

The Evaluation of Child Health Promotion Researches in Roi Kaen Sarasin Area 7 for Being Smart, Good and Happy Children

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Abstract

The objective of this Project evaluation research was to evaluate the performance of “The Evaluation of Child Health Promotion Researches in Roi Kaen Sarasin Area 7 for Being Smart, Good and Happy Children (Smart Kids 4.0 Area 7) in Health Region 7. This research used the Stufflebeam’s CIPP Model evaluation approach, dividing the research process into three phases. Assessment Phase: Evaluating context and input through interviews with health promotion leaders or deputy leaders at the provincial health offices and summarizing supervision and inspection reports. Data was analyzed using content analysis and report preparation, Intervention Phase: Evaluating the project process. The target group consists of 4,500 families with young children. Data was collected using questionnaires validated for quality, and analyzed using descriptive statistics, paired T-tests. Evaluation Phase: Evaluating the product through interviews with purposefully selected samples. Data was collected using validated questionnaires. Results: 1. Assessment Phase The context is a community predominantly engaged in agriculture. More than half of the caregivers for preschool-aged children are grandparents 2. Intervention Phase Post-training, 60% of parents showed improved child-rearing skills, 89.9% of children showed age-appropriate development and emotional intelligence improved by 76.68 %. 3. Evaluation Phase: Children participating in the project improved in developmental and emotional intelligence. Children's behavior at home and in early childhood centers/schools improved positively. Program Implementation: The program extends into the classroom, integrating with teaching activities, daily experiences, and activities for children. It also encourages parents to implement these activities at home issues. Concerning the role of education, participants expressed an integration of Violence Against Women topics into various social studies, gender subjects, and health education to promote awareness and foster an inclusive environment.

Introduction

According to statistics from the World Health Organization, 15-20% of children worldwide experience developmental abnormalities. A study in the United States found that 1 in 4 children under the age of 5 have moderate to severe developmental delays in areas such as motor skills, language, intelligence, and social-adaptive behaviors (Department of Health, 2017). In Thailand, the developmental assessment of preschool-aged children is conducted using the Developmental Surveillance and Promotion Manual (DSPM) (Ministry of Public Health, 2020). However, in 2022, the developmental screening of young children still fell short of the target. Additionally, a random survey conducted every three years revealed a declining trend in age-appropriate development among young children (76.78% in 2017 compared to 53.10% in 2020) (The National Institute of Child Development, 2021). In Health Region 7, the area designated for managing and driving the health system according to people's health problems and needs, there are four provinces: Khon Kaen, Maha Sarakham, Roi Et, and Kalasin. This region is also known as the Roi Kaen Sarasin Area 7. For the health status of preschool-aged children in fiscal year 2021, the Ministry of Public Health, through the Department of Mental Health, conducted an assessment of the emotional intelligence of children aged 6 to 11 years for parents in the survey of Emotional Quotient (EQ). It was found that in Roi Kaen Sarasin Area 7, children had an EQ level categorized as normal at 64.3%. The results showed that. 'The Good' category was at 71.7%, classified as normal. The "Skilled" category was at 70.0%, classified as normal. The "Healthy" category was at 62.7%, classified as normal. Additionally, it was found that 16.9% of children were in the category that needs to develop their EQ further (Rajanukul Institute, Department of Mental Health, 2021). Additionally, a target group of 115,887 early childhood children was screened for developmental progress using the DSPM, with 113,033 children screened (97.5%). ,6,522 children (29.56%) were identified as potentially having delayed development. Of these 6,140 children (94.46%) received developmental follow-up and stimulation. Additionally, 181 children with delayed development were referred to receive further developmental stimulation through TEDA4I,

with 132 of these (72.93%) entering the support system (Health Data Center [HDC], 2022). The situation reveals that preschool-aged children in Health Region 7 still lack comprehensive access to services, both among typically developing children and those with delayed development. This affects their opportunities to receive age-appropriate developmental support. Furthermore, it has been found that 5.4% of children in Health Region 7 have intellectual levels classified as deficient, which impacts their foundational intelligence and emotional intelligence throughout their lives. To address this issue, an analysis was conducted to identify the root causes affecting children's access to services and their development in Health Region 7. This effort involved collaboration with relevant academic centers and provincial public health offices. The analysis found that a major contributing factor is caregiving practices. The majority of children (52.2%) live with their grandparents, as their parents often have to work in other provinces, and some families are separated (Boonjeam,2021). From the analysis of the system's problems, it was found that teaching parents and caregivers to use the traditional DSPM manual has not fully utilized the benefits of the DSPM manual, parents and caregivers do not cooperate in bringing children for follow-up, promotion, and stimulation of development. This reflects a belief that their children do not have developmental delays, leading them not to enter the care and treatment system. The most crucial individuals in promoting development and emotional intelligence in young children are their parents or caregivers (Sriwongpanit, 2022). However, due to the current social and economic conditions, parents often have to work outside the home, resulting in less time available to care for their children. Therefore, developing innovations to empower parents and caregivers in promoting development and emotional intelligence is an important component in addressing this issue.

The Smart Kids Area 7: SA 7 promotion program was developed to address problems and promote the development of preschool-aged children, specifically focusing on delayed development issues. Data from early childhood screening in Roi Kaen Sarasin Area 7 revealed that access to services remains insufficient for both children with normal

development and those with developmental delays. This lack of access impacts children's opportunities to receive appropriate developmental support. A system analysis revealed that parents had not fully utilized the DSPM in fostering their children's development. Thus, the Smart Kids 4.0 Area 7 program was developed. It includes content that promotes child development and positive discipline in preschool-aged children, with active family involvement. The program is a DSPM-based Family-mediated Preschool Parenting Program (Triple-P) (Juengsiragulwit et al., 2022), using developmental questions from the DSPM manual to guide practical activities such as hugging, storytelling, playing, dancing, drawing, and mindfulness exercises. These activities aim to enhance children's development alongside emotional intelligence through positive discipline. Parents can engage in these activities at home, supported by healthcare workers, early childhood center teachers, and kindergarten teachers. These professionals facilitate learning groups for families, ultimately raising children who are smart, well-behaved, and happy qualities highly valued by both families and society.

Recognizing the importance of promoting early childhood development, the researchers have implemented the Smart Kids 4.0 Area 7 program across all four provinces in Health Region 7, Khon Kaen, Roi Et, Maha Sarakham and Kalasin under the "Child Health Promotion Researches in Roi Kaen Sarasin Area 7 for Being Smart, Good and Happy Children Project. To evaluate this project, the researchers applied the Stufflebeam's CIPP Model (Stufflebeam, 2003) The CIPP Model refers to a project evaluation framework consisting of four aspects Context, Input, Process, and Product, using both quantitative and qualitative data collection as follows. Context Evaluation: This involves assessing the environment in the community, the lifestyle of parents, and how they raise their children. Input Evaluation: This uses the 4m framework, which includes evaluating personnel involved in the operation (Man), the program for promoting Smart Kids Area 7: SA 7 (Material), the project budget (Money), and the policies related to developmental promotion and management (Management). Process Evaluation: This refers to evaluating the operational

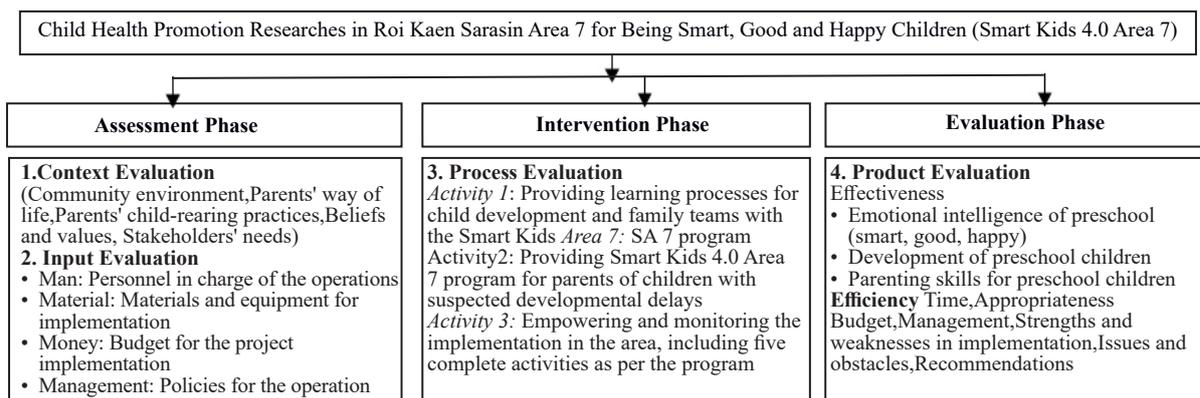
processes of the project (Method), ensuring that all processes within the project are completed, which includes Organizing learning processes for the child development and family development team (teachers) using the Smart Kids Area 7: SA 7 program. Providing learning processes for parents and caregivers of children with suspected developmental delays. Conducting visits to empower operational activities and monitor progress in the area. Product Evaluation This involves measuring the outcomes of the Smart Kids Area 7: SA promotion program, including the assessment of children's development, parenting skills, emotional intelligence in children, and the effectiveness of the project. The findings will inform district executives, provincial, district, and sub-district staff, stakeholders, and the general public about the project's outcomes, the effectiveness of the Smart Kids Area 7: SA 7 program, challenges encountered, and recommendations for improvement. This information will help shape important policies, operational directions, and the ongoing development of early childhood development promotion models suited to the local context, ensuring sustainable and continuous promotion of child development in the area.

Objectives

- The General Objectives of this research was to evaluate the performance of "The Evaluation of Child Health Promotion Researches in Roi Kaen Sarasin Area 7 for Being Smart, Good and Happy Children (Smart Kids 4.0 Area 7)
- 2. The Specific Objectives of this research was to evaluate the Smart Kids 4.0 Area 7 Health Promotion Project, implemented in Khon Kaen, Kalasin, Maha Sarakham, and Roi Et provinces, in terms of child development, emotional intelligence, parenting skills in promoting early childhood development, and project effectiveness

Methods

This research used the Stufflebeam's CIPP Model evaluation approach, dividing the research process into three phases. Present the details according to the conceptual framework



Assessment Phase Evaluating context and input through interviews with health promotion leaders or deputy leaders at the provincial health offices and summarizing supervision and inspection reports. The sample consisted of 8 health promotion leaders or deputy leaders, selected using a purposive sampling method, Data was analyzed using content analysis and report preparation.

Intervention Phase: Evaluating the project process, which included three activities

Activity 1: Providing learning processes for child development and family teams with the Smart Kids Area 7: SA 7 program (Mental Health Center 7, 2023) The sample consisted of 291 specifically selected participants, selected using a purposive sampling method. Data was collected using questionnaires validated for quality, Content validity was examined by calculating the Index of Item-Objective Congruence (IOC), with an overall IOC value of 0.66 for the entire set. Reliability was assessed using Cronbach's Alpha coefficient method, with the questionnaire showing a reliability coefficient of 0.82 , Data were analyzed using descriptive statistics and paired T-tests

Activity 2: Providing Smart Kids 4.0 Area 7 program for parents of children with suspected developmental delays, The sample consisted of 4,500 preschool children aged 3-5 years and their parents, selected using a random Sampling. Data was collected using questionnaires validated for quality, Content validity was examined by calculating the Index of Item-Objective Congruence (IOC), with an overall IOC value of 0.66 for the entire set. Reliability was assessed using Cronbach's Alpha coefficient method, with the questionnaire showing a reliability coefficient

of 0.82 , Data were analyzed using descriptive statistics and paired T-tests sampling. The program consisted of 5 activities:

- 1. Building Readiness:** This activity aims to enhance parents' knowledge and understanding of key health fundamentals that impact preschool children's development It includes an initial assessment of caregivers' knowledge and integrates activities that emphasize the importance of nutrition and growth in young children and provides parents with an understanding of common undesirable behaviors in young children and how to manage them. The duration of the activity is 1.5 to 2 hours, **2) Building Bonds:** This activity fosters relationships between the group leaders, parents, and children, promoting positive group dynamics that lead to learning through group processes. It strengthens the emotional bond between children and their parents, forming the foundation for development promotion and emotional intelligence building. The activity provides parents with positive experiences in learning early childhood care skills and helps them understand the importance of development. The activity lasts 1.5 to 2 hours. **3) Building Discipline:** This activity trains parents in applying positive discipline techniques to early childhood children and educates them on changing inappropriate punitive behaviors, such as harsh or physical punishment. It helps caregivers become aware of child development surveillance using the DSPM/DAIM manual and developmental assessment tools. The duration is 1.5 to 2 hours. **4) Building Smart Children (Part 1):** This activity teaches parents how to identify and praise children's strengths to boost their self-esteem. It also enhances parenting skills to

support learning and self-help abilities in daily life. Parents are guided on promoting early childhood development through play and understanding appropriate eating habits. The activity lasts 1.5 to 2 hours. **5) *Creating Capable Children 2:*** is an activity designed to practice parenting skills and promote child development in order to create children who develop appropriately according to the developmental skills outlined in the DSPM manual.

Activity 3: Empowering and monitoring the implementation in the area, including five complete activities as per the program.

Evaluation Phase: Evaluating the product through interviews with purposefully selected samples, including health region and provincial executives, health promotion leaders or deputies, early childhood development officials, local network representatives, and parents. The sample consisted of 30 people selected using a purposive sampling method, Data was analyzed using content analysis and report preparation.

Results

1. Assessment Phase *Context Evaluation:* **The context** is a community predominantly engaged in agriculture. More than half of the caregivers for preschool-aged children are grandparents. **Input Evaluation:** Personnel (Man) There are skilled personnel with cooperation from various sectors to drive the project forward. Materials (Material) The materials and equipment are sufficient and cover the needs of preschool-aged children. Budget (Money) At the provincial level, the budget is adequate, and supported continuously by the National Health Security Office. However, at the district and sub-district levels, there is insufficient funding to support the project's implementation. *Management (Management)* The policy is crucial at all levels and aligns with local policies

2. Intervention Phase:

Activity 1: The study involving 291 participants revealed the following demographic characteristics: Gender: The majority were female, with 271 individuals, accounting for 93.1%, Role: Most were child caregivers, totaling 125 individuals, which

represents 43.0%, Affiliation: A significant portion belonged to the public health system, with 164 individuals, making up 56.4%. Post-training majority had moderate knowledge, with 145 individuals, accounting for 49.8%. This was followed by those with high knowledge, totaling 95 individuals, which represents 17.5%. Lastly, 51 individuals had low knowledge, constituting 32.6%.

Activity 2: Providing Smart Kids 4.0 Area 7 program for parents of children with suspected developmental.

1) *Parents and Guardians of Children with Suspected Developmental Delays.*

The study involving 3,327 participants revealed the following demographic characteristics, Gender: The majority were female, with 2,870 individuals, accounting for 86.3%. ,Age: Most participants were in the age range of 30–39 years, totaling 1,071 individuals, which represents 32.2%. The average age was 40.3 years (SD = 13.1), with a minimum age of 17 years and a maximum age of 82 years,Marital Status: Most were married or in a partnership, with 2,906 individuals, making up 87.3%,Education Level: The majority completed secondary education, totaling 1,718 individuals, which represents 51.6%,Occupation: Most were engaged in agriculture, with 1,215 individuals, accounting for 36.5%,Relationship to Child: Most were parents, with 2,133 individuals, accounting for 64.1%,Community Type: Most lived in rural communities, with 2,672 individuals, making up 80.3%.

Post-training. Parents and Guardians of Children with Suspected Developmental Delays. Evaluation of Parents' Skills in Raising Preschool Children to Promote Development and Emotional Intelligence The findings indicated that before the training, the majority of parents had parenting skills that did not meet the criteria, totaling 2,490 individuals, accounting for 74.8%. Those who met the criteria numbered 837 individuals, which represents 25.2%. After the training, the number of parents whose parenting skills met the criteria increased to 1,999 individuals, accounting for 60.0%. Details are shown in Table 1.

Table 1: Parents' Skills in Raising Preschool Children to Promote Development and Emotional Intelligence Before and After Training

| Parenting Skills | Before Training (n=3,327) | | After Training (n=3,327) | |
|------------------|------------------------------|------------|-----------------------------|------------|
| | Number | Percentage | Number | Percentage |
| Passed Criteria | 837 | 25.2 | 1,999 | 60.0 |
| Did Not Pass | 2,490 | 74.8 | 1,328 | 40.0 |
| Total | 3,327 | 100 | 3,327 | 100 |

The average score of parenting skills for promoting early childhood development and emotional intelligence was M= 84.2 (SD = 15.1) before the intervention, and increased to M=97.5 (SD = 11.2)

after the intervention. The analysis indicates a statistically significant improvement in average scores after the experiment compared to before (p-value < 0.001; 95% CI: 12.8 to 13.3), as shown in Table 2

Table 2: Comparison of the Mean Scores of Parenting Skills for Early Childhood Care to Enhance Development and Emotional Intelligence

| Parenting Skills | N (n=3,327) | \bar{x} | S.D | Mean Difference | 95%CI | t | P-value |
|------------------|----------------|-----------|------|-----------------|-----------|------|---------|
| Before Training | 3,327 | 84.2 | 15.1 | 13.3 | 12.8-13.8 | 51.4 | <0.001 |
| After Training | 3,327 | 97.5 | 11.2 | | | | |

2) Demographic Study Results of Children with Suspected Developmental Delays

The study involving 3,327 children with suspected developmental delays revealed the following demographic characteristics, Gender The majority were female with 1,673 individuals accounting for 50.3%, and male with 1,654 individuals, accounting for 49.7%. Age Most were 3 years old, totaling 2,092 individuals, which represents 62.9%. Risk Factors at Birth The majority had no risk factors during

childbirth, with 3,274 individuals, making up 98.4%. Summary of Overall Development Assessment Results The assessment results indicated that before participating in the program, the number of children with age-appropriate development was 621, accounting for 18.7%. After participating in the program, the number of children with age-appropriate development increased to 2,989, which represents 89.9%. Details are shown in

Table 3 Activity 3: All 146 sub-districts

Table 3: Results of the Development Assessment Before and After Participating in the Program

| Parenting Skills | Before Program Participation | | After Program Participation | |
|------------------|------------------------------|-------------------|-----------------------------|-------------------|
| | Number (n=3,327) | Percentage (%) | Number (n=3,327) | Percentage (%) |
| Age-Appropriate | 621 | 18.7 | 2,989 | 89.9 |
| Suspected Delay | 2,706 | 81.3 | 338 | 10.1 |

The results of the emotional intelligence (EQ) assessment show that after participating in the program, the number of children with increased overall EQ scores is 2,551, accounting for 76.68%. The number of children with unchanged overall EQ

scores is 422, representing 12.68%, while the number of children with decreased overall EQ scores is 354, which accounts for 10.64%. The details are shown in Table 4

Table 4: Results of the Overall Emotional Intelligence (EQ) Assessment After Participation in the Program

| Overall EQ Score | Number (n=3,327) | Percentage (%) |
|------------------|---------------------|-------------------|
| Increased | 2,551 | 76.68 |
| Unchanged | 422 | 12.68 |
| Decreased | 354 | 10.64 |
| Total | 3,327 | 100.00 |

The analysis found that before participating in the program, the average emotional intelligence (EQ) score was M=44.9 (SD = 8.3) After the training, the average EQ score increased to M=52.1(SD = 6.3) This indicates that after participating in the program,

children had a significantly higher average EQ score compared to before, with a mean difference of 7.2 (P-value < 0.001; Mean Difference = 7.2; 95% CI: 6.8–7.5), as detailed in Table 5

Table 5: Comparison of the Mean Differences in Emotional Intelligence (EQ) Scores

| EQ Score | N (n=3,327) | \bar{x} | S.D. | Mean Difference | 95%CI | t | P-value |
|------------------------------|----------------|-----------|------|--------------------|----------|------|---------|
| Before Program Participation | 3,327 | 44.9 | 8.3 | 7.2 | 6.8- 7.5 | 48.9 | <0.001 |
| After Program Participation | 3,327 | 52.1 | 6.3 | | | | |

Activity3: All 146 sub-districts conducted all five activities of the Smart Kids Area 7: SA 7 program.

3. Evaluation Phase:

Activity Schedule: Activities have clearly defined timelines. The project execution timeframe is relatively tight and constrained by the established processes. Suitability: This program is well-suited for promoting the development of preschool children. However, to achieve the objectives, adequate budget and time are necessary.

Budget: There is substantial and continuous annual funding for the project. However, compared to the total target group of preschool children, the coverage and amount are still insufficient.

Cost-Effectiveness: The "Smart Kids 4.0 Area 7" health promotion project in the fiscal year 2023 showed that children participating in the project improved in developmental and emotional intelligence. Children's behavior at home and in preschool-aged children centers/schools improved positively. The investment in the project is considered cost-effective both in terms of budget and implementation.

Management: Each province can appropriately integrate the activities of the Smart Kids 4.0 Area 7 program into their local context.

Strengths: Recognizing the importance and policy of developing children to become quality individuals

is a strength and the starting point for successfully implementing this program.

Weaknesses, Problems, and Obstacles: In some areas where health promotion hospitals have been transferred to provincial administrative organizations, the policy for the age group is not comprehensive. Therefore, the budget is limited, not covering all areas, and is delayed. Another obstacle for the Smart Kids Area 7: SA 7 program is the skill level of the activity implementers (teachers). In some areas, program implementation is not widespread, resulting in teachers not receiving full training on the program. Additionally, some areas lack personnel due to primary responsibilities, affecting program implementation.

Program Implementation: The program is used to extend into the classroom, integrating with teaching activities, incorporating it into lesson plans, daily experiences, and activities for children. It also encourages parents to implement these activities at home. For parents, the program is integrated into the daily routines of children.

Discussion

The results of the "Roi Kaen Saran Sin Smart Kids 4.0 Area 7" Health Promotion Project for Children in Roi Kaen Sarasin Area 7 (Fiscal Year 2023), evaluated using the CIPP model, found that.

1) Context : Basic living standards in the region face issues such as malnutrition, poor health, and limited access to education. Regarding lifestyle and early childhood care, more than half of the caregivers for young children are grandparents. This is because many young parents or working-age adults migrate to large cities or abroad for employment. Due to a lack of readiness to raise children and the high cost of living, these parents often send their children back to their hometowns to be cared for by grandparents. As a result, especially in rural areas, families increasingly consist of only two generations the elderly and young children. In some cases, when grandparents are unable to take on this responsibility, children are left alone or spend extensive time with electronic screens. This situation leads to developmental and behavioral issues, as well as a lack of emotional warmth since the children do not receive adequate support for their physical and mental development according to their age. This observation aligns with findings from the Rajanukul Institute of the Department of Mental Health (Rajanukul Institute, Department of Mental Health, 2014), which state that early childhood development is influenced by several factors Biological Factors These include the health conditions of the child and the mother during pregnancy. Social Factors These involve the child's living environment and the people around them, who can affect the child's behavior, such as mimicking speech or everyday actions. **2) Input Evaluation** found that *Man* The implementation of preschool-aged children's development and health promotion at the regional level is driven by an integrated policy approach involving the public, private, and civil society sectors through the Maternal and Child Health (MCH BOARD) at the regional level. There is cooperation from both internal and external agencies within the Ministry of Public Health. *Material* The tools for promoting early childhood development and health in Roi Kaen Sarasin Area 7 include the Maternal and Child Health Book, DSPM, DAIM, and TEDA 4I. These tools are sufficient and cover all young children, including those with typical

development and those who may have developmental delays (Inson et al., 2021). *Money* The budget for the "Smart Kids 4.0 Area 7" project in Fiscal Year 2023 was supported by the Health Insurance Fund (NHCO) of Region 7, which is part of the health promotion and disease prevention service budget addressing regional and provincial issues (Promotion & Prevention Area-based: PPA). The project has specific goals for both the geographic areas and target groups, but its scope is somewhat limited. *Management* The policy for promoting early childhood development and health has been established as a key policy of Roi Kaen Saran Sin Smart Kids 4.0 Area 7, under the Memorandum of Understanding for Maternal and Child Health to prepare for safe pregnancies and deliveries, as well as the development of quality early childhood. **3) process:** The Smart Kids 4.0 Area 7 health promotion project in Roi Kaen Sarasin Area 7 found that each province was able to integrate activities from the Smart Kids 4.0 Area 7 program into their operations in a way that was appropriate to the context of each area. The program had clear implementation guidelines, with health region mentors providing on-the-ground support to teachers and offering advice based on the curriculum. This helped teachers effectively deliver the program. (Limanond et al., 2023) **4) Products :** The results of enhancing early childhood development using the SA7 program showed that the activities within the program had a positive impact on parents' attitudes and childcare skills. This led to more appropriate caregiving for young children. Children can excel through participating in developmental activities and learning age-appropriate self-help skills. Children can be well-behaved by observing positive behavior models from their parents and receiving well-rounded praise. This helps children understand which behaviors are desirable and how to adjust their actions to gain parental approval. Children can be happy through adjustments in parenting practices, with a reduction in harsh punishment and an increase in positive, supportive care. This is consistent with the study by Purva D. Lanjekar and colleagues (Lanjekar et al., 2022), titled The Effect of Parenting and the Parent-Child Relationship on a Child's Cognitive Development. A Literature Review found that

parenting significantly impacts a child's development, including cognitive growth. The study highlighted that early development and cognitive skills begin to be promoted during the first year of life and continue to develop over time. Children need positive parenting, as appropriate caregiving helps build their confidence in facing significant and challenging problems. In conclusion, proper parenting is essential for a child's growth and cognitive development and This aligns with the emotional intelligence of children in three areas: being skilled, being good, and being happy, as evidenced by the study conducted by Chulaluck Yawindchan and colleagues (Yawinchan et al., 2019). The study assessed the effectiveness of a program aimed at developing emotional intelligence and promoting positive discipline in early childhood, with family involvement, in the Pua District, Nan Province. The results revealed that the development of parents, whether fathers, mothers, or grandparents, through activities such as hugging, storytelling, singing, playing, and dancing together, led to an increase in the emotional intelligence of young children (in the areas of being skilled, being good, and being happy). These positive results were achieved when parents consistently and continuously practiced these activities at home, thereby significantly improving the children's emotional intelligence. This is consistent with the study by Yongli Liu and colleagues (Liu, 2024) titled "The correlations between parental warmth and children's approaches to learning: a moderated mediation model of self-efficacy and teacher-child closeness" explored in China the relationship between family dynamics and parenting in relation to children's learning, self-regulation, and emotional aspects. The study found that parental warmth positively influenced children's learning and self-reliance, with children who received warmth from their parents showing better adaptation and learning, which are crucial components of emotional intelligence.

Conclusion

The Smart Kids Area 7: SA 7 program, children showed improvement in all areas of development, with age-appropriate development increasing by 89.9%.

This improvement is attributed to parents gaining knowledge and skills to promote their children's development by implementing activities learned and practiced during the program, which consisted of 5 sessions. These activities included hugging, storytelling, playing with the children, listening, appropriately correcting behavior, practicing waiting, and following rules, among others. Such activities align with promoting age-appropriate development. Regular and consistent implementation of these practices at home significantly contributes to the overall positive development of preschool children (González et al., 2021). It aligns with the key issues in the area and the needs of stakeholders, both in terms of policy and the operational processes in Roi Kaen Sarasin Area 7, in focusing on the promotion of appropriate, continuous, and sustainable early childhood development. Recommendations for Implementation. Promotion of Child Health through the Smart Kids Area 7: SA 7 Program This approach is effective in fostering positive parenting behaviors and enhancing development and emotional intelligence in children. It offers good value for investment and should be expanded to cover more areas, with support from health policy at the district, provincial, municipal, and local levels. Coverage of the Smart Kids Area 7: SA 7 Program The implementation of this program depends on the budget received. There should be continuous support from primary funding sources within the health system, along with assistance in sourcing local funds or budgets, such as community health funds, to facilitate program execution. The recommendations for implementation are as follows Management of the project: A draft project proposal should be developed and submitted to various funding sources in the area to facilitate the budget allocation for continuous operations. This will ensure that the responsible parties in the area can secure local funding or resources for ongoing project implementation. Additionally, the project budget in the area should be increased to allow for more effective operation.

1)Project continuity Activities should be conducted continuously and more comprehensively within the area to ensure continuity and visible outcomes in children's development, as well as the sustainability of the program.2)Development of teachers: More

time should be allocated for training teachers in the area. This includes reviewing understanding and providing practical skill training to teachers who have already undergone training, to ensure the correct and continuous application of the knowledge and skills learned. 3) Coordination among agencies: There is a lack of data linkage between local agencies at the provincial level and those at the district or local level where the project is being implemented. This needs to be addressed for better cooperation and effectiveness. 4) Project timeline: The project timeline should be established in alignment with the program's activities to achieve more effective results. 5) Development of Basic Services for Children Parenting Skills: There should be efforts to establish comprehensive services that help parents and caregivers develop appropriate parenting skills tailored to the local context.

Reference

- Boonjeam, S. (2021). Factors Associated with development of early childhood in the area health region VII. *Journal of Regional Health Promotion Centre 7. Khonkaen*, 14(1), 41-60. [In Thai]
- Department of Health. (2017). Concepts and principles of health literacy organizations. Retrieved July 9, 2021, from https://mwi.anamai.moph.go.th/webupload/migrated/iles/mwi/n1139_a5a9caa9ec03f3d810c1f83cb7da874e_article_20180924133139.pdf
- Health Data Center (HDC). (2022, August 22). *The percentage of early childhood children with age-appropriate development*. from <https://www.dmh-elibrary.org/items/show/1568/>. [in Thai].
- Inson, S., Aonkam, Y., & Ruangrith, R. (2021). Effectiveness of development promotion and reinforce positive to improve discipline programs base on family participation to children aged 3-5 years in Mahasarakham Province. *Academic Journal of Mahasarakham Provincial Public Health Office*, 5(10), 143-160.
- Juengsiragulwit, D., Thanasuparutana, A., & Limsuepchea, K. (Eds.). (2022). *Preschool parenting program: Triple P*. Chiang Mai: Siam Pimnana Co., Ltd. Retrieved July 9, 2021, from <https://dmh-elibrary.org/items/show/541>
- Limanond, A., Wacharoon, K., & Nasaan, S. (2023). Development of a model for promoting The development model to the developmental promotion of children age 3-5 years by participatory learning process of KALASIN province. *Research and Development Health System journal*, 16(3), 280-291. [in Thai].
- Liu, Y. (2024). The correlations between parental warmth and children's approaches to learning: A moderated mediation model of self-efficacy and teacher-child closeness. *Frontiers in Psychology*, 15, Article 10.3389/fpsyg.2024.00000. <https://doi.org/10.3389/fpsyg.2024.00000>
- Lanjekar, P. D., Joshi, S. H., Lanjekar, P. D., & Wagh, V. (2022). The effect of parenting and the parent-Child relationship on a Child's cognitive development: a literature review. *Cureus*, 14(10). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9678477/>
- Ministry of Public Health. (2020). *Development Surveillance and Promotion Manual (DSPM)*. Bangkok: The War Veterans Organization of Thailand Printing Office. [in Thai].
- Mental Health Center 7. (2023). *Smart Kids Area 7: SA manual*. : Mental Health Center 7. Retrieved from <https://mhc7.dmh.go.th/>
- Rajanukul Institute, Department of Mental Health. (2014). *Manual for developing emotional intelligence in early childhood for parents and guardians* (1st ed.). Nonthaburi: Cooperative League of Thailand Press. [in Thai].
- González, M. R., Primé-Tous, M., Bondelle, E. V., Vázquez-Morejón, A., Santamarina, P., Morer, A., & Lázaro, L. (2021). Parents' emotional intelligence and their children's mental health: A systematic review. *Journal of Psychiatry and Psychiatric Disorders*, 5(2), 58-75.
- Rajanukul Institute, Department of Mental Health. (2021) *Survey of the Situation of Intelligence Quotient (IQ) and Emotional Intelligence (EQ) of Thai First Grade Students, 2021*. [Internet]. Retrieved May 5, 2023, Retrieved from <https://www.dmh-elibrary.org/items/show/1568>
- Stufflebeam, D. L. (2003). The CIPP model for evaluation. In *The international handbook of educational evaluation* (pp. 31-62). Springer.
- Sriwongpanich, N. (Ed.). (2022). *Manual for developing emotional intelligence in early*

childhood for parents and guardians (3rd ed.). Bangkok: Cooperative League of Thailand Press. [in Thai].

The national institute of child development . (2021). *Summary of performance outcomes for the success indicators of driving the implementation of the Memorandum of Understanding (MOU) on health promotion and environmental health, which has been effectively translated into action.* Retrieved from <https://nich.anamai.moph.go.th/en/home?language=en>

Yawinchan, C., Khanthamool, V., & Netthip, R. (2019). Effectiveness of the emotional Quotient and Reinforce positive to improve discipline in early childhood program base on family participation in pua district, Nan Province. *Northern Health Academic Journal*, 6(1), 70-85. [in Thai].