

## Learning opportunities and responsive caregiving

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## Learning opportunities and responsive caregiving

The Comment by Frances Aboud and Aisha Yousafzai (March 1, p e294–95)¹ on our Article (March 1, p e366–75)² on an early childhood intervention in Bangladesh contains some misunderstandings, which might limit its use by others.

Aboud and Yousafzai<sup>1</sup> suggest that our curriculum does not include responsive caregiving. We believe that distinguishing between early learning opportunities and responsive caregiving is misleading, because they complement each other. Early learning opportunities should be provided by a responsive caregiver, which is a crucial component of this curriculum. The intervention does not consist of training children, rather it is designed to support mothers to interact and play with their child, using developmentally appropriate play materials. Aboud and Yousafzai suggest that children learn language from caregivers verbally responding to them.1 Hence, the large language benefits we found provide evidence that caregivers increased their responsivity with the intervention.<sup>2</sup>

Aboud and Yousafzai report that the intervention includes activities resembling the Bayley test. Designing play programmes that do not include these types of activities (eg, blocks, puzzles, and books) is difficult and probably inappropriate. Our child development intervention<sup>2</sup> is the only intervention in low-income and middle-income countries that has shown comprehensive benefits (eq. intelligence quotient, mental health, and wages) up to the age of 22 years, 3,4 showing its appropriateness. The sustainability of benefits is frequently used to justify expansion of early childhood development interventions.5 Our intervention has been adapted to include an age range of 18 months in a group session.

A best intervention probably does not exist and several different approaches are likely to be effective, which might vary by context and available resources. The present curriculum was adapted to the local context and run in 16 countries. It has also been scaled up in Peru and plans are afoot scale up in China and Bangladesh.

We declare no competing intrerests.

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- Aboud FE, Yousafzai AK. Scaling up child psychosocial stimulation programmes for young children. Lancet Glob Health 2019; 7: e294–95.
- 2 Hamadani JD, Mehrin SF, Tofail F, et al. Integrating an early childhood development programme into the Bangladeshi primary health care services: a cluster randomised trial. Lancet Glob Health 2019; 7: e366–75.
- Gertler P, Heckman J, Pinto R, et al. Labor market returns to an early childhood stimulation intervention in Jamaica. Science 2014; 344: 998–1001.
- Walker SP, Chang SM, Vera-Hernández M, Grantham-McGregor S. Early childhood stimulation benefits adult competence and reduces violent behavior. *Pediatrics* 2011; 127: 849–57.
- 5 WHO, UN Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization, 2018.

