

# Early Childhood Development using Reach Up Parenting Program in Rural Thailand

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# Parenting Home Visiting Program An RCT in Rural Thailand

Using [Reach Up](#) as in the [China REACH](#)

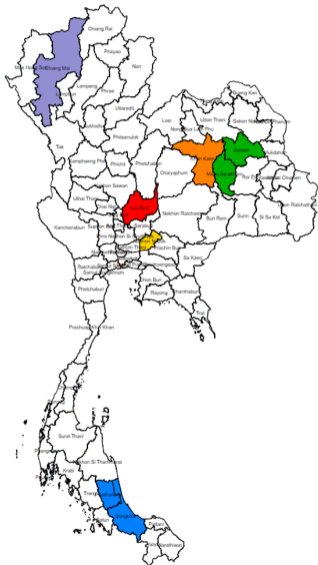
Psychosocial stimulation through [role modeling](#) by home visitor

Implemented [weekly](#) home visits for [10 months](#) (Jan-Oct, 2023)

Applicable to children aged [0-48 months old](#)



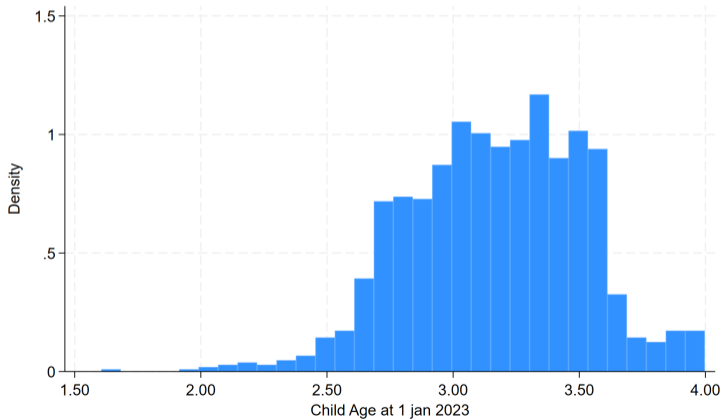
# Project Sites



- ▶ 6 areas: 81 sub-districts
  - ▶ 12 each except Lopburi (15) and Mahasarakham (18)
- ▶ 6 different teams

# Age Distribution of Targeted Children

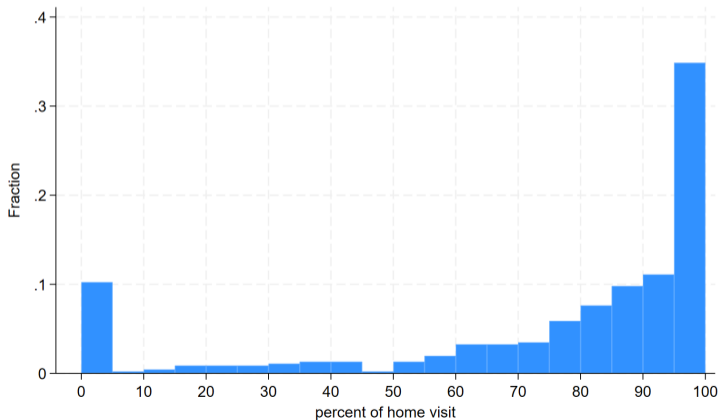
**Too old to start:** 48% were older than 38 months (average age) while the China REACH started around 11 months



# Compliance and Number of Visits

91% compliance: 45 out of 494 did not participate

Average visits was 30 times (74 times for the China REACH)



# Impact of Parenting Program

(based on DENVER II)

Treatment group has higher DENVER score of **0.14 SD**  
Results are robust with respect to many specification changes

	Benchmark Benchmark	Attrition Correction	Tested at School	No Transfers
parenting	0.142** (0.063)	0.180** (0.063)	0.169** (0.072)	0.196** (0.074)
N	900	824	774	790

Note \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

# Disadvantaged Children Benefit More

Poorer children benefit from the Reach Up  
more than the wealthier group

Children with no book at home benefit from the Reach Up  
more than the other group



# Parenting Program Increases Time and Material Investment

The program increases **time spent with children** by **0.31 SD**

The program increases **stock of books/toys** by **0.35 SD**

The program could not reduce screen time yet

# Comparing with the China REACH

China REACH (CR) intervened for 24 months  
and average no. of visits was 74 times  
with the effect size of 0.75 SD (using DENVER II as well)

If we were be able to visit 74 times,  
the impact would have been, under linearity assumption,

$$0.142 \times \frac{74}{30} = 0.350 \text{ SD}$$

**Why was the impact smaller?**

# Possible Reasons for Smaller Impact

**Child age:** CR intervened much earlier (11 versus 38 ms)

**Schooling access:** CR samples did not attend a childcare center

**Socio-Economic:** CR samples were poorer

# Next Steps

**Reach Up for Young Children:** experiment with newborns with a longer period, and use local officials as supervisors

**Low-Cost Parenting:** experiment with Triple-P or similar curri. for children who already in schools or childcare centers