

Enrolment gaps in pre-primary education: The impact of a compulsory attendance policy

More often than not, enrolment data for pre-primary education (PPE)¹ cover the entire age group, from 3(4) to 5(6) years, in a single rate. Such aggregate reporting fails to reveal differing enrolment rates from one single-year age group to the next, where considerable gaps have long been suspected. A Regional EFA Monitoring Report published by UNESCO Regional Bureau for Education in Latin America and the Caribbean² confirms that this may, indeed, be the case.

The report, which presents the PPE enrolment rates of 19 countries in the region³ by single year of age, reveals higher rates at the upper end of the range. In some cases, the overall enrolment rates were skewed by the rates for older children (e.g., 5-year-olds), concealing significantly low enrolments among younger children (e.g., 3- and 4-year-olds). The “enrolment gap between ages” (EGBA) is more pronounced in some countries than in others.

What creates EGBAs? One line of reasoning points to the policy of free compulsory PPE⁴ implemented by many countries in the Latin American region (Table 1). In these countries, the argument is that the enrolment rate can soar starting from the age(s) at which participation in PPE is compulsory, widening the gap with non-compulsory years.

Table 1: Countries with compulsory pre-primary education, 2000⁵

Country	Years of compulsory PPE	Age(s) at which PPE is compulsory	Age group for ISCED-0	Entry age into primary education
Argentina	1	5	3-5	6
Colombia	1	5	3-5	6
Costa Rica	1	5	5	6
Dominican Republic	1	5	3-5	6
El Salvador	3	4, 5 and 6	4-6	7
Mexico ⁶	3	3, 4 and 5	4-5	6

¹ Following the convention of ISCED-0 (International Standard Classification of Education), pre-primary education is defined as centre or school-based, educationally oriented services for children of at least three years.

² Education for All in Latin America: A goal within our reach. Regional EFA Monitoring Report (2004). UNESCO Santiago. Statistical information provided in this note is all from this report.

³ Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

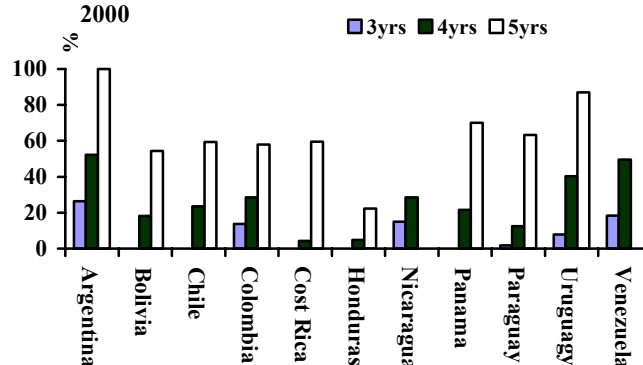
⁴ Except in Colombia, the compulsory PPE provided in public institutions is to be free.

⁵ The information is drawn from the Regional report and other sources. In Ecuador, the 1996 Curricula Reform suggested one year of compulsory pre-school education, but as the recommendation has not yet been legislated, the case is not presented in the Table.

Panama	2	4 and 5	4-5	6
Peru	1	5	3-5	6
Uruguay	1	5	3-5	6
Venezuela	1	5	3-5	6

The hypothesis seems tenable: the EGBA seems more pronounced in countries with compulsory PPE. Of the 11 countries where at least one EGBA of more than 90% is found (Figure 1), six of them – Argentina, Colombia, Costa Rica, Panama, Uruguay and Venezuela – have compulsory PPE. Of the 10 countries with compulsory PPE shown in Table 1, excluding the Dominican Republic where data are incomplete, El Salvador, Mexico and Peru are the only three countries without a significant EGBA. In sum, most of the countries with compulsory PPE have significant EGBAs.

Figure 1: PPE enrolments with large age gaps, 2000

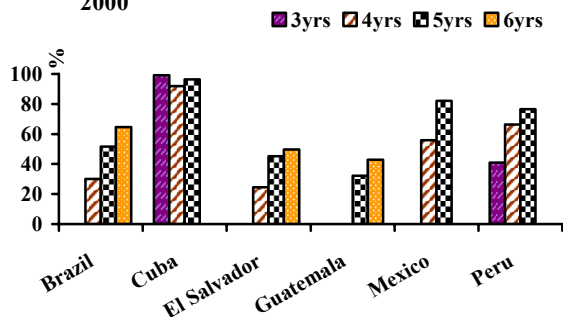


In Argentina, Colombia, Paraguay and Uruguay, significant EGBAs appear between 3 and 4 years and between 4 and 5 years, making them the *EGBA countries*, or countries with the most pronounced EGBAs. Three of the *EGBA countries* (all but Paraguay) have one year of compulsory PPE for 5-year-olds.

Another piece of evidence for the positive correlation between EGBA and compulsory PPE comes from countries *without* significant EGBAs, where enrolment rates are more evenly distributed across ages. Among the six *non-EGBA countries*, or countries that have at least one EGBA below 50% and no EGBA over 90% (Figure 2), El Salvador and Peru are the only two with compulsory PPE; the majority of non-EGBA countries do not have compulsory PPE.

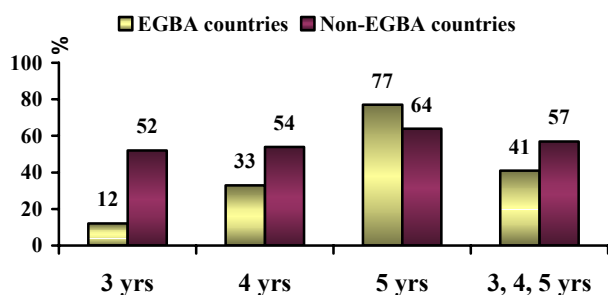
⁶ Mexico is implementing the law mandating free compulsory pre-school education for 5 year olds (starting 2004), 4 year olds (by 2005), and 3 year olds (by 2006).

Figure 2: PPE enrolments with small age gaps, 2000



The argument that compulsory PPE policy may be related to a large EGBA is also backed by a comparison of global enrolment rates in EGBA and non-EGBA countries (Figure 3).

Figure 3: Comparison of PPE enrolment rates of EGBA and non-EGBA countries, 2000



When the enrolment rates for 3-, 4- and 5-year-olds are combined, non-EGBA countries show a higher enrolment PPE rate. They also surpass EGBA countries at 3 and 4 years.⁷ But when it comes to 5-year-olds, the pattern is reversed: EGBA countries show a higher rate than non-EGBA countries. Three of the four EGBA countries all have compulsory PPE for 5-year-olds.

Meanwhile, the non-EGBA countries are not necessarily the richer ones. Their average GDP per capita in 2000 (about \$6,000) was lower than the EGBA countries' (about \$8,000). They also do not differ in any particular way from EGBA countries in promoting younger children's participation in PPE. The expanded vision of PPE starting from birth is found in both non-EGBA and EGBA countries.

The causes of the low enrolment rates of 3- and 4-year-olds are, of course, more complex. The phenomenon could have to do with the current definition of ISCED-0 that does not include non-formal and informal services

⁷ In Cuba, where the highest rates for 3 and 4 year olds are found, the non-formal services attended by these younger children are included, up to 70 %, in the counting of ISCED-0. This could have caused a bias vis-à-vis other countries, where ISCED-0 focuses on organised formal services only.

attended by younger children. The general perception that learning is schooling could be another factor deterring parents from enrolling younger children in an organised service.

If the compulsory attendance policy is not the only factor responsible for EGBA, it is certainly an important one, at least politically. In many countries, the policy is often announced as a sign of the government's commitment to PPE. But, it does not seem to help increase global enrolments in PPE. In most developed countries, where PPE enrolments are much higher, such a policy is non-existent. Its necessity is in question.

On the other hand, by skewing enrolments at the upper end of PPE and creating a large population of final-year PPE children who have not had previous PPE, the policy can cause a pedagogical problem for PPE teachers, just as having a large number of first-grade pupils without prior experience of early childhood programmes can be a problem for primary school teachers.

Most importantly, when PPE is concentrated on 5-year-olds, it is likely to become a crash course for children who are about to enter formal schooling, rather than a gradual process of building a foundation for lifelong learning, focusing on children's holistic development. In short, with the compulsory attendance policy, PPE can become an *early primary education*.

For the policy to be a constructive measure for promoting early childhood education, rather than formal schooling, it needs to be complemented by measures to ensure the child's attendance in the early phases of PPE. To that effect, the forms of services should be diversified, beyond ISCED-0, and included in data collection. The importance of early childhood care and education at home and in other settings of services, before the PPE stage, must also be recognised and there has to be efforts to link them to PPE at both the system and policy level.

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