

THE DEVELOPMENT MODEL FOR THE WELL BEING EARLY CHILDHOOD IN THE NORTH EAST CHILDCARE CENTERS UNDER LOCAL GOVERNMENT ORGANIZATION

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ABSTRACT

The purpose of this research was to develop a model of health promotion of preschool children in child development centers under the North-eastern Local Administrative Organization, which had 3 steps as follows; (1) A study of the situation and health promotion of preschool children in child development centers under local administrative organizations in the North-eastern region. The target group of the qualitative education included the president of Tambon Administrative Organization/Nursing Sub-District Health Promoting Hospital, teachers who took care of children, parents, and children's development center at Ban Khrai, 23 people. The research tool was an interview form. The quantitative study sample consisted of 282 child care teachers and 347 parents of preschool children. They are individuals who live in the responsible areas of health zones 7-10 of five provinces in the Northeast. The research tool was the estimation scale questionnaire. (2) Development of a model for promoting the health of preschool children in child development centers under the North-eastern Local Administrative Organization. The study method was based on group discussion and draft assessment by 13 experts before being tested at a child development center under a local administrative organization. The target groups were teachers, caregivers, and 27 parents. The tools used were the preschool wellness promotion model, known as the EMPATHICE MODEL, and the draft assessment form. (3) Assessment model of health promotion of preschool children in child development centers under the North-eastern Local Administrative Organization. A study by 13 experts assessed issues of suitability, feasibility, and utility. The statistics used to analyze the data were frequency, percentage, mean, standard deviation, mean of two independent groups (Pair. t-test), and qualitative analysis.

INTRODUCTION

Sustainable development of the country and advancing strategies towards the same goal relies on human resources as the key engine. A prosperous and sustainable society is the

The results showed that the model of health promotion of preschool children in the Child Development Centre under the North-eastern Local Administrative Organization consisted of 6 components as follows; (1) Principle: The caregiver has a role to play in setting up an environment conducive to the learning of pre-schoolers according to developmental psychology, which is necessary to build a good relationship with pre-schoolers, to integrate the body. knowledge, developing cognitive management skills coupled with positive parenting concepts, and engaging family and community. (2) Objectives: (a) Empowering those involved in promoting the health of pre-schoolers. (b) develop the ability of teachers, caregivers, and parents/guardians to promote the well-being of preschool children, and (c) develop guidelines for promoting the well-being of pre-schoolers following the local context. (3) Strategies: It consists of (a) empowering, (b) developing stakeholders, and (c) promoting the participation of parents and the community in promoting the well-being of preschoolers. (4) Action: using EMPATHICE MODEL consisting of 4 learning bases, 9 activity plans. (5) Implementation of the model: There are 3 phases: (a) the preparatory phase, (b) the implementation phase, and (c) the evaluation phase. And (6) Conditions for Success: Consist of (a) Leaders of local administrative organizations give importance to and join the working group to promote the health of preschool children of the child development centers under their affiliation. (b) Parents have knowledge and skills that can promote the well-being of preschool children. (c) Development of guidelines for promoting the health of preschool children in child development centers following the community context. However, the three-dimensional model assessment results, namely suitability, feasibility, and utility, were found to be at the highest level in all dimensions.

Keywords: Model for The Wellbeing, Early Childhood Wellbeing, Early Childhood, Child Care Centers

result of human resource development to develop analytical skills, creativity, learning habits, good conscience, discipline, good physical and mental health. Especially in pre-school children, which is the foundation of social and economic

development, if preschoolers receive the appropriate development, they will grow into quality human resources, will grow up to be good citizens, and have powers for development. country towards stability, prosperity, and sustainability. In which preschoolers are considered the golden age of the period of human growth. This is because the brain develops and grows more rapidly than that of the adult brain by 80% and is the foundation of all aspects of life – physically, mentally, intellectually, emotionally, and socially (Department of Education and Children's Services 2005: 5). In Thailand, there are 4,306,173 preschoolers, the most in the central region at 1,757,720, followed by the Northeast with 1,434,689 (Department of Local Administration, Ministry of Interior. 2016: 1-2). Promoting the health of preschoolers is the responsibility of many agencies, which are under the responsibility of the Child Development Center under the Department of Local Administrative Promotion, with the highest number of 829,398 people, followed by a standard private nursery with permission from the Department of Children and Youth Affairs of 73,093 people (Office of the Research and Consulting Center of Thammasat University 2019 : 41).

Thailand's 20-year National Strategic Plan focuses on increasing productivity based on the development and use of science, technology, research and development and innovation combined with human resource development following the ability to World competition especially in the development of preschool children with national education plans 2017–2036 according to the 3rd Strategic Framework on the Development of People of All Ages and Building a Learning Society. The goal is for people of all ages to have skills, knowledge, abilities, and competencies following educational standards, professional standards, and improve their quality of life according to their potential, children from birth to 5 years of age have increased their age-appropriate development. Teachers who care for children have the knowledge and skills to take care of children properly, able to arrange learning following the principles of pre-school development. To enable educational institutions of child development centers to organize learning activities with quality and standards, to organize activities that are consistent with the curriculum and competence of preschoolers in connection with the ASEAN Early Childhood Development Board (A) Nov. 2019: 1-2). By using the National Childhood Development Center Standard as a central standard for all relevant agencies to share in the assessment to improve the quality of care, development, and education services for children from birth to pre-primary education. This is a paradigm shift to use children as the basis for setting standards, taking into account the response to the fundamental rights that every child deserves, which is the foundation of human development. There is a single National Early Childhood Development Center standard as the central standard, which is used by relevant agencies as a basis for evaluating the implementation and coordinating the Memorandum of Understanding. Integrating life-long development cooperation leads to quality development of early childhood children, creating a strong foundation for quality citizens (National Early Childhood Development Board. 2019: 3).

The results of promoting the health of preschool children in Thailand have several problems, with a survey of preschool children having 23% suspected developmental delays and 5.64% delayed development. In addition, language delays were found to be the most, followed by fine motor skills and

intelligence, language comprehension, mobility, and self-help (Department of Children and Youth Affairs, Ministry of Social Development and Human Security. 2018: 42). Intellectually, 30 percent of preschoolers had delayed overall executive thinking brain development than average, with problems with self-regulation, impulsivity, recklessness, impatience, inability to wait. Concentration is easily distracted, unable to accomplish difficult tasks (Chutabhakdikul, N., Thanasetkorn, P., Lertawasdatrakul, O., and Ruksee, N. 2017). And found that pre-schoolers in the Northeast had lower intelligence than the standard, especially in Ubon Ratchathani province, found that the lowest intelligence level, followed by Amnat Charoen, Sisaket, Yasothon, and Mukdahan (Department of Mental Health, Ministry of Public Health 2016: 4-19). It can be seen that intelligence is another important health condition besides physical, mental, and social, where preschoolers develop cognitive management skills most quickly through experience. It is a variety of programs that have a clear aim to make the most of preschoolers learning (Julius, G., 2016: 3). Therefore, good health is the key to children's learning, while learning can contribute to the well-being of children (Department of Education and Children's Services Wellbeing is central to learning 2005:5).

From the review of the health promotion of pre-schoolers, it was found that it was a segregated work, but there was no study on the health promotion model of pre-schoolers in the Child Development Centre under the integrated local government organization. Work that covers all aspects. Both are related to pre-schoolers and the external environment, to provide a direct response to the development and learning of preschoolers. Therefore, the students saw the need to develop a model for promoting the health of preschool children, the Centre for Child Development of the Northeast Local Administrative Organization. It is expected that preschool teachers in child development centers under local administrative organizations in the Northeast will have an effective model for promoting the health of pre-schoolers. Responding to the goals of the National Economic and Social Development Plan No. 12, which requires pre-schoolers to have the characteristics of complete Thai people, discipline, attitudes, and behaviors according to the norms of society, to have awakened citizenship, Ability to adapt knowingly, and to benefit the public, have good physical and mental health, spiritual growth, and lead a self-sufficient lifestyle. These are the essential foundations that lead to a quality life and to be ready for higher learning.

OBJECTIVES

1. To study the situation of health promotion of preschool children in child development centers under local administrative organizations in the North-eastern region.
2. To develop a model for promoting the health of preschoolers in child development centers under local administrative organizations in the North-eastern region.
3. To assess the model of health promotion of preschool children in child development centers under local administrative organizations in the North-eastern region.

RESEARCH CONCEPTUAL FRAMEWORK

From the study of contexts, concepts, theories, and related research, the researcher has formulated the research framework using Rational conceptual think using system thinking which sees that everything is related without any separation (Kenaphoom, S . 2019: 119-132). The well-being of pre-

schoolers refers to the well-being of pre-schoolers not only of illness but of holistic health. It consists of physical health, mental health, social health, and intellectual health. (Pooncharoen, W., Sukkarn, D., and Chuenchit, W.2007: 7) There is a balanced connection of factors related to preschool children, living environment, and holistic service systems (Louise Marbina, Angela Mashford-Scott, Amelia Church, and Collette Tayler. 2015:5). The caring teacher is the person who has an influence on the health promotion of preschool children to cover all elements by using the principles of health promotion of preschool children as follows; Developmental psychology theory, the concept of developing executive brain skills. Principles of Positive Discipline, and Family and Community Engagement (Pengsrikhot, S., and Maputh, C. 2011: 68-82; Nakunsong, T., Jangharn, S., Agkatus, P., Ekkapim, P., and Khechornphak, B. 2010: 77-88; Mooltripakdee, W. 2012: 99-109; Monpianjan, C., Sarnrattana, W., and Namsiri, S. 2013: 71-79). The conclusion of the conceptual framework is shown in Figure 1.

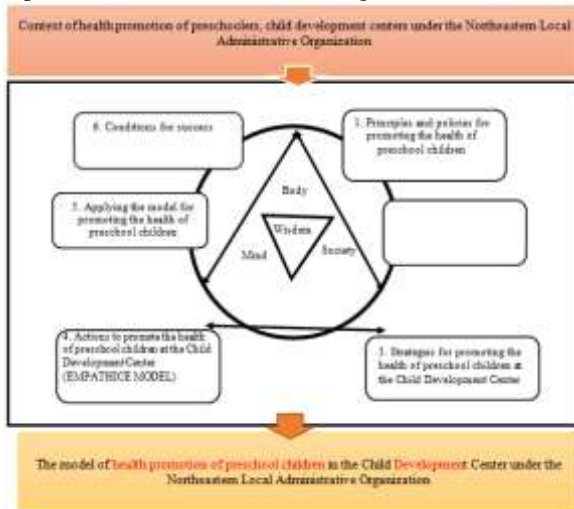


Figure 1 Conceptual framework for the development of health promotion model for preschool children in child development centers under the Northeastern Local Administrative Organization

METHODOLOGY

This research and development have set the research process into 3 steps as follows:

Step 1: A study of the situation and health promotion of preschool children in a child development center under the local government organization of the Northeastern region.

1. A qualitative study by studying concepts, theories, and related researches by searching from both domestic and foreign literature on the situation, problems, and related factors.
2. A study tour of the Child Development Center under the Local Administrative Organization that received the Outstanding Child Care Award was Ban Krai Child Development Center, Pa Tio District, Yasothon Province. An in-depth interview with the target groups, including the president of the Sub-District Administrative Organization, the director of the Tambon Health Promoting Hospital, the headteacher of the Child Development Center during March 8-10, 2019.
3. Group Discussion from the target group, namely the Committee of the Child Development Center, Teachers, Child Caregivers, Parents of Preschool Children at the Child Development Center, Ban Krachayun, 23 people on

March 13, 2019 from 13:00 – 15.00 . The research tools were (1) in-depth interview form, and (2) group discussion questionnaires.

4. A quantitative study by surveying the health promotion of preschool children in the Child Development Center under the Northeastern Local Administrative Organization. Perform Multi-stage Random Sampling, the sample consisted of 282 teachers, caregivers, and parents. the number of pre-schoolers 347 people, in the health zones 7-10 of the 5 provinces in the northeastern region. The research instruments were 2 questionnaires, titled "Development of a model of health promotion of preschool children in Child Development Centers under the Northeast Local Administrative Organization" for teachers, and for parents of Preschool children. Developed by researchers and verified Content validity by 5 experts, the content validity index was 0.92 and 0.83 respectively. Reliability was checked by Try Out in a non-target group of 30 people, who found Cronbach's Alpha Coefficient of 0.83 and 0.75.

Step 2: Developing a model for promoting the health of preschool children's Child Development Center under the Northeastern Local Administrative Organization.

1. Draft the first model by using the study results from step 1 to analyze, synthesize, and integrate to be a conceptual framework for drafting a model for promoting the health of preschool children at the Child Development Center.
2. To present the draft model for promoting the well-being of preschool children at the Child Development Center to experts to examine the structure, content, suitability, and feasibility of the draft model by organizing a discussion group of 13 experts who have expertise or experience in promoting the health of preschool children, including child psychiatrist, pediatrician, pediatric psychiatric nurse, nurse in charge of child development clinic, president of Administrative Organization Sub-district, Director of Education Division, Educational Academician, Clinical Psychologist, and Teacher who cares for preschool children.
3. Drafting the second pattern according to the advice of experts to be clear, accurate, and appropriate can be put into practice.
4. Bring the revised Draft Model and Assessment Form for Health Promotion of Preschool Child Development Centers to 13 experts to assess their suitability and feasibility.
5. Improved and drafted a complete form before trial. The research instruments were the Draft Model of Health Promotion for Pre-schoolers and the Draft Model of Health Promotion for Pre-schoolers.
6. The trial of the draft model for promoting the health of preschool children at the Child Development Center has identified relevant target groups, namely the Sub-district Administrative Organization President, educational scholars, teachers who take care of children, and parents of children first. 27 students in the Child Development Center at Ban Nong Tokaew, under Khee Lek Subdistrict Administrative Organization, Khi Lek Subdistrict, Mueang District, Ubon Ratchathani Province, were selected by purposive sampling. The research instruments were (1) the draft health promotion model for preschool children, (2) the health promotion questionnaire for preschoolers at the Child Development Center, and (3) the

emotional engagement assessment form of the Preschool Child Development Center. Children 3-5 years for caregivers Thai version based on the work of Kinship Center Attachment Questionnaire (KCAQ) (Phoasavasdi, C., Sukkatup, J., Chutha, P., and Khuhapan, B. 2019: 37-51), which is characterized by the caretaker to read and answer (self-rate) 20 items, there are 7 levels of choice, from 0-6 points, the total score range is 0-120, the lower score indicates the level of understanding. Less emotional attachment. The instrument has a Reliability coefficient of 0.7, which indicates Internal consistency, the reliability of this assessment is moderately correlated.

Step 3: Assessment of the Preschool Health Promotion Model Child Development Center under the Northeastern Local Administrative Organization

The target group is 13 specialists who have expertise or experience in promoting the health of preschool children, consisting of child psychiatrists, child psychiatric nurses, nurses in charge of child development clinics, sub-district administrative organization presidents, director Education Division, Educational Academics, and Teachers who take care of preschool children.

The research tools were (1) a model for the health promotion of preschool children in a child development center under the local administrative organization, and 2) an assessment form for the health promotion of preschool children.

DATA ANALYSIS

Step 1: Analyze Part 1 the general data of the sample by frequency distribution and percentage. The second part was a questionnaire on the health promotion of preschool children in child development centers under the Northeastern Local Administrative Organization, which was a Likert 5-level estimation scale which was the highest, the most, the medium, the least, and the least (Srisa-Ard, B. 2002: 102) using mean, and standard deviation. Part 3 Open-ended questions by content analysis.

Step 2: (2.1) Analyze the data obtained from the appropriateness check form, the feasibility of the model by calculating the mean and standard deviation of the expert opinion scores and comparing them with the criterion. Average of 5 levels (Srisa-Ard, B. 2002: 102), and content analysis from the opinions and suggestions of 13 experts. (2.2) An analysis of the experimental results using a model from a workshop on health promotion of preschool children at a child development center under the Northeastern Local Administrative Organization by testing the difference between the average knowledge scores, attitudes, and skills promoting preschool health and emotional bonding of newborn-5 years for caregivers of the pre-and post-meeting sample using Pair t-test statistics.

Step 3: Analyze the data obtained from the model's feasibility, feasibility, and utility assessment form by experts with expertise in the model development or those with experience in health promotion action. Pre-schoolers using the mean method and the standard deviation of the feedback score were compared with a 5-point mean (Srisa-Ard, B., 2002: 102).

RESULTS

1. The health status of pre-school children in child development centers under local administrative organizations in the north-eastern region found that pre-schoolers were underweight and obese, including having

tooth decay and not eating vegetables, suspected of having Delayed behavior, teasing, teasing friends, self-willed, not sharing toys, and quarreling with friends, teachers, caregivers, and parents lack knowledge and understanding to promote the well-being of preschoolers.

2. The results of the development of the model of health promotion of preschool children in the Child Development Center under the Northeastern Local Administrative Organization
 - 2.1 The results of a group discussion to draft a model by 13 experts, summarizing the model for promoting the health of preschool children in the Child Development Center under the Northeastern Local Administrative Organization consisting of
 - 2.1.1 Principles and policies for promoting the health of preschoolers: that is, the caregivers play a role in setting up an environment conducive to the learning of preschoolers according to developmental psychology by building good relationships between teachers, caregivers with preschool children, integration of knowledge, development of intellectual management skills (Executive Functions), It is the brain's process of regulating thought and behavior in a complex, prescriptive sequence, including emotional regulation, that results in successful behavior (Adele Diamond, 2013: 135-168), This is coupled with positive parenting concepts and participation of families and communities.
 - 2.1.2 The objectives of the format are: (1) For Empowerment to those involved in promoting the health of preschool children, namely the president of the local government organization, the mayor, the committee of the child development center, teachers, caregivers, and parents of preschool children. (2) To develop the ability of teachers, caregivers, and parents of child development centers to promote the well-being of preschool children. (3) To develop guidelines for promoting the well-being of preschoolers in child development centers following the local context.
 - 2.1.3 Strategies for promoting the health of preschool children at the Child Development Center: Methods for achieving the objectives of the model for promoting the health of preschool children with the following strategies; (1) Empowering those involved in promoting the health of pre-school children in child development centers under local administrative organizations. (2) Develop those involved in promoting the health of preschool children in child development centers under the local government organization. And (3) to promote the participation of parents and the community in promoting the health of preschool children of child development centers under local administrative organizations together with teachers who take care of preschool children.
 - 2.1.4 Implementation to promote the health of preschool children at the Child Development Center: the importation of the learning process of teachers, caregivers, and parents by using the preschool child health promotion program of the Child Development Centers under Northeastern Local Government Organization (EMPATHICE MODEL) consists of 4 learning bases, 9 activity plans as follows: (1) Mind base consists of (a)E(Empower), empowering goal setting, (b)M(Mindfulness) Consciously recognize and

understand their role, (c)P(Positive)understanding parenting with positive discipline, (d)A(Attachment) building relationships with preschool children. (2) The thinking base consists of activities: (a) T (Take care and support) care and support, (b) H (Holistic care) promoting holistic well-being, (c) I (Involvements) uniting forces to create happiness. Pre-school condition. (3) The practice base consists of activities (a) C (Coaching with Start to do) promoting children's well-being, giving advice and support in a friendly way. And (4) the evaluation base consists of (a)E (Evaluation) activities.

2.1.5 Implementing the model for promoting the health of preschool children: The process of applying the model for promoting the health of preschool children at the Child Development Center has 3 phases: (1) the preparatory phase, (2) the Implementation phase, and (3) evaluation phase.

2.1.6 Conditions for Success: Factors contributing to the successful promotion of the well-being of preschool children in early childhood development centers are: (1) Leaders of local administrative organizations give importance to and join the working group to promote the health of preschool children of the Child Development Centers under their affiliation. (2) Parents have knowledge and skills that can promote the well-being of preschool children. (3) Development of guidelines for promoting the health of pre-school children in child development centers following the community context.

2.2 The results of the evaluation of the draft model for promoting the health of preschool children in the Child Development Center under the Northeastern Local Administrative Organization by 13 experts found that the draft model for promoting the health of preschool children at the Child Development Center Overall, it is appropriate and feasible at the highest level ($\bar{X}=4.51, S.D.=.59$) as in Table 1.

Table 1 Mean, Standard Deviation, and Appropriateness Level Possibility of a draft model for promoting the health of preschool children in child development centers under the Northeastern Local Administrative Organization (n=13)

Items	Suitability			Possibility		
	\bar{X}	S.D	Level	\bar{X}	S.D	Level
1. Principles and policies	4.53	.51	Highest	4.53	.51	Highest
2. The purpose of the model	4.38	.65	High	4.69	.48	Highest
3. Strategies for promoting the health of preschool children in the Child Development Center under the Northeastern Local Administrative Organization	4.46	.66	Highest	4.53	.51	Highest

Items	Suitability			Possibility		
		S.D	Level		S.D	Level
4. Promoting the health of pre-school children in the Child Development Center under the Northeastern Local Administrative Organization	4.38	.65	High	4.69	.48	Highest
5. Applying the model for promoting the health of preschool children	4.46	.66	High	4.53	.51	Highest
6. Conditions for success	4.46	.66	High	4.53	.87	Highest

2.3 The results of the experiment using the draft model of health promotion of preschool children in the Child Development Center under the Northeastern Local Administrative Organization were as follows:

2.3.1 Mean total score of knowledge, behavior, and attitude towards health promotion of preschool children. The measurements before and after the experiment were analyzed separately by statistical t-test to compare the average scores of knowledge, behavior, and attitudes towards health promotion of preschool children in the pre-experimental and post-experimental periods. found that; After the experiment, it was found that the average scores on knowledge, behavior, and attitudes towards health promotion of preschool children were higher than before the experiment. statistically significant (table). Mean scores for differences in knowledge, behavior, and attitudes towards health promotion of preschool children classified by aspect between pretest and posttest using paired t-test statistics found that the mean scores of differences in knowledge, behavior, and attitudes towards health promotion of preschool children before and after the experiment were significantly different.

Table 2 Comparison of the mean scores of knowledge, behavior, and attitudes towards health promotion of preschool children classified before and after the experiment (n=27)

The average score included knowledge, behavior, and attitude	\bar{X}	SD	df	t	p-value
Knowledge					
Pre-test	8.26	1.61	26	26.69	<0.001*
Post-test	11.56	0.58	26	104.00	<0.001*

Behavior					
Pre-test	38.37	5.17	26	38.58	<0.001*
Post-test	44.41	5.06	26	45.64	<0.001*
Attitude					
Pre-test	33.85	2.58	26	68.11	<0.001*
Post-test	39.22	2.04	26	99.69	<0.001*

*p-value < 0.05

Table 3 Comparison of mean scores for differences in knowledge Behaviors and attitudes towards health promotion of preschool children classified by aspects before and after the experiment (n=27)

Mean score, the difference in the mean score on knowledge, behavior and attitude	Mean difference (MD)	SD	95%CI	p-value
Knowledge	-3.29	1.73	(-3.98) – (-2.61)	< 0.001*
Behavior	-6.37	3.28	(-7.33) – (-4.74)	< 0.001*
Attitude	-5.37	1.98	(-6.15) – (-4.59)	< 0.001*

*p-value < 0.05

2.3.2 The results compared the mean overall emotional engagement scores before and after development. The researcher used the neonatal-5-year emotional engagement total scores from the pre-and post-experimental measurements of the experimental group, which were analyzed by t-test statistics to compare the mean child emotional engagement total scores. birth-5 years in the pre-experimental and post-experimental periods; After the experiment, the mean scores for the newborn- 5 years of emotional attachment were statistically significantly higher than before the experiment (Table). After that, the mean scores of

Table 6 Mean, Standard Deviation and Level of Appropriateness, Possibility, and Utility of the Model for Health Promotion of Preschool Child Development Centers under the Northeastern Local Administrative Organization (n= 13)

Items	Suitability			Possibility			Utility		
	\bar{X}	S.D	Level	\bar{X}	S.D	Level	\bar{X}	S.D	Level
1. Principles and policies	4.76	.43	Highest	4.53	.51	Highest	4.61	.50	Highest
2. The purpose of the model	4.61	.50	Highest	4.69	.48	Highest	4.69	.48	Highest
3. Strategies for promoting the health of preschool children in the Child Development Center under the Northeastern Local Administrative Organization	4.61	.50	Highest	4.53	.51	Highest	4.69	.48	Highest
4. Promoting the health of preschool children in the Child Development Center under the Northeastern Local Administrative Organization	4.53	.51	Highest	4.69	.48	Highest	4.69	.48	Highest
5. Applying the model for promoting the health of preschool children	4.61	.50	Highest	4.53	.51	Highest	4.61	.50	Highest
6. Conditions for success	4.61	.50	Highest	4.53	.87	Highest	4.61	.50	

differences in the newborn - 5 years of emotional attachment between pre-test and post-treatment were compared using paired t-test statistics. There was a statistically significant difference in mean scores for emotional attachment among newborns - 5 years before and after the trial (Table).

Table 4 Compared the mean scores for the newborn - 5 years of pre-and post-treatment emotional attachment (n=27)

Mean total emotional engagement score (n=27)	\bar{X}	SD	df	t	p-value
Pre-test	86.67	14.08	26	31.97	<0.001*
Post-test	91.70	14.67	26	32.47	<0.001*

*p-value < 0.05

Table 5 Comparison of mean scores for differences in emotional attachment among newborns - 5 years before and after the trial (n=27)

Mean scores for differences in the emotional attachment (n=27)	Mean difference (MD)	SD	95%CI	p-value
Pre: Post-test	-5.07	4.43	(-6.79) – (-3.38)	< 0.001*

*p-value < 0.05

3. The results of the assessment of the model of health promotion of preschool children in the Child Development Center under the Northeastern Local Administrative Organization by 13 experts were appropriate, feasibility, and utility at a high level (\bar{X} = 4.62 , S.D.=.51) as in Table 6.

DISCUSSIONS

1. The condition of health promotion of preschool children in the Child Development Centre under the North-eastern Local Administrative Organization also found that Preschool children are underweight and obese, have tooth decay, and do not eat vegetables, consistent with the Office of the Health Promotion Foundation (Thai Health) survey. and the Office of Child, Youth, and Family Health Support (Office 4) 2017: 15-48), It was found that children aged 0-5 years had 23% suspected developmental delay, 5.64 percent delayed development, categorized as language development delay the most, down to fine motor skills and intelligence, Understand language, movement, and assistance.

As for the mental-emotional aspect, it was found that pre-schoolers had behaviors of teasing, teasing friends, self-willed, not sharing toys, and arguing with their friends, consistent with the study of Chutabhakdikul, N., Thanasetkorn, P., Lertawasdatrakul, O., and Ruksee, N. 2017: Abstract), It was found that 30% of pre-schoolers had delayed overall executive thinking brain development than average, with problems with self-regulation, impulsivity, recklessness, impatience, inability to wait, distracted concentration. Easy, unable to accomplish difficult tasks. This may be because 75.2% of pre-schoolers are being raised in inappropriate ways, including violent parenting, penalties for mental or physical abuse (75.2%) (National Statistical Office 2016: 18). Including parents lack knowledge and understanding to promote children's learning because most parents still lack proper knowledge and understanding of important developmental promotion according to the child's age range. Therefore, it was expected that children were able to read and write and found that parents let pre-schoolers use technological media for raising children such as iPads, mobile phones, or televisions, resulting in children having a lot of learning disabilities. more (Kongsanoh, S. 2015: 2). Pre-schoolers have difficulty adjusting during the first month of opening. Often isolates himself, does not play with friends, cannot communicate his needs to teachers or friends to understand. This may be because today pre-schoolers have to face a new society in the 21st century, namely living in a digital society.

According to a survey by the Rajanagarindra Institute of Mental Health and Adolescents, there are currently more than 2.7 million Thai children who are addicted to video games, who have behavioral problems from game addiction such as aggressive behavior to the point of hurting their parents, attempting suicide when banned. to play games, escape school, introverted to play games, not sleeping at night, mood swings easily. It was also found that Thailand ranked No. 1 in online gaming. both on the phone and the Internet up to 3.1 hours a day (Office of Strategy, Department of Mental Health 2017: 13-21). In terms of parents, it was found that preschool children of each child development center were mostly with grandparents, elderly people, working parents abroad, hurriedly not having close time, making their involvement with child development centers relatively less. In addition, the elderly are in poor health, unable to take care of themselves thoroughly, lacking knowledge and skills to

promote the health of preschool children. For example, reading stories, teaching children to help themselves, which is consistent with the results of the National Statistical Office study found that Parents have the burden of working outside the home and the burden of caring for the elderly and taking care of children, resulting in inadequate quality of care for children, estrangement, lack of child immunity, and found that 22.7% of parents are away from their parents (National Statistical) Office 2016: 18). The number of teachers in the child development center is less than the standard, teachers who do not complete early childhood education, lack of knowledge and skills in caring for preschool children, intermittent development of caregivers. It may also be because most child care center teachers emphasize content and measurement rather than an assessment to develop curriculum and assessment at the early elementary level, focusing on children's memorization, and memorization. Many are inconsistent and linked to the curriculum of early childhood education that focuses on promoting child development by taking into account the balanced development of all aspects of physical, intellectual, social, emotional, and mental development. In addition, emphasis is placed on measuring memory outcomes with a lack of realistic assessments, including those responsible for education. The state's decision-making criteria rather than student development assessments resulted in a lack of guidelines for improving learners (Kongsanoh, S. 2015: 3).

2. The results of the development of the model for promoting the health of pre-schoolers in the Child Development Centre under the local administrative organizations of the North-eastern region were to create a model consisting of 6 components: (1) Principles and Policies, (2) Objectives of the model, (3) strategies for promoting the health of preschool children at the Child Development Centre, (4) the implementation of the health promotion of preschool children at the Child Development Centre, (5) the adoption of the model for promoting the health of preschool children school age to use, and (6) conditions for success. This was obtained by conducting group discussions to criticize the draft model and assess the suitability and feasibility of the draft model. All components are related and contribute to the health promotion model of preschool children. The Child Development Centre under the local government organization of the Northeast was successful. Consistent with studies by Nammanee, S., Ketsiri, A., and Pakotang, J. (2014: 114-126) and Khopchai, N., Watthanasapt, N., Kuphoommarl, M., and Savagpun, P. (2016. : 149-175) that the pattern has 6 components, which is different from the studies of Pengsrikhot, S., and Maputh, C. (2011: 68-82) and Scott, S., Limpisathian, S. and Pholyothin, P. (2017: 179-191) found that The pattern has 5 and 10 elements, respectively, in which the elements of the pattern are found to differ in number, structure, and relationship without any fixed rules.

Model design operates based on fundamental principles, concepts, theories, research, factors or variables including phenomena, for which Nijaneat, C. (2017: 81) proposes that a model must have at least six components: Objectives, model goals, variables, or related factors The system or structure, the mechanism or process, the information and

technology used in the model, and the context or environment of the model.

3. The results of the experiment using the draft model developed at Ban Nong Toa Kaew Child Development Centre, Khie Lek Subdistrict, Mueang District, UbonRatchathani Province found that Teachers, caregivers, parents of 27 pre-experimental children at the Child Development Centre who responded to the questionnaire found that the overall emotional engagement score was 4.71, and after the trial had a mean emotional engagement score of 4.71. The overall mood was 4.80. This may be due to the caregiver's knowledge, knowledge, and understanding of building rapport with preschool children, being able to show good emotions, warm parental personality, being cool, good-humored, friendly, Smiling, easy to adapt, will raise children to be easy to love and bond.
4. The results of the assessment of the preschool health promotion model in the Child Development Centre under the North-eastern Local Administrative Organization by experts, which were found to be appropriate at the highest level and the most probable level.

Therefore, the model for promoting the health of pre-schoolers in the Child Development Centre under the North-eastern Local Administrative Organization will increase knowledge, attitudes, and skills in promoting the health of pre-schoolers in the Child Development Centre. As a result, the child has an emotional connection with the caregiver. This is because the model for promoting the well-being of pre-schoolers in the Child Development Centre has evolved from a comprehensive search for problems in promoting the well-being of preschoolers. Encouraging teachers, parents, and caregivers to participate in a format that meets the needs of the target group, which has been practiced concretely and with clear results, results in a model that can be applied in other areas.

CONCLUSION

The model for promoting the health of preschool children at the Child Development Centre Under the North-eastern Local Government Organization, there are 6 components: (1) Principle: The caretaker has a role in setting up an environment conducive to the learning of pre-schoolers according to developmental psychology, must build a good relationship with pre-schoolers, integrate cognitive development. Intellectual management skills, coupled with positive parenting concepts, and family and community involvement. (2) Objectives: (a) To empower those involved in promoting the health of pre-schoolers. (b) Develop the ability of teachers, caregivers, and parents/guardians to promote the well-being of preschool children. and (c) develop guidelines for promoting the well-being of pre-schoolers following the local context. (3) Strategies include (a) empowering, (b) developing stakeholders, and (c) promoting parent-parent and community involvement in promoting the well-being of preschoolers. (4) Implementation using EMPATHICE MODEL consists of 4 learning bases and 9 activity plans. (5) There are 3 phases of pattern implementation. These are (a) the preparatory phase, (b) the implementation phase, and (c) the evaluation phase. (6) Conditions of success (a) Leaders of local administrative organizations give importance to and join the working group to promote the health of preschool children of the child development centers under their supervision. (b) Parents have knowledge and skills that can promote the well-being of preschool children. (c) Development of guidelines for

promoting the health of preschool children in child development centers following the community context.

However, from the results of the experimental model, it was found that knowledge, attitudes, and skills in promoting the well-being of preschoolers in early childhood development centers could be enhanced, resulting in increased emotional bonds between children and their caregivers.

The evaluation results of the model in terms of suitability, feasibility, and utility were at the highest level in all aspects. It can be seen that the health promotion of pre-school children, child development centers are affiliated with local administrative organizations, with teachers taking care of children in collaboration with parents, and participation and support from community administrators. Therefore, to ensure continuity in promoting the health of preschool children The state should have policies related to the development of teachers, caregivers, and parents to continuously and concretely promote the well-being of preschool children. By promoting the integration into a network to provide care and support for teachers who care for children and families which are the basic institutions of society, to promote the well-being of preschoolers together, and to work with other networks. Local administrative organizations should have autonomy in managing the budget for preschool child development and should involve persons involved in child development to develop plans/projects to promote the well-being of pre-schoolers and to continuously monitor and assess results.

This research consistency with the finding of Prajothanta, A. (2021) study aimed to promote and developed to physical capability of preschool children as aged 3 years' old with the participants found that the physical fitness scores of preschool children studied by the plan to organize learning experiences with creative activities learning "A story about a person and a place around" to promote as physical development in After learning to higher than before to different at the statistical significance level of .001. As well as Nguyen Thi Hang Phuong (2021) found that the research around the world shows that, now a day, more and more children have a special need, and have developmental disorders. The Kindergarten teachers must understand this situation and Suggested solutions to support children with developmental disorders are: (1) Kindergarten teachers must be having more information about children with developmental disorders (trained/experienced / special way of teaching children). (2) At each Kindergarten, it must have special teachers for helping children with developmental disorders. (3) Social must have more education special center for helping children with developmental disorders and we should have special teachers for teaching the children. (4) There should be active cooperation between families and Kindergarten to better support children together. Thus, the teachers and the parents should discussion about each child in their situation.

RECOMMENDATION

1. The experimental use of the model by organizing the workshop found that the participants in the workshop were parents/caregivers of preschool children who were diverse, mostly older people, so the language used should be easy to understand.
2. Because the study is in the midst of the COVID-19 outbreak, there are limitations in holding workshops, short trial periods, and small target audiences. Therefore, the

duration of the follow-up assessment should be increased longer and the target audience increased.

3. There should be repeated research to study the effectiveness of the model of health promotion of preschool children in child development centers under the Northeast Local Administrative Organization by a comparative study of two groups.

ACKNOWLEDGMENT

This thesis was very successful thanks to the kindness of Assistant Professor Dr. Praiswan Kotta, the thesis advisor who has devoted valuable time to give advice, advice, and correct any flaws with care at all times. Dr. Kochapong Sarnkan, the thesis advisory committee who always gives encouragement and helpful suggestions. I would like to thank all the experts who gave useful suggestions for education. Thank you to the administrators of the Subdistrict Administrative Organization, teachers, child caregivers, parents of pre-school children from the Child Development Center under the Northeast Local Administrative Organization for providing convenience in collecting data. The research instrument experiment thanked Mr. Nara Homhual, Mrs. Praneet Pipitkul, Mrs. Palida Phalalak, and Miss Thanaporn Masa for their assistance in coordinating and collecting data. And thank you Mrs. Hathairat Saima-in for helping to analyze the research data until this research was successful.

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