

# The Impact of Social Determinants of Health on Early Childhood Development: A Qualitative Context Analysis in Iran

**Omolbanin Atashbahar**

Sirjan School of Medical Sciences

**Ali Akbari Sari**

Tehran University of Medical Sciences

**Amirhossein Takian**

Tehran University of Medical Sciences

**Alireza Olyaeemanesh**

Tehran University of Medical Sciences

**Efat Mohamadi** (✉ [efat.mohamadi@gmail.com](mailto:efat.mohamadi@gmail.com))

Tehran University of Medical Sciences

**Sayyed Hamed Barakati**

Ministry of Health and Medical Education

---

## Research Article

**Keywords:** Early childhood development, Social determinants, Context, Policy analysis, Health policy, Equity, Inequality

**Posted Date:** October 25th, 2021

**DOI:** <https://doi.org/10.21203/rs.3.rs-960754/v1>

**License:**  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

---

## **The impact of Social Determinants of Health on Early Childhood Development: A qualitative context analysis in Iran**

**Authors:** Omolbanin Atashbahar<sup>1</sup>, Ali Akbari Sari<sup>2,3</sup>, Amirhossein Takian<sup>2,4,5</sup>, Alireza Olyaeemanesh<sup>5</sup>,

Efat Mohamadi<sup>5</sup>, Sayyed Hamed Barakati<sup>6</sup>

1. Department of Public Health, Sirjan School of Medical Sciences, Sirjan, Iran.
2. Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran.
3. National Institute for Health Research, Tehran University of Medical Sciences, Tehran, Iran.
4. Department of Global Health and Public Policy, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran.
5. Health Equity Research Centre (HERC), Tehran University of Medical Sciences, Tehran, Iran.
6. Population, Family and School Health Office, Ministry of Health and Medical Education, Tehran, Iran.

Omolbanin Atashbahar (Female): Email: o.atashbahar@gmail.com

Ali Akbari Sari(Male): Email: akbarisari@tums.ac.ir

Amirhossein Takian (Male): Email: takian@tums.ac.ir

Alireza Olyaeemanesh\_(Male): Email : arolyae@gmail.com

Efat Mohamadi (Female): Email : efat.mohamadi@gmail.com

Sayyed Hamed Barakati(Male): Email : barekati h@health.gov.ir

**Corresponding author:** Efat Mohamadi, Health Equity Research Centre (HERC), Tehran University of Medical Sciences, Tehran, Iran. Email: Efat.Mohamadi @gmail.com, Mobile: 09120084809, Address: Health Equity Research Centre (HERC), No. 70, Bozorgmehr Ava., Vesal St., Keshavars Blvd., Tehran, Iran. Postal Code: 1416833481.Tel:02162921333.

## **Abstract**

**Background:** Social determinants have a significant impact on children's development and their abilities and capacities, especially in early childhood. They can bring about inequity in living conditions of children and, as a result, lead to differences in various dimensions of development including the social, psychological, cognitive and emotional aspects. We aimed to identify and analyze the social determinants of Early Childhood Development (ECD) in Iran and provide policy implications to improve this social context.

**Methods:** In a qualitative study, data were collected through semi-structured interviews with 40 experts from October 2017 to June 2018. Based on Leichter's (1979) framework and using the deductive approach, two independent researchers conducted the data analysis. We used MAXQDA.11 software for data management.

**Results:** We identified 8 themes and 22 subthemes in 4 analytical categories relevant to the social determinants of ECD including: Structural factors (economic factors: 6 subthemes, political factors: 2 subthemes), Socio-cultural factors (the socio-cultural setting of society: 6 subthemes, the socio-cultural setting of family: 4 subthemes), Environmental or International factors (the role of international organizations: 1 subtheme, political sanctions: 1 subtheme), and Situational factors (genetic factors: 1 subtheme, the phenomenon of air pollution: 1 subtheme). We could identify 24 policy recommendations to improve the situation.

**Conclusion:** With regard to the challenges related to the social determinants of ECD, such as increasing social harms, decreasing social capital, lack of public awareness, increasing socio-economic inequities, economic instability, which can lead to the abuse and neglect of children or their unfair growth and development, the following policy-making options are proposed: focusing on equity from early years in policies and programs, creating integration between policies and programs from different sectors, prioritizing children in the welfare umbrella, empowering families, raising community awareness, and expanding services and support for families, specially the deprived families subject to special subsidies.

**Keywords:** Early childhood development, Social determinants, Context, Policy analysis, Health policy, Equity, Inequality

## Background

There is a lot of evidence that shows vital development in children begins before their birth and continues in the first eight years of life (1-2). In various literatures, this period is considered the most vital period in human life because it is the fastest period of brain development (3). Also, it is the most cost-effective period of life to invest in the development of human capital (4). However, a vital consideration in this regard is that early childhood development is not only affected by heredity but there are also numerous variables in the child's living environment at the micro, meso, exo and macro levels which play an important role in ECD (5).

Among the factors that can affect ECD, the followings can be mentioned: education of parents (6), maternal mental health (7-8), malnutrition, infectious diseases, exposure to environmental toxins (9), limitations of intrauterine growth (8), ethnicity (10), characteristics of family environment (11), quality of child care (8,12), parent-child interactions (13), socio-cultural context, biological factors, and genetic inheritance (6), child's educational opportunities or cognitive motivators, and exposure to violence (8). On the other hand, children's failure to realize their developmental potential plays an important role in the intergenerational transmission of poverty (6). The fact is that more than 200 million children in developing countries are failing to reach their developmental potential (14).

Given the nature of early childhood development, the issue of inequity has a particular importance, since unequal conditions and opportunities in society will have adverse effects on the development of children's capacities and abilities in various social, psychological, emotional, and physical aspects (15). Inadequate and unequal living conditions are the result of deeper structural factors that together shape the way societies are organized with inappropriate social programs and policies, unfair economic conditions, and inappropriate policies. In this regard, the new global agenda on health equity states that Our children have dramatically different opportunities to live, depending on where they are born. In Japan or Sweden, they can expect to live more than 80 years; in Brazil 72 years, in India it is 63 years and in one of several African countries, it is less than 50 years (16). Between and inside the countries, there are huge differences in the chance of survival, and this can be seen all over the world. In many countries, at all income levels, the development of children and the outcomes of children and families follow a social gradient: the lower

the socio-economic conditions are, the poorer the children's pertaining conditions will be, and finally, the more unfavorable developmental status they will have. In this regard, and as reflected in a report by the Commission for Social Determinants of Health affiliated with the World Health Organization (2008), entitled "Closing the Gap in a Generation", early childhood development has been emphasized (17). Also, in the sixth chapter of the Health in All Policies report entitled " Seizing opportunities, implementing policies " published by the Ministry of Social Affairs and Health of Finland in 2013, the promotion of equity from the start through the early childhood development and health has been focused on in all policies (18).

As experts and policy makers in the field of children have reached a consensus, the current situation of Iranian society at all levels of ECD policy making is facing many challenges (19) such as the lack of integration and coordination between policies and programs in various sectors, the lack of focus on all aspects of ECD, and lack of emphasis on eliminating the existing inequities (20). These problems regarding children's development in the country have prevented them from fully achieving their rights (21). Another important challenge in this field is the neglecting of the role of social determinants of health on ECD in Iran (22). No study has so far been conducted in Iran with this point of view. Also, with regards to the importance of the early years in human capital development and sustainable development of the society as well as the critical role of social determinants in ECD, the study aims to identify and clarify the contextual factors affecting ECD and its policy process in order to identify policy recommendations to improve the current situation. This study answers the following questions: What factors (including structural, situational, social, economic, political, and international) affect ECD and policymaking in various levels of micro, meso, exo and macro in Iran? What works to decrease the existing inequities and improve the context for optimal early childhood development?

## Methods

In this qualitative study, the researchers attempted to identify and clarify the ECD context of Iran as well as to identify policy recommendations to improve the current situation. The context refers to the circumstances and settings in which children are born and raised. It includes systematic economic, political, social, and cultural factors at national and international levels which may influence the early childhood development (23). There are different approaches to classifying contextual factors. For example, Leichter (1979) has divided them into four categories including: situational factors (irregular and unstable events such as war), cultural factors (values of society or different groups in society), structural factors (more stable factors of social organizations such as economic-political system) and environmental factors (factors outside the national system of politics such as multinational corporations) (24). To collect the data, the researchers made use of interviews with experts from different sectors related to children including health and nutrition, early care and education, and protection.

## **Data collection**

Forty face-to-face, in-depth, semi-structured interviews were conducted from October 2017 to June 2018 using an interview guide (Appendix 1) in Tehran, Iran. Since no new data was added to our study during the last interviews, we concluded that the data has reached the saturation level. All interviews took place in the interviewees' workplaces and each interview lasted for 30-90 minutes. Before the interviews, necessary information regarding the study and its objectives were given to the participants and informed consent was obtained from them verbally. Moreover, they were assured that their information would remain confidential and the data of the study would be analyzed anonymously. Also, the current study has been confirmed by the Ethical Committee of Tehran University of Medical Sciences (IR.TUMS.REC.1396.2694).

## **Sampling method**

To select the participants, we used the purposive sampling approach with maximum variation in terms of scientific background, activity domain, employment status, gender, and executive experience. In addition, the snowball sampling method was used to identify more interviewees. The participants were divided into five groups including policymakers (PM), managers (M), academics and researchers (Aca), NGOs' representatives (NGO-R), and children service providers (CSP) from different organizations related to ECD (Ministry of Health and Medical Education; State Welfare Organization; Ministry of Education; Ministry of Cooperatives, Labor, and Social Welfare; Ministry of Justice; Children's Medical Center; The Islamic Consultative Assembly; Society for Protecting the Rights of the Child (SPRC); universities and research centers, etc.) (Appendix 2). The participants met at least one of the following criteria:

- Specializing in majors related to children or neuroscience, social sciences, human sciences, and rehabilitation sciences
- Having at least three years of professional experience with children in non-governmental or governmental sectors
- Having a position related to children's affairs in non-governmental or governmental sectors at the time of the study (Appendix 2)

## **Data analysis**

For data analysis, a deductive approach was used. In this regard, the interviews were transcribed verbatim, the codes were extracted from the summaries of the interviews, the open coding was carried out, and the extracted codes were finally categorized based on Leichter's (1979) framework (24) using the

thematic analysis approach. Coding and data categorization were done manually. MAXQDA.11 software was also used to assist data management. To ensure the accuracy of statements, some transcripts were sent to the participants who were asked to confirm if necessary. Also, AA and OA analyzed the data separately and checked with the research group to ensure the validity of the qualitative analysis.

## Results

The results of this study are presented based on Leichter's (1979) framework under analytical categories including structural, socio-cultural, environmental (international), and situational factors. In our study, 8 themes and 22 subthemes were identified (Table 1,2,3 and 4). These categories are presented in the following:

Table1. structural factors affecting the integrated early childhood development

Themes	Subthemes	examples	Relation
<b>Economic factors</b>	Decreased economic growth	<ul style="list-style-type: none"> <li>- Increasing poverty, unemployment, etc., all of which reduce the well-being of children</li> <li>- Reducing per capita budget for health, education, etc.</li> <li>- Increasing household expenses</li> <li>- Reducing family investments for children</li> <li>- Negative effects on the quality of parenting, the formation of behavior, and mental and physical development of children</li> </ul>	(PM 9)  (M 6)  (PM 8) (CSP 4)
	Economic instability	<ul style="list-style-type: none"> <li>- Increasing parents' financial stress and its negative effects on relationships with their children and reducing life quality among families and children</li> </ul>	(Aca 3)
	Reverse country investment curve	<ul style="list-style-type: none"> <li>- Low return on investment due to the highest investment in youth and middle age and the lowest investment in childhood in the country</li> <li>- No allocation of a certain amount of GDP to children</li> </ul>	(PM 9)  (PM 38)
	Economic inequities	<ul style="list-style-type: none"> <li>- Inequity in access to available resources, services and care for children in different families</li> <li>- Creating a significant difference in the chances of achieving potential development in children in different families</li> </ul>	(Aca 24)  (PM 8)
	Inflation	<ul style="list-style-type: none"> <li>- Decreased level of welfare of families and children due to rising prices of basic necessities of life such as food, clothing, and housing as well as ignoring some of the needs of children</li> </ul>	(M 27)
	Family living conditions (employment of parents, income, housing status)	<ul style="list-style-type: none"> <li>- Poor economic status at the micro level, which reduces the standard of living for children, the inability to meet the natural needs of children, the increase in the number of working children, the reduction in school enrollment, and the negative effects of low quality housing on the formation of behavior and mental and physical development of children, and vice versa.</li> </ul>	(CSP23)
<b>Political factors</b>	Lack of political discourse	<ul style="list-style-type: none"> <li>- Lack of a comprehensive and coherent discourse about children in the country</li> <li>- Lack of space for negotiation, confusion of negotiation processes, and lack of mutual dialogue between institutions</li> </ul>	(PM22)  (PM12)
	Different interpretations by different intellectual	<ul style="list-style-type: none"> <li>- Political decisions related to children's affairs and influencing the approaches used for the integrated development of children</li> </ul>	(PM25)

	and political groups in relation to ECD		
--	---	--	--

Table2. Socio- cultural factors affecting the integrated early childhood development

Themes	Subthemes	examples	Relation
<b>The socio-cultural setting of society</b>	Social inequities (such as income inequity, inequality between ethnic and religious minorities, gender inequality)	- Inequity in children's access to quality health services, nutrition, care and education in early childhood and significant differences in children's chances of achieving potential development	(NGO-P 28)
	Unbalanced urban development	- Consequences of a violent city, the spread of marginalization and the impacts of an insecure environment on the physical, psychological and social development of children - Change of lifestyle, increasing social harms and their negative consequences for children's development - Lack of play spaces and reduced child-friendly environments	(PM32) (Aca26) (CSP18)
	Decrease in social capital	- Reducing social stability and cohesion, social cooperation and participation and its negative effects on family stability - Reducing social and family relationships and its impact on children's development	(PM10)  (M17)
	Misconceptions and ignorance of society about ECD	- Lack of awareness and knowledge about the importance of early childhood development, it's various dimensions and the influential factors - Existing misconceptions in society about nurturing methods such as using physical punishment	(PM31) (NGO-P 11)
	Development of communication technology and media	- Increasing parents' awareness and knowledge about the importance of childhood and proper nurturing methods - Increasing the need for media literacy in parents to identify correct and incorrect information as well as managing children's use of technology - The positive and negative effects of using technology on children's development	(M17) (Aca37) (CSP16)
	Issues in the national educational system	- Lack of attention to sustainable and comprehensive development of children in the education system - Relying solely on the transfer of knowledge in the education system and not addressing the development of children - Insufficient attention to teaching life skills and plays in kindergartens and primary schools - Having children who have dropped out of school as well as the fact that not all children are covered in preschool programs	(PM 15)  (M 27)  (PM13)  (PM36)
<b>The socio-cultural setting of family</b>	Social-demographic factors of family (such as parents' education, family income, place of residence, number of family members)	- Affecting the quality of life of children and their access to health care services, adequate nutrition, quality care and education in early childhood by demographic variables of families such as parental education	(PM 19)
	parenting style	- Nurturing methods and theirs negative or positive effects on the formation of the child's personality and poor or appropriate physical, psychological, emotional, social, cognitive and spiritual development of children	(NGO-P2)

	Information and educational poverty of children in the family	- Lack of awareness in children about their rights, life skills, how to solve problems, how to communicate with others, etc.	(CSP35)
	Family harms (such as domestic violence, parental psychological problems, parental conflicts, separation or loss of parents)	- Development of various mental disorders in children such as fear and anxiety, feelings of insecurity, depression, aggression, guilt, pessimism, etc. due to problems in the family and the formation of a negative and insecure parent-child relationship	(CSP30)

Table3. Environmental (International) factors affecting the integrated early childhood development

Themes	Subthemes	examples	Relation
The role of international organizations	International programs	<ul style="list-style-type: none"> <li>- Affecting international policy frameworks that increase the commitment and accountability of countries to their actions related to children towards the international community</li> <li>- International financial and technical assistance for developing countries to meet their obligations</li> <li>- Creating international competitions among countries in order to be in a good position in international evaluations with regard to indicators related to children's affairs</li> </ul>	(PM36) (M14) (PM13)
Political sanctions	Violation of the rights of Iranian children in various fields of health, nutrition, security, etc.	<ul style="list-style-type: none"> <li>- Facing the problem of importing required goods and materials in the different field such as medicine, medical equipment, etc., and its negative effects on the development of Iranian children</li> </ul>	(PM20)

Table4. Situational factors affecting the integrated early childhood development

Themes	Subthemes	examples	Relation
The role of international organizations	Genetic factors	<ul style="list-style-type: none"> <li>- Increasing developmental disorders and the costs of treatment and rehabilitation for the family, the health system, and the education system</li> </ul>	(CSP18)
Political sanctions	The phenomenon of air pollution	<ul style="list-style-type: none"> <li>- Negative effects of air pollution on physical and mental development of children in metropolitan areas</li> </ul>	(PM40)

**1. Structural factors:** In this analytical category, two themes and eight sub-themes were identified.

### 1.1. Economic factors

The participants stated that economic factors such as decreased economic growth, economic instability, reverse investment curve, economic inequities, inflation, and the living conditions of the family change the well-being of children through various ways. These factors can directly affect children's well-being and development by increasing or decreasing family financial resources. Indirectly, these factors can affect government revenues and the sustainability of government resources to provide beneficial services

to children. Although the living conditions of the family are affected by the macroeconomic status of the country, even in prosperous and developed countries, there are deprived and poor families. Therefore, it is necessary to consider the economic status of families separately. In this study, factors such as parents' employment status, family income and housing status have been identified as indicators of family living conditions. Also, the concept of economic inequities was repeatedly cited by experts in the interviews as one of the most important factors influencing children's opportunities for optimal development and ultimately the continuous vicious cycle of poverty.

*"Well, when you compare countries, you certainly see countries that have high economic growth and their economic situation is better, the quality of life of their children is higher, and they receive the high-quality services (CSP 4)."*

*"If the family is suffering from issues such as poverty and unemployment, this family will not be able to take positive actions in this regard, no matter how much you talk about the development of the children and increase the knowledge of that family (PM10)."*

*"If you look at the investment curve of the country, it is a linear curve, which is the complete opposite of opportunity. We have the highest investments in the third, fourth and fifth decades of human life and the resources are spent there, while milestones of development are established in early years (PM9)."*

*"Inequities and gaps between the rich and the poor in the country and the problems caused by the poverty of families such as the phenomenon of working children, addiction, child abuse, etc. exacerbate the issue (PM 8)."*

## **1.2. Political factors**

Political factors are one of the important issues which have a significant impact on ECD and the design of programs and policies in this regard. In this category, participants pointed to the lack of political discourse and the contradictory views of different intellectual and political groups related to children's issues in the country, which leads to politicization and policy-based decisions by these streams of thought and politics.

*"The fact is that our political and national discourse on children only goes back to school education. That means we do not have a very coherent, comprehensive discourse on children (PM 22)."*

*"One of the main problems that we face in the field of children, which is perhaps less seen, is the contradictory political attitudes and thoughts that we have towards family, women and children (PM 12)."*

**2. Socio-cultural factors:** In this analytical category, two themes and ten sub-themes were identified.

### **2.1. The socio-cultural setting of society**

Another point that was mentioned in the interviews as an important factor in ECD was the socio-cultural factors of society. According to the findings of this study, the socio-cultural context of society affects early childhood development directly and indirectly (by influencing the socio-cultural context of the family). In this study, the socio-cultural context of society has been identified by several concepts including social inequalities (such as income inequity, inequality between ethnic and religious minorities, gender inequality), unbalanced urban development, declining social capital, misconceptions and ignorance of society, development of communication technology and media, and issues in the national educational system. In several interviews, for instance, the unbalanced development of urbanization was mentioned as a social-cultural factor which has made cities an unsafe and unfriendly environment for children. Participants stated that the unbalanced development of urbanization is associated with many consequences, including increasing social harm, expanding marginalization, changing lifestyles, creating a harsh city, air pollution, noise pollution, etc., each of which will affect ECD in special ways. Another concept that was mentioned as an effective factor in children's development was the social capital. In other words, the interviewees referred to the negative impacts of decreased social capital on children's personality by decreasing public trust and weakening empathy, social responsibility, and identity.

*"How many of us are marginalized now? Statistics say that we have twelve million marginalized people, some say eighteen million, right? What does marginalized mean? That is, those who do not receive education, care and health facilities that are necessary for the growth and development of their children? (CSP 18)."*

*"Social capital in our society has decreased, distrust is too much; this affects how the child's personality is formed (M 17). "*

*"Many parents, people and teachers still consider physical and verbal punishment as correct methods of nurturing while these are examples of child abuse (Aca 4)."*

## **2.2. The socio-cultural setting of family**

The family plays an important role in the well-being and development of children. Parental behavior and family environment can promote or inhibit children's development. In this study, factors such as socio-demographic variables of the family (such as parents' education, family income, place of residence, number of family members), parenting style, family harms, and information and educational poverty of children in the family have been identified as effective factors in early childhood development in relation to the socio-cultural context of the family. For example, many participants referred to family harms including various types of domestic violence (such as physical, sexual, psychological, and verbal violence and indifference), mental problems of parents (such as stress, anxiety, depression), parental conflict, separation or loss of parents) as factors influencing children's development. Another very important factor that was repeatedly mentioned in the interviews was the knowledge, attitude and practice of parents regarding parenting. In other words, parenting style was believed to have a tremendous impact on the formation of children's personality and development. In several interviews, the weakness of families in nurturing their children has been mentioned. Issues which were mentioned in connection with the role of parenting included nurturing of dependent and non-capable children, children with inability to say no, those with inability to solve problems and those who lack social skills. Such issues also included nurturing children with emotional deficiencies and mental problems as well as children who will face academic failure and social harms in the future.

*"I think we have some defects in parenting. With my experience in psychology, we do not have many independent children. Or we sometimes see that they do not have the ability to say no or their problem-solving abilities are weak. There are a number of nurturing problems (Aca 26). "*

*"Domestic violence, from physical and verbal violence to other types of violence in our country, is at a high rate. Research has shown that children have this experience in terms of psychology (PM 13)."*

*"Our children have little information about their rights. Families should provide some information and lessons to their children, but we see that families do not even educate their children about healthy behaviors (NGO-P 11)."*

**3. Environmental (International) factors:** In this analytical category, two themes and two sub-themes were identified.

### **3.1. The role of international organizations**

Among the interviews, the role of international organizations including UNESCO, UNICEF, the World Bank, and the World Health Organization was mentioned. Interviewees stated that the political commitment of international organizations to early childhood development could play an important role in facilitating national political commitments to young children. Interviewees cited the financial and technical support of these international organizations to the countries.

*"International programs also have an impact on the national context of countries, such as the Sustainable Development Goals, which include seventeen core programs, some of which are directly related to health and some are directly related to poverty alleviation." "It can also have a positive effect on our country so that we can finally pay more attention to these programs (Aca 1)."*

### **3.2. Political sanctions**

Another issue raised by some interviewees was political sanctions as an external and international factor influencing the conditions and well-being of society, including the development of children.

*"Well, now these sanctions that we are facing act as a lever of pressure and disturb the condition in the country, so that they can have many effects on different people in society and lead to the violation of the rights of people, including children (PM33)."*

**4. Situational factors:** In this analytical category, three themes and three sub-themes were identified.

### **4.1. Genetic factors**

Genetic factors are mentioned as a situational factor in interviews with health policy makers and health service providers. They stated that development is the result of a combination of both environmental and genetic factors. Therefore, genetic factors can be the source of some developmental disorders and defects in children.

*"Children's development is affected by various factors, including psychological, social, hereditary and environmental factors, so we can say that children's development is the result of a dynamic and continuous interaction of biological and acquired factors (CSP 18)."*

#### **4.2. The phenomenon of air pollution**

Air pollution in some regions of the country was another situational factor mentioned in our study. This phenomenon has adverse effects on the physical and mental development of children as one of the vulnerable and sensitive groups in the society. It has also been stated that children living in societies with low socioeconomic status are more likely to be exposed to toxic waste, air pollution, poor water quality, excessive noise, and poor housing quality.

*"Well, look at the problem of air pollution and dust, which can have an impact on the health of society, especially pregnant women and children. Some of these problems manifest themselves in the short term, such as shortness of breath, allergies, asthma, and some manifest themselves in the long term. (PM 40)."*

*"The effects of air pollution, noise pollution, and poor environmental quality are greater on poor children because they probably have very poor access to protective equipment and facilities (M14)."*

### **Discussion**

According to the results of this study, economic factors can make a significant difference in children's life conditions and affect the financial space of governments and families to invest in ECD. This issue has been emphasized in many studies. According to the World Bank, OECD member countries spend about 1.6 percent of their gross domestic product (GDP) on family and preschool services for children aged 0 to 6, of which 0.43 percent is spent on kindergartens alone. By comparison, low-income countries such as Nepal, Kenya, and Tajikistan spend only 0.1 percent of their GDP on preschool services, compared with less than 0.002 percent in Nicaragua and Senegal (25). Economic inequities were also emphasized in our study. This shows that economic growth alone is not enough, but the distribution and quality of this growth is very important. In this regard, Boyden has emphasized the nature and quality of economic growth for ECD in his study. He states that policies should be made to ensure the sustainability of investments, to focus

on the most vital stage in childhood, and to bring about benefits for all children. (26) Another study by Bennett has shown that improvements in children's access have been distributed differently among different socioeconomic groups, and different results have been achieved. (27)

Another issue mentioned in this study is the role of political factors in the form of various political and intellectual currents which impact the design of appropriate programs and policies for children. Since the influence of attitudes, interests, expediencies and political decisions on phenomena at the level of community is quite evident, the role of the political context in ECD has been emphasized in several studies (28-30). Vegas states that the political context influences a country's investment in ECD and the type of policies and programs it finances. (29) Also, Slone's study shows that the dimensions of the political environment affect the children's mental health (30).

In our study, the effect of socio-cultural factors on ECD, like economic factors, has been considered at both macro and micro levels. The nature and quality of the social environment affect the development of young children and the performance of families (31). Among these factors, social inequalities play a critical role. The increased risk of adverse health outcomes is not limited to the lowest levels of poverty and socioeconomic status, but many child health outcomes indicate that there is a social slope. For example, birth weight indicates a specific social slope that has profound effects not only on childhood and infancy but also on adulthood (32). Vaida argues in his study that racial and ethnical inequalities play a significant role in birth outcomes in Wisconsin. A higher proportion of infants born to black/African American women than infants born to white women are low birth weight and premature, which is the leading cause of death for black/African American infants (33). Participants also cited the consequences of unbalanced urban development as lifestyle changes, increased marginalization, and social harm, all of which have negative effects on children's development, including obesity, increased violence against children, and the creation of an insecure environment for children. Also, the report on the kids in communities shows that neighborhoods marked with security concerns, garbage on the streets, and delinquency were associated with a number of adverse health behaviors and consequences, including overweight and childhood obesity, behavioral problems, and other negative consequences of child development (28). Moreover, Powers et al. emphasized the role of social capital and stated that poor social cohesion, social capital, and social support are associated with increased maternal postpartum depression, child abuse, and alcohol drinking and smoking in pregnancy (34) and potentially play a role in the current health slope among children (35). This finding is consistent with the results of our study. In addition to addressing the social and economic causes of childhood inequities, it is important to consider cultural factors as well. In this study, cultural factors that can affect the physical and psychological development of children are referred to. These factors appear in the form of misconceptions and lack of awareness in the society with regard to parenting methods such as

the belief in physical punishment in child rearing or their beliefs about the unnecessary of child sexual education. Such misconceptions have also been addressed in other studies. For example, Moore states that one of the cultural misconceptions among Australians is that young children are passive in absorbing concepts and their lives are perceived to be so simple that will not be disturbed or disrupted by influential factors. He argues that these misconceptions can indirectly increase or maintain early childhood inequities by influencing public opinions in general, and the extent of governmental support and investments in reducing early childhood inequities (35).

Families play a critical role in the well-being and development of children. Parental behavior and family environment can promote or inhibit children's development. Because families are the first environments in which children interact with others from birth, they play a very important role in preparing children with stimulation, support and kindness. These characteristics are, in turn, influenced by the resources that families have to devote to parenting (strongly influenced by income), which is the same as their parenting style. Such characteristics tend to provide a rich and responsive environment (strongly influenced by parents' education levels) (28,36-37). These findings are also consistent with the results of the current study.

This study revealed that international factors, including the political commitment of international organizations to ECD, could play an important role in facilitating national political commitments to young children. Strong sponsors of ECD investment such as the UNESCO, the UNICEF, the World Bank, and the World Health Organization can provide financial support and technical advice to country leaders, including the latest evidence and the best practices. In addition, international development treaties can support national and social policies that focus on the needs of children. International policies, such as the Millennium Development Goals, offer developing countries a challenge and an opportunity. Millennium Development Goals are very child-centered, with a strong focus on children and synergies at the international and national levels that can be used to promote common child-friendly policies (29).

According to the results of our study, genetic factors are among the situational factors that can be the source of some developmental disorders and defects in children. The analysis of the effect of genes and the environment on the transmission of antisocial behaviors from parents to children, depression and hyperactivity shows that both genetics and family environment play a role in this regard (37). Vaida states that the integrated nature of growth and development is largely preserved through constant interactions between genes, hormones, nutrients, and other factors. Some of these factors that affect physical function are rooted in heredity. Factors such as season, dietary restrictions, and severe psychological stress are rooted in the environment. Other factors, such as the socioeconomic class, reflect a complex combination of hereditary and environmental effects which are likely to play a role throughout development (33). Many

studies have also emphasized the negative effects of air pollution as a situational factor on pregnant mothers and children. In this regard, Pem states in his study that fetuses that are exposed to lead and arsenic before birth may be born prematurely or at a low birth weight, and as a result, this can affect the development of the child (38). This is also consistent with the results of the current study.

## **Conclusion**

ECD focuses on equity and reducing the gap between rich and poor from the early years. Inequity in socioeconomic conditions will adversely affect the integrated development of early childhood, and children's lack of optimal development will lead to the continuation of this unfavorable cycle. This principle is very weak in the current policies and programs of the country. Fair promotion of economic, cultural and social conditions of the society and consequently of the families can be very helpful in ECD and achieving the sustainable development of the society. While the context of our country is facing many challenges such as increasing social harms, reducing social capital, lack of public awareness, increasing socio-economic inequities, reducing economic growth, economic instability, etc. this will provide conditions for the abuse and neglect of children or their unfair growth and development. We should, therefore, consider creating integration between policies and programs of different sectors, prioritizing children in the welfare umbrella, empowering families, raising community awareness, and expanding services and support for families, specially the deprived families subject to special subsidies.

## **Strengths and limitations**

This study was the first of its kind in conducting a deep and extensive analysis of social determinants of ECD in Iran. The results of the current study can improve the developmental conditions of children and lead to more attention to contextual factors in formulating policies related to ECD. However, our study has two main limitations; first, we have not presented the developmental status of children in various areas of ECD in the form of figures due to the lack of statistics and information in this field in our country. Second, some participants were not able to participate in the confirmation process because of their busy schedule and the lack of time.

## **Policy recommendations**

<b>Policy making considerations</b>	Paying attention to the context of the country in formulating policies
	Focusing on inequities in policy making for children and families
	Increasing flexibility in national policies for children and families to address regional problems and needs
	Adhering to the standards of a child-friendly city in the design of urban spaces

	Amending and developing some laws with executive guarantees in order to protect children
Promote Early Learning	Establishing training courses of parenting and family empowerment
	Providing free and available health and education services with high quality to children in early years
	Strengthening the existing executive infrastructure for optimal education of children
	Promoting advocacy from influential people in the field of children and child-friendly media and groups
	Educating children about their rights
Integrated Interventions	Creating coherence and integration between the policies of the various sectors involved in ECD
	Utilizing the capacity of NGOs and the private sector in policy making and implementation
	Strengthening inter-sectoral collaboration through incorporating it in the mission and evaluation of organizations, promoting commitment in the high levels of organizations, and developing an inter-ministerial policymaking framework that clearly specifies the roles and responsibilities of every sector and their interactions and collaborations
	Establishing an institution or body at a high level to coordinate and monitor the affairs of children such as the Children's Commission in the Islamic Consultative Assembly or the Ministry of Children
Promote social supports in national level	Expanding kindergarten services, especially in deprived areas, and alleviating child poverty
	Visiting homes to screen, identify, evaluate, and track the children at high risk and improper conditions
	Establishing a designated location in police stations for children to report child abuse
	Requiring health attachments for macro policies and programs in various fields with emphasis on the health of pregnant mothers and children
	Empowering service providers in the field of children in connection with early childhood development
Promote financial supports in national level	Reducing development inequities in different regions of the country
	Developing a universal service package for children and families
	Prioritizing children in the welfare umbrella and paying attention to children in support of low-income families
	Allocating a certain share of the country's GDP to children under 8 years of age.
	Providing subsidies or tax exemptions to child care providers

## Declarations

**Ethics and Consent to Participate:** In our study, before the interviews, necessary information regarding the study and its objectives were given to the participants and informed consent was obtained from them verbally and recorded audio. The current study is approved by the Ethical Committee of Tehran University of Medical Science (code: IR.TUMS.REC.1396.2694) and all the used methods were performed in accordance with the relevant guidelines and regulations. The verbal informed consent procedure was approved by the Ethical Committee of Tehran University of Medical Science that confirmed the present study (code: IR.TUMS.REC.1396.2694). It should also be noted that written consent was not necessary for this study because the names of the interviewees were not mentioned in the findings. Moreover, participants were assured that their information would remain confidential and the data of the study would be analyzed anonymously.

**Consent for publication:** Not Applicable

**Availability of data and materials:** The data of this study are raw data which were accessible to the researchers in the interviews and are reported in the paper. The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

**Competing interest:** There is no conflict of interests.

**Funding:** This research was funded by Tehran University of Medical sciences.

**Authors' contributions:** OA, AS, AT and AO designed this study and determined its methods. OA conducted the collection, analysis and interpretation of the data with assistance from AS and AT for revising the analytical approach. OA and HB carried out the analytical experiment. All authors discussed the results and contributed to the final manuscript. OA, AS and EM wrote the manuscript. All authors contributed to the development and approval of the final manuscript. AS is the guarantor.

**Acknowledgements:** The authors acknowledge the Ministry of Health and Medical Education, Ministry of education, Welfare Organization of Iran and Tehran University of Medical sciences for their participation in the interviews.

- **References:**

1. Thompson R A. The Effects of infant Day Care Through the Prism of Attachment Theory: A Critical Appraisal. *Early Childhood Research Quarterly*. 1988; 3:273-82.
2. Avan B I, Kirkwood B R. Review of the theoretical frameworks for the study of child development within public health and epidemiology. *J Epidemiol Community Health*. 2010;64:388-93.
3. Bivol S BM, Bulgari O, Capcelea A, Cheianu D, Oceretnii A and et al. National Survey on Early Childhood Care and Development: Family Knowledge, Attitudes, and Practices. Government of Republic of Moldova UNICEF; 2010.
4. Heckman J J, Cunha F. Investing in our Young People. The National Institutes of Health and the Committee for Economic DevelopmentChicago: University of Chicago; 2006. <http://jenni.uchicago.edu>.
5. Woodhead M, Bolton L, Featherstone I, Robertson P. Early Childhood Development: Delivering inter-sectoral policies, programmes and services in low-resource settings. The Health & Education Advice & Resource Team (HEART); 2014.
6. McGregor S G, Cheung Y B, Cueto S, Glewwe P, Richter L, Strupp B and et al. Developmental potential in the first 5 years for children in developing countries. *Lancet*. 2007; 369:60–70.
7. Bennett I M, Schott W, Krutikova S, Behrman J R. Maternal mental health and child growth and development in four low-income and middle-income countries. *J Epidemiol Community Health*. 2016; 70:168–73.
8. Walker S P, Wachs T D, Gardner J M, Lozoff B, Wasserman G A, Pollitt E and et al. Child development: risk factors for adverse outcomes in developing countries. *Lancet*. 2007; 369:145–57.
9. Walker S P, Wachs T D, Grantham-McGregor S, Black M M, Nelson C A, Huff man S L and et al. Inequality in early childhood: risk and protective factors for early child development. *Lancet*. 2011; 378:1325–38.
10. NICHD Early Child Care Research Network. Non-maternal care and family factors in early development: An overview of the NICHD Study of Early Child Care. *Applied Developmental Psychology*. 2001; 22:457–92.
11. Schoon I, Jones E, Cheng H, Maughan B. Family hardship, family instability and cognitive development. *J Epidemiol Community Health*. 2012; 66:716-22.
12. Gialamas A, Mittinty M N, Sawyer M G, Zubrick S R, Lynch J. Social inequalities in childcare quality and their effects on children's development at school entry: findings from the Longitudinal Study of Australian Children. *J Epidemiol Community Health*. 2015; 69:841–8.
13. Connell C M, Prinz R J. The Impact of Childcare and Parent–Child Interactions on School Readiness and Social Skills Development for Low-Income African American Children. *Journal of School Psychology*. 2002; 40(2):177 – 93.
14. Engle P, Black M, Behrman J, Cabral de Mello M, Gertler P, Kapiriri L and et al. Strategies to Avoid the Loss of Developmental Potential in More than 200 Million Children in the Developing World. *The Lancet*. 2007; 369: 229-242.
15. Moore, T., McDonald, M. & McHugh-Dillon, H. Early childhood development and the social determinants of health inequities: A review of the evidence. Parkville, Victoria: Centre for Community Child Health at the Murdoch Childrens Research Institute and the Royal Children's Hospital; 2014.
16. World Health Organization (2008). Closing the gap in a generation (Health equity through action on the social determinants of health). World Health Organization, commission on social determinants of health; 2008.
17. Marmot M, Friel S, Bell R, Houwelin T A, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet* 2008; 372: 1661–69.
18. Leppo K, Ollila E, Pen˜a S, Wismar M, Cook S. Health in all policies: seizing opportunities, implementing policies. Ministry of social affairs and health, Finland; 2013.

19. Vameghi R, Marandi A, Sajedi F, Soleymani F, Shahshahanipour S, Hatamizadeh N. Strategic analysis of the situation in Iran regarding the development of young children (analysis swot) and proposed strategies and activities. *Journal of Social Welfare*. 2010; 9(35):379- 412. ( origin persian).
20. Atashbahar O, Akbari Sari A, Takian A, Olyaeemanesh A, Mohamadi E, Barakat S H. Integrated early childhood development policy in Iran: a qualitative policy process analysis. *BMC Public Health*. 2021; 21:649
21. Unicef ( unite for children ) in Iran. 2012-2016. [www.unicef.org/iran](http://www.unicef.org/iran). ( origin persian).
22. Atashbahar O, Akbari Sari A, Takian A, Olyaeemanesh A, Mohamadi E, Barakat S H. Perceived gaps in early childhood development-related health policies in Iran: Findings from a qualitative exploratory study. *Med J Islam Repub Iran*. 2019; 23(33):146.
23. Gilson L, Erasmus E. *Health Policy and Policy Analysis*. Centre for Health Policy School of Public Health, University of the Witwatersrand, Johannesburg, South Africa; 2007.
24. Buse K, Mays N, Walt G. *Making Health Policy*. Open University Press First published; 2005.
25. Lake A. Early childhood development—global action is overdue. *Lancet*. 2011; 378.DOI:10.1016/S0140-6736 (11)61450-5.
26. Boyden J, Dercon S. *Child Development and Economic Development: Lessons and Future Challenges*. Young Lives; 2012. [www.younglives.org.uk](http://www.younglives.org.uk).
27. Bennett I M, Schott W, Krutikova S, Behrman J R. Maternal mental health and child growth and development in four low-income and middle-income countries. *J Epidemiol Community Health*. 2016; 70:168–73.
28. Goldfeld S, Villanueva K, Lee JL, Robinson R., Moriarty A, Peel D and et al. Foundational Community Factors (FCFs) for Early Childhood Development: A report on the Kids in Communities Study; 2017.
29. Vegas E, Santibáñez L, Brière B L, Caballero A, Hautier J A, Devesa D R. The Promise of Early Childhood Development in Latin America and the Caribbean. The International Bank for Reconstruction and Development / the World Bank.2010. DOI: 10.1596/978-0-8213-7759-8.
30. Slone M, Lobel T, Gilat I. Dimensions of the Political Environment Affecting Children's Mental Health: An Israeli Study. *The Journal of Conflict Resolution*. 1999; 43(1):78-91.
31. Kawachi I, Berkman L F. *Neighborhoods and Health*. Oxford University Press, New York, NY; 2003.
32. Spencer N. Social, Economic, and Political Determinants of Child Health. *PEDIATRICS*. 2003; 112(3): 704-706.
33. Vaida N. A study on various factors affecting growth during the first two years of life. *European Scientific Journal*. 2003; 8(29): 16-37.
34. Powers J R, McDermott L J, Loxton D J, Chojenta C L. A prospective study of prevalence and predictors of concurrent alcohol and tobacco use during pregnancy. *Maternal and Child Health Journal*. 2013; 17: 76–84.
35. Moore T G, McDonald M, Carlon L, O'Rourke K. Early childhood development and the social determinants of health inequities. *Health Promotion International*. 2015; 30 (S2 ii102–ii115). DOI: 10.1093/heapro/dav031.
36. Maggi S, Irwin L G, Siddiqi A, Poureslami I, Hertzman E, Hertzman C. Knowledge network for early child development. *Analytic and Strategic Review Paper: International Perspectives on Early Child Development*. World Health Organization's Commission on the Social Determinants of Health; 2005.
37. Ibberson C L. Environmental factors among young children contributing to the onset of behavior disorders. *Culminating Projects in Special Education*. 2017; 46. <http://repository.stcloudstate.edu/sped.etsds/46>.
38. Pem D. Factors Affecting early childhood growth and development: golden 1000 days. *Journal of Advanced practices in nursing*.2015; 1(1). DOI: 10.4172/2573-0347.1000101.

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [supplementaryfile.docx](#)