



บทความวิจัย

วาทกรรมชุมชนต่อความเป็นแม่และการเลี้ยงดูเด็ก ในพื้นที่ชุมชนแห่งหนึ่งในภาคเหนือของไทย

นิตยา พันธงาม* และ ขนิษฐา นันทบุตร**

คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น อำเภอเมือง จังหวัดขอนแก่น 40002

บทคัดย่อ

วัตถุประสงค์: เพื่อศึกษากระบวนการสร้างวาทกรรมความเป็นแม่และการเลี้ยงดูเด็กในชุมชน และผลกระทบของวาทกรรมต่อความเป็นแม่และการเลี้ยงดูเด็กในชุมชน

แบบแผนการวิจัย: การศึกษานี้ดำเนินการวิจัยโดยใช้การวิจัยเชิงคุณภาพแบบวาทกรรมวิเคราะห์เชิงวิพากษ์

วิธีดำเนินการวิจัย: ผู้ให้ข้อมูล จำนวน 90 คน ประกอบด้วย 1) ผู้ให้ข้อมูลหลัก เป็นผู้ที่มีความรอบรู้ข้อมูลอย่างลึกซึ้ง จำนวน 84 คน ได้แก่ ปราชญ์ ผู้นำชุมชน บุคลากรสุขภาพ แกนนำกลุ่มองค์กร ครูในศูนย์พัฒนาเด็กเล็กและในโรงเรียน ผู้นำศาสนา หญิงตั้งครรภ์ แม่หลังคลอด สมาชิกในครอบครัวแม่และเด็ก อาสาสมัคร ผู้บริหารและเจ้าหน้าที่ในองค์กรปกครองส่วนท้องถิ่น แกนนำศูนย์พัฒนาครอบครัว และ 2) ผู้ให้ข้อมูลทั่วไป 6 คน ได้แก่ สมาชิกในชุมชนและผู้ที่เกี่ยวข้องในการดูแลแม่และเด็ก คัดเลือกแบบเจาะจงและแบบสโนว์บอลล์ เก็บรวบรวมข้อมูลโดยการสัมภาษณ์เชิงลึก การสังเกตแบบมีส่วนร่วม สทนากลุ่ม วิเคราะห์ข้อมูลโดยวิธีการวิเคราะห์วาทกรรมเชิงวิพากษ์และวิเคราะห์เชิงเนื้อหา

ผลการวิจัย: ผลการศึกษาแบ่งเป็น 3 ส่วน ได้แก่ 1) ความหมายของความเป็นแม่และการเลี้ยงดูเด็กเป็นกระบวนการที่สะท้อนถึงการตีความและสะท้อนอัตลักษณ์ความเป็นแม่และการเลี้ยงดูเด็กผ่านมุมมองเชิงวัฒนธรรมของทั้งแม่ ครอบครัว และผู้ที่มีส่วนเกี่ยวข้องในการดูแลแม่และเด็กในชุมชน โดยถูกถ่ายทอดในรูปแบบของภาษาและใช้สื่อสารในชุมชน พบว่ามีความหมายเชื่อมโยงกัน 2) วาทกรรมความเป็นแม่และการเลี้ยงดูเด็กเป็นกระบวนการสะท้อนถึงการแสดงออกทางความคิด ความเชื่อผ่านคำพูด ภาษาหรือวาทกรรม มี 2 อัตลักษณ์ คือ วาทกรรมเสริมพลังอำนาจและวาทกรรมพึ่งพา และ 3) ผลกระทบของวาทกรรมความเป็นแม่และการเลี้ยงดูเด็กเป็นภาคปฏิบัติทางสังคมวัฒนธรรมของวาทกรรมที่ทำให้เกิดการปรับเปลี่ยนพฤติกรรมความเป็นแม่และการเลี้ยงดูเด็กที่เหมาะสม รวมทั้งการเกิดแนวทางใหม่ในการดูแลแม่และเด็กในชุมชน

สรุป: ผลการศึกษาสะท้อนให้เห็นองค์ความรู้ใหม่ที่ว่าความหมายของความเป็นแม่และการเลี้ยงดูเด็กมีความเชื่อมโยงกันเมื่อถูกสะท้อนผ่านมุมมองเชิงวัฒนธรรม และกระบวนการตีความหมายของแม่และการเลี้ยงดูเด็กที่ถูกถ่ายทอดในรูปแบบภาษานั้น สะท้อนให้เห็นถึงการผลิตสร้างวาทกรรมใหม่ที่เป็นวาทกรรมเสริมพลังอำนาจจนนำไปสู่การปรับเปลี่ยนพฤติกรรมการดูแลสุขภาพของแม่ที่ดีและแนวทางในการดูแลแม่และเด็กในชุมชน ซึ่งพยาบาลและผดุงครรภ์ผู้ที่มีบทบาทสำคัญในการขับเคลื่อนการพัฒนากระบวนการดูแลแม่และเด็กสามารถนำมาใช้เป็นเครื่องมือในการเสริมสร้างความเข้มแข็งของชุมชนในการพัฒนาระบบการดูแลแม่และเด็กและส่งเสริมความเป็นแม่และการเลี้ยงดูเด็กอย่างเป็นระบบได้

คำสำคัญ: วาทกรรมชุมชน/ ความเป็นแม่/ การเลี้ยงดูลูก/ วาทกรรมวิเคราะห์เชิงวิพากษ์

* อาจารย์ประจำ คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น

** ผู้รับผิดชอบหลัก รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น E-mail: khanitta@kku.ac.th



Community Discourses of Motherhood and Child Rearing in One Community of Northern Region of Thailand

Nittaya Panngam* and Khanitta Nuntaboot**

Abstract

Purpose: This study aimed at investigating the process of contributing community discourse of motherhood and child rearing and its impact on motherhood and child-rearing in the community.

Design: Qualitative study using critical discourse analysis.

Methods: The informants were selected through purposive sampling and subsequently snowball technique. There were a total of 90 informants in this study. Multiple data collecting methods were employed included in-depth interviews, participatory observation, and group discussion. Data were analyzed by critical discourse analysis and subsequently analyzed by content analysis.

Results: The findings revealed in three parts: 1) definition of motherhood and child-rearing is the process of interpretation and revealing identity upon motherhood and child-rearing through cultural perspective based on the language among mothers, families, and stakeholders which illustrated the interrelated meaning, 2) community discourses of motherhood and child-rearing, the process of ideal expression through the term of wording or discourses which demonstrated in two identities comprising discourse of empowerment and discourse of dependence; and 3) impact of community discourse of motherhood and child-rearing was the sociocultural practices resulting in the encouragement suitable maternal behavior and child rearing practices as well as the new approaches for motherhood and child-rearing support in the community.

Conclusion: This study presents a new body of knowledge that the meaning of motherhood and child-rearing are interrelated based on cultural perspective. Moreover, the process of interpretation upon motherhood and child-rearing through language reflected the production of empowerment discourses. Nurses and midwives who constitute a continuous movement on maternal and child care can be applied as a tool for strengthening community movement to develop maternal and child care systems systematically.

Keywords: Community discourse/ Motherhood/ Child rearing/ Critical discourse analysis



Introduction

Maternal and child groups are an important human resource which regarded as an investment in the future, window period of their growth and development was two years of age where appropriate child-rearing plays a major role. This period has long been known as a strong predictor of child growth and development and mothers play an important role in the development of parenting.¹ In Thai primitive society, various parenting styles were performed include permissive, authoritarian, authoritative, and neglecting types. Currently, parenting style had some change owing to the context of modern society in which children are early left to others such as grandparents or relatives.² However, both primitive and modern parenting styles have some different cultures and limitations which affect maternal and child health such as delayed child development, delayed language, delayed accessibility, or poor bonding attachment. These depend on the belief, ideology, and how those people define motherhood being.

The definition of motherhood is varies depending on the socio-cultural, historical, political contexts in each society. In spite of the great variation, even within a specific era at one point in time in the motherhood discourses about who should and should not mother continue to exist.³ Being a mother is commonly referred to like a certain functionalization, meanwhile; the act of bearing a child is obviously a biological fact which signifies the activities of caring and nurturing the child.⁴ In some

modernity, motherhood refers to the context in which mothering is experienced and the maternal primary mission and task is supposed to rear and nurture the child in a self-sacrificing way.⁵ Previously, motherhood is a gendered construct; it is based on the thought that bearing a child is a natural instinct. Obviously, contemporary contributions of the “good mother continue to be shaped by universalistic; and specialist assumptions found in the approved discourses that shape women’s lives have existed”.

Generally, discourse is defined as a term of wording or any practices by which individuals imbue reality with meaning. Following the conceptual of Fairclough (2004) suggests that discourse is an element of social processes, events, and practices.⁶ The process of contributing discourse is the process for constituting the identity and its meaning of something through the linguistic interpretation and social domain in which discursive practice will represent how the text of discourses is produced and utilized. In addition, social practice, the ideological effects resulting from the order of discourse and interaction between the social event and people in a society.⁷ Motherhood is a discursive construct, which figures in “ways of representing, interacting and being.”⁶ Motherhood is an identity discourse; it figures in ways of being. It has been supposed to be a primary identity for adult women, and reinforce their gender identity.⁵ The findings of several studies mostly revealed that the social practices of mothers reflect both dominant and alternative discourses.



In some cultures, identity discourses are relational which women become mothers within the social network of relations. Furthermore, motherhood is assumed to be a woman's primary source of satisfaction and fulfillment and reason for being due to her biological nature.^{8,9} These points reflect that different discourses of motherhood and child-rearing will affect the mothering styles, child-rearing practices, and relevant policymakers in each context.¹⁰

Despite a great operating strategy, a large number of health alterations among maternal and children were reported. Indeed, the relevant policy and health service provided are based on only discourse through policymakers and health care providers. So, some inequality of health service accessibility and some unsuitable care are appeared.¹¹ However, the selected setting could be demonstrated the strengthening community care system for supporting mothers and families.¹² From these points, the researcher is interested that how community discourses were produced for strengthening community movements to support motherhood and child-rearing. To investigate the relevant discourse will be provided understanding the relation and affection among community discourse and the relevant community care. There has been some investigation emphasis on how parents define mothering and some discourse study on child-rearing. However, most studies have been conducted separately and regardless of encompassing the community discourse in the

study. Little has been done to see how motherhood's discourse and how fatherhood's discourse are even qualitative such as ethnography and discourse analysis.^{13,14} So, understanding different cultures based on discourse roots may serve the new discourse knowledge which can be applied for the development of community system and health care system for motherhood and child-rearing support. The present critical discourse analysis is aimed at investigating the community discourse of motherhood and child-rearing as well as the impact on maternal and child care in the community.

Method

This study was qualitative research using a critical discourse analysis approach to understand the process contributing to the community discourse, and its impact on the maternal and child in the community. The study setting was a sub-district in Chiang Mai Province, Northern Thailand. Data was totally collected from December 2017-January 2019, a total of 17 months. There were 0.94% pregnant women of the total population and 3.73% children at the first two years of age. This setting was a subsidiary with healthy community networks and a training center for strengthening maternal and child care. This Tambon was recognized as a role model of "breastfeeding promotion" and strengthened volunteering efforts to promote the maternal and child care systems in the local area.

The total informants were 90 people consist of 1) key informants including 4 pregnant



women, 3 postpartum mothers, and 77 persons involved in the care of mothers and children aged 0-2 years old, namely expertise people, family members, community leaders, health care providers, social groups, caretakers in a child development center, teachers, religious leaders, village health volunteers, officers in local administrative organization and family development center, totaling 84 persons. 2) General informants were 6 persons who had experience in providing care to mothers and young children. The researcher uses purposive criteria for selecting the key informant and accessing them by contacting the community leaders, volunteers, and village headman in which they will be guided to the key informant. 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 mothers and young children.

Qualitative researchers themselves are typically considered as major instruments that affect the reliability of the data. The researcher of the current study learned the theoretical concepts and practiced qualitative study skills in the doctoral nursing degree program at Khon Kaen University. Moreover, the researcher learned critical discourse analysis skills through field study with an advisor. In addition, semi-structured in-depth interviews and group discussions were employed with the following questions as 1) “What the meaning of motherhood and child-rearing are?”; 2) “What do people in your community talk about child-rearing and

motherhood?”; 3) “What are term of wording refer to motherhood and child-rearing in your community?”; 4) “What are the impact of some changes from those term of wording?”. The last instrument employed was field recording tools, including a notebook and recorder.

In this study, data collecting was conducted by multiple processes as follows: First, the researcher submitted a letter asking for obtaining formal permission to collect data from the municipality, community leaders, and hospital director. Secondly, the researcher explained the objective and obtained consent from the participants, clearly indicating that their participation was completely voluntary and would not affect their actual services in any way. Thirdly, the study process was divided into four phases. The first phase involves exploring the socio-cultural context in the community. In the second phase, the definition and community discourse of motherhood and child-rearing were explored. In the third phase, the situation of maternal and child care in the community was examined. Finally, the impact of community discourse on motherhood and child-rearing support, a body of new knowledge, and recommendations for motherhood and child-rearing support in the community were synthesized.

The data were collected by multiple methods. The participatory observations were employed with community activities included activities in the community ceremonies, child development center, family development



center, health care units, and meetings of the village health volunteer and community leaders. Also, the in-depth interviews were carried out based on interview guidelines with 45 key informants and 6 general informants, each lasting approximately 45-60 minutes, until the data were saturated. The group discussions were employed with 39 key informants five times, including two times of 8 community leaders, one time with 12 social groups, and two times with 19 village health volunteers, each lasting 60 minutes. Field notes and an audio tape-recording were required for each interview and discussion.

Two sorts of data were analyzed including community documents and data from informants. The data were organized and critical discourse analysis was applied to reveal the community discourses, discursive practice, as well as the sociocultural practice of motherhood and child-rearing interpretation. Following Fairclough conceptual framework, in order to interpret discourse from a sociological standpoint, three different levels of analysis consist of textual analysis, discursive practice, and social practices are employed.⁷ The first step, textual analysis, is the process to translate the discourse into a textual form or what wants to be said with the discourse. It aims to represent the term of wording that referred to motherhood and child-rearing in which two procedures were applied including 1) description for non-verbal discourse and 2) transcription for spoken discourse. Secondly, discursive practice, processing analysis to understand the discourse

in part of what the discourse does or what is done with the discourse. Thirdly, social practice, the process of sociocultural analysis through interpretation of what the discourse implies which provides an explanation of the discourse as it addresses the sociological aspect. Furthermore, content analysis was undertaken to classify the data upon socio-cultural context into identical themes and sub-themes. Researchers conducted the analysis along with data collection and reviewed the material with each informant afterward. Trustworthiness and quality of data were rigorously verified using four criteria including credibility, transferability, dependability, and confirmability. The credibility of data was confirmed through prolonged engagement in the field of the researchers and the consistency of the interpretations on data verified by member checking and debriefing with the advisor. For dependability, the researchers ensured consistent findings by employing several methods for collecting data and confirming each issue from several events over a period of time. Confirmability, data triangulation was employed to verify the accuracy. In case of transferability, confirmed by the informants who were likely to reflect key issues and the accuracy of the data in the research.

Ethical consideration

This study was approved by the Institutional Review Board of the Khon Kaen University Ethics Committee for Human Research, with approval code no. HE602280. The researchers strictly respect the ethical codes of conduct and protect the rights of all informants



by providing information regarding the study including objectives, the process of study, benefits, right for decision-making on participation; and all participants signed a consent form.

Results

This study revealed the sociocultural context in this community that 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. There were 168 social capitals having the potential to support maternal and child groups, including social groups, community leaders, healthcare providers, and local administration organizations. This Tombon is well known as the area for creating collaboration through effective communication and innovation in which the term of wording or discourses were employed as the tool. Especially, the local policies, traditions, rules, and regulations were distributed through discourses utilization. There were, also, relevant community discourses referred to as the significant mechanism to improve socio-cultural practices regarding motherhood and child-rearing namely “No one left behind”, “Change burden into power”, “Hospital as home, home as hospital”, and “Caring from pre-birth until post departing “. It is clearly seen that the socio-cultural context can be produced some community discourse, likewise; that community discourse brings about some particular social practices.

The relevant findings of this study revealed three parts: 1) definition of motherhood

and child-rearing 2) community discourse of motherhood and child-rearing demonstrated into two identities comprising discourse of empowerment and discourse of dependence, and 3) impact of community discourse of motherhood and child rearing to maternal behavior and child rearing practices, which can further be explained as follows:

Definition of motherhood and child-rearing

Definition of motherhood and child-rearing is referred to as the process of interpretation and defining upon mothering and child-rearing through cultural perspective based on the language among mothers and surrounding people. This study revealed a new definition among motherhood and child-rearing that both of them were interrelated meanings. Moreover, it was evident that the definition of motherhood and child-rearing represented the identity of mothers which influenced and associated with the interaction and creation of culture in the society. Defining of motherhood given by the community also demonstrated that women were not only mothers but also played social roles. This eliminated an old image as considered by the society that mothering was a burden against working in the organization and possibly being oppressed by others. Meanwhile, a new identity of mothers was recognized as valuable persons with details as presented in the following:

Motherhood is beyond biological or blood relations; it adds value to mothers and reinforces the power of women living in society. It refers to maternal activities provided to their



child by affection and expects nothing in return. In addition, the multiple maternal roles who act as caregiver, giver, friend, and role model on taking care and educating their children throughout childhood are mentioned. Another meaning, motherhood is dominated by the power of traditional social structure which stigmatized and determined maternal roles that hindered mothers' rights, for instance, mothers have to take care of their children. This indicates that only women need to raise their children, and husbands are hardly involved in child-rearing.

"...I think I take close care of my child, being like a mother, father, friend, without concealing any secrets. Every mother needs to give affection and warmth to children. I don't want anything return, just want my son to be happy..." (Grandmother, LCH3)

"...Mothers need to be patient, have self-sacrifice, and devote themselves to their children. When I was pregnant, I experienced physical changes. I had to be extremely patient and did everything for their children..." (Pregnancy, PMC1)

Child-rearing is this is the practice of mothers or caregivers performing to fulfill children's fundamental requirements including eating, living, sleeping, playing, and livelihood. Also, it is defined as a significant role in which parents and community organizations should be participated with affection and warmth as well as planning their education for perfectly growing up as great citizens of the society. Another defining, child-rearing is pushed into maternal roles which are dominated and

excluded in terms of the social power likely as the reproduction of the community discourse, saying that, *"mothers needed to raise and teach their children on their own"*. In the case mothers fail to do due to work constraints or health problems, some inferior or stigmatic feelings could be originated.

"...Every mother needs to give affection and warmth to children. I have hugged and kissed my child from earlier until now. Also, I have planned for his school by consulting with my family as well..." (Grandmother, SMC1)

"...At present, most people work outside their home, so fathers and mothers have to have mutual assistance for raising a child. However, mothers should be taking the main act for raising the child..." (Village health volunteer, HMC2)

Motherhood was interpreted that wasn't the owner's problem meanwhile the surrounding society brings into some problems with some particular identity. Even though, the social and democratic system lead motherhood to become the institution in which some oppression and dominant can appear. This study reflected the way for empowering mothers to be a valuable resource and could constitute the particular culture on women becoming as the significant social capital and cultural resources.

Community discourse of motherhood and child-rearing

Community discourse of motherhood and child-rearing is the process of contribution



significance and identity of motherhood through terms of wording. The identity of the mother was the image of motherhood as recalled by the general public. Therefore, the maternal identity was varied based on the images from various discourses as experienced by each individual. The result represented that the community discourses were constituted from key persons in the community namely elderly people, community leaders, village headmen, and healthcare providers through the reproduction process including the inheriting, teaching, instructing, or speculate in form of regulation, rules, and law in the institution and community organizations. Meanwhile, some community discourses were newly produced through various processes including the vision, belief, ideology of leaders which bring about the establishment of cultural practices for mothering and child-rearing support such as the culture of helping assistance, relative-based assistance culture, or volunteer-based assistance culture. Obviously, the community discourse which constitutes the particular significance of the person, matter, or way of life could be illustrating not only the identity but also the meaning from the community's view. Therefore, if we expect to change society, understanding the interrelation between social practice and community discourse should be highlighted. The study finding demonstrates two identities of community discourses that represent the significance of motherhood and child-rearing in the community comprising 1) discourse of empowerment and 2) discourse of dependence with the details as presented in the followings:

1. The discourse of empowerment,

this identity is a positive discourse by the society towards mother's roles. This reflects the reinforcement of values and power of mothers in terms of maternal self-esteem and empowerment. There are eight discourses are discovered as follows:

1.1 Giver mother, this term is used to call honored and respected mothers regarding motherhood and child-rearing. Giver mothers are those who have self-sacrifice, are patient, devoted, as well as give affection and attention to their children on every matter (eating, sleeping, studying, and health). They always consider their children as more important than themselves, coupled with paying attention to their beloved people.

"...Our children should be cared for with love and warmth in every matter. I raise my son by myself, clean my house, wash cloths, and work as a village health volunteer, as well. I loved my child so much..." (Village health volunteer, HMC8)

1.2 Strong mothers, this refers to mothers who have a child while performing several roles and responsibilities. They are called as "main pillar of the family" who earn a living for the family. They perform as family leaders who mainly take care of family members, parents, and children with their affection. Also, they are housewives and remain a significant role in working with the community, such as acting as a leader, volunteering, and so on.



Based on the participation in vocational training with Newman, she was mentioned that “...she is truly a strong mother”. She always takes her child to work and takes care of her parent when going back home. She also acts as the chief of woman group and a volunteer...” (Field note, May 26, 2018)

1.3 Role model mothers, this term demonstrates the identity of ideal motherhood which gives mothers values and the reinforcement of their power. These mothers positively push forward maternal roles, which not only involve child-rearing but also reflect a role model of sufficient life, gratitude, and volunteering mindset. This type of mother adopts the culture of child-rearing that tries to instill children with patience, self-reliance, and generosity, as per the statement “child-rearing is like planting trees”, to let children experience trial and learn from mistakes.

“...Sister Sao (alias) has two children and is a single mother. She is like a family leader for earning. She lives a sufficient life, plants home-grown vegetables, and teaches both children about savings by acting as an example. She also serves as a village health volunteer...” (Community leader, LMC7)

1.4 Internet-age mothers, this refers to mothers who are eager to search for information online. They usually access the internet to find information on how to prepare to be a mother. With the emerging of new values and beliefs on the current trend of high-speed online media in society, as a result, these mothers prefer to obtain online information

regarding parental activity and preparation, skincare usage, boosting maternal confidence and self-image, and online discussion among friends. These results in the modern culture of child-rearing in which mothers raise their children according to the social trends as broadcast via the internet channel.

“...At present, mothers usually search for information from the internet. They take care of themselves and raise their children based on the current trend such as early access to health care unit, preparation for parenting, or dressing with fashionable clothes, and receiving a suggestion from nurses...” (Village health volunteer, HMC4)

1.5 Manual-based mothers refer to mothers who usually utilize information and media as tools for preparing themselves to become a mother. They have planned their pregnancy and child-rearing practices based on textbooks, leading to the culture of manual-based child-rearing style. They rely on academic information rather than information from the general public. In case of the information from verbal communication, they would mostly accept advice from experts such as doctors or nurses.

“...Like myself, I read from a manual on child-rearing since a baby was in the womb. The manual mentioned that a baby has sensation, and I was advised to have a baby listen to music, as well as know types of foods that should be provided each month. I had done like that manual mentioned...” (Chief Administrator of local administrative organization, LMC 6)



1.6 Contemporary mothers, this refers to mothers who illustrate a way of life-based on values, beliefs, and new culture in the current social context simultaneously with inheriting some traditional cultures. For example, receiving antenatal care, changing behaviors during pregnancy by eating properly, walking carefully, doing relaxation activities, joining activities in the community, acting as a group leader, volunteer, all of which are regarded as practices in the current culture. In addition, having confinement put the pin on clothes before going out is some kind of traditional Lanna (Northern) culture.

“...Some mothers still have a contemporary way of life. Their practices still adhere to traditional beliefs, for example, taking amulets when going outside for preventing evil spirits. Also, they listen to the conventional doctors such as eating highly nutritional foods as advised...” (The officer of Sub-district Administrative Organization, HMC4)

1.7 Modern-age mothers, this refers to mothers who sometimes called “up-to-dated mothers”, who have a modern lifestyle based on the current community context including working outside, mostly taking ready meals from the market, taking their child to grandparents or child development center, and pay attention to their image, so mothers have self-confidence and change viewpoint towards motherhood. This discourse reflects modern mothers who are able to maintain the image and perform maternal roles powerfully even though there are some changes in their

physical and responsibility. Furthermore, they mainly rely on their opinions, listen to advice from senior people but choose any practices based on their own consideration.

“...Lawin is a 37-year-old mother and has one son. She works outside. Her grandmother helps raise the child during the day, and she takes care of at night. During pregnancy, she would regularly see the doctor as appointments and adjusted self-care behaviors, including eating healthy foods, wearing fashionable clothes...” (Field note, March 2018)

1.8 Phor tiem Mae tieam, this refers to the identity of some families in which children are raised by other people apart from their fathers and mothers, such as grandmothers or relatives. This is possible because parents are not ready for child-rearing, so grandparents or relatives accept the child as their own. They are authorized to raise the child by real parents verbally or literally in some families. These parents perform roles as if they are real parents such as feeding, sleeping, bathing, teaching, or health care.

2. The discourse of dependence, this discourse represents the negative identity of motherhood who need some assistance, advice, and other supports. There are five discourses representing as follows:

2.1 Miserable mothers, this refers to mothers who are poor, have low income, or are unemployed, while their husbands are mainly earners in the family. These mothers are illiterate, can barely read and write. They have



no identification card or welfare smart card, and mostly they are a nonregistered population who enter to work in the locality. They normally face family problems such as financial issues, alcohol addiction, or having disabled children. As a result, mothers have to raise children according to their economic capacity, while providing children with food and toys as only they can afford. In spite of several difficulties, the policies and community management were performed for these mothers including the culture of mutual assistance, volunteering, and promoting the accessibility to fundamental welfares, health care, and public services.

“...Eh (alias) was a 23-year-old Tai Yai. She had a son and separated from her husband because both of them were poor and had some conflicts. She left her job for raising the child on her own. Her child was 4 years old and had developmental delays...” (Field note, May 2018)

2.2 Teenage mothers, this refers to mothers who get pregnant during school age. Based on the biomedical definition, teenage mothers are under the criteria of gestation at aged less than 18 years old; are not mature emotionally; and incompletely upon physical growth. As a result, the community indicates that young mothers are currently becoming social problems. They have not been ready for pregnancy and need assistance since they are in a curious school-age. Moreover, they often separate from their partners afterward; and frequently use mobile phones for child-rearing. These identities are the reproduced discourse in which the society negatively interprets and expresses towards young mothers as bad and spoiled. Nevertheless, they can perform roles

in the same way as other women, such as working to help society.

“...Maew (alias) had the first pregnancy at the age of 15 years old while she was studying. After realizing the pregnancy, she left the school. When she stayed with her child, she usually provided a mobile phone to a child to stop her crying...” (Field note, May 2018)

2.3 Primitive mothers, this refers to mothers who adhere to specific northern culture recognized and performed by people at that time. For example, pregnant women have to make merits, not to attend funeral ceremonies, have confinement after childbirth, hold the wrist tying ceremony when bringing the baby home, and so on. All of these traditions have been inherited from primitive people. Moreover, these mothers rely on traditional child-rearing practices in which mothers are the main caregivers, while husbands are family leaders who mainly earn a living.

“...In the past, parents did not help children do anything. They let children do everything on their own. On pregnancy, mothers should be making merit, and follow the old tradition such as should not attend funeral ceremony, or have confinement after childbirth...” (Village health volunteer, HMC1)

2.4 Novice mothers, this refers to mothers who have their first child and pay attention to the preparation for childbirth. They usually search for information from several sources such as the internet, parents, and experienced person. As for child-rearing practices, they listen to advice from surrounding people; however, they spoil their children as supportive child-rearing practices. For instance,



they do not allow their children to play with soils owing to the concern of illness; as a result, children possibly lack opportunities to learn from the environment.

“...I noticed that inexperienced mothers would be afraid of several things, for example, they would rush to hold crying children, give anything immediately to fulfill children’s demands, and they rather spoiled their children...” (Village health volunteer, HMC 8)

2.5 Single mothers, this refers to a mother who raises a child alone due to separation, divorce, school-age pregnancy, death of a partner, so mothers are in charge of child-rearing. Even though a single mother raises children solely, the culture in the northern community still provides mutual assistance in a kinship manner.

“...Mrs. Four (alias) was 20 years old. She had her first pregnancy at 15 years old while she was studying. After realizing the pregnancy, she left school. After childbirth, she separated from her current husband and became a single mother...” (Field note, July 2018)

The impact of community discourses on maternal and child care in the community

This part revealed the sociocultural practices resulting from the dialectic interaction between people, discourse, and social events. In other words, this part reflects that how discovered discourses affect convention, norms, culture, or rules among motherhood and child-rearing practices. When the community

discourses are produced in the community, two parts of people are affected with some changes comprising (1) maternal and child group, (2) maternal and child care system in the community which can further be explained as follows:

3.1 The impact on the maternal and child group. The discourse of empowerment eradicates the old image of motherhood, which, in turn, it strengthens maternal recognition in modern society. In the past, women were oppressed in a family and a workforce; they were stigmatized as not being able to fully work and should not receive equal pay like men. Meanwhile, the new current image reflected through the discourse of empowering, mothers can behold maternal role simultaneously being able to fulfill social roles they have within a community, such as a community leader, a volunteer, chief of a social group, etc. In addition, the maternal behavior and child-rearing practices are improved include parenting preparation, early visiting at the antenatal unit, continuing follow-up, reading stories, maintaining exclusive breastfeeding, appropriately diet consuming, taking stimulants, taking health promoting activity, etc. Especially, child development and bonding attachment in the family are eventually reached as a result.

3.2 The impact on the maternal and child care system in the community. The discourse of empowerment led the key actors in the community to take account into collaborating on motherhood and child support and promoting the potential of pregnant women.



Even in the discourse of dependence, the community has learned regarding the problem and need as well as the suitable solution. This includes the establishment potential of key actors in which at least six sectors are involved consist of social groups, village health volunteers, family development center, child development center, primary healthcare unit, and local administrative organization. The new supportive approach for maternal and child care in the community was constituted as a tool for community movement include seven sets of activities, which are 1) potential development of mothers and related persons, 2) development of an environment, 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 care, and 7) promoting traditional culture and folk wisdom for maternal and child care.

Discussion

The results reveal the new body of knowledge pertaining to the interrelated meanings of motherhood and child-rearing. Generally, definitions among motherhood and child-rearing are separately defined which are attached to roles and responsibilities taken by blood relations or biological relations. Women were forced to mainly take responsibilities in raising children, while some social viewpoints regarded motherhood as burdens or limitations of expressing social roles, so negotiating power of mothers was excluded by superior

organizations. These new definitions of motherhood and child-rearing demonstrate the cultural perspective which can illustrate the existing meaning of both positive and negative interpretations in the context. New findings help remove existing identities in a sense of oppression against mothers, bringing about the new attitude towards mothers that recognized motherhood equally.⁹ This new finding is important for the nursing profession in order to extend the perspective of motherhood and child-rearing by integrating both biomedical and cultural perspectives for understanding the need, culture, and behavior of mothers. So, suitable care can be provided. During the defining process, the community discourse can be constituted and communicated in the community which is referred to as the significant factors that influence sociocultural practices regarding motherhood and child-rearing.

In the case of the community discourse of motherhood and child-rearing, the term of wording which the connotation linguistic was implied and also the cultural practices among people will be induced. These points result in the linguistic hegemony, eradication, replacement, or persistence of some cultural practices. Often, the community discourse in which the community comprehensive accepted will be interpreted as the predominated aspects on the culture contribution. This study presented two identities of discourses. Firstly, eight discourses of empowerment represent the interpretation that gives value to motherhood through new discourse produced by people in the community. The empowerment discourses lead to social



and cultural interactions among people in the society including individuals, community organizations, community leaders, public and private agencies in several supporting and promoting activities.¹⁵ The discourse of empowerment also reveals the new images and values of motherhood which widely allowed women to perform social roles and escape from the boundary as defined in oppressive discourses. Furthermore, the identity of empowerment discourses brings about the culture of recognizing and praising the motherhood of women, and further encourages women to get more opportunities to take social roles.

This point link with the concept of Fairclough, 2004 that motherhood is a discursive construct, which figures in “ways of representing”, interacting and being. Therefore, social and cultural evaluation and criticism related to mothers and women could pave the way to release mothers and women from slavery or oppression in society. Likewise, Tunpattrakul (2018) viewed that “motherhood” was an alternative identity of women, not an ideal condition that focused on forcing women to be controlled by men.¹⁶ Secondly, five discourses of dependence represent the negative identity of motherhood. These involve the reproduction of discourse that is conveyed from primitive people or academic knowledge of people over the past period. Similarly, Liamputtongi (2009) illustrated that women do many things which give them legitimation to place themselves within the discourse of good and responsible mothers.¹⁷

Such knowledge had been prevalent in the past until it was absorbed and became the culture that embedded in the beliefs, values, and expressions of the general public towards mothers. Those cultures devalue mothers in the sense that they provide improper care, are impatient, and unable to perform duties effectively.¹⁸ Such discourses impeded mothers from having rights and opportunities to utilize their capabilities in the community. Therefore, unveiling the new discourse paves a way to provide mothers with the opportunities; so that the internal value and capabilities of motherhood can be recognized by society. It is related to Paxson (2004) in which identity discourses are relational; women become mothers within the social network of relations.⁸

Based on two identities of discourses in this study provide the idea for nurses and midwifery that criticism over social and cultural context led to new discourses initiated to unlock motherhood from the judgment of oppressive discourse. Especially, they can be applied the discourse of empowerment to shift the dependent motherhood and strengthen community movement for the development of maternal and child systems in the community.

Recommendations

The finding can be applied for development in nursing practices by promoting community discourses so as to strengthen the community movement for development maternal and child system will provide the systematical improvement on mothering



practices and child-rearing style. Also, the development of the curricula to promote the potential of midwifery to ensure both professional and cultural competence needed for their line of work. Especially, the nursing profession can be utilizing the discourse of empowerment as a tool for developing the relevant services and guidelines of maternal and child care in the community. Obviously, investigation and integration of the discourse of empowerment for creating relevant services on maternal and child care system can be performed. Nurses can be promoting and empower maternal potential to perform healthcare and to volunteer with community healthcare services.

Development the further research regarding community discourse of motherhood and childrearing in other sociocultural contexts such as urban areas, rural areas, slum areas, as well as other regions of the country. Also, the study on community discourse of motherhood and childrearing on mothers with sick children, disabled children, or children with special needs.

Acknowledgement

I would like to express sincere gratitude to all participants and advisor; special thanks to the Faculty of Nursing, Center for Research and Development in Community Health of Khon Kaen University for supporting the scholarship.

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