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Community Empowerment for Child Rearing

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Abstract— *Mothers and children up to two years of age are an important population for developing the national movement. Child rearing refers to the continual interactions that occur throughout childhood, and mothers have a key role in shaping children's behavior and personality. Community support is also important in promoting effective child-rearing practices. This ethnographic study aims to investigate the role of community organizations in supporting child rearing and the influence of community organizations on child-rearing practices. The data were collected from 84 key informants recruited by purposive sampling from pregnant women, social groups, community leaders, health care providers, and officers in local administrative organizations. Multiple data collecting instruments were used, including in-depth interviews, participatory observations, and group discussion. Data were analyzed by content analysis. The findings revealed that there are at least eight community groups related to providing child-rearing support in the community: 1) family, 2) social groups, 3) village health volunteers, 4) family development center, 5) child development center, 6) health service units, 7) local government organization, and 8) community leaders. The findings of this study provide a new body of knowledge on the significance of community empowerment in child rearing. This knowledge is relevant for midwives, community nurses, and those in the maternal and child care system who promote the role of community organizations in strengthening community support of motherhood and early childhood.*

Keywords— *Community support, community organizations, child rearing, maternal behavior.*

I. INTRODUCTION

Mothers and children up to two years of age are an important population for developing the national movement (Culhane & Elo, 2005; Kansin, Mongkolchait, & Thinkhamrop, 2018). Globally, the majority of child deaths occur during the first five years of life. In Thailand, the infant mortality rate was reported as 10.5 per 1,000 live births in 2015, which are mostly from preventable causes (You, Wardlaw, Salama, and Jones, 2009; United Nations Children's Fund [UNICEF], 2018). According to a 2013 national report, almost one in 10 (8.7%) children under five years of age in Thailand are underweight, and 16.3% are stunted for their age. Being overweight (8.2%) is another primary concern of Thailand's strategy against malnutrition (The National Statistical Office, 2013). Interestingly, only 23.1% of children were exclusively breastfed, due to parents' modern lifestyle (UNICEF, 2017). Many children have poor psychosocial development and delayed language in the first few years of life, which is the result of inappropriate child-rearing practices (Ogundele, 2018).

From birth to two years of age is considered the golden period for promoting young children to thrive and develop appropriate physical, mental, social, and intellectual traits to become effective citizens (Hug, Sharrow, Zhong, & You, 2018). Indeed, different sociocultural, historical, and political contexts result in varying child-rearing styles (Cameron, Tapanya, & Gillen, 2006). Often, child-rearing practices are deemed the domain of motherhood, which can be influenced by knowledge, skill, values, maternal beliefs, and cultural backgrounds (Culhane & Elo, 2005). Traditionally, Thai families place a high value on maintaining family connections. A 2007 study found that more than half (62.1%) the principal caregivers were parents, 27.6% were grandparents, and 10.4% were others (Isaranurug & Suthisukon, 2007). Currently, the parenting style in Thailand has changed due to the lifestyle of families in modern society, whereby children leave others earlier. There are various factors influencing mothering and child-rearing practices. For mothers, values, beliefs, traditional culture, knowledge, skill, and sufficient earnings are prominent factors in their decision-making (Miguel et al., 2009). Moreover, social support and support systems are considered to reinforce enhancing the potential of child-rearing practices (Mistry, Biesanz, Chien, Howes, & Benner, 2008; George & Rajan, 2012).

Enhancing young children's development and reducing the infant mortality rate requires active cooperation from several sectors, including the community in which children are raised. Thailand has attempted to establish policies and develop a health service system to provide effective care for mothers and children. The United Nations Convention on the Rights of the Child (UNCRC) and A World Fit for Children declaration are key guidelines for promoting the well-being of women and children. Further, Thailand's National Strategic Plan also aims to develop the capacity of its population, as well as promote appropriate progress for mothers and children and strengthen families (The Office of the National Economic and Social Development Board [ONESDB], 2018). Yet, despite the diverse range of national policies and health services established for maternal and child care support, some limitations and inequitable access to services occur. Thus, communities in Thailand have been assigned roles to support mothers and young children, which focus on strengthening the position of people, families, and the community (ONESDB, 2016). This focus facilitates the community's active involvement in promoting motherhood and supporting child rearing in early childhood (Dapa & Nuntaboot, 2017). Therefore, nurses and health practitioners in primary health care units have an important function in health promotion, provision of primary health care, control and prevention of diseases, reduction of health risks, and rehabilitation. Further,

Nittaya Panngam and Khanitta Nuntaboot, "Community Empowerment for Child Rearing," *International Journal of Multidisciplinary Research and Publications (IJMRAP)*, Volume 2, Issue 1, pp. 68-75, 2019.

they are encouraged to seek cooperation with other relevant community organizations. Thus, the cooperation of all sectors in the community is deemed essential to providing comprehensive care and support for maternal practices and effective child rearing.

Community support is central to child rearing and enhancing children's development. A review of the relevant literature shows that most previous research focuses on broad aspects of community-based parent support programs and parents' views on family support approaches (Strange, Fisher, Howat, & Wood, 2014). There is little qualitative ethnographic research done on community care for families and young children (Netgrajang, Nuntaboot, & Theerasopon, 2014; Jaitieng & Nuntaboot, 2018). Moreover, there is a dearth of studies on community support of child rearing that conforms to the sociocultural context and responds to underlying problems and needs. Therefore, the researchers of the current study are interested in investigating the role and relations of work and activities of community empowerment for child rearing, based on their own sociocultural context.

II. Objective

The current study aims to investigate community support of child rearing among 0-2 years old of age and the effect of this support on maternal and child-rearing practices.

III. Methodology

This study was a focused ethnography aimed to generate an understanding of the role and relations of work and activities of community organizations that serve as key actors in child-rearing support. Data were collected over 17 months, from December 2017 to January 2019.

The study was conducted in a Tambon in Chiang Mai Province in northern Thailand from December 2017 to January 2019. The study setting has healthy community networks and is considered a training center, with social capital used to strengthen collaboration for maternal and child care. It is an urban area, in which most people are Buddhist, the local dialect of Ga Muang or Lanna language is commonly used, and traditional northern cultures are strictly maintained. At the time of the study, the population included 0.94% pregnant women and 3.73% children under two years of age. Nearly 60% of families with children under two years of age were low-income employees. There were 168 instances of social capital with the potential to support mother and child groups through collaboration with relevant community organizations. This Tambon served as a prototype for a breastfeeding promotion and volunteering efforts to develop a local maternal and child care system in the province.

The researcher gained access to the participants through gatekeepers. Purposive sampling and the subsequent snowball technique were employed for selecting participants. The study utilized 84 key informants, including experts, community leaders, health care providers, social groups, caretakers in a child development center (CDC), a religious leader, pregnant women, family members, village health volunteers (VHVs), and officers in a local administrative organization and family development center (FDC). There were also six general informants with experience providing care to mothers and young children. Thus, there was a total of 90 informants in the study.

The chosen research instruments included interview, discussion, and observation guidelines, which were based on the problem and needs of maternal and child-rearing practices. Further, qualitative researchers themselves are considered major instruments that affect the reliability of the data (Streubert & Carpenter, 2011). The researchers in the current study learned related theoretical concepts and qualitative research practices in the doctoral nursing program at Khon Kaen University and gained direct experience in the field with an advisor.

Data collection was conducted by multiple methods. First, the researchers submitted a letter requesting formal permission to collect data from the municipality, community leaders, the hospital director, and the director of the CDC. Second, the researchers explained the objective of the study to the participants and obtained their consent, which clearly indicated that their participation was voluntary and would not affect their access to services in any way. Third, the research project was divided into three phases. The initial phase involved exploring the community's sociocultural context. In the next phase, the situation, as well as problems and care needs of the mother and child group, were examined. In the final phase, the outcomes of community support, body of new knowledge, and recommendations for child-rearing support in the community were synthesized.

Data were collected by multiple methods. Participatory observations were utilized during community activities, such as those conducted at community ceremonies, the CDC, the FDC, health care units, and VHV and community leaders' meetings. Also, in-depth interviews were carried out in accordance with the interview guidelines with 45 key informants and six general informants. Each interview lasted between approximately 45 minutes and 60 minutes. The group discussions on the work and activities of relevant community organizations and their overall influence were held with 49 key informants on five occasions, each lasting 60 minutes.

All components of the data were analyzed and content analysis was undertaken to classify the data into themes and subthemes. After collecting the data and undertaking the analysis, the researchers reviewed the material with each informant. Reliability and credibility were examined through member checking and debriefing. The triangulation method was also utilized to ensure the trustworthiness of the data.

This study was approved by the Institutional Review Board of the Khon Kaen University Ethics Committee for Human Research, with approval code number HE602280. The researchers strictly adhered to the ethical codes of conduct, and respected and protected the rights of all informants by providing information on the study, including objectives, the process of study, benefits, and rights for decision-making on participation. All participants provided signed consent.

IV. Results

According to the study findings, the patterns of child rearing can be divided into five categories, including child

rearing by parent, child rearing by mothers or fathers, child rearing by grandparents, child rearing by relatives, and child rearing by others. Community support of child rearing includes at least eight types of community organizations that collaborate to support child rearing, namely 1) people in the family, 2) social groups, 3) VHVs, 4) the FDC, 5) the CDC, 6) primary health care units, 7) the local government organization, and 8) community leaders. Each type of community organization is further explained below.

A. Family

The family refers to parents, grandparents, and relatives who are essential, close supporters for child rearing. The activities they perform are:

1) Maternal and child health care is provided by supporting mothers to attend early antennal care visits, promoting psychosocial well-being through relaxation activities and spiritual encouragement, such as wondering and making merit, and encouraging vaccinations.

2) Child development is promoted by attending skill training on how to assess and promote child development, providing stimulating toys and fables, playing with a child, offering useful advice on food safety, promoting bonding attachment, and promoting exclusive breastfeeding.

3) An appropriate domestic environment is organized by establishing a silent atmosphere; providing stimulation for child learning, such as toys and fables; providing facilities for mothers, such as breast pumps and washing machines; keeping sharp equipment out of reach; and tidying the house.

4) Traditional culture and local wisdom for maternal and child care is utilized by supporting mothers and children attending traditional activities for cultural learning, such as the traditional new year in April (*Song karn* day) and *Pengput* merit (a northern tradition of offering food to monks at midnight on a full moon day). Moreover, some local traditions and beliefs promote maternal care, such as avoiding funeral events, canceling injurious food, and staying in confinement for a month after giving birth. Children are also involved in some practices based on local beliefs, such as changing names and offering the baby to the holy spirits if they became ill. As one participant explained:

"…My husband and grandpa are my support in many tasks. They help me by washing and cleaning the bottles. They play and hold my son. They also support me with some toy and fables. And my older sister gives me some food based on her homegrown cultivation. Moreover, in case of my son's illness, I was told that if children with an existing name were irritable, the name would be changed, and I was also supported to submit my son to monks to ease child-rearing problems…" (Mother with a one-year-old child).

B. Social Groups

Social groups are groups of people with the same purpose. There are five groups:

1) The occupational group provides employment training for those mothers who are unemployed, such as the sweets group, coil bamboo group, and handicraft group.

2) The maternal and child care group offer mothers voluntary assistance to address their underlying problems and needs, such as fundraising by the women's group and volunteer mothers sharing their experience of child rearing.

3) The financial group is a financial resource that can provide a loan in emergency situations, such as for a child's education or parental vocation. The members also promote saving.

4) The social support group emphasizes welfare distribution by establishing funds for the mothers and children, and providing welfare from birth to death, such as the Subdistrict Welfare Fund, which has a membership fee of 30 baht per month, collected and financed by the subdistrict administration organization (SAO), and the women's fund, which offers home visits for sick or disabled children.

5) The volunteer group provides support and assistance through various groups, such as older groups, village volunteers, the village security team, a rescuer, and a civil defense volunteer. Their activities include providing traditional northern education for children at the CDC, house repairs and renovations for impoverished families with mothers and young children, protective observation, risk assessment of the road, electricity, pollution, and accidents. They also coordinate with relevant groups in cases of a high-risk environment and provide emergency services. One participant provided clarification:

"…I and my daughter, who is the mother of my grandchild, are members of the one-baht fund and saving group, which collect the money for 30 baht per month. I was told that there were around 100 members. This group provides some loans for members in case of child support and or an emergency. Also, in our community, other social groups contribute, such as a volunteer group that provides any help for all people, a women's group that support women's activities, a career group providing job training…" (Member of the saving group and village fund).

C. Village Health Volunteers

VHVs were trained as specialized volunteers in eight fields of expertise, including maternal and child care. Their activities include:

1) Parenting skills and self-care are developed by providing counseling and suggestions and offering mothers advice about self-care during pregnancy and childbirth.

2) Supportive services are provided, including monitoring pregnant women, home visits, encouraging attending an antenatal care appointment before 12 weeks of gestation, monitoring antenatal follow-ups, health assessment, providing supportive intervention such as ice compressions for breasts (*donut yen* or radish packs), and establishing diverse channels of communication, such as Line, Facebook, and websites to access information on maternal and child care.

3) Data on mothers and children are managed by creating the maternal and child report to refer relevant information to health care providers for effective management.

4) Innovation is encouraged and folk wisdom is utilized for maternal and child care. VHVs create innovative methods for maternal care, such as herbal drinks, hot breast compresses, cold compresses using radish, and postpartum confinement.

Nittaya Panngam and Khanitta Nuntaboot, "Community Empowerment for Child Rearing," *International Journal of Multidisciplinary Research and Publications (IJMRAP)*, Volume 2, Issue 1, pp. 68-75, 2019.

They also develop innovative tools to promote child development, such as homemade toys, folk craft, and bamboo walkers.
5) A safe environment is created by surveying the village and CDC for mosquito larva and using red lime ball and kaffir lime spray to eradicate them.
6) A network is established by contributing knowledge to management forums among VHV and health care providers. Further, VHVs are supported on study visits and create external learning exchange forums to extend the community's network.
7) Coordination with community organizations is achieved by participating in village assemblies to propose plans and solutions for maternal and child care. It was noted in a group discussion that:

"…There are various tasks of VHV in the branch of maternal and child care. We voluntarily practice according to our requirements. We had training so we have the confidence to assist the group of mothers. Based on my direct experience of home visits, we can see the success of exclusive breastfeeding, which has resulted from our suggestions. When they ask for help, I respond to them even if it is as late as 8.00 pm, and those mothers show their satisfaction. It is clearly seen that the increasing rate of breastfeeding has reached around 70%. In each village, the VHV will observe the number of pregnancies, and then they inform the health care provider team for further planning…" (A participant during a group discussion of VHVs specializing in mothers and children).

D. Family Development Center

The FDC operates under the SAO. The activities it performs include:
1) Surveillance and prevention of the abuse and neglect of women, children, and families are achieved through an information system that maintains data on village-based children, women, and families. This data is utilized to monitor and provide help among high-risk and passive groups, as well as establish a referral system with relevant organizations, such as the Ministry of Social Development and Human Security (MSDHS) and children and family shelter. Moreover, the FDC conducts diverse activities to develop the potential and skills of VHVs, including study tools for the surveillance and prevention of abuse and neglect, environmental management, running campaigns and establishing networks for the prevention of abuse and violence on women, children, and families.
2) Warmth is established and families are strengthened by conducting family camps, operating the project "Happy Family on Sunday" to encourage close domestic relationships, creating the project "Taking a Child to the Temple," contributing to the rules and regulations for identification and prevention of child and family abuse, and promoting the legal code on enhancing the strength of families.
3) Skills and competency among parents and caretakers are developed by training couples on parenting preparedness before marriage and pregnancy, training parents and caretakers on methods to simulate child development and learning, encouraging family members to participate in child rearing, conducting a parenting school, and training parents and caretakers in basic life support through the "one household, one CPR" project. As a participant from the FDC explains:

"…The FDC is a center under the SAO, for achieving the policies acquired from the Department of Women's Affairs and Family Development. My work related to the participation in child and disabilities help, as children are a key area in people development and society creation. In our work, we plan from the sweetheart period until postpartum. In cases of poor families, we provide career training to gain more income for supporting both mother and child. Also, we organize the family camp and project of "Taking the Child to Temple" to enhance close relationships and warmth in families. For risk and harm of women and children, we provide training for VHVs, volunteers, and community leaders to participate in a project of surveillance and prevention of abuse and neglect in families…" (Officer of the FDC, July 2018).

E. Child Development Center

The CDC is a key provider of activities that significantly support child rearing. The activities can be divided into eight areas:
1) Child development is encouraged by establishing an identity book for each child, performing developmental screening, creating a referral system for relevant organizations, and establishing standards and nutrition programs.
2) Child education is supported by devising reading projects, lending fables, establishing savings projects, organizing learning at the Buddhist Sunday Center, providing instruction on traditions from the senior group through storytelling and playing folk music, and developing self-help skills classes on emergencies, such as training for the prevention of drowning.
3) The potential of parents and caretakers is fostered by training them to assess and promote child development through the Developmental Surveillance and Promotion Manual (DSPM), and organizing classes to enhance executive functioning. Relevant caretakers are also supported in study and high-level education.
4) Management of the environment in the CDC is organized in three patterns, which function through cooperation between social costs and sections of people in the community. This includes contributing to a safe environment by following the standardized safety guidelines of the CDC; environmental management for disease control by providing sufficient washbasins and a nursing room, and screening for disease before attending the CDC; and environmental management to enhance development and learning for children by creating a playing zone, organizing a toy corner, creating learning ceiling and floor, providing education boards for parents in the CDC, and arranging spaces for planting vegetables as learning centers for the children.
5) Health promotion and illness prevention are addressed by training parents in child health care and providing practical guidelines for illnesses such as the flu, colds, the Zika virus, or Dengue fever. Health checks are performed on children before

Nittaya Panngam and Khanitta Nuntaboot, "Community Empowerment for Child Rearing," *International Journal of Multidisciplinary Research and Publications (IJMRAP)*, Volume 2, Issue 1, pp. 68-75, 2019.

entering the center, and mouth and dental screening is provided each semester.
6) Welfare services are provided through a home health service and establishing a referral system for children, such as in cases of retarded development, as well as emergency cases, such as for children with high fevers.
7) Diets are managed by providing farm-to-table education for children at the CDC, promoting cultivating a backyard garden among mothers and children, and utilizing social capital to serve healthy food at the CDC, such as organic foods and vegetables.
8) Social capital can be utilized to enhance child learning: for example, promoting saving with the community commercial group, learning waste management practices with the waste group, or participating in community activities such as sport and parental meetings.

The director of the CDC notes:

"…In this Tambon, there are two CDCs. Both are under the SAO for achieving the policies acquired from the Department of Local Administration. As for child development concerns, the standardized curriculum for preschool-age children was conducted and the local curriculum will be further developed. This center consists of 55 children whose age range from two to five years old, as well as three teachers and one worker. In terms of actual activities, every morning children are provided with a health assessment, such as mouth, teeth, and fever checks before being admitted to the center. Every semester, dental screening is provided by the physician at the hospital. In the learning classes, children perform activities based on the learning plan, using the learning environment which is organized into the playing corner, cultivation garden, and playground. Moreover, the teachers and parent are provided with training on how to promote child development annually."

F. Primary Health Care Unit

The primary health care unit is the basic component of the health care system and was established to provide people with accessible, affordable health care. In the study setting, the missions for the primary health care unit were transferred from the SAO through the key principles of "good service, good environment, good administration." The activities related to child rearing include:
1) Health services provided to mothers and young children include antenatal care, well-baby clinic, vaccinations, nutritional screening, child development screening, and primary medical care.
2) Proactive services are created through the concept of "home as the hospital" by providing a mobile clinic, home health care, and professional volunteers who specialize in maternal and child care.
3) The potential of parents and people involved in maternal and child care is developed by training health care providers, establishing a conference among VHVs, and developing a curriculum for caretakers, such as child development screening using the DSPM.
4) An appropriate environment is created by enhancing green areas, providing child development areas, and creating a breastfeeding zone and pregnancy education zone.
5) An information system on maternal and child care is established by creating a database, collecting data via the Java Health Center Information System, and using this information to design solutions. A monthly conference is conducted with the relevant sectors to analyze problems and plan solutions.
6) Utilizing folk wisdom on maternal and child care is promoted by providing care in conjunction with Thai traditional medicine and herbs, and counseling service for mothers and caretakers on using traditional medicines.
7) Emergency care is provided via a 24-hour shuttle service and training for emergency care, such as delivery, basic life support, and emergency transfers.
8) Diets are managed by training parents and caretakers on diet preparation during pregnancy and at each stage of childhood.
9) Networks for maternal and child care are developed by generating a learning center for both internal and external key actors.

The director of a community hospital health service said:

"…In my community, the key health care unit is the primary health care hospital. All of the health workers in the hospital have close relationships with the general public. For work functions, the key strategy for implementation is participation and encouragement of the citizen sector and community group. Actually, for maternal and child care, we are concerned with both maternal and child well-being. The VHVs, community leaders, and local administrative organization are key coworkers. Every year, we provide training to enhance the competency of the VHV in the field of maternal and child care. We survey new couples and provide the parenting preparation program, which includes a health assessment and blood test. Also, for pregnant women, many services are organized, such as an antenatal care clinic, and postpartum follow-up by home visits with a multidisciplinary team. In the case of children, we provide a well-baby clinic, nutritional and development screening, and developed a referral system for transferring information to the relevant health unit. An especially important thing in our primary hospital is we create a friendly environment for mothers and children, such as the green zone, breastfeeding corner, learning zone, etc."

G. Local Government Organization

This community organization type refers to the SAO, which provides the relevant work and activities through the principle of "good government" at all levels. The activities include:
1) Parental competency is developed by establishing the FDC, creating a school for parents, providing workshops for new couples, and establishing basic life support and training through the project "one household, one rescuer."
2) A secure and pleasant environment is created by establishing waste management in the community, market management, sanitary management, and supporting organic fertilizer for households and the community. Land development for a playground, green zone, and sports field is encouraged.

Nittaya Panngam and Khanitta Nuntaboot, "Community Empowerment for Child Rearing," *International Journal of Multidisciplinary Research and Publications (IJMRAP)*, Volume 2, Issue 1, pp. 68-75, 2019.

3) Lifelong learning is supported by establishing a CDC, providing formal education for all children, encouraging informal education, and providing job training for mothers.
4) The community economy is supported by both household and group sectors running a continuous campaign for saving, establishing household accounts, role modeling household savings, and promoting cultivating backyard gardens based on the concept of "you plant what you eat," and encouraging membership in the financial group for welfare coverage from birth until death.
5) Standard service accessibility is promoted by providing clean drinking water, constructing a village water supply, promoting access to electricity and transportation, and developing a system of risk assessment and prevention of social harm.
6) Professional volunteers are created and developed by promoting competency training and establishing a "volunteer college" in the community.
7) Participation in maternal and child care is promoted by the "wisdom land" or *"kuang kam kerd"* as an area for exchanging ideas, discussing solutions, coping with the population's issues, and promoting mothers and family attending community conferences.
8) Welfare and funds for maternal and child care are established by the education fund, maternal and child care application, Child Support Grant, and access to emergency care via the 24-hour shuttle service for mothers and children.
9) An information system for maternal and child care is developed and utilized by promoting participation in the Rapid Ethnographic Community Assessment Process (RECAP) (Khanitta et al., 2014) and Thailand Community Network Appraisal Program (TCNAP) (Khanitta et al., 2018) to gather data and further utilize the provision of appropriate care and services.
10) A safe diet is managed by promoting urban cultivation, which is growing plants in pots and educating people in the community on using organic fertilizer.

As the vice-primer observes:

"…In this SAO, the policy on maternal and child care was distributed to all sectors in the community. Actually, the VHV, health care unit, community leaders, and public health sector are the key people for providing essential services to all people, including children. Those network organizations provide support and coordination. They operate many activities, such as providing the funds for poor families, home visits, emergency services for 24-hour emergency situations and illnesses. Also, the information system was developed in which RECAP and TCNAP are highlighted to collect information on important problems and utilize for solutions."

H. Community Leaders

"Community leaders" refers to the village head men and subdistrict head men who provide leadership in the community. Their support activities include:
1) A secure and friendly environment is promoted by monitoring and surveilling brawling and drug problems, identifying abuse and domestic violence and coordinating with related agencies for resolution, assessing risky environments and coordinating with related community sectors for improvement, and promoting waste management on a zero-waste project to help ensure community surroundings are pleasant.
2) Rules and regulations for supporting mothers and child rearing are created, including an agreement to end domestic violence, and treating smoking in a public area as a risk to maternal and child health.

The village head man interviewed in the study stated:

"…In my task and responsibilities as the village head man, I actually survey around my village to assess any risk. I determine what the risk areas are and where the damage is presented. When seeing any problem, I contact to the local administration. In the case of maternal and child care, I work as a coordinator for emergency services."

Overall, the eight types of community organization each contribute to comprehensive care. The positive influence of this community support is evident not only in young children, but also parents, relevant caretakers, and the community in the following ways. First, children reach appropriate child development milestones, and child illness is reduced due to the management of a secure environment and the capabilities of caretakers. Children also have a suitable environment for enhancing their learning and can be protected from any violence or domestic abuse. Second, parents and caretakers can improve their competency in child rearing, develop domestic warmth, and strengthen their family. As mothers play a key role in child raising, they can adjust their behavior appropriately and are capable of taking on other social roles, such as volunteers, community leaders, or chief of a social group. This model results in a new image of motherhood, know through various terms, such as "role model mothers, strong mothers, giver mothers, IT-age mothers, or modern-age mothers." Lastly, the community has guidelines for promoting and supporting child-rearing practices in all sectors to become a healthy community that has strengthened their own self-management.

V. Discussion

This study reveals five patterns of child rearing in the community, including child rearing by a parent, mothers or fathers, grandparents, relatives, and others. It reflects the notion that there are different problems among different caretakers. Therefore, to encourage good health and well-being among mothers and children, all sectors of community organizations should work collaboratively. According to the research findings, there are at least eight types of community organizations considered key actors for generating work and activities to support child rearing: 1) family, 2) social groups, 3) VHVs, 4) FDC, 5) CDC, 6) health service unit, 7) local government organization, and 8) community leaders. The community support system for child rearing contributed from those 8 key actors can be described and adopted as the guidelines for community management in 6 ways: (1) potential development of mothers and related persons, (2) development an environment for supporting maternal and child rearing, (3) improvement of service system, (4) establishment of funds and welfare, (5) development and

Nittaya Panngam and Khanitta Nuntaboot, "Community Empowerment for Child Rearing," *International Journal of Multidisciplinary Research and Publications (IJMRAP)*, Volume 2, Issue 1, pp. 68-75, 2019.

utilization of information systems, (6) setting up rules and regulations for supporting maternal and child rearing. This support illustrates the community management process as a means of investigating and utilizing social costs and community potential to provide comprehensive care for children and caretakers. Typically, social costs can be divided into six levels: 1) the individual and family level, who are experts, competent people, and effective family members; 2) the social group level; 3) institutions and resources, such as government agencies, schools, temples, and CDCs; 4) the village level, such as the village fund, and women and children fund; 5) community level; and 6) network level (Hengboonyaphan & Nuntaboot, 2017). Based on this finding, the current research project demonstrates that the examined community contributes to and utilizes social costs at all levels to provide the necessary care for children and relevant people. This is also consistent with the UNCRC, which states that the primary consideration of public and private institutions and organizations in communities at all levels should be the best interests of the child (UNICEF, 2008). In addition, all activities of the seven key actors were consistent with the Twelfth National Economic and Social Development Plan (B.E. 2560-2564); specifically, regarding the development potential and strengthening of human capital, which was evident in the development of caretakers and volunteers' capacity to care for young children. When compared to sustainable development goals, there are concordant implementations in the following aspects:

1) Ending poverty: the community provides job training for parents and families with children, have established a welfare fund, and promote saving.

2) Alleviating the hunger and achieving food security: the secure food management project was performed at the household level, the CDC, and the community level.

3) Ensuring healthy lives and promoting well-being for all people of all ages is achieved by providing universal access to health care services.

4) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all: it was found that the community had established a CDC and provided formal and informal education for all children. Further, a parenting school for couples and local wisdom was utilized.

5) Achieve gender equality and empower all women and girls: it was found that women and mothers were encouraged to participate in all community activities.

6) Reducing inequalities: the community created fundamental public services for all people in the community (UNICEF, 2019).

Indeed, there is evidence the implementation of social costs in community work strengthened the community's engagement with diverse groups, such as older people care and community care for families with children under five years of age (Jaitieng & Nuntaboot, 2018; Siegler, Lama, Knight, Laureano, & Reid, 2015). Further, the findings suggest the cooperation of all sectors in the area was needed, as the mutual efforts strengthened maternal and child care in the community and promoted child rearing specifically. The study also supports the notion that the use of social capital can encourage sustainable community management, especially the integration of mutual work rather than usual actions, which provides more opportunities to distribute a sustainable community care system that covers all people's requirements, and child rearing in particular. Therefore, it is recommended that midwives, community nurses, and health practitioners in primary care units play a key role in building collaborations with community organizations to drive systemic care and child-rearing support.

VI. Conclusion

The current study demonstrates the multiple visions of child rearing in the setting's context. Despite the variations in caretakers and child-rearing practices, the community can provide comprehensive care directly to young children under two years of age, as well as to their relevant support person. There are eight types of community organizations considered key actors in providing care and child-rearing support, namely family, social groups, VHVs, an FDC, a CDC, health service unit, local government organization, and community leaders. The findings suggest the guidelines for community empowerment in 6 actions: (1) potential development of mothers and related persons, (2) development an environment for supporting maternal and child rearing, (3) improvement of service system, (4) establishment of funds and welfare, (5) development and utilization of information systems, (6) setting up rules and regulations for supporting maternal and child rearing. In fact, a professional nursing organization cannot stand alone because some health services require collaboration and supportive action by community organizations. Therefore, it is important to understand and learn how to coordinate working with community sectors. As nurses and health workers who work in primary care units provide care to all people, including mothers and children, they should be required to investigate, develop, and cooperate with social costs on all levels, including the individual and family, social groups, institutions, village level, district level, and network level. Specifically, they can integrate the existing work and activities of those key actors to become the mutual source on guidelines for enhancing the competency of those who are caretakers and support appropriate child development.

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