

Evidence-Based Policy Strategies for Holistic Health Promotion in School-Age Children: A Synthesis from the Evaluation of the Smart Love, Smart Parenting Program in Nan Province

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How to Cite: Chueasamran, W., Jandeem, J., & Pongkaew S. (2025). Evidence-Based Policy Strategies for Holistic Health Promotion in School-Age Children: A Synthesis from the Evaluation of the Smart Love, Smart Parenting Program in Nan Province. *International Journal of Child Development and Mental Health*, 13(1), 28-39.

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Article Info:
Received: 27 February 2025
1st Revision: 8 April 2025
Accepted: 22 May 2025

Keywords:
Multiple Intelligence, Parenting Skills, School-aged Children, Smart Love, Smart Parenting.

Abstract

The objective of this research was to evaluate the effectiveness of the “Smart Love, Smart Parenting” Program in enhancing parenting skills and multiple intelligence in school-aged children in Nan Province. The study was based on the concept of positive parenting. A quasi-experimental research design was employed, using a pre-post single group design. The sample consisted of 70 households with children aged 6–12 years from general areas and 153 households from remote areas. Data were collected from parents before and after participating in the program using a parenting skills assessment and a multiple intelligence assessment for children. The findings revealed statistically significant improvements in both parenting skills ($p < 0.01$) and children’s multiple intelligence ($p < 0.05$) after program participation. The “Smart Love, Smart Parenting” Program was well received by parents, teachers, and public health personnel, who recognized the importance of strengthening family relationships and community support in child development. The findings indicate that the “Smart Love, Smart Parenting” Program is effective in promoting parenting skills and enhancing the multiple intelligence of school-aged children in both general and remote areas. The findings have implications for strengthening and developing parenting training programs within communities, particularly in areas with limited access to public health services. Moreover, the results can be applied in designing programs that foster positive relationships among homes, schools, and communities to sustainably support the development of parenting skills and children’s multiple intelligence.

Introduction

The situation of children and youth in Nan Province over the past nine years indicates three major social issues that are increasingly prevalent.:

1. Suicide problems, ranking as the 4th highest in the country;
2. Increasing teenage pregnancies, due

to adolescents studying in urban areas and moving to study in other cities; and.

3. Learning disabilities, including learning disorders (LD) and autism, have resulted in more than 8,000 children being at risk of dropping out of the education system. (Ek-anankun, 2013).

In addition, Nan Province’s population is divided into five age groups with the following

findings:

1. Age group 0-5 years (early childhood): In 2023, 72.35% showed age-appropriate development (standard criterion: 87%). 19.48% were suspected of developmental delay (standard criterion: 20%). 78.40% of children with delayed development received follow-up stimulation (standard criterion: 90%). 64.65% of children were stimulated using the standardized TEDA4I tool (criterion: 35%).
2. Age group 6-12 years: In 2021, Thai children have an average IQ not less than 100. Nan Province had an average IQ of 104.59. Screening for growth monitoring was conducted on 32,823 children in grades 1 to 9 out of a total of 37,667, accounting for 87.13%. A portion of these children were found not to meet the growth standards set by the Ministry of Public Health.
3. Age group 13-25 years (adolescents and youth): The live birth rate among females aged 15–19 was 18.65 per 1,000 live births, achieving the target of not exceeding 21 per 1,000 live births.
4. Age group 25-59 years (working age): Screening for hypertension and diabetes among people aged 35 and over found 703 new hypertension cases per 100,000 population and 1,737 new diabetes cases per 100,000 population. The highest suicide mortality rate was in the working-age group, aged 20-99 years, at 10.4033 per 100,000 population.
5. Age group 60 years and older (elderly): Screening for frailty across 9 domains showed risks among the elderly in mobility (3.68%), vision (2.62%), oral health (1.84%), activities of daily living (1.32%), and cognition/memory (1.02%) (Health Data Center, Nan Provincial Public Health Office).

Addressing developmental problems in children from birth to age 5 is critical for establishing a foundational system that supports youth and out-of-school workers in gaining learning opportunities, impacting current labor market readiness (Nakornthap, 2013). Furthermore, to develop well-rounded individuals in the 21st century, it is essential to start development from early childhood through ages 6-12 years. The 6-12 age group represents the pre-school and school-age phase, requiring promotion and development in both physical and mental aspects. (Copple & Bredekamp, 2009). Nan Province has thus taken steps toward becoming part of a secure, prosperous, and

sustainable society, aligning with the national vision of becoming a developed country through development guided by the Philosophy of Sufficiency Economy and the pursuit of the Sustainable Development Goals (SDGs). This includes building “Thailand 4.0 citizens”—fully developed individuals for the 21st century—by fostering human development across all life stages, starting from the first 1,000 days of life, ensuring that mothers survive childbirth and babies are born healthy, safe, and able to grow and develop appropriately. This is achieved through the promotion of physical and mental development under the developmental stimulation and positive discipline program (Preschool Parenting Program: Triple-P), with active family involvement. Furthermore, the province implements proactive mental health promotion in schools, aiming to improve access to care services through the participation of both teachers and parents. However, past implementation has revealed gaps in the development of school-aged children, as the focus has been placed primarily on intellectual quotient (IQ), which alone is insufficient to help children adapt and thrive in today’s world. (Saifa, 2014). The development of life skills, the cultivation of love and attachment, the establishment of discipline, and the promotion of multiple intelligences can support the early identification of children with developmental delays, attention deficit, learning difficulties, and other conditions, enabling them to access appropriate care and treatment in a timely manner. To ensure the continuous physical and mental development of school-aged children, a multiple intelligence and Mental Health Promotion Program was developed for school-aged children and adolescents, with active participation from both educational and public health personnel. This initiative was piloted in three districts and five schools beginning in 2022, and expanded in 2023 to ten schools, including five schools under the Equitable Education Fund (EEF) in Bo Kluea District, and five more schools located in Mueang Nan District, Wiang Sa District, Na Muen District, Tha Wang Pha District, and Song Khwae District of Nan Province. The program aimed to enhance the capacity of personnel within the Nan Public Health Network, and to foster cooperation in caring for school-aged children and adolescents. It emphasized early detection of emotional and behavioral issues

to ensure that children become “capable, moral, and happy,” through the collaborative efforts of teachers, healthcare professionals, communities, and parents, all participating in the Smart Love, Smart Parenting Program. (Melvin et al., 2023)

The collaborative involvement of teachers and public health personnel has contributed to the development of school-aged children (ages 6–9) by integrating knowledge and activities from the Preschool Parenting Program: Triple-P (Rajanagarindra Institute of Child Development, 2020; Thiamkaew et al., 2022) into the adapted Smart Love, Smart Parenting curriculum (Rajanagarindra Institute of Child Development, 2000; Thiamkaew et al., 2022), which is jointly implemented in schools across Nan Province. This process has led to the sustainable development of children and youth toward becoming “complete human beings in the 21st century.” The program has been continuously implemented and expanded from the pilot phase to 10 schools in Nan Province. The body of knowledge emphasized in the curriculum includes seven types of intelligence, namely:

Multiple Intelligence (MI): Based on the understanding that individuals have different strengths and learning styles.

Creativity Quotient (CQ): The ability to think creatively.

Adversity Quotient (AQ): The capacity to cope with and overcome difficulties.

Emotional Quotient (EQ): The ability to manage and understand emotions.

Play Quotient (PQ): Intelligence developed through play.

Social Quotient (SQ): The ability to interact effectively in social situations.

Moral Quotient (MQ): A sense of ethics and responsibility. (Ministry of Public Health, Department of Mental Health, 2000)

Researchers, lead teachers, and core public health personnel jointly assessed the program's outcomes at various stages. Therefore, the research emphasized the integration of activities and knowledge. The implementation of participatory activities with lead teams was based on the experiences and learning processes of the pilot schools, focusing on the sustainable development of school-aged children to enhance their multiple intelligences and adaptability in a rapidly changing world. Community involvement in supporting the development of school

-aged children was encouraged through collaborative learning and participatory forums. These included brainstorming sessions to analyze developmental issues of school-aged children. Teachers and parents in the community worked together to develop and adapt the Smart Love, Smart Parenting curriculum (Ministry of Public Health, Department of Mental Health, 2000) for pilot schools. They also co-developed approaches for implementing knowledge development activities and for conducting monitoring and evaluation. (Walaisathian, 2000). Therefore, the researcher aims to evaluate the effectiveness of the Smart Love, Smart Parenting Program (Ministry of Public Health, Department of Mental Health, 2000) for parents and school-aged children between 6–12 years old. This program addresses additional dimensions of intelligence that should be promoted alongside cognitive development. The goal is to help children grow into adults with multiple intelligence, who can adapt and thrive happily in a changing world, becoming mentally healthy, capable, moral, and happy citizens who contribute to driving Thailand toward stability, prosperity, and sustainable development.

Objectives

Research Objectives

1. To assess the effectiveness of the “Smart Love, Smart Parenting” Program in enhancing parenting skills and developing the multiple intelligences of school-aged children in Nan Province by comparing changes in parenting skills and children's multiple intelligences before and after program participation in both general and remote areas.
2. To investigate the perspectives of parents, teachers, and public health personnel regarding the implementation and effectiveness of the program in strengthening family relationships and supporting child development.
3. To apply the research findings to inform policy improvements and enhance the overall effectiveness of the program in Nan Province.

Research Questions

1. Is the “Smart Love, Smart Parenting” Program effective in developing parenting skills and multiple intelligences of school-aged children in both general

and remote areas? Additionally, are there differences in changes in parenting skills and children's multiple intelligences between these two areas?

2. What are the perspectives of parents, teachers, and public health personnel regarding the implementation of the "Smart Love, Smart Parenting" Program and its effectiveness in fostering family relationships and supporting child development?

Methods

Study Design

This study utilized a quasi-experimental design employing a pretest-posttest single-group approach.

Population and Sample

The population in this study comprised families with school-aged children in Nan Province, including:

- School-aged children aged 6–12 years who are currently studying at the primary level, and
- Parents or primary caregivers responsible for the care and upbringing of the children.

The sample was selected using purposive sampling based on schools meeting the following criteria:

- Primary schools in Nan Province that voluntarily participating in the project,
- Schools able to send teachers to participate in facilitator training alongside public health personnel in the area,
- Schools with students aged 6–12 years, and
- Parents who provided informed consent to participate in the study.
- Exclusion criteria: Parents who were unable to attend all 3 mandatory program activities were excluded from the study.

Sample Size Determination

The sample size for this study was determined using G*Power 3.1 software. A paired-samples t-test was employed to compare mean scores before and after the intervention within the same sample group. The effect size (Cohen's d) was set at 0.30 to ensure the accuracy of the sample size estimation and to reduce the risk of overestimating the effect. The calculation yielded a minimum required sample size of 64 participants. To accommodate potential attrition, an additional 10% was added, resulting in a target sample size of 70 households in the general area. For the remote area,

the sample size was increased to 153 participants, considering contextual factors such as limited access to healthcare services and other environmental conditions that may affect program outcomes.

Study Areas

This study was conducted in Nan Province, with the study areas categorized into two types:

1. General Area: Regions with adequate infrastructure that facilitate access to quality health services, including rural, urban, and semi-urban zones.
2. Remote Area: Regions facing significant challenges in accessing basic health services, relying primarily on mobile clinics. The remote areas selected for the study were those exhibiting the highest rates of malnutrition among school-aged children in the province.

Research Instruments

1. Smart Parenting Program: This program was developed by the Department of Mental Health with the objective to promote multiple intelligences among school-age children through family group learning processes. It covers the development of seven types of intelligence: intellectual intelligence, emotional intelligence, adversity intelligence, moral intelligence, play intelligence, creative intelligence, and social intelligence. The program content includes activities under three modules: Smart Love, Smart Parenting, and Smart Care. The program consists of three sessions, each lasting approximately three hours, with intervals between sessions ranging from 2 to 8 weeks. The content validity index (CVI) ranges from 0.8 to 1.0 (Department of Mental Health, 2022).

2. Multidimensional Characteristics Assessment for School-Age Children: This assessment tool was developed by the Department of Mental Health to evaluate changes across seven dimensions of children's intelligence: intellectual, emotional, adversity, moral, play, creative, and social intelligence. The tool consists of 15 items with responses on a 3-point Likert scale. Parents serve as the respondents to assess their children's behaviors. The content validity index ranges from 0.8 to 1.0, and the reliability measured by Cronbach's alpha coefficient is 0.804 (Department of Mental Health, 2022).

3. Parenting Skills Assessment for School-Age Children: This instrument was developed by the Department of Mental Health to evaluate parents'

knowledge, skills, and confidence in caring for their children across three main dimensions: nurturing positive attachment, practicing positive discipline, and promoting comprehensive child development through various activities. The assessment is a self-report questionnaire consisting of 15 items with responses on a 4-point Likert scale. The content validity index ranges from 0.8 to 1.0, and internal consistency reliability measured by Cronbach's alpha coefficient is 0.81 (Department of Mental Health, 2022).

4. The Discussion Guide for Focus Groups involving teachers, health Personnel, parents, and students regarding the Smart Love, Smart Parenting Program was developed by the researcher. The questions are primarily open-ended and were reviewed and validated by three experts.

Data Collection Methods

Pre-implementation Phase

1) A briefing session was conducted for district-level staff responsible for the 6–12 years age group to recruit and select areas and primary schools interested in participating in the research.

2) A coordination meeting was held via Zoom with the taskforce network from three districts on 24th March 2022, at Meeting Room 3, 2nd Floor, Nan Provincial Public Health Office.

3) A workshop was organized on 8th–9th June 2022, at Phutthamonchotikhun Meeting Room, 5th Floor, Siriwitcharak Building, Nan Hospital. The objective was to enhance the capacity of local public health personnel and teachers to serve as process facilitators. A total of 106 participants attended: 39 public health personnel and 67 teachers.

4) Prior to program implementation, the research team coordinated with local agencies and field staff to prepare the schedule, travel arrangements, accommodation, meals, interpreters (if required due to language differences), name tags for children and parents, registration documents, evaluation forms, and necessary materials and equipment. The team also assessed the readiness of the target groups, group facilitators, and venues. In addition, basic community data were reviewed, including the number of households, school-aged children and adolescents, language use, literacy rates, transportation, number of schools, and other available community support

resources.

5) Stakeholder meetings were conducted with community leaders, teachers, teaching assistants, village committee members, and village health volunteers to present the project's objectives and significance. These meetings also served to assess the community's understanding of and needs concerning school-aged children, and to establish shared goals for their care and support.

6) A review was conducted prior to field implementation to confirm the roles and responsibilities of group leaders, assistant leaders, and interpreters, as well as to review the operational procedures.

During Implementation

- Children and parents were registered, and name tags were distributed to facilitate tracking of participation in the activities.
- Parents conducted pre-activity assessments of their children's multiple intelligence and their own parenting skills.
- Activities under the Smart Love, Smart Parenting Program were implemented by teachers and public health personnel:

Session 1: Smart Love for parent groups and children aged 6–12 years (June 2022)

Session 2: Smart Parenting Love for parent groups and children aged 6–12 years (July 2022)

Session 3: Smart Care for parent groups (August 2022)

4) Parents conducted post-activity assessments of their children's multiple intelligence and their own parenting skills.

5) Stakeholder perspectives were gathered through informal group discussions with parents, students, teachers, and public health personnel to explore their views on the implemented activities. The discussions were documented and subsequently transcribed. The interview data were reviewed multiple times and analyzed to identify key themes, which were then categorized based on their similarities. Emerging themes were cross-checked against the original data to ensure consistency, comprehensiveness, and clarity.

3. Post-Implementation

Analysis and summary of the implementation results

Data Analysis

1) Quantitative Data: Paired t-tests were conducted to compare mean scores before and after participation in

the program within the same sample group. p-values were calculated to determine statistically significant differences at significance levels of $\alpha = 0.01$ and 0.05 . 2) Qualitative Data: Thematic analysis, following the approach of Braun and Clarke (2006), was employed to identify and interpret key themes from the data. The analysis focused on the perspectives of parents, teachers, and public health personnel regarding observed changes following participation in the program.

Research Ethics

This study was reviewed and approved by the Research Ethics Committee of the Nan Provincial Public Health Office, approval Document No. NAN REC 09/2565, dated 22nd November 2022.

Results

General Information

1. Basic Information of Children in the general area, 70 children participated in the program, with an average age of 7 years and 8 months. Of these, 60.00% were male. The average intelligence quotient (IQ) was 103.28 (standard deviation = 11.32). In the remote area, 153 children participated, with an average age of 7 years and 9 months. Of these, 55.56% were male. The average IQ was 98.40 (standard deviation = 16.32).

2. Basic Information of Parents/Guardians in the general area, the average age of parents/guardians was 41 years (range: 27–55 years). The relationship between the parents/guardians and the children was categorized as follows: mothers (57.80%), grandparents (28.90%), fathers (8.90%), and other relatives (4.40%). In the remote area, the average age of parents/guardians was also 41 years (range: 23–55 years). The relationships were as follows: mothers (45.83%), grandparents (43.06%), and fathers (11.11%).

Study Areas

Based on the monitoring of participation in the Smart Love, Smart Parenting Program, it was found that in the general area, the number of participating households in the Smart Love, Smart Parenting, and Smart Care activities were 70, 48, and 48 households, respectively. The majority of participating households were located in rural areas, such as Na Muen District, and semi-urban areas, such as Pua District, both of which showed high participation rates in all activities. In the remote area, the number of participating households in the Smart Love, Smart Parenting, and Smart Care activities were 153, 137, and 86 households, respectively. The highest participation in each activity was observed in households from Bo Luang Subdistrict and villages distant from main roads in the first activity, and from Ban Sob Mang and Khun Nan in the second and third activities, respectively (Table 1).

Table 1: Number and Percentage of Households Participating in Program Activities

Areas	District	Smart Love Activity	Smart Parenting Activity	Smart Care Activity
General Area	Na Muen (Rural Area)	29 (41.43%)	22 (45.83%)	21 (43.75%)
	Mueang (Urban Area)	19 (27.14%)	9 (18.75%)	8 (16.67%)
	Pua (Semi-Urban Area)	22 (31.43%)	17 (35.42%)	19 (39.58%)
	Total General Area	70 (100.00%)	48 (100.00%)	48 (100.00%)
Remote Area	Bo Luang	32 (20.91%)	21 (15.32%)	13 (15.13%)
	Hang Thang Luang	38 (24.84%)	32 (23.36%)	11 (12.79%)
	Sob Mang	32 (20.91%)	40 (29.20%)	21 (24.42%)
	Sapan	21 (13.73%)	18 (13.14%)	12 (13.94%)
	Khun Nam Nan	30 (19.61%)	26 (18.98%)	29 (33.72%)
	Total General Area	153 (100.00%)	137 (100.00%)	86 (100.00%)

3. Parenting Skills for School-Age Children among Caregivers.

Based on the evaluation results from the parenting skills questionnaire completed by caregivers (Table 2), it was found that in the general area group, the average caregiver score increased from 45.67 to 49.89 following participation in the Smart Love,

Smart Parenting Program. Analysis using a paired t-test indicated that this change was statistically significant ($p < 0.01$). In contrast, within the remote area group, although a slight upward trend in average scores was observed, the difference between pre- and post-program participation was not statistically significant.

Table 2: Average Scores of Parenting Skills for School-Age Children among Caregivers

General Area				
	Score(s)	M	SD	P-Values
Pre	45.67	-	-	-
Post	49.89	8.377	0.002*	
Remote Area				
	Score(s)	M	SD	P-Values
Pre	47.74	6.71	0.40	
Post	46.76	8.28	-	

* $p < 0.01$

4. Multiple Intelligence of School-Aged Children

From the assessment results of multiple intelligence of school-aged children (Table 3), it was found that in the general area group, there was no significant difference between scores before and after participation in the

Smart Love, Smart Parenting Program. In contrast, in the remote area group, the children's average multiple intelligence score increased from 22.54 to 23.83. The analysis showed that this difference was statistically significant (P -value < 0.05).

Table 3: Multiple intelligence Scores of School-Aged Children

General Area				
	Score(s)	M	SD	P-Values
Pre	23.24	-	-	-
Post	23.87	4.84	0.393	
Remote Area				
	Score(s)	M	SD	P-Values
Pre	22.54	4.68	0.04*	
Post	23.83	4.46	-	

* $p < 0.01$

5. Guidelines for Developing School-Age Children According to Stakeholders' Perspectives

The guidelines for developing school-aged children according to stakeholders' perspectives are classified into the following key issues:

Issue 1: Needs and Future Aspirations of School-Aged Children: Parents expect their children to acquire knowledge and skills and to be accepted in society. Students dream of educational and career success. Teachers view the children's success as a

source of pride. Public health officers emphasize physical development as a fundamental basis for growth, as follows:

1.1 Parents' Expectations: Parents want their children to have knowledge and skills, be accepted in society, and be able to return to develop their own communities. For example, "I hope to see our children become successful, well-known, and recognized by society." "I wish for my child to become an educated teacher who can return to contribute to the development of our village."

1.2 Students' Dreams: Students express dreams related to academic and career success in the future, such as "I want to do well in school," and "I want to become a doctor, succeed academically, and have time to play every day."

1.3 Teachers' Expectations: Teachers view student success as a key source of professional pride. As one teacher expressed, "I aspire to see the students I teach achieve success, as their accomplishments in life also reflect the success of their teacher."

1.4 Public Health Officers' Perspective: Public health officers emphasize physical development as a fundamental basis for development in other areas. One officer stated, "If we want our children to grow up with quality, we must begin nurturing them from an early age. When their physical well-being is supported, they are ready for further development."

Issue 2: Satisfaction with the Smart Love, Smart Parenting Program: Parents express satisfaction and a clearer understanding of their role in supporting their children's development. Students enjoy the activities and express a strong desire for their regular continuation. Teachers view these activities as valuable opportunities to foster stronger relationships with parents. Public health officers highlight the importance of cross-sectoral collaboration to further enhance and sustain the development of these activities, as outlined below. Parents' Feelings: Parents feel happy and realize their role in promoting their children's development, for example:

"I feel happy because I have never done activities like this with my child before."

"I used to believe that my child's intelligence depended entirely on the teacher, but now I realize that playing and engaging in activities with my child

can help make them smarter."

2.1. Students' Perspective: Students enjoy the activities and want them to be held continuously, for example: "I want the teacher to organize activities like these because playing is fun."

"I want my parents to play with me every day."

2.2 Teachers' Perspective: Teachers view these activities as a way to encourage participation and strengthen relationships between teachers and parents. For example: "This is a good activity that encourages children and parents to participate and builds stronger relationships between teachers and parents." "It's a good activity that helps train and support children in many ways, making teachers more comfortable when talking with parents."

2.3 Public Health Officers' Perspective: Public health officers emphasize the importance of coordination among multiple sectors. For example: "This activity requires cooperation across all sectors, and there should be greater coordination with the community."

Issue 3: Recommendations for the Development of the Smart Love, Smart Parenting Program: such as increasing activities that promote learning through play, expanding collaboration with communities and relevant agencies, and organizing continuous activities to create sustainable outcomes in school-age child development, as follows: Increasing Activities that Emphasize Learning through Play: It is suggested that activities should stimulate learning while maintaining enjoyment, in order to enhance children's skills in various domains.

3.1 Expanding Community Collaboration: It is recommended to strengthen cooperation with communities and relevant agencies to systematically support the program activities.

3.2 Organizing Continuous and Consistent Activities: It is proposed that the program should be implemented regularly to achieve long-term outcomes in the development of school-age children.

Conclusion and Discussion

The study found that the sample group consisted of school-aged children. In general areas, the average age was 7 years and 8 months, with an average intelligence quotient (IQ) of 103.28. Most parents

were mothers (57.77%). In remote areas, the average age of school-aged children was 7 years and 9 months, with an average IQ of 98.84. Most parents were mothers (45.83%). Stakeholders such as parents, teachers, and public health personnel expressed satisfaction with the program. The “Smart Love, Smart Parenting” Program significantly improved parenting skills among parents of school-aged children in general areas. However, no clear effects were observed in remote areas. Conversely, the program significantly enhanced multiple intelligences in school-aged children in remote areas, while no significant differences were found in general areas. As a result, stakeholders provided constructive suggestions for further program development to better align with local contexts. Discussion: The research findings indicate that the Smart Love, Smart Parenting Program significantly improved parenting skills among parents in general areas. Parents who participated in the program reported a shift in their understanding of their roles. When considering the conceptual framework used in developing the program, it consists of the following components:

- 1) Building Positive Relationships: This involves accepting the child's individuality, respecting and responding to their emotions, and spending quality time together.
- 2) Attentive Listening and Expressing Personal Feelings: These are essential foundations for understanding children and responding appropriately.
- 3) Providing Quality Praise: This involves expressing genuine feelings, recognizing positive behaviors, and appreciating internal qualities such as courage and kindness.
- 4) Child Development through Play: Children develop best through play, such as activities that enhance thinking skills, problem-solving, patience, and collaboration.
- 5) Positive Reinforcement: The program applies praise, hugging, sticker rewards, and a points system (e.g., rubber bands exchanged for prizes) to encourage desirable behaviors in children. These elements align with the principles of the authoritative parenting style, especially in guiding parents to understand children's mental health, show acceptance, and use everyday life situations to cultivate moral values and social development. The program also includes

training in positive communication, reasoning, and reinforcement strategies for parents (Ulferts, 2020; Catalano et al., 2024).

Effects on Multiple Intelligence of Children: The research found that children in remote areas showed a statistically significant increase in multiple intelligence scores after participating in the Smart Love, Smart Parenting program, whereas no significant difference was observed among children in general areas. The program content comprises three main activities:

Session 1: Smart Love – This session focuses on building love and attachment between parents and children by using play-based activities as a medium to promote positive behavior.

Session 2: Smart Parenting – This session emphasizes positive discipline, self-regulation, and rule-following through various games, with parents playing a supportive role by offering praise, encouragement, and positive guidance.

Session 3: Smart Care – This session aims to help parents understand how to care for children's mental health, foster acceptance, and use everyday life experiences as tools to instill moral values and support social development.

The program was implemented over 3 sessions, each lasting approximately 3 hours, with an interval of 2–8 weeks between sessions (Department of Mental Health, 2022). This short duration differs from most research programs, which have an average duration of 12 months and primarily target children. Specifically, only 26.5% of interventions lasted less than 2 months, 47% were of medium duration (2.1–12 months), and 26.5% extended beyond 12 months (Zurc & Laaksonen, 2023). The difference may stem from the unique nature of the Smart Love, Smart Parenting Program, which emphasizes the active participation of children, parents, teachers, and public health personnel, resulting in a shorter duration and lower frequency compared to conventional programs.

This study, based on the evaluation results of the Smart Love, Smart Parenting Program, revealed that parents in general areas showed a statistically significant improvement in parenting skills. This finding indicates the effectiveness of experiential learning through activities that emphasize parental participation. It aligns with Albert Bandura's Social Cognitive Theory, which highlights learning through

observation, modeling, and direct experience. Parents who participated in the program learned through simulations, role-playing, and sharing experiences with other parents, resulting in meaningful behavioral changes (Nabavi, 2012). By recognizing their own roles and capabilities in supporting children, parents are more likely to develop sustainable parenting skills. This is consistent with Urie Bronfenbrenner's Ecological Systems Theory, which emphasizes the involvement of all stakeholders in child development (Khalifa & Benissa, 2024). Furthermore, the findings are in line with studies on the Exploring Together (ET) program in Australia, which aims to reduce undesirable behaviors and promote understanding and positive interaction between parents and children through the involvement of children, parents, and teachers (Buchanan-Pascall et al., 2023). It also corresponds with the Life Skills Training Program for School-Aged Children (LSTPSAC) in Thailand, which emphasizes enhancing knowledge and skills in parenting, managing beliefs, attitudes, and parenting norms, and improving parental capacity to support children's life skills development (Kummabutr et al., 2013). Regarding the evaluation results of the Smart Love, Smart Parenting Program, children in remote areas demonstrated a statistically significant increase in multiple intelligences after participating in the program, whereas no significant changes were observed among children in general areas. This suggests that children living in underprivileged contexts may respond more distinctly to programs aimed at developing multiple intelligences compared to those who already have a continuous developmental foundation. This finding aligns with the concept of equity-based intervention, which emphasizes that providing additional support to vulnerable groups can effectively reduce developmental gaps (UNICEF, & UNICEF, 2019). The program's activities, which were designed to promote learning through play and parental involvement—such as storytelling circles and positive communication exercises—may have better aligned with the social and cultural characteristics of remote communities than those of general areas. Children in these isolated communities, who have fewer opportunities to access enrichment activities, often show marked development when given appropriate opportunities to engage (Martinez

et al., 2022). In contrast, in general areas, even though children already have access to activities and resources supporting multiple intelligences, the program may not have produced a significantly greater effect beyond their existing developmental baseline. Additionally, the expectations of parents and teachers in these areas might focus more on academic achievement than on other areas of development, which could reduce opportunities to support all 7 dimensions of multiple intelligences emphasized by the program. The differing outcomes between general and remote areas reflect disparities in structural, social, cultural, linguistic, and community readiness factors. For example, in remote areas, family relationships may be closer-knit, and the opportunity for children to engage in play with their parents may hold greater meaning than in urban settings, where parents often have heavy workloads and limited time for their children (Hernández-Prados & Álvarez-Muñoz, 2023). Nonetheless, while parental skills in remote areas did not show as much improvement as expected, children in those areas still demonstrated gains in multiple intelligences. This may be attributed to other positive influences such as support from teachers, schools, or the community, rather than directly from parental involvement. This indicates that the program can still yield positive outcomes even when certain components are not fully optimized. Qualitative data gathered from parents, teachers, children, and public health staff who participated in the program revealed changes in perception and behavior. Parents reported greater awareness of their roles, children expressed enjoyment and eagerness to participate in the activities, and teachers and health professionals observed improved relationships between home and school. These findings reflect behavioral and attitudinal changes that support the long-term sustainability of program outcomes. (Intharasathaphon et al., 2022; Muhammad et al., 2017).

Recommendations

Recommendations for Applying the Research Findings

1. The implementation of the Smart Love, Smart Parenting program should be continuously promoted

and developed into a national policy by incorporating it into the strategic plan of the Ministry of Public Health.

2. Ongoing support should be provided for training local facilitators in participatory processes, along with the development of tools and learning materials that are appropriate and responsive to local contexts.
3. The involvement of local administrative organizations, schools, and communities should be encouraged to ensure the sustainable implementation of program activities.
4. A system for medium- and long-term follow-up should be established to assess the sustainability of outcomes and to facilitate systematic program improvement and planning.

Recommendations for Future Research

Long-term follow-up studies should be conducted to assess the impact of the program on children's development and parenting behaviors over a period of at least six months to one year. Future research should be designed as comparative studies across diverse contextual settings—such as regions differing in ethnicity, language, or socioeconomic status—to evaluate the program's suitability in various environments. Additionally, the involvement of local community leaders and family networks in the research process at the community level is recommended, as this may promote sustainable systemic change.

Reference

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1111/1478088706qp063oa>

Catalano, H., Rus, A., Dohotaru, A. I., & Jeder, D. (2024). Parenting styles and children's wellbeing. *Revista Romaneasca pentru Educatie Multidimensională*, 16(4), 231-255. <https://doi.org/10.18662/rrem/16.4/914>

Copple, C., & Bredekamp, S. (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. National Association for the Education of Young Children. 1313 L Street NW Suite 500, Washington, DC 22205-4101.

Department of Mental Health. (2022). *Smart Love, Smart Parenting Program (7-day parenting)* [Internal document, unpublished manuscript]. Rajanagarindra Institute of Child Development, Department of Mental Health, Ministry of Public Health, Thailand. (In Thai)

Ek-anankun W. (2013). *Psychiatrists concerned about high suicide rates among children in Nan province*. Retrieved 20th March 2025, from <https://www.thaihealth.or.th/>

Hernández-Prados, M. Á., & Álvarez-Muñoz, J. S. (2023). Family leisure in rural and urban environments: a question of context. *Societies*, 13(2), 35. <https://doi.org/10.3390/soc13020035>

Intharasathaphon A., Phuangsomchit C., & Phanpi C. (2022). Enhancing discipline in students through responsibility with parental involvement. *Journal of Education Science, Faculty of Education, Mahamakut Buddhist University*, 10(1), 256–274. (In Thai)

Khalifa, H. A. O., & Benissa, R. T. (2024). Health promotion and disease prevention in children and adolescents: An update of literature study. *Scholars Academic Journal of Pharmacy*, 13(6), 288–294. <https://doi.org/10.36347/sajp.2024.v13i06.011>

Kummabutr, J., Phuphaibul, R., Suwonnaroop, N., Villarruel, A. M., & Nityasuddhi, D. (2013). The effect of a parent training program, in conjunction with a life skills training program for

school-age children, on children's life skills, and parents' child-rearing skills and perceptions of support for child life skills development. *Pacific Rim International Journal of Nursing Research*, 17(1), 3–27. Retrieved from: <https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/6357>

Martinez, R. G., Wells, J., Anand, P., Pelto, G., Dhansay, M. A., & Haisma, H. (2022). Community participation and multidimensional child growth: evidence from the Vietnam Young Lives study. *Current developments in nutrition*, 6(4), nzac022. <https://doi.org/10.1093/cdn/nzac022>

Melvin, G. A., Gordon, M. S., & Gray, K. M. (2023). Evaluating the effect of parent-child interactive groups in a school-based parent training program: Parenting behavior, parenting stress, and sense of competence. *Child Psychiatry and Human Development*, 54(3), 692–710. <https://doi.org/10.1007/s10578-021-01276-6>

Ministry of Public Health, Department of Mental Health. (2000). *Emotional Intelligence Manual*. Bangkok: Cooperative Union of Thailand.

Muhammad A. A., Rakphonlamuang C., & Boonprakop P. (2017). Parental involvement in education management to promote thinking skills and learning of Muslim children in the three southern border provinces. *Al-Hikmah Journal*, 7(13), 45–58. Retrieved from: <https://so01.tci-thaijo.org/index.php/HIKMAH/article/view/112345>

Nabavi, R. T. (2012). Bandura's social learning theory & social cognitive learning theory. *Theory of Developmental Psychology*, 1(1), 1-24. Retrieved from https://www.researchgate.net/publication/267750204_Bandura's_Social_Learning_Theory_Social_Cognitive_Learning_Theory

Nakhontharop A. (2013). *Psychiatrists concerned about high suicide rates among children in Nan province*. Retrieved 20th March 2025, from <https://www.thaihealth.or.th/> (In Thai)

Rajanagarindra Institute of Child Development. (2020). *Preschool Parenting Program: Triple-P – Developmental promotion and positive discipline with family involvement*. Chiang Mai: Siam Print Nana Co., Ltd. (In Thai)

Saifa Y. (2014). Connecting learning between kindergarten and primary school: An important step for primary school children. *Journal of Education, Chulalongkorn University*, 42(3).

Thiamkaew K., Somchai C., Weludit W., & Kaeohirun S. (2022). *Smart Love, Smart Parenting Program Manual (7-day Parenting)* [Internal document, unpublished manuscript]. Chiang Mai: Rajanagarindra Institute of Child Development, Department of Mental Health, Ministry of Public Health, Thailand. (In Thai)

Ulferts, H. (2020). *Why parenting matters for children in the 21st century: An evidence-based framework for understanding parenting and its impact on child development*. <https://doi.org/10.1787/129a1a59-en>

UNICEF, & UNICEF. (2019). 's global social protection programme framework. *New York: UNICEF*. Retrieved from: <https://www.unicef.org/reports/global-social-protection-programme-framework-2019>

Walaisathian P. (2000). *Processes and Techniques of Development Workers*. Bangkok: Research Fund Office. (In Thai)

Zurc, J., & Laaksonen, C. (2023, June). Effectiveness of health promotion interventions in primary schools—a mixed methods literature review. *Healthcare*, 11(13), 1817. <https://doi.org/10.3390/healthcare11131817>