

Research Article

# Associated indicator factors among inappropriate malfunctions' development for the 9-month-old-baby

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## Abstract

To investigate the associated an inappropriate development of the 9-month-old-baby with the *Matched Case-Control Study* on five categories and three factors including predisposing, contributing, and complementary through the babies' malfunction development with the *Analysis Research Method* was analyzed. The babies' developing crisis was enhanced as the guidelines for promoting healthy babies' development via the DSPM in the future of Thailand. Creative the *Interview Factor Questionnaire* analyzed the 130-child caregivers' parenting matching 65-pairs-case-control group into 5 parts: the *Predisposing Factor Questionnaire*, the *Positive Interview Form*; the *Baby-Self-Efficacy Form*; the *Inappropriate Contributing Interview Form*; the *Inappropriate Development Interview Form* for assessing the motor skills, self-efficacy, predisposing, contributing, and complementary factors of the 9-month-old-baby, respectively. Highest, Middle, and Lowest means levels are indicated. The child caregivers' are presenting responses, overall on the *Predisposing Factor Questionnaire* on five categories' motor skills, and the *Inappropriate Development Interview Form* showed off at the Middle Levels. The *Positive Interview Form*, the *Baby-Self-Efficacy Form*, and the *Inappropriate Contributing Interview Form* comprised at the Highest Levels for the predisposing, self-efficacy, and contributing factors for developing the 9-month-old-baby, respectively. To help professionals assess the factors affecting a child's development into environmental factors, biological factors, interpersonal relationships, and early environments and experiences that identified in contributing to growth, brain, emotional, social developments at early childhood are the GM, FM, RL, EL, and PS motor skills practices with the DSPM for Thai's children are also more likely to have health problems all child ages with the knowledge and skills.

## Introduction

By 9 months, babies at this age are crawling and can raise themselves to stand, so safety in the home becomes an important issue as your baby's curiosity (and mobility) grows [1]. Babies are also becoming experts at quickly changing position. Parents will discover what baby milestones and can expect the babies to achieve when they are 9 months old [2]. Babies also love picking up food to feed them using their index finger and thumb in the "pincer" grasp. In fact, baby might just shoot up like crazy this month [3]. Many babies are beginning to pull themselves up to standing and may be starting to walk while holding on to furniture. Their feet also look quite flat [4].

If a baby is struggling to express themselves vocally or to make any independent movement, parents should make an appointment with their pediatrician right away [5]. A scientists created knowledge that helps parents address real-world problems to cultivate an inclusive community: viewpoints, approaches, and participant samples to foster ingenuity, challenge biases, and promote intellectual the 9-month-old-baby growth [6]. Some babies may not crawl yet and some babies, especially if they are held a lot, may even skip crawling altogether and go straight to walking [7]. If a baby is developing as expected that were born prematurely reach milestones later [8].

Inappropriate complementary to prevalence of newly

## More Information

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**Keywords:** Crisis indicators; Associated factors; Inappropriate malfunctions' development; The 9-month-old-baby; The 21<sup>st</sup> century; Future children of Thailand





developed World Health Organization complementary associated factors were determined among 2402 children aged 6-23 months in Survey. The main risk factors for inappropriate complementary include young baby's age, limited access to mass media, lack of post-natal check-ups, and poor economic status [9]. In particular, investing in baby's development during the first 1,000 days of life is the most cost-effective investment in baby's development in the Thai 4.0 era to grow, become full, and quality adults in the 21<sup>st</sup> century. It is important for Thailand that is moving an ageing society, a stable, prosperous, and sustainable [10].

After 2015, the key points of the Child Health Development Agenda are set in Goal 3. It is to ensure that people live healthy lives and promote welfare for all people of all ages by 2030 (United Nations Thailand, 2018), which is the blueprint for Thailand in formulating the 20-Year National Strategy (2018-2037) with the national vision of stability, wealth, sustainability to promote quality birth potential throughout life, from pregnancy, babies to the elderly [11]. The 20-year National Strategy, focusing on the development of all ages, to have good physical and mental health, life skills, and social skills in order to grow with quality. The key indicators are the babies have at least 85% of their well-being developed [12].

To promote quality birth and appropriate development in order to reduce the problem of low-birth and low-quality Thai's baby with the systems and mechanisms that drive the miracle of the first 1,000 days of their life [13]. The results of the baby's development surveys in 2007 and 2010 found that Thai babies had developmental impairments of 32.33% and 29.71%, respectively [15]. The babies in Thailand, as a whole, had a 78.75% improvement in wellbeing, which was below standard newborns to 5 years of age develop malfunctions 22% [15].

The situation of Thai baby development is in a crisis that needs to be resolved. Focused on parents/guardians of children on the watch and promote child development with the *Developmental Surveillance and Promotion Manual (DSPM)* including a campaign for Thai babies development in 4 age ranges (9, 18, 30 and 42 months) [16]. However, there were still more than 20% of babies who had developed disabilities below the standard metrics. The 2016 baby development data showed that babies who were screened for development with the DSPM during 9 months of age overall had 81.90% of developmental wellbeing, 33.70% of suspected development delays [17].

Data on baby's development screening with the DSPM during 9 months of age in 2017 found that 78.4% of Thai babies had a reasonable developmental delay as 21.6%. There were 79.98% develop mentalities, and 19.84% of the development of suspected delays. The 9-month-old-baby had 20.43% of the suspected development delays in the movement (GM) of 57.45%, followed by the fine motor and intelligence (FM) of 25.53%, the language (EL) indicates of 23.40%, the language

understanding (RL) as 23.40%, and self-help and social (PS) as 14.89% [18]. Reflecting the problem of crisis indicators on associated factors among inappropriate development for the 9-month-old-baby in the 21<sup>st</sup> century of Thailand for having a developmental wellbeing below the specified criteria is 80% [19].

The crisis indicating factors of babies among inappropriate development healthy are associated with both positive and negative factors [20]; Bunjiam, et al. 2016 [21]. Maternal age and breastfeeding at the first 6 months were significantly associated with overall developmental malfunctions [22]. Mothers who graduated below secondary school resulted in children being about 1.2-2.1 times more likely to delay development [23]. Teenage mothers who did not study, resulting in children being about 3.3 times more likely to delay development for a baby [24]. A baby has a healthy or inappropriate development for the 9-month-old-baby in the 21<sup>st</sup> century of Thailand is related to various factors that create the contributing development of a 9-month-old-baby with the *Precede-Proceed Model* classifies causal factors that collectively influence health behaviour into predisposing, reinforcing, and enabling [25] to create for this research study.

## Methodology

This pilot study on the social context of the 9-month-old-baby in the 21<sup>st</sup> century and the context of child development screening and promotion services in Khon Kaen Province where as the central part of which is Roi Et, Khon Kaen, Maha Sarakham, Kalasin Provinces. Khon Kaen is the operating center of the Roi-Kaen-San-Sin Group. It has an area of 10,885.991 sq.km., population 1,794,530 people, divided into 26 districts, 199 sub-districts, 2331 villages [26]. There are 26 CUP host hospitals (CUP: Contracting Unit for Primary Care: CUP), divided by area into 2 groups, namely: the 1<sup>st</sup> being CUP in the northern district whereas 13 CUPs, and the second group as 13 CUPs in the southern district [27]. Overall, Khon Kaen Province, the screening data for child development age 0-5 years in the fiscal year 2019, accounting children aged 0-5 years with 96.87% of normal development, 3.13% inappropriate development [28] (Figure 1).

## Research objective

To investigate the associated factors of the 9-month-old-baby who was an inappropriate development by selecting the pilot study on five categories in the context of Khon Kaen Province for analyzing the cause's surveillance, preventive measures factors of the indicated crisis as the guidelines for promoting healthy children's development in the future in Thailand.

## A sample group

A sample group consisted of the child caregiver who brings 9 month old children to be receiving development screening service with the DSPM in the hospitals under the Contracting

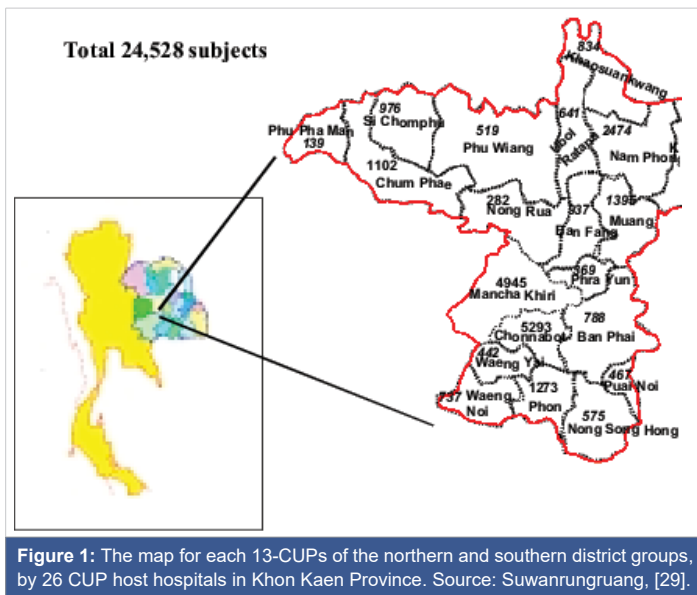


Figure 1: The map for each 13-CUPs of the northern and southern district groups, by 26 CUP host hospitals in Khon Kaen Province. Source: Suwanrungruang, [29].

Unit for Primary Care (CUP), Khon Kaen Province during May 2020 to October 2020 was administered to the Case Group and Control Group.

## Research procedures

**Step I:** Because of this research study has analyzed at the first time on associated factors among inappropriate development for the 9-month-old-baby in the 21<sup>st</sup> century of Thailand. Five main factors identified in contributing to growth and developments are associated factors among inappropriate development for the 9-month-old-baby including Gross Motor (GM), Fine Muscle Use and Intelligence Motor (FM), Receptive Language (RL), Expressive Language (EL), and Personal and Social (PS).

**Step II:** Researchers selected child care behavior scores, determined  $p_1$ ,  $q_1$ ,  $p_0$ ,  $q_0$  were number to design (Theparak *et al*, 2014).

$p_1 = 0.25$ : the case groups that weren't suitable and had a score of 1 year and 6 months of the behavioral behavior of children at birth, per language developmental appropriateness of less than 50 points.

$q_1 = 0.82$ : the inadequate case studies and the score of child rearing behavior of newborn age up to 1 year and 6 months per language appropriate development of 50 points or more.

$p_0 = 0.75$ : the appropriate control groups with less than 50 scores of child rearing behavior of newborn age up to 1 year and 6 months per language developmental wellbeing.

$q_0 = 0.918$ : the appropriate control groups and the score of parenting behavior of children aged at birth to 1 year and 6 months per language appropriate development of 51 points or more.

**Step III:** To determine the proportion between Case Group: the Control Group was 1:1, the sample size was summarized as

follows: using the 65 pairs of the baby of the child caregivers were a sample size on the GM, FM, RL, EL and PS categories, similarity.

**Step IV:** Criteria for the selection of a sample of the case group of caretakers and among inappropriate development babies must have qualifications: The primary child caregiver who had raised a child the 9-month-old-baby from 9 months to 9 months 29 days and living in the same household as the baby. To have a relationship with the baby as a parent, grandparents, or relative of the child, a family in which the baby was born at a normal or full pregnancy, there were no problems with lower birth weight and no chronic health problems. Parents of preschool age who interact with the baby and play a role in the daily routine of the baby of the most in baby's family, and the person who raises the child is completely conscious, and willing to cooperate in research.

**Step V:** Selected the sample group that properties specified criteria. The case and control groups were paired one by one, and CUP at a time according to the principle of matched case-control group.

**Step 6:** Matching between the study group and the control group: The case group supervised a 9-month-old-baby among inappropriate development from the DSPM screening development, and the control group was a supervisor of 9-month-old-baby who had a well-developed attainment from the DSPM by matching with the case group with the same sex.

## Research instrument

**The Interview Factor Questionnaire (IFQ):** The *Interview Factor Questionnaire* (IFQ) was assessed that focused on the predisposing factors, contributing or enabling factors, and complementary factors related to the inappropriate development of the 9-month-old-baby was divided into 5 parts:

The *17-item Predisposing Factor Questionnaire* (PFQ), it's a close-ended question was assessed Involving Baby, Paternal, Maternal, Main Parenting, Family, and Child Rearing Factors that using the DSPM Handbook.

The 10 item-*Positive Interview Form* (PIF), it was assessed for parenting factors with the close-ended question on five categories; GM, FM, RL, EL, and PS. Interpretation with the Percentage-based Model based on Bloom's Learning for Mastery [30] on three levels that mean scores as Highest (8.0-10.0), Middle (6.0-7.9), and Lowest (0.0-5.9) levels.

The 10-item *Baby-Self-Efficacy Form* (BSEF) for promoting the 9-month-old-baby development, it is a closed-ended question of 10 items. Interpretation by Best [31] on three options that Contributing Levels of means on Highest (3.67-5.00), Middle (2.33-3.66), and Lowest (1.00-2.33).

Creative the contributing factors for the 9-month-old-baby development were assessed with the 10-item *Inappropriate*



*Contribution Interview Form (ICIF)*. It's a close-ended question on four rating scales (0-3) and interpretation on four options of auxiliary factor level means as Highest (2.01-3.00), Middle (1.01-2.00), and Lowest (0.00-1.00), respectively by Best & Kahn [32].

The 12-item *Inappropriate Development Interview Form (IDIF)* for supplementary associated factors among inappropriate development for the 9-month-old-baby. It's a close-ended question on four rating scales (0-3) and interpretation on three options by the It's a close-ended question on four rating scales (0-3) and interpretation on four options of auxiliary factor level means as Highest (2.25-3.00), High (1.80-2.24), Middle (0.76-1.79), and Lowest (0.00-0.75), respectively by the Best & Kahn [32].

**Protection of research participants**

The researcher takes into account the ethical principle of respect for person, the principle of benefit, and the principle of justice.

**Results/findings**

Using the 17-item *Predisposing Factor Questionnaire (PFQ)*, the results present in Table 1.

**Table 1:** Six categories with frequency and percentage for the PFQ.

Trial	Frequency	Percent
Group		
Control group	65	50.0
Case group	65	50.0
Baby sex		
Male	74	56.9
Female	56	43.1
Sequence numbering baby		
1 <sup>st</sup> baby number	63	48.5
2 <sup>nd</sup> baby number	53	40.8
3 <sup>rd</sup> baby number	12	9.2
A more 3 <sup>rd</sup> baby numbering	2	1.5
Paternal age		
Less than 20 years old	5	3.8
Ranged from 20-35 years old	95	73.1
Over than 35 year olds	30	23.1
Paternal education		
Primary education	7	5.4
Lower secondary	26	20.0
Upper secondary	30	23.1
Vocational certificate	19	14.6
Diploma	33	25.4
Bachelor's degree or higher	15	11.5
Paternal occupation		
Health careers	1	0.8
Academic knowledge	5	3.8
Military & Police	5	3.8
Bank Office	8	6.2
Service workers or staff	17	13.1
Performer, musician, singer	1	0.8
General contract /technicians	45	34.6
Agriculture	6	4.6
Labor	20	15.4
Trading/business	17	13.1

Maid butler	1	0.8
Others	4	3.1
Maternal age		
Less than 20 years old	9	6.9
Ranged from 20-35 years old	104	80.0
Over than 35 year olds	17	13.1
Maternal conceived this child at an age		
Less than 20 years old	17	13.1
Ranged from 20-35 years old	100	76.9
Over than 35 year olds	13	10.0
Maternal education		
Less than Primary education	1	0.8
Primary	5	3.8
Lower secondary	29	22.3
Upper secondary	36	27.7
Vocational certificate	13	10.0
Diploma	19	14.6
Maternal occupation		
Academic knowledge	6	4.6
Bank Office	11	8.5
Service workers or staff	5	3.8
General contract /technicians	12	9.2
Agriculture	3	2.3
Labor	12	9.2
Trading/business	26	20.0
Maid butler	19	14.6
Others	36	27.7
Main caregiver age		
Less than 20 years old	7	5.4
Ranged from 20-35 years old	65	50.0
Over than 35 year olds	58	44.6
Main caregiver age		
Less than Primary education	4	3.1
Primary	35	26.9
Lower secondary	31	23.8
Upper secondary	24	18.5
Vocational certificate	10	7.7
Diploma	11	8.5
Main caregiver relationships		
Parents	84	64.6
Grandchild	40	30.8
Child's relative	6	4.6
Parents, children	21	16.2
Parents, child, and relatives	66	50.8
Grandchild, relative with grandchild	28	21.5
Father, stepmother, child	4	3.1
Stepfather, mother and child	1	0.8
Others (specify)	10	7.7
Total family income (THB)/month		
Less than 7,500	27	20.8
7,501 to 18,000	49	37.7
18,001 to 35,000	38	29.2
35,001 to 50,000	12	9.2
Over than 50,000	4	3.1
Parenting a child with type of milk		
Breast milk only	69	53.1
Mixed milk only	18	13.8
Breast milk and mixed milk	43	33.1
Having a DSPM handbook in parenting		
Having a DSPM	82	63.1
None having a DSPM	47	36.2
Never know on a DSPM	1	0.8

N = 130





Using the 10 item-*Motor Skill Interview Form* (MSIF) was assessed parenting on five category factors. The results present in Table 2.

As reported in Table 2, the means ranged from 3.50 to 9.50, standard deviation ranged from 0.173 to 0.502. Overall on the five motor factor skills' affecting the 9-month-old-baby growth and development for the PIF indicated that of middle level.

To investigate the Circumplex Nature of the PIF, correlations between the motor skills were analyzed. The results are presented in Table 3.

Table 3 as expected, the results show that the correlation between motor skills and the skill next it general is high, and become lower and negative correlations for the motor skills further away from that scales.

The 10-item *Baby-Self-Efficacy Form* (BSEF) was assessed the parenting for assessing the predisposing factors, the results report in Table 4.

**Table 2:** Means, standard deviation, valiance, Cronbach  $\alpha$ -reliability and F-test for the MSIF.

Trial	Mean	Standard deviation	Interpretation
Becoming experts at quickly changing position (GM <sub>1</sub> )	9.20	0.279	Highest
Some can even crawl up and down stairs with ease (GM <sub>2</sub> )	9.50	0.211	Highest
Staring at a book with an adult for 2-3 seconds (FM <sub>1</sub> )	3.50	0.480	Lowest
Babies are able to pick up smaller toys (FM <sub>2</sub> )	9.70	0.173	Highest
Babies turn back after their called name sounds (RL <sub>1</sub> )	9.50	0.227	Highest
Can wave goodbye to play peek-a-boo (RL <sub>2</sub> )	9.20	0.268	Highest
Mimic talking sound (EL <sub>1</sub> )	5.00	0.502	Lowest
Babies hear and respond to familiar voices (EL <sub>2</sub> )	5.80	0.496	Lowest
Baby can easily recognize familiar faces and objects (PS <sub>1</sub> )	8.70	0.338	Highest
Look for the player's face in the right direction (PS <sub>2</sub> )	7.70	0.423	Middle
Total	7.781	1.480	Middle
Cronbach alpha reliability	0.554		
F-test	53.261***		
N = 130			

Table 5 reported the means' scores of the self-efficacy in promoting development for the 9-month-old-baby using the 10 items of the BSEF. Over all, baby-self-efficacy indicated that of as at the highest levels.

Creative the contributing factors were assessed the parenting using the 10-item *Inappropriate Contributing Interview Form* (ICIF). The results report in Table 5.

Table 5, the scale means ranged from 2.01 to 2.95 on the IDIF Form. Standard deviation ranged from 0.944 to 1.181, and revealed that the 10 items of the ICIF are valid and reliable ( $\alpha = 0.905$ ), significantly with F-test ( $p < .001$ ). Overall on the IDIF indicated that at the *highest* levels.

Creative the 12-item *Inappropriate Development Interview Form* (IDIF) was assessed parenting, the results present in Table 6.

As reported in Table 6, the scale means ranged from 0.91 to 2.55 on the IDIF Form. Standard deviation ranged from 0.748 to 1.216, and revealed that the 12 items of the IDIF are valid and reliable ( $\alpha = 0.843$ ), significantly with F-test ( $p < .001$ ). Overall on the IDIF indicated that at the highest levels.

## Discussion/analysis

Research on quantitative survey method was investigated the crisis indicators on associated factors among inappropriate development for the 9-month-old-baby in the 21<sup>st</sup> century of Thailand on five categories with the *Developmental Surveillance and Promotion Manual* (DSPM) for parents and volunteers to monitor the growth of their offspring closely. If the suspicion is delayed, it can be corrected to encourage the child to have a proper development. Early childhood children in Thailand have delayed suspicion development. As reported by the campaign that associated factors among inappropriate development of 22%, since the target of the whole country should not be more than 15%. There will still be challenging work to work together [33].

Thai child development problems, it is an issue that still has a gap that has not addressed. Both a major problem and the beginning of life development, the situation at the health level, learning and development of early childhood children in

**Table 3:** Motor skills intercorrelations for the PIF using the Bloom's Learning for Mastery.

Motor	GM <sub>1</sub>	GM <sub>2</sub>	FM <sub>1</sub>	FM <sub>2</sub>	RL <sub>1</sub>	RL <sub>2</sub>	EL <sub>1</sub>	EL <sub>2</sub>	PS <sub>1</sub>	PS <sub>2</sub>
GM <sub>1</sub>										
GM <sub>2</sub>	0.460***									
FM <sub>1</sub>	-0.237**	-0.067								
FM <sub>2</sub>	0.266**	-0.173*	0.054							
RL <sub>1</sub>	0.295**	0.435***	0.105	0.352***						
RL <sub>2</sub>	0.431***	0.497***	-0.149	0.116	0.315***					
EL <sub>1</sub>	0.028	0.073	0.225**	0.089	0.034	0.115				
EL <sub>2</sub>	0.019	-0.114	0.178*	0.028	0.003	-0.130	0.202*			
PS <sub>1</sub>	0.210*	0.132	-0.047	0.195	0.110	0.059	-0.160	-0.147		
PS <sub>2</sub>	-0.035	0.054	0.062	0.220*	0.031	0.116	0.265***	0.233**	0.104	

\*Correlation is significant at the 0.05, \*\*  $p < .01$ , and \*\*\* $p < .001$  level (2-tailed).



**Table 4:** Means, standard deviation, valiance, Cronbach  $\alpha$ -reliability and F-test for the BSEF.

Trial	Mean	Standard deviation	Interpretation
Baby self-efficacy is developed mastery experiences	3.88	0.803	Highest
Baby self-efficacy is developed vicarious experiences	3.62	0.848	Middle
Baby self-efficacy is developed social persuasion	3.97	0.931	Highest
Baby self-efficacy is emotional states	3.58	0.994	Middle
Baby self-efficacy is in capabilities to exercise control	3.84	0.888	Highest
Self-efficacy can provide the foundation for motivation	4.26	0.677	Highest
Self-efficacy can provide the foundation for motivation	4.17	0.706	Highest
Self-efficacy can provide the foundation for well-being	4.26	0.773	Highest
Self-efficacy is linked with numerous benefits to daily life	4.26	0.721	Highest
Self-efficacy is improved babies' performance	3.94	0.887	Highest
Total	3.978	1.177	Highest
Cronbach alpha reliability	0.891		
F-test	22.653***		

N = 130

**Table 5:** Means, standard deviation, valiance, Cronbach  $\alpha$ -reliability and F-test for the ICIF

Trial	Mean	Standard deviation	Interpretation
Sitting without support	2.66	1.075	Highest
Creeping or crawling	2.71	1.067	Highest
Using both hands to explore toys	2.57	1.181	Highest
Turning head to visually track objects	2.41	1.040	Highest
More control while rolling or sitting	2.27	0.987	Highest
Starting to pull to stand	2.48	1.080	Highest
Enjoying bouncing up and down or rocking back and forth	2.82	1.155	Highest
Trying to lean toward, reach for, and pick up toys	2.95	1.102	Highest
Focusing on objects near and far	2.40	1.050	Highest
Investigating shapes, sizes, and textures	2.01	0.944	Highest
Total	2.567	1.209	Highest
Cronbach alpha reliability	0.905		
F-test	22.653***		

N = 130

**Table 6:** Means, standard deviation, valiance, Cronbach  $\alpha$ -reliability and F-test for the ICIF.

Trial	Mean	Standard deviation	Interpretation
A baby has more exploration and activities.	1.38	0.892	Middle
A baby crawls at high speed.	1.65	1.025	Middle
Baby's relationships share with others	1.72	0.982	Middle
Babies feel safe and secure	0.91	0.802	Lowest
This is a pretty sloppy period for babies.	2.08	1.068	Highest
Babies want to play and feed by themselves.	2.50	0.790	Highest
Babies develop socially	0.99	1.131	Lowest
Babies choose food in a variety of colors, shapes, and flavors.	1.20	1.216	Middle
Sleep is a vital activity for 9 month old babies.	2.52	0.837	Highest
Avoid situations where a baby may be too tired.	2.54	0.769	Middle
Babies should go to bed on time every day.	2.55	0.748	Lowest
Emotional awareness includes the ability of babies	2.28	0.837	Highest
Total	1.860	1.629	Middle
Cronbach alpha reliability	0.843		
F-test	85.887***		

N = 130

Thailand is still a serious problem. From a random survey of 2017, we found that 1 in 4 children of all ages had a suspected delay in development. The most common delays in early childhood were language development and fine motor use, which is related to intelligence [34].

Thai society today has a low birth rate that resulting in a decrease in the population that including changes in environmental factors affecting health rapidly and intensified in terms of technology, urbanization, economy, resource quality problems, family, and society. The beginning of the care of the mother and the unborn child to promote continued child development after birth is very important. A child's brain will develop well over 3,000 days or 0-8 years, covering physical, emotional, and mental development and cognitive development, and movement. The context is transforming. Solving-problems with the traditional methods that may not keep up with the situation to resolve the various problems are later [35].

The 21<sup>st</sup> Century Child Health Reform and Development Research Program, it found that Thai children 2-6 years, scores almost 30% delay in managerial thinking development, resulting in difficulty in self-control, impatient, waiting, not hyperactive, easily distracted. Following as the 20-year National Strategy, in which the government has given importance to the development and empowerment of people in order for people of all ages to have good health. Learn all your life including raising the quality of education in order to educate children and impartiality and equality [36].

In recent years, the devastating consequences of long term and violent conflicts across the globe have generated tremendous interest in the psychosocial effects of complex emergencies on children, families and communities. At the same time, as relief organizations have developed projects to address these critical issues, there have been relatively few resources available to these implementing agencies on how to measure the effectiveness of their work. What concepts, methods and tools might be used to evaluate psychosocial projects implemented during crisis situations? How do we know if individuals and communities are benefiting over the short and long-term from projects designed to facilitate emotional healing, social reconciliation, and community building? [37].

Recently, policy makers have mainly focused on the static dimensions of well-being, such as "current poverty" and "current inequality" in analyzing and developing poverty reduction strategies [38]. Normally, at nine months, a baby is surely crawling its way to every nook and corner of the house, probably even trying to stand using support, occasionally babbling or even calling you "Mama" or "Dada" for the first time. An adorable phase, there are several key developments at this age which indicate healthy growth There are several physical, social, emotional and mental indicators that



characterize this stage of the child's development. If a baby is an early talker, he/she may be using a few words already [39].

Globally, more than 200 million children under five years fail to reach their potential in cognitive and social development due to poverty, poor health, malnutrition, and deficit care. The prevalence rate of cognitive development problem in Bhutan is 15%, 33.5% of children less than five years are stunted and 9.9% of infants are born with low weight of less than 2,500 grams. Five main factors identified in contributing to growth and developments at early childhood are nutrition, parent's behaviours, parenting, social and cultural practices, and environment. Understanding the extent and magnitude of these problems especially within 1000 days of child includes from the date of conception till the child attends 2 years of age is very important. If timely interventions are taken within this critical period, the problems are reversible and will gain maximum benefits. A healthy child especially within this age will have better cognition and learning capabilities, and consequently have impact on social, economic, physical and cognition (Pem, 2015).

Finally, to avoid problems with factors related to developmental malfunctions of the 9-month-old-baby, Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime: developmental milestones; developmental monitoring and screening; causes and risk factors; developmental disabilities occur among all racial, ethnic, and socioeconomic groups; living with a developmental disability; and learn more about healthy living [40].

## Conclusion

The research was An Analytic Method that the Analytical Method is a generic process combining the power of the Scientific Method with the use of formal process to solve any type of problem. Use of the Analytical Method is critical to solving the sustainability problem because current processes are inadequate. They are intuitive, simple, and based on how activists approach everyday problems [41] with the Matched Case-Control Study. This study is used to investigate a cause of the 9-month-old-baby by selecting the parenting in two groups as the 65-parenting case group and 65-parenting control group with the same sex for matching the control group to a case group of their perceptions including predisposing factors, contributing or enabling factors, and complementary factors associated factors among inappropriate malfunctions' development for the 9-month-old-baby that total sample size consisted of 130 parenting.

Creative the *Interview Factor Questionnaire* (IFQ) was assessed the child caregivers' parenting to the inappropriate development of the 9-month-old-baby was divided into 5 parts that including: the 17-item *Predisposing Factor Questionnaire*

(PFQ), the 10 item-*Positive Interview Form* (PIF) on five categories; GM, FM, RL, EL, and PS motor skills; the 10-item *Baby-Self-Efficacy Form* (BSEF) for assessing the predisposing factors; The 10-item *Inappropriate Contributing Interview Form* (ICIF) for assessing the contributing or enabling factors; the 12-item *Inappropriate Development Interview Form* (IDIF) for assessing complementary factors. The five research instruments are valid and reliable with the *Cronbach's Alpha Reliability* and statistically significant with *F-test*. Most of the research instruments are the close-ended questions on three or four rating scales, and interpretations with the means indicated that of Bloom's Learning for Mastery) [30], Best [31], and Best & Kahn [32] in three options; Highest, Middle, and Lowest levels.

Presenting child caregivers' responses of their perceptions: Overall on the 10-item *Positive Interview Form* (PIF) on five categories; GM, FM, RL, EL, and PS motor skills as *Middle Level*; the 10-item *Baby-Self-Efficacy Form* (BSEF) for assessing the predisposing factors indicates that of the *Highest Level*; the child caregivers' parenting performances on the 12-item *Inappropriate Development Interview Form* (IDIF) for assessing complementary factors show that of *Highest Level*; The child caregivers' parenting perceptions' outcomes on the 12-item *Inappropriate Development Interview Form* (IDIF) for assessing complementary factors comprising *Middle Level* for crisis indicators on associated factors among inappropriate development for the 9-month-old-baby in the 21<sup>st</sup> century of Thailand. However, healthy children within 1000 days, and 3,000 days will lay the foundation for nurturing bright school children, healthy and productive adulthood thus will promote *Gross National Happiness* and the *DSPM* of the Thailand country.

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