory primary school.

³¹ "Two systems" means two sequential systems e.g. 0-3; 3-6; if 2 parallel systems, it's indicated.

³² "Free" means free in public programs, but private programs charge fees. 46 out of the 63 respondents indicated that private providers were a significant component of the ECEC delivery system. Even where free, parents pay for meals, and parents are expected to make a "contribution" to the program.

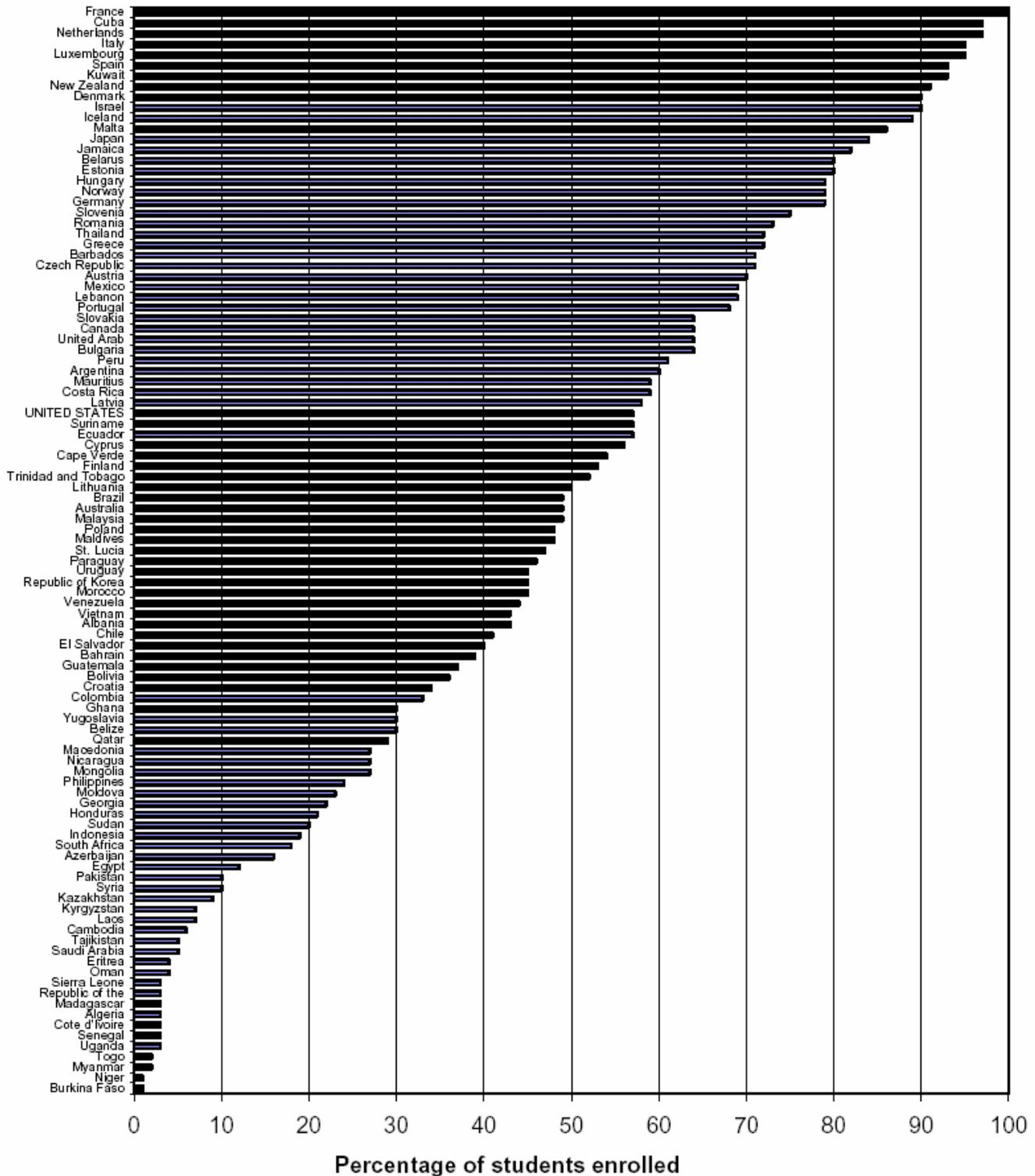
³³ Most countries mention Ministries of Education or state level education departments. It's often unclear whether the same administrative auspice supervises the 0-3 programs.

Country	Ages Included	1 System or 2 ³¹	Funding	Parent Fees ³²	Auspice ³³ (Education, Social Welfare, Health)
	For poor		Gov't	Free	SW
Ireland	4-6	1	Mixed	Free	Ed
Israel	5-6	1	Gov't	Free	Ed
	3-5	1	Gov't & NGOs	Fees	Ed + SW
Italy	3-5	1	Mixed	Free	Ed
Japan	3-5	1	Mixed		Ed
Korea	4-6	1	Private	Fees	Ed
Laos	4-6	1	Gov't	Free	Ed
Lebanon	3-6	1	Private	Fees	--
Liberia	3-4		Mixed	Free	Ed
	4-6				Ed
Luxemburg	3-6	1	Mixed	Free	
Malaysia	--	--	--	--	--
Mexico ³⁴	4-6	2	Mixed	Free	Ed
	3 mnths – 4 yrs				SW
Monaco	2-6	1	Mixed	Free	Ed
Netherlands	4-6	1	Mixed	Fees	Ed
New Zealand	5-7	1	Gov't	Free	Ed
	3-5	2			
Nicaragua	--	--	Private	Fees	Ed
N. Ireland	2-4				Ed
Panama	5-6	1		Free	Ed
Paraguay	6-7	2	Mixed	Free	Ed/Health
	3-6		Mixed	Free	Ed/SW
Peru	6-7	----	Mixed	Free	Ed
Philippines	3-7	2	Mixed	Fees	Ed
	Under 3		Mixed	Fees	SW
Poland	3-7		Gov't	Fees	Ed
Portugal	--	--	Private	Free	--
Romania	3-7	1	Gov't	Free	Ed
Scotland	Under 5	2	Mixed	Free	
South Africa	2-5	1	Private	Fees	NGO
Soviet Union (1960)	3-7	2	Gov't	Fees	Ed
	2 mnths to 3 yrs				Health
Spain	4-6	2	Mixed	Free	Ed
	2-4		Mixed	Free	Ed
Sweden	4-7	1	Gov't	Fees	SW
	3 mnths to 4 yrs		Gov't	Fees	SW
Switzerland	4-6	1		Free	Ed/Local gov't
Thailand	3-6	1	Mixed	Fees	Ed
Turkey	2-6	1	Mixed	Free	NGO
Ukraine	3-7	1	Gov't	Free	Ed
	3 mnths to 3 yrs	2			
United Arab Republic	3-6	1	Mixed	Fees	Ed
UK	2-4	2 parallel	Mixed	Fees	Ed + SW
U.S.	4-6		Mixed	Gov't	Ed
	3-5 Nursery Schl.		Mixed	Fees	
Uruguay	3-6	1	Mixed	Free	Ed
Vietnam	4-6	1	Gov't	Free	Ed
Yugoslavia	5-7	2	Gov't	Free	
	3-7				

Source: International Bureau of Education, UNESCO. 1961 Survey. Analysis by S. B. Kamerman.

³⁴ Preschool compulsory for year before primary school.

Table 2: Preprimary enrollment: 3-5 years old

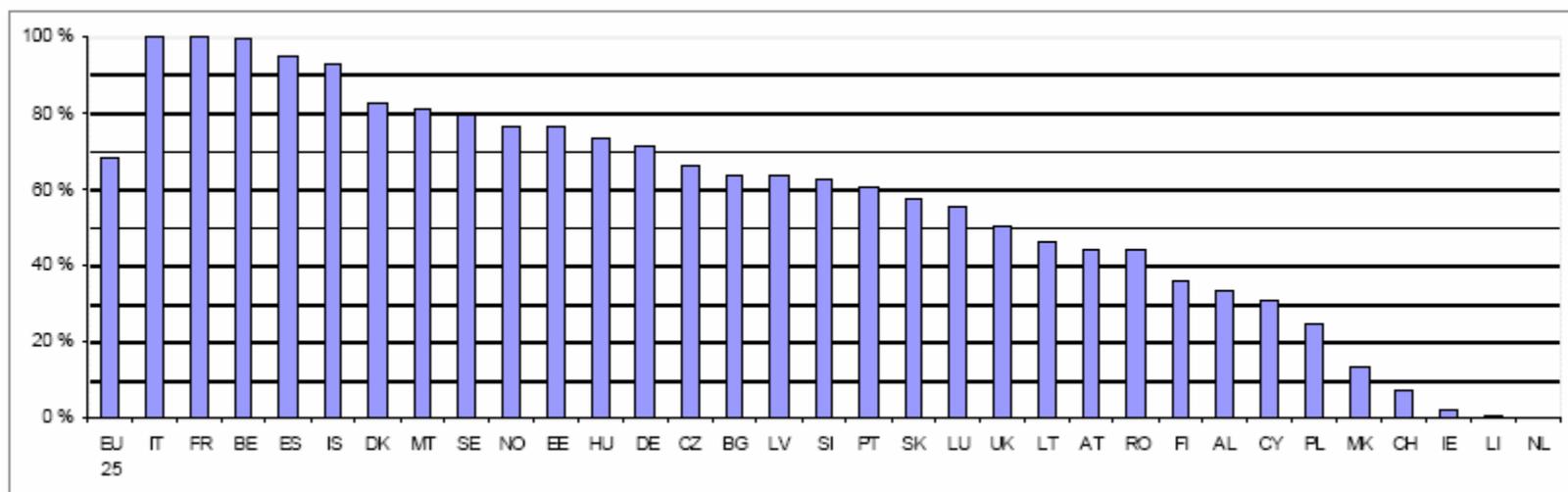


Definition: Percentage of 3-5 year olds enrolled in preprimary education.

Source: UNESCO Institute for Statistics (2003). Global Education Digest 2003. The Project on Global Working Families (2004). *The Work, Family, and Equity Index: Where Does the United States Stand Globally?* Boston, MA: Harvard School of Public Health.

Table 3: Participants at ISCED level 0 aged 3 years old as % of population aged 3 years old

Figure 1.26 shows the enrolment pattern in pre-primary education at the age of 3 years. Pre-primary education is centre or school-based and designed to meet the educational and development needs of children at least 3 years of age. More than 90% of 3 year olds attend pre-primary education in Belgium, Spain, France and Italy, but less than 40% in Ireland, Cyprus, the Netherlands, Poland, Finland, Switzerland and the Former Yugoslavian Republic of Macedonia.



Country codes: BE: Belgium, CZ: Czech Republic, DK Denmark, DE: Germany, EE: Estonia, EL: Greece, ES: Spain, FR: France, IE: Ireland, IT: Italy, CY: Cyprus, LV: Latvia, LT: Lithuania, LU: Luxembourg, HU: Hungary, MT: Malta, NL: Netherlands, AT: Austria, PL: Poland, PT: Portugal, SI: Slovenia, SK: Slovakia, FI: Finland, SE: Sweden, UK United Kingdom, IS Iceland, LI Liechtenstein, NO Norway, CH: Switzerland, BG: Bulgaria, HR: Croatia, RO: Romania, TR: Turkey, AL Albania, MK Former Yugoslav Republic of Macedonia (FYROM)

Source: Eurostat (2005). Education in Europe: Key statistics 2002-2003. *Statistics in focus: Population and Social Conditions 10/2005*. Luxembourg.

Table 4: Pre-Primary Education: Age Groups and Gross Enrollment Ratio (1990-2000) and Percentage Changes in GER (1990-2000), Selected Countries

	1990		2000		% change in GER
	Age group	GER (%)	Age group	GER (%)	
Sub-Saharan Africa					
Namibia	6-6	14.4	3-5	21.4	49
Benin	3-5	2.6	4-5	6.1	131
Arab States					
Djibouti	4-5	0.7	3-5	0.4	-50
Saudi Arabia	4-5	7.2	3-5	5.0	-31
Sudan	5-6	19.7	4-5	22.2	13
Central Asia					
Kyrgyzstan	3-6	33.5	3-5	14.2	-58
Mongolia	4-7	39.1	3-7	28.7	-27
Azerbaijan	3-6	19.5	3-5	24.1	23
East Asia and the Pacific					
Australia	5-5	71.3	4-4	98.0	37
Philippines	5-6	11.7	5-5	30.2	159
South/West Asia					
India	4-5	3.5	3-5	25.8	647
LAC					
Panama	5-5	53.0	4-5	47.1	-11
Chile	5-5	82.4	4-5	77.5	-6
Cuba	5-5	101.1	3-5	108.8	8
Paraguay	6-6	27.1	3-5	83.0	206
N. America/W. Europe					
Norway	4-6	88.4	3-5	79.3	-10
Denmark	6-6	99.0	3-6	89.9	-9
Israel	2-5	85.4	3-5	112.6	32
France	2-5	83.3	3-5	114.4	37
Switzerland	4-6	59.7	5-6	95.2	59
Spain	2-5	59.4	3-5	101.8	71
Central/Eastern Europe					
Hungary	3-5	113.4	3-6	79.5	-30
Bulgaria	3-5	91.6	3-6	67.9	-26
Romania	3-5	76.0	3-6	73.0	-4
Russian Federation	3-6	74.0	4-6	87.2	18
Turkey	4-5	4.6	3-5	5.7	25

Source: Statistical annex, Table 3; UNESCO (1991)

http://portal.unesco.org/education/en/file_download.php/d90f99a62ddfc4be3647885e592326talbe2.3.pdf

Table 5: Pre-Primary Education: Grouping of Countries According to Gross Enrollment Ratio (2000) (In Each Box Countries Are Listed in Increasing Order of GER)

Levels of GER					
Regions	≤ 30%	30.1%-50%	50.1%-70%	70.1%-90%	Above 90%
Sub-Saharan Africa	D. R. Congo, Niger, Burkina Faso, Burundi, Mali, Comoros, Ethiopia, Togo, Rwanda, Côte d'Ivoire, Congo, Madagascar, Senegal, Guinea-Bissau, Sierra Leone, Uganda, Eritrea, Benin, Cameroon, Gabon, Lesotho, Gambia, Namibia, Equat. Guinea (24)	South Africa, Zimbabwe, Kenya (3)	Cape Verde, Ghana, Liberia (3)		Mauritius (1)
Arab States	Yemen, Djibouti, Algeria, Oman, Saudi Arabia, Iraq, Libyan A. J., Syrian A. R., Egypt, Tunisia, Sudan, Qatar (12)	Jordan, Palestinian A. T., Bahrain (3)	Morocco (1)	Lebanon, U. A. Emirate (2)	Kuwait (1)
Central Asia	Tajikistan, Kazakhstan, Kyrgyzstan, Azerbaijan, Mongolia (5)	Georgia (1)			
East Asia and the Pacific	Myanmar, Cambodia, Lao PDR, Papua New Guinea, Indonesia, China (6)	Philippines, Tonga, Samoa, Viet Nam, Brunei Darussalam, Malaysia (6)	Palau (1)	Vanuatu, Rep. of Korea, Thailand, Japan, Cook Islands (5)	Macao (China), Australia, Niue (3)
South and West Asia	Nepal, Isl. Rep. of Iran, Bangladesh, India (4)	Maldives (1)	Pakistan (1)		
Latin America and the Caribbean	Bahamas, Honduras, Nicaragua (3)	Belize, Colombia, Dominican Rep., El Salvador, Bolivia, Panama, Venezuela (7)	Guatemala, Argentina, Saint Lucia, Uruguay, Trinidad and Tobago, Brazil, Peru, Ecuador (8)	Mexico, Chile, Barbados, Jamaica, Paraguay, Costa, Rica, Neth. Antilles (7)	Suriname, Aruba, Cuba, Guyana (4)

(Table to be continued)

Levels of GER					
Regions	≤ 30%	30.1%-50%	50.1%-70%	70.1%-90%	Above 90%
North America and Western Europe			Finland, Cyprus, United States, Canada, Portugal (5)	Greece, Sweden, Norway, United Kingdom, Austria, Denmark (6)	Switzerland, Italy, Netherlands, Malta, Spain, Germany, Iceland, Israel, Belgium, France, Luxembourg (11)
Central and Eastern Europe	Turkey, The FYR of Macedonia (2)	Serbia and Montenegro, Rep. of Moldova, Croatia, Albania, Poland (5)	Lithuania, Latvia, Bulgaria (3)	Romania, Slovenia, Hungary, Slovakia, Belarus, Russian Federation (6)	Czech Rep., Estonia (2)
Total number of countries 152	56	26	22	26	22

Source: GMR 2003/4 Table 2.1. Pre-primary education: grouping of countries according to gross enrollment ratio (2000) (in each box countries are listed in increasing order of GER)

Table 6: Participation Rates of 4-Year-Olds in Pre-Primary Education, from 1959/60 to 1999/2000

%	1959/60	1969/70	1979/80	1989/90	1999/00
B	92.4	100	100	99.4	99.2
DK	(:)	36(1973)	53.9	73.9	90.6
D	(:)	(:)	64.5	70.6	81.4
EL	(:)	(:)	38.2	51.1	57.6
E	33.9	43.2	69.3	94.8	99.2
F	62.7	87.3	100	100	100
IRL	(:)	(:)	53.8	55	2
I	(:)	(:)	(:)	(:)	98.4
L	42.8	65.3	93.60	93.5	94.3
NL	71.1	85.7	96.20	98.1	99.5
A	(:)	29.4	56.60	65.7	79.6
P	(:)	(:)	18.30	45.7	73.6
FIN	(:)	16(1975)	18.1	26.00	41.9
S	(:)	(:)	27.6	48.4	72.8
UK	(:)	(:)	83	91	100
IS	(:)	(:)	(:)	77	90.9
LI	(:)	(:)	(:)	96.8	100
NO	(:)	(:)	(:)	(:)	78.1

Source: European Commission (2002). *Key Data on Education in Europe, Chapter C: Pre-Primary Education.*

Table 7: Places in Publicly Funded Childcare Services in EU as % of All Children in the Age Group (1980s)

	Date to which data refer	For children under 3	For children from 3 to compulsory school age	Age when compulsory schooling begins	Length of school day (including midday break)	Outside school hours care for primary school children
Germany	1987	3%	65-70%	6-7 years	4-5 hours (a)	4%
France	1988	20%	95%+	6 years	8 hours	?
Italy	1986	5%	85%+	6 years	4 hours	?
Netherlands	1989	2%	50-55%	5 years	6-7 hours	1%
Belgium	1988	20%	95%+	6 years	7 hours	?
Luxembourg	1989	2%	55-60%	5 years	4-8 hours (a)	1%
United Kingdom	1988	2%	35-40%	5 years	6 ½ hours	(-)
Ireland	1988	2%	55%	6 years	4 ½ -6 ½ hours (b)	(-)
Denmark	1989	48%	85%	7 years	3-5 ½ hours (a, b)	29%
Greece	1988	4%	65-70%	5 ½ years	4-5 hours (b)	(-)
Portugal	1988	6%	35%	6 years	6 ½ hours	6%
Spain	1988	?	65-70%	6 years	8 hours	(-)

? no information

(-) less than 0.5%

(a) school hours vary from day to day

(b) school hours increase as children get older

Note: The table shows the number of places in publicly funded services as a % of the child population; the % of children attending may be higher because some places are used on a part-time basis. Provision at playgroups in the Netherlands has not been included, although 10% of children under 3 and 25% of children aged 3-4 attend and most playgroups receive public funds. Average hours of attendance—5-6 hours per week—are so much shorter than for other services, that it would be difficult and potentially misleading to include them on the same basis as other services; however playgroups should not be forgotten when considering publicly funded provision in the Netherlands.

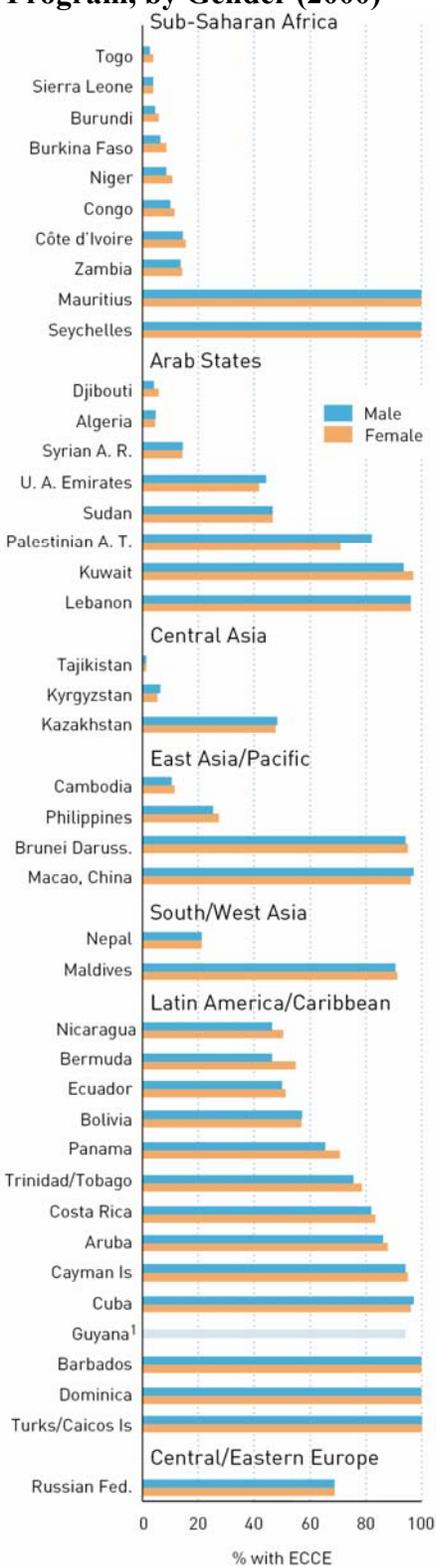
Source: European Commission Childcare Network (1990) Peter Moss, Coordinator. *Childcare in the European Community 1985-1990*. Brussels, European Commission.

Table 8a: Percentage of new entrants to grade 1 who attended some form of early childhood development program, 1990 and 1998

Countries with low levels in 1990	1990	1998	1990-1998
Saudi Arabia	11	21	10
Azerbaijan	23	20	-3
Bahrain	20	43	23
Benin	6	6	0
Bosnia and Herzegovina	8	4	-4
Djibouti	4	3	-1
Jordan	25	38	13
Kyrgyzstan	3	5	2
Libyan Arab Jamahiriya	3	4	1
Paraguay	21	43	22
Sao Tome and Principe	20	22	2
Syrian Arab Republic	7	7	0
Tajikistan	15	8	-7
Togo	4	2	-2
Yemen	3	4	1
Countries with middle or high levels in 1990			
Antigua and Barbuda	84	92	8
Bahamas	100	100	0
Barbados	73	89	16
Belarus	94	100	6
Bolivia	32	58	26
Costa Rica	57	74	17
United Arab Emirates	63	72	9
Ecuador	34	44	10
Kazakhstan	94	20	-74
Morocco	64	70	6
Mexico	73	91	18
Niue	100	100	0
Qatar	50	45	-5
Republic of Korea	56	76	20
Seychelles	100	100	0
Thailand	71	94	23
Viet Nam	55	70	15

Source: International Consultative Forum on Education for All (2000). *Statistical Education for All 2000 Assessment Document*. Paris: UNESCO.

Figure 8b: New Entrants in Primary Grade 1 Who Have Experienced Some Form of ECCE Program, by Gender (2000)



1. Refers to both sexes.

Source: Statistical annex, Table 3.

Table 9: Maternity and Parental Leaves, 1999-2002*

Country	Duration of Leave	Percentage of Wage Replaced	Other (Paternity leave, Lone Parent, and additional parental leaves)
Afghanistan	3 months	100%	
Albania	1 year	50-80%	
Algeria	14 weeks	100%	
Andorra	16 weeks	90%	
Antigua	13 weeks	60%	
Argentina	3 months	100%	
Armenia	20 weeks	100%	
Australia	1 year parental	Unpaid	
Austria	16 weeks	100%	Parental and childrearing leave
	2 years	Partial	Parental leave, 2 years
Azerbaijan	no statutory leave	no statutory leave	
Bahamas	13 weeks	60%	
Bahrain	no statutory leave	no statutory leave	
Bangladesh	12 weeks	Partial	
Barbados	12 weeks	100%	
Belarus	18 weeks	100%	Covers adoption; also lump sum
Belgium	15 weeks	75-80%	Paternity, 3 days
Belize	12 weeks	80%	
Benin	14 weeks	100%	
Bermuda	no statutory leave	no statutory leave	
Bolivia	3 months	90%	
Botswana	12 weeks	25%	
Brazil	17 weeks	100%	
British Virgin Islands	6 months	66 2/3%	
Bulgaria	4-6 months	90%	
	Until age 2	Minimum wage	
	Age 2 – 3	Unpaid	
Burkina Faso	14 weeks	100%	
Burma	12 weeks	66%	
Burundi	12 weeks	50%	
Cameroon	14 weeks	100%	
Canada	1 year	55%	Part maternity, part parental, covers adoption
Cape Verde	1 month	90%	
Central African Republic	14 weeks	50%	
Chad	14 weeks	50%	
Chile	18 weeks	100%	
China	3 months	100%	
Columbia	12 weeks	100%	
Congo	15 weeks	50%	
Costa Rica	4 months	50%	
Cote d'Ivoire	14 weeks	100%	
Croatia	26 weeks	100%	+ Lump sum
	+1 year	Unpaid	
Cuba	18 weeks	60%	
Cyprus	16 weeks	75%	

* OECD countries are shaded.

Czech Republic	28 weeks	69%	Paid childrearing leave until child is age 4
Denmark	1 year +2 weeks paternity)	60% 60%	Parental leave; covers adoption
Dominica	12 weeks	60%	
Dominican Republic	12 weeks	50%	
Ecuador	12 weeks	75%	
Egypt	3 months	75%	
El Salvador	12 weeks	75%	
Equatorial Guinea	12 weeks	75%	
Estonia	18 weeks	100%	
Ethiopia	3 months	Unpaid	
Fiji	no statutory leave	no statutory leave	
Finland	18 weeks maternity + 26 weeks parental	70%	Parental/childrearing leave until child is age 3, paid at flat rate
France	16 weeks for first 2 children including compulsory 6 weeks before birth; 26 weeks for 3 rd child; post-birth leave applies to adoption as well.	100% for maternity and paternity leaves; flat rate for parental leave.	Paternity, 3 days Parental leave with 2 or more children up to child's 3 rd birthday, at flat rate, income-tested
Gabon	14 weeks	50%	
Gambia	no statutory leave	no statutory leave	
Georgia	4 months before birth	100%	Maternity; up to 3 years, unpaid
Germany	14 weeks	100%	
	+ 2 years	Flat rate/Income tested	+ 3 rd year unpaid
	+ 3 rd year	Unpaid	
Ghana	no statutory leave	no statutory leave	
Greece	16 weeks	50%	
Grenada	12 weeks	60%	
Guatemala	14 weeks	100%	
Guernsey	Duration unclear		
Guinea	14 weeks	100%	
Guyana	13 weeks	70%	
Haiti	no statutory leave	no statutory leave	
Honduras	12 weeks	66%	
Hong Kong	10 weeks	80%	
Hungary	24 weeks	70%	Income tested child rearing leave up to age 3
Iceland	6 months	Flat rate + dependent benefit	All except first month is parental leave
India	12 weeks	100%	
Indonesia	no statutory leave	no statutory leave	
Iran	4 months	66 2/3%	
Iraq	10 weeks	100%	
Ireland	18 weeks	70%	
Israel	12 weeks	100%	+ maternity grant (layette)
Italy	5 months	80%	+6 months parental leave at 30%
Jamaica	8 weeks	Minimum wage	
Japan	14 weeks (6 pre and 8 post birth)	60%	+1 year child care leave paid at 40% of wage
Jersey	no statutory leave	no statutory leave	

Jordan	no statutory leave	no statutory leave	
Kazakhstan	no statutory leave	no statutory leave	
Kenya	no statutory leave	no statutory leave	
Korea-South	no statutory leave	no statutory leave	
Kuwait	no statutory leave	no statutory leave	
Kyrgystan	18 weeks	100%	
Laos	? months	100%	+ Birth grant (lump sum)
Latvia	16 weeks	80%	
Lebanon	NA	NA	
Liberia	no statutory leave	no statutory leave	
Libya	3 months	100%	
Lichtenstein	20 weeks	80%	
Lithuania	18 weeks	100%	1 year child care leave at 60% of wage
	Up to 1 year	60%	
Luxembourg	16 weeks	100%	8 weeks adoption
Madagascar	14 weeks	50%	
Malawi	no statutory leave	no statutory leave	
Malaysia	no statutory leave	no statutory leave	
Mali	14 weeks	100%	
Malta	14 weeks	Flat rate	
Mauritania	14 weeks	100%	
Mauritius	12 weeks	100%	
Mexico	12 weeks	100%	
Maldives	no statutory leave	no statutory leave	
Moldova	16 weeks	100%	8 weeks adoption
Monaco	16 weeks	90%	
Morocco	12 weeks	100%	
Myanmar	12 weeks	2/3 of earnings	
Netherlands	16 weeks	100% Unemployed mothers at lower rate	+ 6 months parental leave, per parent, unpaid
New Zealand	13 weeks maternity leave	Income-tested	52 weeks paid, income-tested parental leave, including 14 week maternity leave
Nicaragua	12 weeks	60%	
Niger	14 weeks	50-100%	
Nigeria	12 weeks	50%	
Norway	52 weeks parental leave (or 42 weeks at 100%)	80%	Paternity leave, 4 weeks, use it or lose it. Child rearing leave up to age 2
Oman	no statutory leave	no statutory leave	
Pakistan	12 weeks	100%	
Panama	14 weeks	100%	
Papua New Guinea	no statutory leave	no statutory leave	
Paraguay	9 weeks	50%	
Peru	3 months	100%	
Philippines	2 months	100%	
Poland	16 weeks for first child 18 weeks for subsequent births 26 weeks for multiple births	100%	Additional 24 month leave (36 months for single parent) at flat rate.
Portugal	6 months	100%	Paternity leave, 15 days at 50%; adoption leave 100 days at 50%;

			up to 24 months unpaid parental leave.
Romania	18 weeks	85%	Parental leave up to age 2; sick child care up to 14 days
	Up to age 1	65%	
Russia	28 weeks	100%	+ Lump sum
	Up to 18 months	Minimum wage	
Rwanda	1 month	100%	
St. Kitts & Nevis	13 weeks	65%	
St. Lucia	3 months	65%	
St. Vincent & The Grenadines	13 weeks	65%	
San Marino	5 months	100%	
Saudi Arabia	no statutory leave	no statutory leave	
Senegal	14 weeks	100%	
Serbia-Montenegro	?	100%	
Seychelles	10 weeks	100%	
Sierra Leone	no statutory leave	no statutory leave	
Singapore	8 weeks	100%	
Slovak Republic	28 weeks	90%	
	Extended parental leave	Flat rate	
Slovenia	1 year	100%	+ Lump sum
Somalia	14 weeks	100%	
South Africa	26 weeks	45%	
Spain	16 weeks	Varies by sector	2 days paternity leave at 100% Unpaid parental leave until child is age 3.
Sri Lanka	6-8 weeks	100%	
Sudan	no statutory leave	no statutory leave	
Sweden	1 year parental leave + 3 months + 3 months up to 60 days sick child leave	80% flat-rate Unpaid 80%	Leave can be taken 60 days prior to expected delivery date up until child's 8 th birthday. Leave to care for a sick child
Switzerland	16 weeks	Varies by Canton	
Syria	no statutory leave	no statutory leave	
Taiwan	no statutory leave	Lump sum	
Tanzania	no statutory leave	no statutory leave	
Thailand	3 months	50%	
Togo	14 weeks	100%	
Trinidad/Tobago	13 weeks	60%	
Tunisia	1 month	66%	
Turkey	12 weeks	66 2/3%	
Turkmenistan	16 weeks	100%	
Uganda	no statutory leave	no statutory leave	
Ukraine	18 weeks	100%	
United Kingdom	18 weeks	6 weeks at 90% 12 weeks at low flat rate	13 weeks unpaid parental leave, can be taken up to child's 5 th birthday
United States	12 weeks family	Unpaid	
Uruguay	12 weeks	100%	
Uzbekistan	18 weeks	100%	
Venezuela	18 weeks	66 2/3%	
Vietnam	20 weeks	Varies	
Western Samoa	no statutory leave	no statutory leave	

Zambia	no statutory leave	no statutory leave	
Zimbabwe	3 months	70%	

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Source: Columbia University Clearinghouse on Child, Youth, and Family Policies.

Table 10: Gross Enrollment Ratio in Early Childhood and Development Programs in Selected Countries, 1990 and 1998

Countries	1990	1998	Variation
Sub-Saharan African			
Cape Verde	40	61	21
Equatorial Guinea	14	44	30
Caribbean			
Barbados	53	68	16
Bermuda	133	100	-33
Haiti	21	64	44
Central Asia/Eastern Europe			
Armenia	39	21	-17
Kazakhstan	48	11	-37
Kyrgyzstan	30	8	-22
Lithuania	50	69	19
Ukraine	57	19	-38
East Asia			
China	30	48	18
Malaysia	75	91	16
Thailand	35	69	33

Note: Countries in the table are those which experienced either an increase or a decrease of more than 15 percentage points in the gross enrollment ratio during the period.

Source: International Consultative Forum on Education for All (2000). *Statistical Education for All 2000 Assessment Document*. Paris: UNESCO.

Table 11: Evolution of Preprimary Coverage: Gross Enrollment Ratios, Selected DMCs, Various Years

DMC	1970			1990			2000 ^a		
	All	Male	Female	All	Male	Female	All	Male	Female
China, People's Rep. of	6	...	...	23	23	23	40	40	39
Hong Kong, China	48	48	47	80	79	81	...	...	...
India	2	2	2	3	4	3	30	30	30
Indonesia	6	6	6	18	...	...	19	18	19
Korea, Rep. of	2	3	2	55	56	55	80	80	80
Philippines	2	2	2	12	...	...	31	30	31
Thailand	4	4	4	43	43	44	83	84	82

a. Some data under this head related to 1999 or 2001.

Source: Asian Development Bank (2003). *Key Indicators 2003, vol. 34*.

Table 12: ECCD: Range of Gross Enrolment Ratios by Asian Sub-Region

SubRegion	Minimum	Maximum
	1990/91	1990/91
Central Asia	14.1	44.0
East Asia	8.0	74.5
Pacific	100.0	100.0
South Asia	8.3	8.3
Regional	8.0	100.0

Source: www.unesco.org/education/efa/efa_2000_assess/pdf/asia.pdf

Table 13: Maternity and Parental Leaves: Africa, 2003

Country	Duration of Leave	Percentage of Wage Replaced	Other (Paternity leave, Lone Parent, and additional parental leaves)
Algeria	14 weeks	100%	
Benin	14 weeks (6:8)	100%	
Botswana	12 weeks (6:6)	25%	
Burkina Faso	14 weeks (2 before birth)	100%	
Burundi	12 weeks	50%	
Cameroon	14 weeks (4:10)	100%	
Cape Verde	1 month	90%	
Central African Republic	14 weeks (8:6)	50%	
Chad	14 weeks (6:8)	50%	
Congo (Brazzaville)	15 weeks (6:9)	50%	
Congo (Kinshasa)	14 weeks	100%	
Cote d'Ivoire	14 weeks (6:8)	100%	
Egypt	3 months (3:3)	75%	
Ethiopia	14 weeks (6:8)	50%	
Gambia	--	--	
Ghana	--	--	
Guinea	14 weeks (6:8)	100%	
Kenya	--	--	
Liberia	--	--	
Libya	6 months before birth	flat rate modest grant	
Madagascar	14 weeks (6:8)	50%	
Malawi	--	--	
Mali	14 weeks (6:8)	100%	
Mauritania	14 weeks (6:8)	100%	
Mauritius	12 weeks (6:6)	????	
Morocco	12 weeks (6:6)	100%	
Niger	14 weeks (6:8) -- lump sum	50-100%	
Nigeria	12 weeks (6:6)	50%	
Rwanda	2 months	100%	
Sao Tomé and Príncipe	12 weeks (6:6)	100%	special paid leave for each child under 3 (6-12 months)
Senegal	14 weeks (6:8)	100%	
Seychelles	10 weeks (2:8)	80%	
Sierra Leone	--	--	
South Africa	26 weeks (18:8)	45%	
Sudan	--	--	
Tanzania	--	--	
Togo	14 weeks (8:6)	100%	
Tunisia	1 month	67%	
Uganda	--	--	
Zambia	--	--	
Zimbabwe	18 weeks (9:9)	100%	

Source: Social Security Programs Throughout the World, Washington, D.C. GPO, 2003.

Table 14: Maternity and Parental Leaves: Asia, 2003

Country	Duration of Leave	Percentage of Wage Replaced	Other (Paternity leave, Lone Parent, and additional parental leaves)
Afghanistan	18 weeks (10:8)	100%	
Armenia *	28 weeks (14:14)	100%	+ child care leave till age two and ???
Bahrain	--	--	
Bangladesh	12 weeks (6:6)	50%	
Brunei	--	--	
Burma (Myanmar)	12 weeks (6:6)	67%	
China	90 days [18 weeks?]	100%	
Fiji	--	--	
Georgia *	8 weeks after birth	unpaid	or up to 3 years for infant care and lump sum
Hong Kong	10 weeks	80%	
India	12 weeks	100%	
Indonesia	--	--	
Iran	2:2 months	2/3	
Israel	12 weeks	100% + lump sum	
Japan	14 weeks (6:8)	60%	
Jordan	--	--	
Kazakhstan	18 weeks	100%	
Kiribati	--	--	
Korea, South	--	--	
Kuwait	--	--	
Kyrgyzstan	18 weeks	100%	
Laos	2 months	70%	
Lebanon	--	--	
Malaysia	--	--	
Marshall Islands	--	--	
Micronesia	--	--	
Nepal	8 weeks	100%	
New Zealand	13 weeks	100%	
Oman	--	--	
Pakistan	12 weeks (6:6)	100%	
Papua New Guinea	--	--	
Philippines	12 weeks	100%	
Saudi Arabia	--	--	
Singapore	12 weeks	100%	
Solomon Islands	--	--	
Sri Lanka	--	--	
Taiwan		lump sum	
Thailand	18 weeks	50%	
Turkey	16 weeks (8:8)	lump sum	
Turkmenistan	16 weeks (8:8)	100%	
Uzbekistan *	18 weeks (10:8)	100% + 3 years unpaid	?? under 3, paid leave at 20% of mean wage per month
Vanuatu	12 weeks (6:6)	50%	
Vietnam	24 weeks? (120 days)	100%	
Western Samoa	--	--	
Yemen	--	--	

*Armenia, Georgia, Uzbekistan and ? leaves, 1991.

Source: *Social Security Programs Throughout the World*, Washington, D.C. GPO, 2003.

Table 15: Pre-Primary Gross Enrollment Ratios, LAC Region 1980-1993

Sub-Region & Country	Age	Gross Enrollment Ratios (in percentages)						
		1980	1985	1990	1991	1992	1993	last-1980
South America								
Argentina	4-5	40	50		47			7
Bolivia	4-5	27		32				5
Brazil	4-6	14	26	36	35	36		22
Chile	5	71	82	82	74	86		15
Colombia	3-5	9	12		15	20	22	13
Ecuador	4-5	11	18	21	22	23		12
Paraguay	6	12	19		28	31	41	35
Peru	3-5	15	21	30		32	34	19
Uruguay	2-5	19	25	32	33	34	33	14
Venezuela	4-6	34	39	41	43	43		9
C. America/Panama								
Costa Rica	5	39	52	61	67	66	66	27
El Salvador	4-6	11	13		19	22	25	14
Guatemala	5-6	21	26		25		31	10
Honduras	5-6	14	18		19		20	6
Nicaragua	3-6	8	14	12	13	12	15	7
Panama	5	33	51	53				20
Gulf of Mexico								
Cuba	5	59	79		88	94	94	35
Haiti	3-5		41					
Mexico	4-5	25	59	62	62	63	65	40
Dominican Republic	3-6	4	10				20	16
Anglophone Caribbean								
Guyana	4-5	67	72			79		12
Jamaica	3-5	70	76	84				14
Trinidad and Tobago	3-4	8	8	8		9		1

Source: Waiser, Myriam (1998). *Early Childhood Care and Development Programs in Latin America: How Much Do They Cost?* The World Bank, Human Development Department LCSHD Paper Series No. 19.

Table 16: Maternity and Parental Leaves: Latin American and the Caribbean, 2003

Country	Duration of Leave	Percentage of Wage Replaced	Other
Antigua	13 weeks	60%	
Argentina	3 months	100%	
Bahamas	13 weeks	60%	
Barbados	12 weeks	100%	
Belize	14 weeks	80%	
Bermuda	no statutory leave		
Bolivia	18 weeks	95%	
Brazil	17 weeks	100%	
British Virgin Islands	6 months	66 ^{2/3} %	
Chile	18 weeks	100%	
Colombia	12 weeks	100%	
Costa Rica	4 months (1 before birth)	50%	
Cuba	18 weeks	60%	
Dominica	12 weeks	60%	
Dominican Republic	12 weeks	50%	
Ecuador	12 weeks	75%	
El Salvador	12 weeks	75%	
Grenada	12 weeks	65%	
Guatemala	14 weeks	100%	
Guyana	13 weeks	70%	
Haiti	no statutory leave		
Honduras	12 weeks	66%	
Jamaica	8 weeks	minimum wage	
Mexico	12 weeks	100%	
Nicaragua	12 weeks	60%	
Panama	14 weeks	100%	
Paraguay	9 weeks	50%	
Peru	18 weeks	100%	
St. Kitts	13 weeks	65%	
St. Lucia	3 months	65%	
St. Vincent and the Grenadines	13 weeks	65%	
Trinidad and Tobago	13 weeks	60%	
Uruguay	12 weeks	100%	
Venezuela	6 months	66 ^{2/3} %	

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