

Discussion on the Introduction of Psychological Behavior Evaluation and Intervention Countermeasures in the Whole Process of Children's Health Care

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Abstract: Objective: To explore the introduction of psychological behavior evaluation methods, intervention strategies and effects in the whole process of child care. Methods: From January 2017 to December 2018, 250 children who participated in health care services in our hospital were selected as data, and 125 children were randomly grouped. The control group was a traditional child health care model. The observation group increased children's psychological behavior assessment and intervention. The physical fitness and development quotient of the two groups after 1 year, and parents' awareness of children's health knowledge are compared. Results: The height, head circumference, weight, development quotient of children and parents' knowledge about children healthcare in the observation group ($P < 0.05$, 96.00%, 94.40%, 95.20%, and 92.00%) were significantly higher than those in the control group ($P < 0.05$, 81.60%, 76.00%, 77.60%, and 70.40%). Conclusion: The introduction of psychological behavior assessment and intervention application in children's health can promote the growth of children's physique and development quotient, which is conducive to healthy growth. It also enriches parents' knowledge of children's health knowledge. The value of intervention is high.

Keywords: Children Health; Psychological Behavior Assessment; Intervention Strategy; Physical Fitness; Development Quotient

The development of children's gross motors has certain regularity, but the growth rate of individuals during the entire growth period is uneven. Therefore, in order to ensure that children grow in the best condition, parents and carers need to pay attention to children's health to prevent diseases^[1]. Parents are faced with child-behavior problems in the process of childcare, which lack enough attention in child healthcare. Therefore, psychological behavior evaluation can be introduced throughout the child health care to achieve early intervention to ensure that parents have comprehensive child health care capabilities, which is conducive to child health development and development

quotient. The value of intervention is higher^[2]. To this end, this study discusses the introduction of psychological behavior assessment methods, intervention strategies and effects throughout the health care of children as follows.

1. Materials and methods

1.1 General information

From January 2017 to December 2018, 250 children who participated in health care services were selected as objectives from this hospital. 125 children were randomly divided into groups. None of them had inher-

-ited diseases. In the control group, there were 72 males and 53 females who aged 0 to 3 years old with an average age of (1.52 ± 0.42) years old. The highest educational level of parents: 24 junior high schools and below, 47 secondary and high schools, and 54 college and higher. In the observation group, there were 70 males and 55 females who aged 0 to 3 years old with an average age of (1.57 ± 0.45) years old. The highest educational level of parents: 22 junior high schools and below, 46 secondary and high schools, and 57 college and higher. Children who have not established health care files and complete data and those who have serious illnesses are excluded from the experiment. There was no statistical significance between the two groups, $P > 0.05$.

1.2 Method

1.2.1 Control group

According to plan to prevent common pediatric diseases such as anemia and diarrhea^[3], the traditional child care model includes regular physical measurements, nutritional guidance, life guidance, and immunization.

1.2.2 Observation group

On the basis of the above-mentioned children's health care, the observation group introduced child behavior assessment that is combined with the evaluation of the infant neurobehavioral scale (NBNA), a 0-6 year-olds' neuropsychological development checklist and infant temperament scale. What's more, the group increased the educational methods of infants prospective guidance on the intelligent development of young children, such as distributing questionnaires to parents on

the knowledge of sleep, feeding, disease prevention to formulate a health plan based on the feedback results, including growth and development monitoring, regularly measuring height, weight, head size, and bust. Dietary nutrition guidance and planning, control of calories (25-40kcal / kg), protein (1.8-2.4g / kg), psychological development assessment and consultation, timely answers parents' doubts to lecture about common diseases prevention guidance and early education.

1.3 Observation indicators

They will evaluate the height, head size, weight, and development quotient (DQ) of the two groups of children after 1 year. The indicators of parents' knowledge of children's health knowledge include feeding skills, care skills, hygiene knowledge, and growth and development.

1.4 Statistical processing

Using SPSS 17.0 analysis, measurement data is represented by $(x \pm s)$ and using t-test; count data is represented by (%) using the chi-square test. $P < 0.05$ means that the difference is statistically significant.

2. Results

2.1 Comparison of physique and development quotient between the two groups

Analysis of **Table 1** shows that the height, head size, weight and development quotient of children in the observation group are significantly higher than those in the control group, $P < 0.05$.

Group	Sample Size	Height (cm)	Weight (kg)	Head Size (cm)	Development Quotient
Observation Group	125	98.45±1.52	14.52±2.52	49.05±1.23	105.62±10.77
Control group	125	96.82±1.45	13.16±2.18	47.42±1.05	95.58±8.74
t	--	8.67	4.56	11.26	8.09
P	--	<0.05	<0.05	<0.05	<0.05

Table 1. Comparison of physique and development quotient between two groups ($X \pm S$)

2.2 Comparison of awareness of children's health care knowledge between two groups of parents

Analysis of **Table 2** shows that 96.00%, 94.40%,

95.20%, and 92.00% of the children's health knowledge of the observation group were significantly higher than the control group's 81.60%, 76.00%, 77.60%, and 70.40%, $P < 0.05$.

Group	Sample Size	Feeding Skills	Care Skills	Hygiene Common Sense	Growth and Development Conditions at Monthly Ages
Observation Group	125	120 (96.00)	118 (94.40)	119 (95.20)	115 (92.00)
Control Group	125	102 (81.60)	95 (76.00)	97 (77.60)	88 (70.40)
X ²	--	13.03	16.78	16.47	19.10
P	--	<0.05	<0.05	<0.05	<0.05

Table 2. Comparison of awareness of children's health care knowledge between two groups of parents (%)

3. Discussion

With the rapid development of China's health cause, more and more attention has been paid to the assessment and intervention of the health status of various groups, among which the growth and development of children's groups have received the most social attention^[4]. In the traditional child health care model, attention is paid to children's height, weight, immunization, etc., which reflects the role of protecting the body's development and health, but the assessment of children's psychological behavior is still insufficient. Nowadays, the introduction of psychological behavior evaluation in the whole process of child health care has been paid attention to. Through the establishment of child health files, the children will be tracked and recorded to understand the differences in their growth and development, and precautions and health care methods can be explained at various stages of children's growth and development, such as language function, training and movement guidance, training of children's thinking ability, movement continuity, etc., which prompts parents to master scientific parenting methods^[5]. Children's health care should pay attention to monitoring, evaluation and guidance to ensure the continuity and integrity of health care services. It provides professional guidance to reduce children's misbehaviors through improvement of parental awareness, thus benefiting children's health. The results of this study showed that the height, head size, weight, development quotient of children, and parents' child health knowledge in the observation group were significantly higher than those in the control group ($P < 0.05$. 96.00%, 94.40%, 95.20%, and 92.00% compared with 81.60%, 76.00%, 77.60%, and 70.40%, $P < 0.05$), which stresses the importance of introducing psychological behavior assessment methods

throughout the child care. The targeted intervention strategies can effectively promote children's growth and development, their development quotient, parents' correct knowledge of children's health knowledge, and a high application value.

In summary, combined with scales to analyze children's behavior problems, the traditional children's health care model should introduce psychological behavior evaluation throughout the process. Targeted educational interventions should be implemented to ensure that parents further master health care knowledge, which is conducive to children's growth and development, and it is worthy of promotion.

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