

COMMUNITY CARE SYSTEM FOR FAMILIES WITH CHILDREN 0-5 YEARS

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Abstract

The community is required to collaborate with respect to social capital. A community should play an active role in providing care for all population groups in the area, including children aged 0-5 years old as they would further constitute a potential part in developing their communities. The community is required to be involved with providing care for families as well as developing children to be qualified citizens. This report was a part of a study on a community care system for families with children 0-5 years. Critical ethnography was employed in the study to understand the beliefs and relationship of a community's work and activities. The data were collected by participant observations, in-depth interviews, group discussions, and document study. The data were collected from 88 informants and subsequently analyzed by content analysis. The results of a community care system for families with children aged 0-5 years can be summarized, as to the guidelines, in 11 ways as follows: 1) creating lifelong learning, 2) creating and developing volunteers, 3) taking care of community health, 4) conserving culture and local wisdom, 5) promoting savings and providing welfare, 6) reducing expenses and promoting careers, 7) managing food, 8) organizing a friendly environment for families, 9) monitoring and solving family problems and promoting loving families, 10) enhancing social capital and participation, and 11) creating rules and agreements. Community nurses and health teams may use the guidelines to create collaboration and design health care through social capital in providing care for families with children aged 0-5 years old.

Keywords: Community care system, families, children 0-5 years, critical ethnography

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Introduction

It is a well-known fact that world society is subject to constant change. In 2017, the world's population was reported to be 7550 million people, 26% of whom were children under 15 years old and 13% were older persons (United Nations, 2018a). Thai society has also changed with respect to society, economy, health, environment, and politics. According to the population and housing census, in 2010 Thai society became an aging society, in which there were 65.98 million people, 12.9% of whom were older persons and 6.98% were children aged 0-5 years. Meanwhile, 20.52 million households changed to a small household size with a minimum of 2.7 persons (National Statistical Office, 2017). Interestingly, 1 of the population groups further playing a crucial role in country and community development is that of children aged 0-5 years old. According to the survey in 2015, 4.55 million children aged 0-5 years were divided into 2 groups: those aged 0-2 years, accounting for 2.27 million people and those aged 3-5 years, accounting for 2.28 million people. With respect to their education, 42% of them received educational services in child development centers and 76.2% attended kindergarten. For the latter group aged 3-5 years old, 40.87% studied in child development centers under local government organization (Office of the Education Council, 2016). However, according to a survey of children and women in 2015-2016, only one-fifth of children aged under 6 months of age were fed by breastfeeding (UNICEF Office for Thailand, 2018). It is likely that such dynamic changes in population and consequent outcomes relatively affect children aged 0-5 years old.

Indeed, children aged 0-5 years old are mainly under the care of not only their family but also the community. In order to develop children aged 0-5 years to grow with quality and appropriate physical, social, mental, and intellectual development to become responsible citizens, it requires active cooperation from several sectors including the community where the children are brought up. To illustrate, the community should become actively involved in promoting and supporting families to

effectively undertake family commitments. For early childhood care by the local community, it is vital that any systems employed make use of relationships and connections existing in social capital in the area through 4 essential principles: 1) area-based development, 2) health in all policies, 3) participation promotion, and 4) creation of a sense of ownership (Nuntaboot, 2018).

Recently, to prepare qualified children, Thailand has attempted to promote families to provide effective care for children aged 0-5 years. Thus, communities in Thailand have been assigned roles in supporting families since the Eighth National Economic and Social Development Plan (B.E. 2540-2544), which focuses on strengthening the role of people, family, and the community (The Office of the National and Economic Social Development Board, 2016). Moreover, the National Strategic Plan for Thailand's Development also aims to develop the capacity of its population as well as to promote children aged 0-5 years with appropriate development and warm, loving family (The Office of the National and Economic Social Development Board, 2018). Therefore, the nursing profession assumes a significant role in implementing the plans and strategies in providing effective care for individuals, families, and communities with all health care statuses (Thailand Nursing and Midwifery Council, 2016). Nurses working at primary care units play a key role in health promotion, control and prevention of diseases, provision of primary medical care, reduction of health risks, and rehabilitation; meanwhile, they are required to seek cooperation with other relevant organizations. Therefore, the cooperation of the community, including the public sector, health units, local government, village headmen, and government agencies is deemed essential to provide comprehensive care for children aged 0-5 years.

According to the review of qualitative research conducted in Thailand, there have been few studies in relation to the care by the community of children aged 0-5 years (Netgrajang *et al.*, 2013; Dapa and Nuntaboot,

2017). Meanwhile, the studies in other countries rely mostly on the views of parents and family support approaches (Walsh and Brandon, 2012; Strange *et al.*, 2014). However, there remains a lack of studies on the community care system for families with children aged 0-5 years old which can respond to the underlying problems and needs as well as conform to the social and cultural context.

This report is a part of a research on community care system for families with children 0-5 years. Critical ethnography was employed to understand the ideas, beliefs, and practices of people (Berg, 2009; Potisita, 2013). Additionally, the relationships of work and activities of social capital that emerge in families with children aged 0-5 years were also analyzed and interpreted (Nuntaboot *et al.*, 2013). Furthermore, the researchers raised questions and critiqued the existing community care in order to adopt guidelines on providing care for families with children aged 0-5 years. The guidelines may serve as a framework for further design of work among community nurses and health workers in primary care units.

Materials and Method

Study Design and Setting

Critical ethnography was employed in this study to understand the way of life, society, and culture of a community, the ideas and the beliefs that affect the practices of community care for families with children aged 0-5 years, as well as to interpret and criticize these issues. The researchers acted as advocates to release people and make positive social changes (Berg, 2009; Potisita, 2013). The study was conducted in a subdistrict of Chiang Mai Province, northern Thailand. The subject area was affiliated with healthy community networks and subsequently was developed to be a training center where collaboration using the social capital had been initiated to provide care for families with children aged 0-5 years.

Research Instruments

The research instruments comprised: 1) the researchers, who were the main research instrument, and who prepared themselves by learning the concepts and the relevant theories of qualitative research, and trained in field study with the advisor, 2) the observation form, and 3) semi-structured in-depth interviews and group discussions. The interviews were based on the following questions: 1) "What do think the problems and the needs of the families with children aged 0-5 years are?"; 2) "How do you and your organization contribute and have roles and approaches to addressing the problems and needs of managing families with children aged 0-5 years old?"; and 3) "What are the effects of the care management and assistance you and your organization have on families with children aged 0-5 years old?". The last instrument employed was field recording tools, including a notebook and recorder. The researchers developed the interview guidelines based on the objectives of the study which had been reviewed and confirmed by the advisor before application.

Participants

The informants were divided into: 1) the key informants, including: (1) 20 families with children aged 0-5 years old, (2) 77 persons involved in care of families with children aged 0-5 years old, namely public sector leaders, local government officials, the members of the subdistrict administrative organization, community leaders, family development center leaders, teachers in a child development center, nurses, and the directors of health service units, totaling 77 persons; and 2) 11 general informants. The total informants were 88 people. The access to the key informants was administered through those having community information, including volunteers and community leaders by using purposive sampling techniques. A snowball technique was used to select the general informants, in which the first informant introduced the people likely to have experience in providing care for families with children aged 0-5 years old.

Ethical Considerations

The research was approved by the Institutional Review Board of the Khon Kaen University Ethics Committee for Human Research (HE592292). 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.

Data Collection and Data Analysis

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 December 2016 to January 2018. To establish friendly rapport, the researchers entered the subject area to meet the local people. In this study, the researchers used a variety of data collection methods, including: 1) observation of community activities, such as activities in the child development center health service units, meetings of the subdistrict administrative organization, and community festivals, 2) in-depth interviews with 77 key informants and 11 general informants, lasting approximately 60 minutes each, 3) group discussions with 4 volunteers, who were experts in mother and child, who were officials of the Division of Welfare of the local administrative organization, lasting approximately 60-90 min, and 4) a review of documents.

After the collection of field notes, the data were sorted. Content analysis and typological analysis were employed to classify the data into categories where the identical themes and sub-themes were grouped in the same category. The relationships and the activities of social capital were organized (Fetterman, 1998; Berg, 2009; Chantawanich, 2011; Potisita, 2013; Polit and Beck, 2014).

Trustworthiness

Trustworthiness, accuracy, and quality of data were rigorously verified using credibility, dependability, confirmability, and transferability (Guba and Lincoln, 1994). The credibility of the data was confirmed as the researchers were in the field for a long time and the consistency of the data and the interpretations of the researchers 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. With respect to confirmability, 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.

Results and Discussion

Results

According to the studies in relation to community works and activities, the community care system for family with children 0-5 years primarily accounted for the relationships and collaborations of social capital in 6 areas: 1) Social groups, 2) Child development center, 3) Family development center, 4) Health service units, 5) Subdistrict administrative organization, and 6) Community leaders (Nuntaboot *et al.*, 2013; Nuntaboot, 2018). The community care system for families with children aged 0-5 years can be described and adopted as the guidelines for community management in 11 ways: 1) creating lifelong learning, 2) creating and developing volunteers, 3) taking care of community health, 4) conserving culture and local wisdom, 5) promoting savings and providing welfare, 6) reducing expenses and promoting careers, 7) managing food, 8) enhancing the environment to be friendly to families, 9) monitoring and solving family problems and promoting loving family relationships, 10) enhancing social capital and participation, and 11) creating rules and agreements.

1. **Creating lifelong learning:** this refers to the creation of a comprehensive learning process for 3 target groups: 1) **The group expected to become parents:** the activities included searching for young couples likely to marry or newly married couples in the community and preparing them to have babies with the health care services promoting child development; 2) **Families with children aged 0-5 years old:** the activities included searching for some warm families as role models by the committees of the family development center, developing the potential of the family members for childcare, preparing them with skills to assess and promote child development by using the 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 organizing a course of family management in the Mahawitchalai (community college) to expand the network of family management; and 3) **Children aged 0-5 years:** the activities included providing early childhood education by the subdistrict administrative organization such as the establishment of a child development center and kindergarten as well as developing the course of Moral Resource Center Good Governance in order to allow children to know themselves, cultivate citizenship, promote child development, and create learning of cultural wisdom by organizing learning at the Buddhist Sunday Center, where children were expected to absorb morality and learn self-help skills in case of emergency, such as training skills for prevention of drowning.

"...We spent a year to provide knowledge for those with their first pregnancy like newlyweds. We also trained new parents and provided knowledge on what they should do and check if they were ready for having a baby and how they should prepare for parenthood..." (President of volunteers specializing in mother and children, aged 71 years).

2. Creating and developing volunteers:

1) **Establishing a Volunteer College:** this activity was implemented to create and develop both current volunteers and promising

newcomers to be professional volunteers and honoring their role as "*Kon Dee Sri Don Kaew*" (good persons of Sri Don Kaew) under the motto entitled "no one left behind" in the area; 2) **Developing the capacity of the volunteers specializing in providing care for mothers with children aged 0-5 years:** the activity was expected to develop ordinary volunteers to be specialized volunteers. They were trained in a variety of ways, including training in tertiary hospitals and maternity wards as well as training in development assessment using the DSPM; 3) **Training volunteers of 1 household for 1 primary cardiopulmonary resuscitation (CPR) project:** the activity was also known as the project of 1 household, 1 rescuer. Proactive training was provided for people in the community so that they can do CPR correctly; 4) **Developing the potential of volunteers and children to prevent children from drowning:** in this activity, children under 15 years were trained to correctly help themselves and others when drowning; and 5) **Creating the volunteer network:** it was found that volunteers in the subdistrict worked as a network; therefore, the information of the volunteers was organized, and they coordinated to care for all groups of people.

"...After being trained, we went into the area to have a meeting with the head of the community and the village headmen. We told them that we were doing this to prevent children under the age of 15 years from drowning. We gained a lot of attention from people in the community. We wanted children to help themselves when drowning. We did not teach them to swim, but we just taught them how to float in the water and how to help others; for example, they must not jump into the water; rather, what they have to do is to shout, throw, or give a stick to those who are drowning ..." (Staff member of the Public Disaster Prevention and Relief Division, aged 50 years).

3. **Community health care:** The community provided public health care in the area to all people, including parents raising children aged 0-5 years, as follows: 1) **Providing help by the public sector:** (1) health care

volunteers who were specialized in 8 fields established volunteers with expertise in mothers and children for providing comprehensive care starting from perception of pregnancy to the postpartum period of childbirth from ages 0-5 years. The activity began by searching for pregnant women, providing home visits, offering them advice about self-care during pregnancy, attending antenatal care before 12 weeks of gestation, developing parenting skills and self-care, and developing the innovation of breast therapy; (2) volunteers in other fields offered care for children. For example, civil defense volunteers rendered emergency assistance in disasters. Livestock development volunteers offered help on prevention of disease caused by animals. A hotline was also provided for health counseling by expert volunteers; **2) Providing services by health care units, whose missions were transferred from the subdistrict administrative organization:** community health interventions were introduced and the community hospital provided comprehensive services as follows: (1) health promotion and disease prevention, including immunization of children, oral and dental checks, provision of advice on child and maternal health, promotion of breastfeeding for 6 months, and support for exercise activities; (2) assessment of the development of children aged 0-5 years in the Well Baby Clinic and provision of training for teachers responsible for screening child development; (3) provision of care in conjunction with Thai traditional medicine and herbs and collaboration with the child development center in providing home health services; and (4) referral and rehabilitation by using a referral system for children aged 0-5 years such as in cases of retarded development, as well as emergency cases such as for children with high fever, and provision of a rescue car service for transportation of patients to tertiary hospitals. The rehabilitation was also operated by volunteers and a rehabilitation center for the disabled; and **3) Support of operations from groups and related community health organizations:** this included the establishment of a rehabilitation center for the disabled and support of the center for home care volunteers providing long-term care. In addition, care

managers who were the nurse and the caregiver were appointed. To decentralize the management of the fund and to give an opportunity for people to propose health projects for funding, the public sector was also represented on a subcommittee of the subdistrict health fund working with the central board.

"...According to the subdistrict health policy, we were based on the concept of hospital is home and vice versa . We also have the slogan: "providing services as they are our relatives". Everyone has equal rights. We also established 3 good principles: 1) good service, 2) good administration, and 3) good environment. We use this concept to provide care for all population groups. The families with children aged 0-5 years are also our target group. This is consistent with the policy of the chief executive of the subdistrict administrative organization. Care must be provided from before birth to death. Care is also given to all ages, especially children aged 0-5 years. Actually, care is primarily given when mothers become pregnant. At the service point, it focuses on development and basic vaccines. For the community, in addition to community leaders, mother and child care volunteers are supposed to take care of this issue. The family development center is affiliated with the social welfare division for dealing with the welfare issues ..." (The director of a community hospital health service unit under the subdistrict administrative organization, aged 46 years).

4. Conserving culture and local wisdom: 1) Traditional activities for conserving traditions: families with children aged 0-5 years usually perform activities together for relaxation. The traditions of people in the area were based on the lunar calendar, such as the *Loy Kratong* festival in the twelfth month and Traditional New Year in April; **2) Taking care of families with children according to their original beliefs:** it was customary for the northern people to follow their traditions for pleasant feelings in their family. The prominent beliefs are as follows: (1) Giving their child to a monk: children aged 1-2 months old who kept crying all night would be chanted to and given a holy wristband tied by a monk; (2) "*Pee Ya Mor Neuang*" ritual: the ritual is

performed when the family members want to know the causes of illness in or crying by children. Ghosts are invited to answer questions and provide solutions; (3) Sending a basket ceremony: it was a ritual to deliver a basket of food to the father and the mother of the newborn; **3) Supporting cultural learning resources:** *Phaya Lanna* (courting repartee) and *Klong Luang* (a kind of drum): this activity was performed to conserve Lanna (northern Thailand) arts; **4) Treating smoking and alcohol drinking in a funeral ceremony:** this activity was undertaken to promote people's health, as stated in the subdistrict health statute; **5) 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 the child development center, such as storytelling and playing folk music.

"...We call it "Pee Mor Neuang" (a type of ghost). We put it in a black shirt on a long stick. We dress it like a human. Then the ghost is invited to answer why children cry at night and what the cause of crying is. We also ask the ghost if it is about the past parents. It yes, the person who leads the ritual hits on the arms made on the stick. We additionally ask if the ghost wants anything. The things that the ghost wants will be tied to the children's hands..." (The spiritualist of "Pee Mor Neuang", aged 61years).

5. 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) Subdistrict Welfare Fund: a membership fee of 30 baht per month was collected and the fund was also financed by the subdistrict administrative organization; (2) *Horm Suk* School (school for seniors) Fund: welfare was also for home visits; (3) The Senior Funds at the village level: funds were raised for home visits from selling wastes. Additionally, a Cremation Welfare Fund and Volunteer Care Fund were established; **2) 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. Fundraising

activities were undertaken to assist and repair houses for these people; **3) Contribution to the older people, the disabled, and the HIV infected patients:** a monthly allowance supporting newborn infants was governmental welfare equivalent to the rights of the older people, the disabled, and the HIV infected people as well as nursing mothers who were impoverished or at risk of poverty.

"...Every member was granted a scholarship every year. Those studying in the kindergarten would be granted 300 baht. We did this until the year 2014; however, we changed the rules of the scholarship grant to create an incentive for the members to have more children. It is a practice that those studying in kindergarten to elementary school are granted 300 baht, those studying in secondary school 500 baht, and those studying for a bachelor's degree 700 baht. At first, we had only 100 members, but currently we have 1000 members and we get funding of 1000000 baht. Also, we have 20,000 baht for management. We also have welfare provided for emergency cases and accidents. We also provide welfare for the poor people suffering from disasters despite not being members..." (Treasurer of the Subdistrict Welfare Fund, aged 58 years).

6. Reducing expenses and supporting careers: **1) Reducing expenses:** the activity was operated by: (1) transmuting manure gas for distribution throughout the community. By doing so, the transmuted gas would help reduce the expenses of every household and help to solve the problem of odor pollution; and (2) promoting home-grown vegetable gardening and herbs for cooking; **2) Supporting careers and generating income:** the activity was achieved by vocational workshops, and promoting the establishment of groups among housewives, the older people, the disabled, and other villagers. For instance, the introduced workshops included bamboo work, pork rinds, bags, handicrafts from wastes, and herbal massage oils. To promote collaboration, registering the community enterprise of each local group or type of people or product was recommended; for example, *Moo* (Village) 10 *Phieng Phor Dee* (self-sufficiency), *Moo* 1 Farmer Housewives, *Moo* 5 Association of Housewives, or *Moo* 6

Homespun; **3) Market seeking and distribution:** this was done through being a training center and a national network, and the subdistrict administrative organization provided spaces for the groups to display their products.

7. 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. In addition, the Agricultural Extension Office was assigned to supply and distribute chickens to the residents so as to economize on the costs of cooking and to promote manure as fertilizer; **2) Community food arrangement:** the activity was operated by: (1) creating a city farm project as well as supplying public land for vegetable and herb planting; (2) improving the community market and having the produce comply with the Department of Health's standards; (3) providing booths for distributing goods in the area of health service centers; (4) encouraging the supply and sale of healthy foods; (5) aligning with the Plant Genetic Conservation Project under the Royal Initiation of Her Royal Highness Princess Maha Chakri Sirindhorn; (6) founding a seed bank in order to conserve, trade, and borrow seedlings in the community; and (7) supplying fertilizer facilities for manure fermentation for distribution to individual houses as well as providing training on fertilizer production for use in households; **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. The activities included: 1) evaluating the nutrition of the children by monthly weighing, measuring heights, and recording their information, especially regarding food allergies; (2) establishing standards and nutrition programs; (3) assorting the cooks by auction and managing quality through the approval of food safety committees as well as the Public Health and Environment Division; (4) introducing nutrition education into daily activity schedules; and (5) arranging spaces for planting vegetables that would serve as learning centers for children.

"...I am going to participate in the training to know how to use, and I will also check the quality of the foods delivered from some cooks. Besides, I will be one of the committee members who evaluates the cooking place. This includes supervising the auctions in which the food quality, taste, and materials should be seriously considered and the cooking should fall into my nutrition program." (A teacher at the child development center, aged 44years).

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 by providing an activity hall, fitness areas, house repairs and renovations for impoverished families with children aged under 5 years old, and protective observation from civil protection volunteers cooperating with the Department of Disaster Prevention Mitigation; **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; **3) Waste management:** the activity was operated through launching a zero waste project with the concept of local people participating in waste management by establishing a recycling bank; **4) Water management:** this included: (1) managing consumption through building a municipal water supply in order to produce water distribution to offer the villagers a lower price for water, as well as to provide welfare to departed members and to support the public benefit; and (2) managing consumption via founding a public drinking water center in order to produce and sell drinking water to the members.

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 promoting family bonds and conduct monitoring of domestic violence. Committees cooperated with the welfare services and other related networks; **2) Searching for and developing the potential of family rangers:** the activity

involved having networks to watch for domestic violence and developing the potential of the volunteers by providing workshops on the law related to violence; **3) Domestic violence management through the community:** in the event that domestic violence took place, community leaders would mediate and establish a center for conflict dissolution; **4) Management of the family information system and its applications:** the activity was performed through compiling records on families with children aged under 5 years old from the subdistrict along with data of single parent families for further support.

"The family development center is a center under the subdistrict administrative organization (SAO), for achieving the policies acquired from the Department of Women's Affairs and Family Development and ensuring that the center is run by the locals. Our SAO is always ready to take part in the community, but only their support is required. In 2004, the center happened to have a chance to work with the Family Network Foundation through the generous cooperation of the Provincial Administrative Organization. It was concerned with managing families with children aged under 5 years old, which also was in accordance with the Mahawitchalai (community college)" (Staff member at the welfare services, aged 35 years).

10. Enhancing social capital and participation: the community was required to perform as follows: **1) Creating good governance (GG):** GG was administered by penetrating thoroughly into every level as it was suggested 'GG for all, all for GG', and creating effective adolescent, adult, and senior citizens; **2) Providing 'Khuang Kum Kuet' (opinion spaces):** these are places for exchanging and discussing solutions, coping with people issues, and holding local affiliated parties; **3) Creating connection and networks:** this included establishing health services, an educational institute, and identifying agencies related to developing performance at the local level such as subdistrict health networks and transferring station networks; **4) Development and application of a subdistrict information system:** this was operated by the following action: 1) conducting community research and

data collection from the subdistrict following the 'Rapid Ethnographic Community Assessment Process - RECAP' (Nuntaboot *et al.*, 2013) and preparing information in the subdistrict through the 'Thailand Community Network Appraisal Program - TCNAP' (Nuntaboot, 2012); 2) developing a geographic information system, including land information and locations of the disabled; 3) collecting data via the Java Health Center Information System and using such information for supporting families with children aged under 5 years old as well as other in-need villagers.

"Khuang Kum Kuet, referring to opinion spaces in the official Thai language, is an open space such as a courtyard at your house or a temple court at the temple. When conflicts take place, families can use this place to resolve controversies. At first there were few members using this place; however, recently there have been a greater number of people using this place for the exchange of ideas. As it is like an unofficial meeting, some educated people occasionally propose their ideas on coping with troubles. Sometimes they even praise someone's good behavior such as a family member who has been able to stop drinking or smoking. This makes great publicity and people will think of it as the standard. Our SAO does this every year." (The advisor to the chief executive of the SAO).

11. Creating rules and agreements: the community shall perform as follows: **1) Setting a constitution for health:** this proceeded by declaring the direction and agreement on the healthcare provided for the people and their families; **2) Making agreements for ending domestic violence:** this was achieved through the networking of violence control, mediation, and rapport promotion; **3) Cooperating with affiliated public development policy:** it was agreed that the community was oriented to good health and the well-being of the subdistrict with the support of the Thai Health Promotion Foundation - the third headquarter, and other educational support from the Center for Research and Development in Community Health System of the Faculty of Nursing, Khon Kaen University.

Conclusions

This critical ethnography helped to understand the ideas and the beliefs of the community and the relationships of social capital with work and activities. It became a community care system for families with children aged 0-5 years which could provide positive impacts on families in relation to society, economy, health, the environment, and politics. The findings suggest the guidelines for community management in 11 actions: 1) creating lifelong learning, 2) creating and developing volunteers, 3) taking care of community health, 4) conserving culture and local wisdom, 5) promoting savings and providing welfare, 6) reducing expenses and supporting careers, 7) managing food, 8) organizing a friendly environment for families with children 9) monitoring and solving family problems and promoting a loving family, 10) enhancing social capital and participation, and 11) creating rules and agreements to enhance performance and activities and the cooperation of 6 target groups, namely the local administrative organization, child development center, family development center, *tambon* (local government unit) health promoting hospital, volunteers brought together by the social capital in the community, and members of the local sectors such as village headmen by using the systematic drive of social capital in the area (Nuntaboot, 2018). It is suggested from the findings that the cooperation of all sectors in the area was required to strengthen the community with self-management (Hengboonyaphan and Nuntaboot, 2017).

The operation of community care for families with children aged 0-5 years can be comparable to sustainable development goals (United Nations, 2018b) as follows: 1) Ending poverty in all its forms everywhere: the community provides career training for the families, reduces family expenses, and provides welfare; 2) Alleviating hunger and achieving food security and nutrition: it was found that the community ran food management at the household level, community level, and at the child development center; 3) Ensuring the quality of life and promoting good health equally to all genders and ages: it was found

that community health care had close collaboration with the public sector, volunteers, and health service units. The strengthening of health-related organizations and use of subdistrict health funds to drive operations and care for all the population equally were also implemented; 4) Ensuring inclusive and equitable quality education: the community created lifelong learning to provide a good quality of education for children aged 0-5 years. Learning for preparation to be parents, developing the potential of volunteers in volunteer colleges and the older people in the school for seniors were also operated; 5) Creating gender equality and empowering women and girls: it was found that in some areas, the Mae Sri Ruen Group's chain of restaurants was established and women were encouraged to be village leaders and administrators in the subdistrict administrative organization. The family development center was also established for monitoring family violence; 6) Ensuring provision of water and sanitation with sustainable management: water management for consumption by the village was implemented by the water supply group and the community drinking water factory; 7) Ensuring equal accessibility to modern energy: in the community, gas from pig manure was transformed into LPG gas and distributed to the families in the community; 8) Promoting sustainable economic growth and appropriate employment for all individuals: the occupational groups were established in the community to increase the members' incomes; 9) Ensuring consumption patterns and sustainable production: food production in households, vegetable planting, management of the community market, production of compost, and genetic preservation were promoted in the area; 10) Promoting a peaceful and inclusive society where all individuals can access justice and effective institutions covering all levels were established: to illustrate, a subdistrict mediation center was established. Conflict management was operated by the community members. Interestingly, the monitoring of violence was also introduced. These activities were consistent with the Twelfth National Economic and Social Development Plan (B.E. 2560-2564) with

respect to the potential development and strengthening of human capital. The development of volunteer capacity for care provision for families with children aged 0-5 years was undertaken. There was also management to prevent corruption and provide good governance. These were also consistent with the Policy and Strategy for Family Institution Development (B.E. 2560-2564), with respect to capacity development, establishment of security, management, and support of the community network and society for family development (Department of Women's Affairs and Family Development, 2018). When compared with the 20-Year National Strategy set by the Ministry of Public Health (Ministry of Public Health, 2018), it was found there was consistency in improving the quality of life for all age groups. For example, children aged 0-5 years were supported to be developed appropriately. The child development center was provided with quality equipment and the community was strong. Therefore, community nurses and health personnel in primary care units are suggested as playing a key role in building collaboration with the community to drive systemic care for families with children 0-5 years old.

Conclusions 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 for creation of loving families and the development of children aged 0-5 years by the use of the community and society participation. However, the knowledge of care remains ambiguous. The findings in this report will complement the knowledge of care for families with children aged 0-5 years. This report is a mere part of the study on the community care system for families with children 0-5 years. Community care for family with children 0-5 years has regard to the relationship and collaboration of social capital as part of the system. There were at least 6 parts as follows: 1) Social groups, 2) the child development center, 3) the family

development center, 4) health service units, 5) the subdistrict administrative organization, and 6) community leaders. The nursing professionals who work in the community are required to play independent roles and functions to build collaboration through social capital. This report presented 11 approaches for management of the problems and needs of the community for families with children aged 0-5 years, which may be utilized by community nurses and health teams in primary care units.

1) Understanding of culture, ideas, beliefs, and community practices are required in order to allow 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 and design both proactive and receptive health care through the social capital, including volunteers, local specialists, community leaders, and officials of local administrative organizations 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 design care patterns for children aged 0-5 years in the child development center for the promotion of health, prevention and screening of diseases, and systematically managed referral.

4) Community nurses should play active roles in encouraging a health charter, creating rules to promote people's health, and raising people's awareness in providing care for families with children aged 0-5 years.

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