

Cultural Care for Children Aged 0-5 Years Old In Multiethnic Community

Bumpen Kamdee¹, Khanitta Nuntaboot^{2*}

¹Ph.D. (Candidate), Doctor of Philosophy Program in Nursing Science, Faculty of Nursing, Khon Kaen University, KhonKaen, Thailand

²*Associate Professor, Faculty of Nursing, Khon Kaen University, KhonKaen, Thailand
Email address: ¹bumpen.k @ bcnpy.ac.th, ²*khanitta @ kku.ac.th

Abstract— This ethnographic study was part of the research involving cultural care of maternal and children aged 0-5 years in a multiethnic community. The study aimed to create a care model that is culturally appropriate and concerned with the basic rights of children aged 0-5 years who lived in multiethnic communities. The concept of the culture of each ethnic (Tai Yai, Hmong, red Karen, Pa-O, and Chinese Yunnan) was used as a tool of thought to describe behaviors, languages, and gestures of families of children aged 0-5 years. This research was conducted in a community in Mae Hong Son Province, Thailand. Data were collected from April 2018 to March 2019 from 86 informants who were divided into two groups. The first group involved key informants with in-depth knowledge regarding care for children aged 0-5 years, which consisted of 1) one-year postpartum women and 2) families of children aged 0-5 years. The second group was 91 general informants who could provide information about care for children aged 0-5 years. This study employed participant observations, in-depth interviews, focus group discussion, field notes, and document study to collect the data. The data were analyzed using content analysis. The findings of the study recommended 10 models of care according to ethnic ways for children aged 0-5 years. This included 1) basic rights 2) health care for children 3) life-long learning 4) ethnic culture conservations 5) volunteer building and developing 6) food managements 7) saving promotions and welfares 8) environment appropriated for children 9) monitoring and solving family problems and promote warm families and 10) establishing agreements and regulations.

Keywords— Ethnographic study, Cultural care, children 0-5 years old, Multiethnic community.

I. INTRODUCTION

Thailand has always emphasized human development. Human development and empowerment was one of the nation's six major development strategies, which focuses on the centrality of humans in development (Department of children and youth, 2016; Department of Women's Affairs and Family Development, 2018; Ministry of Public Health, 2018). Thus, the development of children aged 0-5 years is crucial. However, according to a survey of children and women in MICS6, the largest national survey on children and women, data reveals that only 61% of children aged 3-5 are on track in the literacy-numeracy domain. The poor nutritional status of children under 5 years –with 13% stunting, 8% underweight and 9% overweight remains a concern, along with a low exclusive breastfeeding rate of 14%. Almost 1 in 4 children aged 0-17 do not live with either of their biological parents.

Rates of violent discipline remain high at 58% for children aged 1-14 (UNICEF Office for Thailand, 2018, 2020).

Generally, children between the ages of 0 and 5 years are mainly under the care of their families and the community. Developing children aged 0-5 years into responsible citizens through quality and appropriate physical, social, mental, and intellectual development to become responsible citizens requires active cooperation from several sectors, including the community where the children are brought up. To illustrate this point, the community should take a proactive role in promoting and supporting families. Mothers and children care should be prioritized, particularly among multicultural ethnic groups that are often poor and live in remote areas. In the ethnically diverse area (Tai Yai, Hmong, red Karen, Pa-O, and Chinese Yunnan), there was a phantom population or non-Thai population moving from Myanmar. The area was populated by non-Thai nationals who resided or worked in the community. These groups are not entitled to welfare benefits, especially medical treatment rights, nor to assistance from the government and the community. Within the community, each ethnic style regarding maternal care for children aged 0-5 years remains firmly adhered to the care culture of each ethnicity. However, ethnic groups continue to face problems with mother and child health as babies receive supplements during the first 6 months after birth. Development assessment results showed delayed development in language and socialization. The poor nutritional status of children under 5 years resulted in stunting, underweight, and overweight.

Multiculturalism in ethnic multicultural communities has revealed the identities of each ethnic group by revealing their thoughts, beliefs, and values. Each ethnic group has unique problems and requirements. Regarding caring for children aged 0-5 years, each ethnic group has a distinct cultural trajectory that is passed down from generation to generation with many differences. Meanwhile, there is a cultural exchange of raising each other. Cultural care also has an impact on the health conditions, growth, and development of children aged 0-5 years. According to the review of qualitative research conducted in Thailand, there are relatively few studies on the care for children aged 0-5 years old in ethnic groups (Pouwili et al., 2003; Nuntamongkonchai et al., 2013; Netgrajang et al., 2013; Dapa and Nuntaboot, 2017; Jaitieng and Nuntaboot 2018; Eamkusolkit, 2018).

II. OBJECTIVES

Therefore, this study aimed to create a care model that is culturally appropriated and concerned with the basic rights of children aged 0-5 years who lived in multiethnic communities.

III. METHODOLOGY

Research Design and Setting

This study used an ethnographic approach to gain a better understanding of the way of life and society. The concept of the culture of each ethnic (Tai Yai, Hmong, red Karen, Pa-O, and Chinese Yunnan) was used as a tool of thought to describe behaviors, languages, and gestures of families of children aged 0-5 years who were groups of related people. These were conducted in natural environments where their thoughts and meaning are formed based on conditions of their experiences, lifestyles, and the multicultural contexts of ethnicities. To interpret and criticize these issues, the researchers used the ideas and beliefs of each ethnic group regarding the practices of family and community care for children aged 0-5 years. The study was conducted in a community in Mae Hong Son Province, northern Thailand. The subject area was located in a remote location. Additionally, the majority of the population lacks land ownership, resulting in a lack of stability in life and property. Agricultural production and price is also uncertain, which results in insufficient income and further impoverishes the majority of the population.

Participants

The informants were divided into 132 informants, representing two groups of people. The first group consisted of key informants who have in-depth knowledge regarding care for mothers and children aged 0-5 years. These consisted of 1) pregnant women 2) one-year postpartum women 3) families with mothers and children aged 0-5 years. The second group was 91 general informants who could provide information about care for mothers and children aged 0-5 years. Access to the key informants was facilitated through those with knowledge of the community such as volunteers and community leaders, by using purposive sampling techniques. A snowball technique was used to select the general informants, where the first informant introduced the people who were likely to have experience in providing care for families with children aged 0-5 years old in each ethnic group.

Research Tools

The research instruments included the following: 1) the researchers, who were the primary research instrument who prepared themselves by learning concepts and relevant theories of qualitative research, and receiving training in a field study with the advisor, 2) observation form, and 3) semi-structured in-depth interviews and group discussions. The last instrument employed was field recording tools, including a notebook and a recorder. The researcher developed the interview guidelines based on the objectives of the study, which had been reviewed and confirmed by the advisor before application.

Data Collection

After the research was approved by the Institutional Review Board of the Khon Kaen University Ethics Committee for Human Research, the researchers undertook data collection from April 2018 to March 2019. The researchers entered the subject area to meet the local people in each ethnic group to establish a friendly rapport. In this study, the researchers used a variety of data collection methods, including 1) observation of community activities, such as those at the child development center, kindergarten, meetings of the sub district administrative organization, and Tai Yai, Hmong, red Karen, Pa-O and Chinese Yunnan festivals, 2) in-depth interviews with 132 key informants, lasting approximately 60 minutes each, 3) group discussions with 91 general informants who could provide information about care for mothers and children aged 0-5 years, lasting approximately 60-90 min, and 4) a review of documents.

Data Analysis

After the collection of field notes, the data were sorted. Content analysis and typological analysis were employed to classify the data where the identical themes and sub-themes were grouped in the same category (Berg, 2009; Chantawanich, 2011; Potisita, 2013; Polit and Beck, 2014). 2011; Potisita, 2013; Polit and Beck, 2014).

Trustworthiness

Trustworthiness, accuracy, and quality of data were rigorously verified using credibility, dependability, conformability, and transferability (Guba and Lincoln, 1994). The credibility of the data was confirmed as the researchers were in the field for a long time. The consistency of the data and the researchers' interpretations were verified by member checking and debriefing with the advisor. For dependability, the researchers collected data by several methods and from several events over a period of time, and each issue was checked and confirmed. Concerning conformability, data triangulation was employed to verify the accuracy. The transferability was confirmed by selecting the informants likely to reflect key issues in the research, and the accuracy of the data was also verified with the informants.

IV. RESULT AND DISCUSSION

The results indicated that there were issues about care, needs, and a right of children aged 0-5 to access primary welfares in accordance with their ethnic ways. Twelve models of care were recommended based on culturally ethnic practices for children aged 0-5 years. These included 1) *To concern basic rights* for Thai nationality, aliens without a registration status, and people from low-income families. Mothers and children aged 0-5 years old should be required to obtain fundamental rights with the help from relevant authorities who can provide counselors and assistants 2) *health care for children*: comprehensive services should be provided, including (1) health promotion and disease prevention, such as immunization of children, oral and dental checks, provision of advice on child and maternal health, promotion of breastfeeding for six months. (2) assessment of

the development of children aged 0-5 years in the Well Baby Clinic and provision of training for teachers and health volunteers in each ethnic group who was responsible for screening child development; and (3) referral and rehabilitation by using a referral system for children aged 0-5 years such as cases of retarded development or emergency cases e.g. children with high fever, and provision of a rescue car service for transportation of patients to hospitals. 3) *Creating lifelong learning*: this refers to creating a comprehensive learning process for 3 target groups: (1) people expected to become parents: the activities included providing comprehensive sex education to reduce unplanned or unwanted pregnancy in adolescents; Creating rules on marriage that are suitable, customary, and legal; pre-marital counseling services should be available; and parenting training covering breastfeeding only for 6 months (2) Families with children aged 0-5 years old: the activities included identifying some warm families to serve as role models, developing the potential of the family members for childcare, equipping them with skills necessary to assess and promote child development through the use of Developmental Surveillance and Promotion Manual (DSPM) which is a tool developed by the Institute of Child Development, providing home visits and encouraging families to read to their children, and 3) Children aged 0-5 years: the activities included providing early childhood education at child development center and kindergarten in order to allow children to know themselves, cultivate citizenship, promote child development, and create learning of cultural wisdom in each ethnic group. 4) *Creating and developing volunteers*: developing the capacity of the volunteers to be specialized in providing care for mothers with children aged 0-5 years: (1) The activity was intended to train and specialize ordinary volunteers in a variety of ways. They can be trained at Tambon Health Promoting Hospital or through the DSPM in development assessment. Childhood caregivers would understand the importance of immunization and would be able to screen children for communicable diseases or disorders. (2) Developing the potential of teachers in child development centers and kindergartens through the development of curriculum and manuals for training individuals involved in early childhood care, such as providing teacher training and promoting learning. Intellectual and emotional development, for example, preparing volunteer caregivers to assist drowning children. 5) *Conserving ethnic culture*: (1) Caring for mothers and children aged 0-5 years in an ethnic manner, integrating local wisdom and practices into infants' health care and postpartum practices, and utilizing herbs to promote the health of both mothers after birth and children aged 0-5 years. (2) Collecting knowledge about care, herbs in each ethnicity made by elders, and local wisdom in each ethnicity Intellectuals, Tambon Health Promoting Hospital, and relevant community organizations joined the action. (3) Transferring culture and local wisdom to children in the child development center: this activity was achieved by asking local scholars to join in the activities of child development center, such as storytelling and playing folk music.

6) *Managing food*: the activity was performed by the community as follows: (1) Food arrangement within the household: this included home-grown vegetable gardening, which provides the households with raw materials for home cooking. (2) Community food arrangement: the activity was operated by: creating a food bank project as well as supplying healthy foods, improving the community market, and having the products to comply with the Department of Health's standards, encouraging the supply and sale of healthy foods, founding a seed bank in order to conserve, trade, and borrow seedlings in the community (3) Food arrangements in the child development center: the activity was expected to provide the students with a nutritious diet with the core attention being drawn to foods that were combined with local culture yet which enriched the knowledge of the children. 7) *Promoting savings and providing welfare*: 1) Supporting savings groups to provide welfare from birth to death: several funds were set up to help people as follows: (1) Sub district Welfare Fund: a membership fee of 20 baht per month was collected, and the fund was also financed by the sub district administrative organization; (2) The Senior Funds at the village level: funds were raised for home visits from selling wastes. 2) Increasing income for parents who care for sick or disabled children such as welfare funds; community financial institutions provided occupational loans 3) Raising funds and resources to help people both in and out of the area: assistance was provided when disasters or flooding occurred, and the houses of needy victims were damaged. 8) *Organizing a friendly environment for families with children*: the community was required to perform as follows: (1) Managing the community health care environment: the activity could be achieved at a family level by promoting natural play and ensuring safety. At a community level, the activity could be accomplished by providing an environment to promote learning and safety. The building of creative spaces and exercise sites in the community utility management and community water supply (mountain water supply) has organized communication systems that enable everyone to access communications, public relations, information and benefits (2) Child-friendly management at the child development center: the activity included providing a safe environment both inside and outside the center which can promote learning and health activities; 9) *Monitoring and solving family problems and promoting loving families*: these activities were performed by the community as follows: (1) Establishing a family development center in the community: the center aimed to arrange and provide activities that promote family bonds, as well as to conduct domestic violence surveillance. Committees cooperated with the social services and other related networks; (2) Identifying and developing the potential of family rangers: the activity involved establishing networks to monitor for domestic violence and developing the potential of the volunteers through the provision of workshops on the law related to violence; (3) Domestic violence management through the community: in the event of domestic violence, community leaders would mediate and establish a center for conflict dissolution 10) *Creating rules and agreements*: The community shall perform the following

tasks: (1) Setting up a health constitution, which shall include a declaration of the direction and agreement regarding healthcare provided to individuals and their families; 2) Establishing agreements to end domestic violence: This was accomplished through the networking of violence control, mediation, and rapport promotion.

V. CONCLUSION AND RECOMMENDATIONS

Given the situations and the population shift as well as the complicated types of family, Thailand has implemented the policies concerning family development to foster the formation of loving families and the development of children aged 0-5 years through the involvement of the community and society participation. However, the knowledge of care remains ambiguous. The findings in this report will complement existing knowledge about cultural care in ethnic groups (Tai Yai, Hmong, red Karen, Pa-O and Chinese Yunnan) for families with children aged 0-5 years. This report is a mere part of a larger study on Cultural Care of Maternal and Children 0-5 Years in Multiethnic Community. This report presented 10 models of care for mothers and children aged 0-5 years that are culturally appropriate which may be utilized by community nurses and health teams in primary care units.

1) Understanding of each ethnic culture, ideas, beliefs, and community practices are necessary for nurses and health teams to realize the different needs of care provided to families with children aged 0-5 years with a variety of culturally sensitive settings.

2) Community nurses and the health team are required to create connections and collaboration, as well as design both proactive and receptive health care through the social capital, such as volunteers, local specialists, community leaders, and officials of local administrative organizations, in order to effectively provide care for families with children aged 0-5 years. In addition, for the sustainable development of health care provision, it is vital to have inclusive care that takes social, economic, health, environmental, and political aspects into consideration.

3) Community nurses should collaborate to develop care patterns for children aged 0-5 years in child development center of each ethnic (Tai Yai, Hmong, red Karen, Pa-O and Chinese Yunnan) for the promotion of health, prevention and screening of diseases, and systematically managed referral.

4) Community nurses should take an active role in promoting a health charter, developing rules to promote people's health, and increasing public awareness about the importance of providing care for families with children ages 0-

VI. ETHICAL CONSIDERATION

The research was approved by the Institutional Review Board of the Khon Kaen University Ethics Committee for Human Research (HE592118). The researchers provided the study's information to the informant in detail. Then, the informant signed the form and provided consent to the researcher before collecting the data by observing, interviewing, and discussing with the group. The researchers also requested permission to record the tape in the interview without disclosing the informant's information and presenting

the findings as an overview of the academic data. The researchers were committed to the following research ethics: 1) Respect for person: the researchers introduced themselves and clearly clarified the research objectives and the process of the research, 2) Beneficence: the researchers described the benefits from the research participation, and 3) Justice: the researchers provided accurate and sufficient information for decision-making for participation in the research and gave undivided and equal honor and respect to all informants.

ACKNOWLEDGEMENTS

The authors would like to express their sincere gratitude to all informants and my advisor.

REFERENCES

- [1] Berg, B.L. (2009). *Qualitative Research Methods for the Social Sciences*. 7th ed. Pearson Education, Boston, MA, USA, 418p.
- [2] Chantawanich, S. (2011). *Data Analysis in Qualitative Research*. 10th ed. Chulalongkorn University Printing House, Bangkok, Thailand. 177p. (in Thai).
- [3] Department of children and youth. (2016). *A policy on financial support support for raising the new born*. <http://www.prachuapkhirkhan.m-society.go.th/>.
- [4] Department of Women's Affairs and Family Development. (2018). *Policy and Strategy for Family Development (B.E. 2560-2564)*. Bangkok, Thailand:
- [5] Department of Women's Affairs and Family Development. <http://www.harvardasia.co.th/wp-content/uploads/2017/08/Strategic-Plan-dwf-2560-2564.pdf>.
- [6] Dapa, S. and Nuntaboot, K. (2017). Community care system of children under 5 years old. *Journal of Nursing Science & Health*, 40(1), p.30-40.
- [7] Fetterman, D.M. (1998). *Ethnography: Step by Step*. 2nd ed. SAGE Publishing, Thousand Oaks, CA, USA, 165p.
- [8] Guba, E.G. and Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In: *Handbook of Qualitative Research*. Denzin, N.K. and Lincoln, Y.S., (eds). SAGE Publishing, Thousand Oaks, CA, USA, p.105-107.
- [9] Ministry of Public Health. (2018). *The 20-Year National Strategy (Public Health)*. Nonthaburi, Thailand: Ministry of Public Health. Available from: www.inter.nstda.or.th/stks/pub/2017/20171117-MinistryofPublicHealth.pdf.
- [10] Nuntaboot, K., (ed). (2018). *Guideline for the development of Children 0-5 years' care system by the community*. *The Handbook of Training for the Development of Children 0-5 Years' Care System by the Community*. Bangkok, Thailand, 788p. (in Thai).
- [11] Nuntamongkonchai, S., Saga, P., Pinpratip, R., Chaumpauk, R., Pouwili, U., Chuprapawan, J. (2013). *Tradition, Believe of Pregnancy, Maternity, and Behavior of Postpartum Mothers in 4 Parts of Thailand: Longitudinal Research Project in Thai's Children Phase 2, Volume 12*. Bangkok: n.p.
- [12] Potisita, C. (2013). *Science and Art of Qualitative Research*. 6th ed. Amarin Printing and Publishing, Bangkok, Thailand, 425p. (in Thai).
- [13] Pouwili, U., Saga, S., Chaumpauk, R., Punturat, R., & Nuntamongkonchai, S. (2003). *Chapter 1 The Analysis of Cargiver's Believe about caring for infants in 4 parts of Thailand: Longitudinal Research Project in Thai's Children*. In Pouwili, U., Saga, P., Pinpratip, R., Nuntamongkonchai, S., Chaumpauk, R., & Chuprapawan, J. (Editors). *Believe, Values of Caring for infant: Qualitative Study of Longitudinal Research Project in Thai's children* (pp. 20-29). Bangkok: n.p.
- [14] Runglawon Eamkusolkiet (2018). Cultural cares for infants of THE Phuthai's family in Nakhonphanom province. *Journal of Boromarajonani College of Nursing, Bangkok Vol.34(.2)*. p. 74-85.
- [15] Schumacher, G. (2010). Culture Care Meanings, Beliefs, and Practices in Rural Dominican Republic. *Journal of Transcultural Nursing*, 21(2), 93-103.
- [16] UNICEF Office for Thailand. (2018). *Every child is important: The situations of children and women in Thailand (B.E. 2558-2559)*. Bangkok, Thailand: UNICEFOffice for Thailand. Available from:



https://www.unicef.org/thailand/tha/Thailand_MICS_Fact_Sheet_TH.pdf
f.

- [17] UNICEF Office for Thailand. (2020). *UNICEF Annual Report 2020*
https://www.unicef.org/thailand/media/6231/file/UNICEF_Annual_Report202020.EN.pdf
- [18] United Nations. (2019). *Sustainable Development Goals*.
<https://www.un.org/sustainabledevelopment/health/>