Development of the Promoting Parenting Practices Program in Early Childhood in Thai Skipped-Generation Families: Community-based Action Research

Chayapa Boonlue, Jutamas Chotibang, Pimpaporn Klunklin, Decha Tamdee*

Abstract: Young children living with grandparents due to parental absence, called skipped-generation families, are at risk for improper growth and development. Grandparents are key to effective parenting practices, but most existing programs are not tailored to grandparents and lack participation by researchers and stakeholders. This study reports the qualitative descriptive phase of a community-based action research study aimed at identifying situations related to early childhood parenting practices in Thai skipped-generation families, as well as the problems and needs related to these parenting practices. The participants were purposively selected from a rural sub-district in Thailand's northern province and comprised two groups. The core working group included nine representative stakeholders. The participants for the problems and needs assessment comprised 20 grandparents of children aged 1-6 years in skipped-generation families and 39 stakeholders. Data collection was performed through focus group discussions, in-depth interviews, and participant observation. Qualitative data were transcribed verbatim, and content analysis was conducted.

Four categories emerged: 1) inappropriate perceptions toward parenting practices, 2) lack of adequate knowledge and skills regarding parenting practices, 3) barriers to promoting children's health and development, and 4) strategies required to address parenting challenges. Findings help nurses and early childhood teachers gain a better understanding of the issues and facilitators for promoting grandparents' parenting practices tailored to their actual needs. These findings serve as a basis for developing practical interventions grounded in stakeholder participation to empower grandparents to overcome parenting challenges by enhancing awareness and parenting skills and providing support from family members and the community.

Keywords: Action research, Early childhood, Development, Grandparents, Growth, Parenting, Parenting practices, Skipped generation

Received 21 November 2025; Revised 10 January 2026; Accepted 19 January 2026

Chayapa Boonlue, *RN, PhD (Candidate), Faculty of Nursing, Chiang Mai University, Thailand. E-mail: chayapav@nu.ac.th; ORCID ID: 0009-0000-1237-3953*

Correspondence to: Jutamas Chotibang,* *RN, PhD, Associate Professor, Faculty of Nursing, Chiang Mai University, Thailand. E-mail: jutamas.c@cmu.ac.th; ORCID ID: 0000-0002-2524-949X*

Pimpaporn Klunklin, *RN, PhD, Associate Professor, Faculty of Nursing, Chiang Mai University, Thailand. E-mail: pimpaporn.k@cmu.ac.th; ORCID ID: 0000-0002-2023-6200*

Decha Tamdee, *RN, PhD, Associate Professor, Faculty of Nursing, Chiang Mai University, Thailand. E-mail: decha.t@cmu.ac.th; ORCID ID: 0000-0002-1121-0850*

Introduction

Delay in early childhood development, defined as children aged 1-6 years, is a major global concern. Approximately 250 million children under the age of 5 living in low- and middle-income countries (LMICs) are at heightened risk of delayed development.[1]

https://doi.org/ 10.60099/prijnr.2026.278980

In 63 LMICs, 25% of preschool children are suspected of having delayed development, and 70% have a delay in the literacy-numeracy domain.[2] In Thailand, 70.3% of those in early childhood had appropriate development of all aspects, but this rate is still lower than the national target of 85%.[3] Parenting practices play a significant role in shaping early childhood development[4] but are primarily influenced by family structures.[5] With the rapid and continuous changes in the economic and social structures, some children are faced with parental absence and are raised by grandparents without their parents, in what is known as skipped-generation families (SGFs).[6] In LMICs, the percentage of children under 15 years old in SGFs increased from 1.7% to 2.4%.[7] In Thailand, the proportion of SGFs was 24.93 in 2024[8] and is expected to increase to 15.0% by 2040.[9] A national survey found that 84.1% of children between ages 0–4 years, and 75.3% between ages 5–9 years were living with custodial grandparents.[10] With more responsibilities, custodial grandparents are under significant strain and burden as they deal with parenting challenges.[11] At the same time, grandchildren have more physical and emotional health problems,[12] suspected developmental delay,[13] and lower schooling achievement[12] than those in other types of families. These issues are mostly due to misperceptions of parenting practices[14] and the lack of effective parenting practices among grandparents in SGFs.[15,16] Earlier research revealed that dysfunctional parenting practices of grandparents were associated with externalizing and internalizing problems among grandchildren.[17]

Promoting a child's health in SGFs requires a specific parenting program for grandparents in early childhood, in collaboration with all stakeholders, to gain comprehensive insights into jointly strengthening families' well-being.[12] In Thailand, the Parent School Project aims to enhance parents' knowledge, attitudes, and skills in parenting practices to promote the age-appropriate development of young children.[18] However, this project does not focus on promoting parenting practices among grandparents of early children in SGFs. The existing parenting programs for grandparents in SGFs emphasized modifying parenting knowledge and grandmother–grandchild interactions for children aged 4–12 years[19] and enhancing child-rearing competency among grandparents of preschool children aged 3–6 years.[16] However, these programs could not lead to sustained parenting practices of grandparents and lacked continuity in implementation due to the absence of participation from community stakeholders. These interventions may not be feasible in real-life situations and cannot respond to the needs and barriers from the perspectives of grandparents and stakeholders. Apparently, there is a lack of a program for promoting grandparents' parenting practices in SGFs that tackle multifaceted parenting challenges through shared understanding of problems and needs and collaborative solutions between researchers and stakeholders.

Community-based action research serves as a collaborative approach where the researcher and all stakeholders work together to help people deepen their understanding of their situation and resolve complex problems they confront, leading to sustainable change and better outcomes.[20] Earlier community-based participatory research among grandparents of grandchildren aged 9–12 years in SGFs in the United States indicated that the co-creation of a program with community stakeholders improved the program sustainability.[21] Nevertheless, there is limited community-based action research for grandparents of early childhood aged 1–6 years in Thai SGFs. To address this gap, it is necessary to identify the situations, problems, and needs related to parenting practices to broaden understanding of how grandparents and stakeholders had experiences and perceptions of grandparents' parenting practices for promoting growth and development of early childhood in SGFs.

The findings will serve as foundational knowledge to develop a program that leverages grandparents' potential to provide early childhood care in SGFs, specifically and pragmatically addressing their problems and needs.

Review of Literature and Conceptual Framework

Early childhood is a golden period for the development of vital body systems, including the brain, endocrine, immune, and neurological systems.[1] The key factor influencing early childhood development is parenting practices.[4] Parenting practices are the responsibility of caregivers to cultivate their children to develop as members of society and consist of two broad constructs, including discipline and nurturance.[22] Discipline means teaching or learning designed to assist children in understanding rules and values.[23] Positive discipline involves educational and parenting approach that emphasizes respecting children's needs and humanity, understanding children's behaviors and developmental tasks, using effective communication, teaching without permissive and punitive methods, and providing physical and emotional support.[23] In contrast, negative discipline focuses on using punitive methods, such as verbal punishment and corporal punishment, to force compliance and stop misbehaviors.[23] Positive discipline was linked to development in cognitive abilities and language,[4] helping early children meet developmental milestones while negative discipline among grandparents was related to higher levels of internalizing and externalizing problems and a negative impact on cognitive development among grandchildren.[17]

Nurturing care is described as a stable setting that considers the dietary and health needs of children, protects them from harms, provides an opportunity for early learning, fosters responsive interactions, supports children's emotional well-being, and stimulates their ability to reach developmental milstones.[24] The World Health Organization (WHO)[25] proposed a nurturing care framework consisting of five main components, namely good health, responsive caregiving, adequate nutrition, early learning opportunities, and safety and security. Early stimulation and responsive care were significantly associated with more prosocial behaviors, decreased aggressiveness, and improved cognitive development in children.[4]

Parenting practices in early childhood are challenging tasks for grandparents in SGFs. Many grandparents in SGFs, including those in Thailand, commonly use negative discipline with grandchildren,[16] have insufficient knowledge and skills in early childhood development,[16] and pay less attention to early learning activities and responsive caregiving for development.[11,26] With the absence of the middle generation, grandparents are left with no choice but to take on the role of full-time guardians for their grandchildren,[11] elevating time pressure, physical demands, and stress, which can be detrimental to their health.[11,16] Thus, promoting a child's welfare in SGFs requires not only a specific parenting program for grandparents to enhance their knowledge of parenting practices in early childhood but also an identification of causes constraining grandparents' potential to promote liberation from oppressive situations.

Critical theory transforms the consciousness of oppressed people by raising awareness through dialogue and self-reflection, as well as convincing people to change their practices.[27] Critical theory emphasizes communication and collective coordination of social action that limits freedom, equality, and uncoerced participation in society.[27] In the SGF's context, the society and community play a crucial role in determining grandparents' ability to carry out effective parenting practices.[28] Community-based action research, grounded in critical theory, is a participatory inquiry to enhance the participation of all people,

recognize the equality of all people, grant them freedom from repressive and disabling circumstances, and allow them to realize their full potential as human beings.[20] This research paradigm is recommended for interventions by grandparents, as both grandparents, stakeholders, and researchers are engaged in a cooperative exchange of ideas to create a meaningful program or services for custodial grandparents.[29]

Previous community-based action research brought together essential community members and grandparents to raise awareness and understanding of the problems faced by SGFs, to improve cross-sector collaboration,[28] to bridge science into practice, and to enhance the importance of community partnerships[21] to maximize the well-being of SGFs. A program developed through a participatory process effectively enhances the effective parenting practices of grandparents, promotes early childhood development, and develops a sense of belonging of stakeholders, resulting in the continued implementation of the program. However, existing knowledge within the Thai context lacks a comprehensive and clear understanding of perspectives of grandparents and stakeholders in situations, challenges, and needs related to parenting practices to inform the creation of a specific parenting program for grandparents in SGFs.

Study Aim

This study aimed to identify the situations of parenting practices, including positive discipline and nurturing care, as well as problems and needs related to parenting practices in early childhood in Thai SGFs.

Methods

Study Design: This study employed a community-based action research design to enhance participation for all people by providing freedom from oppressive conditions and enabling the full expression of their human potential.[20] This study applied three stages of community-based action research[20] that comprise "Look stage: identifying situations, problems and needs," "Think stage: developing the program," and "Act stage: implementing and evaluating the program" (**Figure 1**). Our paper reports the findings from a qualitative descriptive approach[30] in the "Look" stage, while the developmental process and details of program developed during the "Think" stage and testing the program's feasibility in the "Act" stage will be presented in a future study. The writing of this report complied with the criteria for reporting qualitative studies (COREQ).[31]

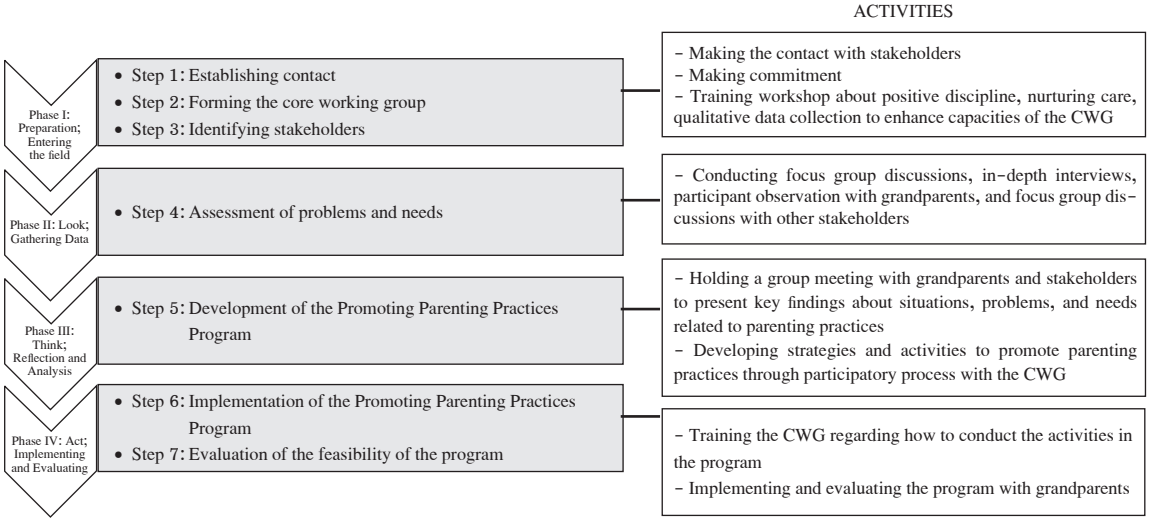

Figure 1. Processes of community-based action research

Participants: Participants consisted of two groups: 1) the core working group (CWG), and 2) participants for problems and needs assessment. The CWG actively participated in all research processes as co-researchers. These individuals were invited face-to-face to be CWG members. They were purposively selected based on the inclusion criteria (**Table 1**). Participants for the problems and needs assessment comprised grandparents and stakeholders (**Table 1**). The principal investigator (PI) and CWG mutually identified grandparents and stakeholders. The PI recruited participants by advertising the research project through flyers, community broadcasts, and school meetings. Those interested in participating reached the PI via the provided telephone number or the CWG. The participants were given full details of the study and its objectives. They were purposively selected based on the inclusion criteria (**Table 1**). All approached individuals agreed to participate, and no participant dropped out.

Table 1. Participants and data collection activities based on each stage of community-based action research

Stage	Participants	Data collection activities
"Preparation" stage Aiming to stimulate stakeholders to participate in the research project	1) nine CWG (three teachers of a childcare center, two teachers of a kindergarten, a nurse, a psychologist, and two grandparents in SGFs) 1.1 CWG (nurse, teacher, psychologist) Inclusion criteria: Responsible for early children living in SGFs in the setting; and willing to participate in the study Exclusion criteria: Living in the research setting for less than six months 1.2 CWG (grandparent representatives) Inclusion criteria: 35-70 years old; providing care to at least one grandchild aged 1-6 years for at least three months in the absence of their parents or the middle generation for any reasons; cognitive intact assessed using the Thai Abbreviated Mental Test[a] with a score of ≥ 8 (only for grandparents aged ≥ 60 years); able to communicate in the Thai language; and willing to participate in the study. Exclusion criteria: Having a history of psychological disorders (depression, schizophrenia, and alcohol dependence)	

Table 1. Participants and data collection activities based on each stage of community-based action research (Cont.)

Stage	Participants	Data collection activities
"Look" stage (problems and needs assessment) Aiming to encourage grandparents and stakeholders to understand actual problems and explore their needs	1) 20 grandparents of children aged 1-6 years in SGFs Inclusion criteria: providing care to at least one grandchild aged 1-6 years for at least three months in the absence of their parents or the middle generation for any reasons; cognitive intact assessed using the Thai Abbreviated Mental Test[a] with a score of ≥ 8 (only for grandparents aged ≥ 60 years); able to communicate in the Thai language; and willing to participate in the study Exclusion criteria: 1) having a history of psychological disorders (depression, schizophrenia, and alcohol dependence), and 2) having a grandchild with chronic illness, psychiatric problems associated with behavioral problems (autism spectrum disorder and attention deficit hyperactivity disorder), cognitive disorders or neurological diseases associated with delayed development (Down's syndrome and cerebral palsy), and a history of birth asphyxia and/or low birth weight	1) **FGDs** with 12 grandparents (one group of grandparents of children aged 1-3 years and one group of grandparents of children aged 4-6 years) in the meeting room of the childcare center with privacy - Each focus group discussion consisted of 5-10 individuals and lasted between 45 and 60 minutes. - The PI, who is a female PhD candidate and a nursing instructor with experiences in supervising well-baby clinics and health education in early childhood care for 10 years, took a role as a moderator, while one member of CWG did note - taking and took a role as a facilitator. - FGD Guide included questions: 1. What are the problems or barriers to grandparents' disciplining their grandchildren without harsh methods or punishment/promoting grandchildren's health and nutritional needs, protection from threats, opportunities for early learning, responsive interactions, emotionally supportive, and developmentally stimulating? 2. What activities/strategies can support grandparents' disciplining their grandchildren without harsh methods or punishment/ promoting grandchildren's health and nutritional needs, protection from threats, opportunities for early learning, responsive interactions, emotionally supportive, and developmentally stimulating? 2) **Participant observation** was conducted by the PI with 8 grandparents whose grandchildren had improper growth, age-inappropriate development, or health risks to observe parenting practices at home, and after school, focusing on discipline and nurturing care. - Each participant was observed 2-3 times for approximately 2-3 hours. - Field notes were taken during and immediately after observation. - Participant observation guide included observing while the grandparents were: 1) interacting with the early children (e.g., talking, disciplining, or playing), 2) performing daily care for the early children (e.g. hygiene care, preparing food), and 3) setting home environments for development and security.

Table 1. Participants and data collection activities based on each stage of community-based action research (Cont.)

Stage	Participants	Data collection activities
		3) **IDI** was conducted by the PI with 8 grandparents from participant observation at grandparents' home with privacy. - Participants' homes were about 1-10 kilometers away from the school or childcare center. - The PI served as an interviewer and notetaker while one of member of the CWG served as a facilitator. - Each participant was interviewed 2-3 times for about 45 minutes. - Data saturation was determined as to no new meaning emerged from data collection. - IDI guide included questions: 1. How do you take care of your grandchild? 2. If your grandchild is stubborn and disobedient, or have improper behaviors, how do you discipline him/her? 3. Who should participate in supporting you to discipline your grandchild without harsh methods or punishment/ promoting your grandchild's health and nutritional needs, protection from threats, opportunities for early learning, responsive interactions, emotionally supportive, and developmentally stimulating? 4. What are their roles? Probing questions to encourage more detail and clarification included: 1. Could you tell me a little more? 2. How do you feel about that? 3. Could you give me an example? - Transcripts were returned and discussed with all participants.
	2) 39 stakeholders: 15 teachers (nine teachers of a childcare center and six teachers of a kindergarten school), seven healthcare providers (four nurses, one public health officer, two public dental health officers), 10 village health volunteers, and seven community leaders (three officers of sub-district municipality, two village headmen, two community development volunteers)	1) **FGDs** with 39 stakeholders (one group of teachers in the childcare center, one group of teachers in the kindergarten school, one group of public health officers, one group of village health volunteers, and one group of community leaders) in the meeting room of the childcare center with privacy - Each FGD consisted of 5-10 individuals and lasted between 45 and 60 minutes.

Table 1. Participants and data collection activities based on each stage of community-based action research (Cont.)

Stage	Participants	Data collection activities
	Inclusion criteria: Responsible for early children living in SGFs in the setting; and willing to participate in the study. Exclusion criteria: Living in the research setting for less than six months	- The PI took a role as a moderator, while one member of CWG did note-taking and took a role as a facilitator. - FGD Guide included questions: 1. What are the problems or barriers to grandparents' disciplining their grandchildren without harsh methods or punishment/ promoting grandchildren's health and nutritional needs, protection from threats, opportunities for early learning, responsive interactions, emotionally supportive, and developmentally stimulating? 2. What activities/strategies can support grandparents' discipline of grandchildren without harsh methods or punishment/ promoting grandchildren's health and nutritional needs, protection from threats, opportunities for early learning, responsive interactions, emotionally supportive, and developmentally stimulating?

Note. [a] = Department of Medical Services. Geriatric screening and assessment tool kit. 2nd ed. Bangkok, Thailand: the War Veterans Organization of Thailand; 2015 (in Thai); SGFs = skipped-generation families; CWG = core working group; FGDs = focus group discussions; IDIs = in-depth interviews; PI = principal investigator

Data Collection: The study setting was conducted in a rural sub-district in Lamphun Province, northern Thailand. Data were collected between April 2024 and October 2024. There was no prior relationship between the research team and participants before the study's commencement. Rapport was maintained throughout the study period until its closure. After forming the CWG, the PI committed to providing a training workshop on parenting practices and qualitative data collection. To identify situations, problems, and needs related to parenting practices, the "Look" stage was conducted through focus group discussions (FGDs), participant observation, and in-depth interviews (IDIs). The FGD, IDI, and participant observation guides were developed based on positive discipline[23] and the WHO's Nurturing Care Framework.[25] They were validated by six experts specialized in qualitative research, developmental psychology of children, and instrument development. The PI and CWG together conducted FGDs with grandparents and other stakeholders, and the CWG identified additional grandparents to participate in IDIs and participant observation (**Table 1**).

Data Analysis: Data from FGDs and IDIs were transcribed verbatim by the PI and verified by the CWG. Then, the data were analyzed manually by the PI using content analysis in three phases: preparation, organizing, and reporting.[32] Preparation phase involved making sense of the data by reading the transcription several times. The organizing phase involved open coding, generating categories, and abstraction by repeatedly reading the data to form codes. Sub-categories were grouped by collapsing those to form main categories. Abstraction was conducted to formulate general descriptions of the study topic by creating categories. The reporting

phase involved reporting the analysis process and the results in a descriptive format. In the final phase of reporting, we translated the findings from Thai to English.

Trustworthiness: Trustworthiness was achieved by taking into account credibility, transferability, dependability, and confirmability.[33] Credibility was established through prolonged engagement, method triangulation, and member checking with five participants (two grandparents, three stakeholders). Transferability was achieved by giving thorough, detailed information about participants and the study context. Dependability was achieved by piloting the IDI guide and the participant observation guide with one grandparent and revising them based on the pilot. Confirmability achieved through field notes. Additionally, discussions with the research team, who were experts in qualitative research, developmental psychology of early children, and community health, were conducted to ensure accuracy and consistency in data analysis, interpretation, and conclusions.

Ethical Considerations: Our research proposal was approved by the Faculty of Nursing Research Ethics Committee, Chiang Mai University (Study code: 2566-FULL011, approval date: 12 March 2024). The participants were given complete information about the study's purposes and procedures, confidentiality, risks and benefits, their contribution, and their rights to refuse or withdraw from this research project. All participants gave written consent. Anonymity was protected by using code numbers. Participants were asked for permission before audio recording and photography. They received 100 Thai baht (2.80 USD) per activity. Prevention measures of COVID-19 transmission were maintained.

Findings

Characteristics of grandparents and stakeholders

A total of 20 grandparents and 39 stakeholders participated in the study. All grandparents were female, with an average age of 56.4 years (SD = 7.6). Most of them were grandmothers and had a primary school education. Their occupation varied, including farmers, employees, and merchants, while some were unemployed. They earn an average of 9,530 Thai baht (292.51 USD) per month. About one-third of them had underlying diseases such as hypertension and diabetes mellitus. The main reason for parental absence was parental migration. Half of the grandparents raised a grandson and half raised a granddaughter aged 2-5 years. Most grandparents regularly received support from their grandchildren's parents. The mean age of the stakeholders was 45.3 years. Almost all of them were female and had a bachelor's degree. Their average work experience was 12 years (**Table 2**).

Table 2. Demographic characteristics of grandparents (n = 20) and stakeholders (n = 39)

Demographic characteristics	N(%)
Grandparent variables	
Gender	
Female	20(100.00)
Relationship with the child	
Grandmother	19(95.00)
Great-grandmother	1(5.00)
Age (years)	
Range = 47-77, Mean = 56.40, SD = 7.60	
40-50	5(25.00)
51-60	11(55.00)
61-70	3(15.00)
Over 70	1(5.00)

Table 2. Demographic characteristics of grandparents (n = 20) and stakeholders (n = 39) (Cont.)

Demographic characteristics	N(%)
Education level	
Primary school	17(85.00)
Secondary school	3(15.00)
Occupation	
Farmers	5(25.00)
Unemployed	4(20.00)
Employee	7(35.00)
Merchant	4(20.00)
Monthly family income in Thai baht (USD)	
Range = 3,000–30,000, Mean = 9,650.00, SD = 7220.40	
< 5,000 (153.47)	7(35.00)
5,000 (153.47) – 10,000 (306.94)	8(40.00)
10,001 (306.94) – 20,000 (613.87)	4(20.00)
> 20000 (613.87)	1(5.00)
Underlying diseases (answered more than once)	
Yes	8(40.00)
Hypertension	7(87.50)
Diabetes mellitus	1(12.50)
Hyperthyroidism	1(12.50)
Glaucoma	1(12.50)
No	12(60.00)
Reasons for parental absence	
Parental migration	12(60.00)
Parental incarceration	1(5.00)
Parental divorce	7(35.00)
Grandchild's gender	
Male	10(50.00)
Female	10(50.00)
Grandchild's age (years)	
2	5(25.00)
3	3(15.00)
4	9(45.00)
5	3(15.00)
Receiving support from grandchild's parents	
Regularly	14(70)
Occasionally	4(20)
Hardly	2(10)

Table 2. Demographic characteristics of grandparents (n = 20) and stakeholders (n = 39) (Cont.)

Demographic characteristics	N(%)
Stakeholders	
Age (years)	
Range = 25-68, Mean = 45.38, SD = 11.57	
20-40	13(33.30)
41-60	23(59.00)
Over 60	3(7.70)
Sex	
Male	3(7.70)
Female	36(92.30)
Education level	
Primary school	5(12.80)
Secondary school	1(2.60)
High school	6(15.40)
Diploma	2(5.10)
Bachelor's degree	19(48.70)
Master's degree	6(15.40)
Work experience (years)	
Range = 1-31, Mean=12.08, SD = 7.32	
< 5	8(20.5)
5-10	10(25.6)
11-15	10(25.6)
16-20	8(20.5)
> 20	3(7.7)

The situations, problems, and needs related to parenting practices in early childhood in Thai SGFs

Four categories with 14 sub-categories emerged from the situations, problems, and needs related to parenting practices in early childhood in Thai SGFs (**Table 3**).

Table 3. Categories and subcategories from focus group discussion and in-depth interview with grandparents and stakeholders

Categories	Subcategories	Codes
Category 1: Inappropriate perceptions toward parenting practices	1.1 Misperception that negative discipline results in obedient child	- Spanking - Making threats
	1.2 Misperception that using smartphones develops the child's intelligence	- Learning things from smartphones - Watching video clips - Swiping through applications
	1.3 Misperception that the child's behaviors will improve when they grow up	- It's alright. - The child's still little. - Let it be.
Category 2: Lack of adequate knowledge and skills regarding parenting practices	2.1 Inability to provide proper food	- The child doesn't eat. - Not knowing how to make the child eat.
	2.2 Lack of quality time with children	- Letting the child watch television - Letting the child use smartphones

Table 3. Categories and subcategories from focus group discussion and in-depth interview with grandparents and stakeholders (Cont.)

Categories	Subcategories	Codes
	2.3 Lack of knowledge regarding infectious diseases	- Not knowing the signs and symptom of diseases - Not knowing the prevention of diseases
	2.4 Unawareness of road accident prevention	- Not wearing helmets
	2.5 Inability to maintain oral care	- Letting the children drinking milk from bottles - Irregular toothbrushing
Category 3: Barriers of promoting children' health and development	3.1 Individual barriers	- Age-related limitation - Lack of confidence in healthcare providers - Illiteracy - Rejection
	3.2 Interpersonal barriers	- Raised by many households
	3.3 Organizational barriers	- Discontinued and fragmented child development projects - Lack of data of early children in skipped-generation families
Category 4: Strategies required to address parenting challenges	4.1 Creating tailored educational programs specific to grandparents' needs	- Clear, concrete examples and comparisons - Simple language - Pertinent to grandparents' problems
	4.2 Enhancing support from parents, family members, and the community	- Money - Education - Looking after the children - Daily tasks
	4.3 Collaboration among the community organizations	- All involved organizations can work together.

Category 1: Inappropriate perceptions toward parenting practices

The grandparents expressed inappropriate perceptions about parenting practices, including the belief that negative discipline leads to an obedient child, that using smartphones improves a child's intelligence, and that the child's behavior will improve as they grow up. This category comprised three sub-categories:

1.1 The misperception that negative discipline brings an obedient child

Grandparents believed that corporal punishment was essential to making the child afraid of the consequences of destructive behaviors and to learning to be obedient.

"When my grandchild's disobedient, I spank him. Otherwise, he wouldn't be afraid of me. I have to make him fear me." (FGD with grandparents)

Verbal abuse by making threats was also another method used by many grandparents to promote obedience.

"I have to threaten my grandchild that a ghost cat would come and eat him if he doesn't go to bed early. I have to make him scared." (FGD with grandparents)

"My granddaughter is afraid of me. Whenever I say 'I'll come get you,' she'll do what I say right away." (IDI with Grandparent 7)

Such beliefs that negative discipline would bring obedient grandchildren stemmed from the grandparents' prior experience of parenting.

> *"I know because I used to raise my own children. I threaten my grandchild, saying I won't be with her if she doesn't listen to me."* (IDI with Grandparent 8)

Health volunteers shared a similar view that children occasionally needed negative discipline to make them obey adults.

> *"Threats are essential when raising children. If not, they won't listen to adults. Sometimes, we need to hit them and threaten them a little."* (FGD with village health volunteers)

From participant observation, while a grandmother was playing with the granddaughter, the granddaughter used specific disrespectful language with the grandmother. The grandmother responded by threatening that doctors would come to give injections to misbehaved children. (Participant observation with Grandparent 8)

1.2 The misperception that using smartphones develops the child's intelligence

The grandparents understood that smartphone use could develop their grandchild's intelligence, as seen from their grandchild's ability to navigate the application and learn quickly.

> *"Smartphones have everything...many songs. Like TikTok... I think my grandson's smart. When he uses a smartphone, he knows everything. He learns very quickly. He knows more than I do."* (IDI with Grandparent 1)

> *"My grandchild learns from watching video clips. He dances and talks about what he sees. He even shows me how the application works."* (FGD with grandparents)

The grandparents' view was supported by the teachers who had been working with the grandparents in childcare.

> *"When the grandchildren can access the application and swipe through it, the grandparents seem to be proud...thinking they're smart as they can memorize the songs and use the phone to call their parents."* (FGD with teachers)

1.3 The misperception that the child's behaviors will improve when they grow up

To some grandparents, specific behavioral and developmental issues were acceptable, as they believed their grandchild would improve once they grew up.

> *"When I make traditional Chinese mustard soup, my grandson only eats the broth, not the Chinese mustard. But it's alright. He's still little. He'll eat it when he's older. So, I let it be."* (IDI with Grandparent 5)

A healthcare provider also expressed concerns over grandparents' negligence of the children's issues.

> *"The child can't communicate at all... but the grandparents said this wasn't a problem, believing that the child would improve when the time comes, so [the grandparent] let it be."* (FGD with healthcare providers)

Category 2: Lack of adequate knowledge and skills regarding parenting practices

The grandparents had inadequate knowledge and skills regarding parenting practices, as reflected in their inability to provide proper food, lack of quality time with children, lack of knowledge about infectious diseases, unawareness of road accident prevention, and inability to maintain oral care. This category comprised five sub-categories:

2.1 Inability to provide proper food

The grandparents had difficulty encouraging their grandchildren to eat healthy food.

> *"My granddaughter eats only a few portions of the meal. I give her fruit, but she only eats a few bites. I really don't know what to do."* (IDI with Grandparent 4)

> *"My grandchild won't eat rice. He only drinks milk and eats crispy pork skin. Some days he eats only snacks. When I feed him rice, he says yuck."* (FGD with grandparents)

A teacher consistently mentioned the children's concerning eating habits.

> *"Some days, the child hasn't had any breakfast. In the morning, the grandparents have to hurry to work so they don't have time to feed the children."* (FGD with teachers)

2.2 Lack of quality time with children

Spending quality time with grandchildren was challenging. Grandparents had to leave their grandchildren to electronic devices, especially smartphones, because they had to work and had no one to look after the grandchildren.

> *"When I have to cook or work, I let him use a smartphone to keep him busy. There're just the two of us. I have nobody."* (FGD with grandparents)

Teachers and village health volunteers supported the grandparents' decision to allow their grandchildren to use smartphones.

> *"Whenever children get restless, grandparents give them smartphones so they won't get tired interacting with the children."* (FGD with teachers)

> *"Giving children a smartphone helps keep them calm and still. The children won't go anywhere."* (FGD with village health volunteers)

2.3 Lack of knowledge regarding infectious diseases

The grandparents were unaware of the infectious diseases that could affect their grandchildren.

> *"My granddaughter complained about pain in her mouth. I took her to school, but the teacher told me to take her to the doctor. So, I took her and found out that she had hand, foot, and mouth disease."* (IDI with Grandparent 4)

The grandparents mentioned having insufficient knowledge about health care and the prevention of infections in children.

> *"I don't know much about children's health care. I want to know about disease prevention because many children at school now have hand, foot, and mouth disease."* (FGD with grandparents)

2.4 Unawareness of road accident prevention

The grandparents did not recognize the harm caused by road accidents and did not pay much attention to preventing them.

> *"The great-grandmother took my grandson to school on a motorcycle and crashed. They weren't wearing helmets. Luckily, my grandson wasn't severely injured."* (IDI with Grandparent 5)

A village headman was barely aware of road accidents involving children in SGFs, but was concerned about grandparents' ability to drive.

> *"I haven't heard of accidents involving our children in our community, but I'm still worried because the grandparents are old and their decisions can be impaired."* (FGD with community leaders)

From participant observation during school pickup, Grandparent 6 lived five kilometers from the school, and Grandparent 5, lived about a kilometer from the school, but neither of them wore a helmet while traveling on a motorcycle.

2.5 Inability to maintain oral care

The grandparents had difficulty maintaining their grandchild's oral care, particularly with toothbrushing, resulting in poor oral health.

> *"I didn't brush my grandchild's teeth so often. Only two teeth are healthy. The rest are decayed because he doesn't brush his teeth well, and he drinks milk from bottles."* (FGD with grandparents)

"One child has 12 decayed teeth. The grandmother says the child doesn't let her brush her teeth, so she lets it be." (FGD with healthcare providers)

Additionally, the grandparents made an effort to wean them from bottled milk but were unsuccessful. Their grandchildren still drank milk from bottles despite reaching the age where they should have weaned from this:

"I can't get my granddaughter to stop drinking bottled milk. I've tried the traditional way by patting her buttocks with a milk bottle, but it didn't work. She's still drinking from the bottle." (IDI with Grandparent 8)

The teachers also expressed similar views on the challenges in weaning children from bottled milk at home.

"Most of the students drink milk from cartons at school, but at home they drink from a bottle. The grandparents won't cooperate much despite the school's effort to wean." (FGD with teachers)

From participant observation, two grandparents gave their grandchildren bottles of milk when the grandchildren came home from school. Grandparent 8 poured milk from the carton into the bottle and gave it to her granddaughter while Grandparent 6 prepared formula milk in a bottle, believing that bottle milk could satiate the child's hunger.

Category 3: Barriers to promoting children's health and development

Individual, interpersonal, and organizational barriers hindered the promotion of children's health and development. This category comprised three sub-categories:

3.1 Individual barriers

Individual barriers were associated with grandparents' age-related limitations, making raising grandchildren challenging.

"Raising a grandchild is more tiring than raising my own children. My grandchild is a boy, so he doesn't stay calm. He runs around the house. When he's sick, I have to be up all night. I can't get enough sleep. My body is weak." (IDI with Grandparent 2)

"Grandparents can't keep up with their grandchild. They're 60-70 years old and can't run after the grandchild." (FGD with community leaders)

Consistent with the participant observation, Grandparent 2 let her grandson use a smartphone, claiming that she wanted to keep her grandson still because she had knee problems.

Another barrier was the grandparents' illiteracy, which prevented them from interacting or creating positive learning opportunities for their grandchildren.

"When my granddaughter speaks English, I don't know how to speak it. So, she only speaks English with her parents on the phone." (IDI with Grandparent 8)

"Some grandparents are illiterate or have only primary education. So, they can't help grandchildren because they don't know how to read." (FGD with healthcare providers)

Moreover, the grandparents lacked confidence in teachers' and health volunteers' expertise.

"Grandparents doubt the expertise of teachers in child development. They believe the healthcare providers or those with direct experience or specialty, rather than teachers." (FGD with teachers)

"Grandparents won't listen to village health volunteers. They don't believe us. They listen to doctors or other healthcare providers" (FGD with village health volunteers)

Denial was another barrier preventing grandparents from seeking help to promote their grandchild's development, as they believed they were doing well in raising their grandchildren.

> *"My son says I'm doing a great job in raising my granddaughter. My granddaughter is polite and well behaved."* (IDI with Grandparent 8)

> *"Some children have delayed development, but grandparents won't accept it. They don't give any information or care to seek help."* (FGD with teachers)

3.2 Interpersonal barriers

The interpersonal barriers involving children in SGFs were raised by many households, making it difficult to discipline the children effectively.

> *"My granddaughter's raised by many relatives, and she becomes spoiled because they give her what she wants. I think she gets confused. Adjusting to different parenting styles is hard."* (IDI with Grandparent 7)

> *"Different households, like relatives and neighbors, take turns raising children. So, parenting styles are different and inconsistent."* (FGD with healthcare providers)

3.3 Organizational barriers

Organization barriers included discontinued and fragmented child development projects and a lack of data on early childhood in SGFs. Training and projects to promote children's development in SGFs lacked continuity and were fragmented because teams did not collaborate.

> *"I used to attend a workshop about child development years ago. Now, there's no training specific to these types of families."* (FGD with teachers)

> *"Our Municipality Office had a home visit for children in these families, but the work process was fragmented. No collaboration or communication. Each unit worked in separation."* (FGD with community leaders)

Another organizational barrier concerned the lack of data on early children in SGFs.

> *"There's no survey on children in skipped-generation families. The data are not passed on across the involved organizations."* (FGD with teachers)

> *"We don't know the context of each family, how they raise the children, and problems faced by each family or each child."* (FGD with village health volunteers)

Category 4: Strategies required to address parenting challenges

An effort to address parenting challenges in SGFs required creating tailored educational programs specific to grandparents' needs, enhancing support from parents, family members, community, and collaboration among the community organizations. This category comprised three sub-categories:

4.1 Creating tailored educational programs specific to grandparents' needs

Educational programs should be tailored to the needs of grandparents, with clearer examples to promote understanding and awareness, and simple language for older persons.

> *"Grandparents are old and have difficulty understanding. The education needs to be easy to understand with simple language, comparisons and examples to give a clearer picture of the children's situation."* (FGD with teachers)

> *"Educational booklets should include pictures and cases of using smartphones, with specific techniques for educating grandparents about child development."* (FGD with healthcare providers)

Significantly, the educational programs should be developed based on the specific problems faced by the grandparents in SGFs.

> *"We should conduct a home visit on grandparents about their grandchildren's problem and parenting issues to create workshops pertinently where they really need help."* (FGD with village health volunteers)

Findings from the grandparents consistently confirmed the need for health education that addresses the problematic situation pertinently.

> *"I need advice on how to raise my grandchild well, how to make him pay attention to the class, how to distract him from the screen, and learn about his emotions."* (FGD with grandparents)

4.2 Enhancing support from parents, family members, and the community

Support from parents, family members, and the community was crucial in meeting the demands of parenting, thus facilitating grandparents' ability to raise their grandchildren.

> *"Sometimes, my daughter sends money to buy things for my granddaughter. When my granddaughter wants anything, she'll call her mom to send the money."* (IDI with Grandparent 8)

> *"After school, the great-grandmother looks after my grandson. She washes his clothes and takes care of everything. This helps reduce my burden a lot. When I have to work, his great-grandmother watches him."* (IDI with Grandparent 5)

> *"Our community supports each other. During local festivals, our local organizations ask for donations from the temple to give to children in skipped-generation families and those in need."* (FGD with community leaders)

4.3 Collaboration among the community organizations

Addressing parenting problems in SGFs requires collaboration among the community organizations.

> *"To educate grandparents about parenting at home, it requires collaboration between the grandparents and the schools so we can have consistent approaches to the problems."* (FGD with teachers)

> *"It'll be beneficial if all involved organizations work together and complement each other. If the health-promoting hospital doesn't have enough budget, we can use the resources of the Municipality Office. It requires a network of collaboration. The more organizations, the better."* (FGD with community leaders)

Discussion

The findings revealed the situations, parenting practices, problems, and needs related to parenting practices in early childhood among Thai SGFs, which emerged in four categories discussed below.

The grandparents had inappropriate perceptions toward parenting practices in terms of the negative discipline to promote obedience, the use of smartphones for intelligence, and ignoring the child's problematic behaviors. These misperceptions were consistent with the findings of earlier research in grandparents,[14,34] posing a significant concern because such inaccurate perceptions can influence the unhealthy upbringing of grandchildren. Grandparents often rely on traditional or authoritarian parenting styles, which may negatively influence children's social-emotional development.[14,17,35] Misperception in disciplinary might be attributable to the context of Thai culture, where grandparents accept physical punishment to discipline their grandchildren within families.[16] Congruently, some grandparents

believe they are emulating the successful parenting strategies they employed with their own children. Grandparents' outdated views about children's development and discipline indicate the need for education to address misperceptions about parenting and equip grandparents with knowledge of contemporary parenting practices.[14]

The grandparents had inadequate knowledge and skills regarding parenting practices for providing proper nutrition, spending quality time with children, preventing infectious diseases, preventing road accidents, and caring for oral health. These issues were not novel, as studies in SGFs reported similar findings: custodial grandparents paid less attention to early learning activities and to responsive caregiving for child development,[16,26] responded to children's needs inconsistently and inappropriately,[26] and intentionally allowed the use of smartphones.[26] In this study, 80% of the grandparents had to work and thus were unable to fully focus on spending time with the grandchildren. Moreover, 85% of the grandparents had a primary level of education. Low education is strongly linked to inadequate knowledge and parenting skills, particularly regarding nutrition and healthy lifestyles.[14]

The barriers to promoting children's health and development included individual, interpersonal, and organizational barriers. The individual barriers were associated with grandparents' age-related limitations that made raising grandchildren a challenging task, a lack of confidence in healthcare providers, illiteracy, and the denial of problems in parenting. These barriers prevented grandparents from having development-stimulating activities with their grandchildren.[26] In this study, 85% of the grandparents had primary education, earned a monthly income of 9,650 Thai baht (298.21 USD), and had underlying diseases (40%). In addition to their social circumstances, grandparents in SGFs with low socioeconomic status suffered from not having enough money to properly nurture their grandchildren.[34,36] Additionally, grandparents' health can be negatively impacted by raising their grandchildren, with a higher risk for worsening chronic diseases.[36] Moreover, grandparents in SGFs need services that support education and skill-building to meet their grandchildren's educational needs, especially given their own limited access to information, knowledge of technology, and the generation gap between themselves and their grandchildren.[14] The interpersonal barrier was seen from the fact that children were raised in many households. While this can help ease the grandparents' burden of looking after the grandchildren, it can lead to conflicting practices in child discipline and differing parenting styles towards the grandchildren.[35] The organizational barriers consisted of discontinued and fragmented child development projects and the lack of data on early childhood in SGFs. The system barrier, particularly in terms of a broken system for SGF development, is also present in other global contexts.[37] The lack of understanding and awareness about SGFs resulted in policies that were not responsive to the unique needs of these families.[28] System fragmentation led to frustration and difficulty accessing public benefits needed to care for their grandchildren.[11,37]

To address parenting practices, our findings indicated a need to create tailored educational programs that meet grandparents' needs, with clearer examples to promote understanding and simple language. Most of our participants had a primary education (85%), which might limit their ability to understand health information related to child development.[14] The educational programs should be developed based on the unique problems faced by the grandparents in SGFs who encounter multiple issues in their specific family environment, such as the lack of financial assistance for the child's nutrition and education, and inadequate assistance with daily child care responsibilities.[38] These issues need to be explored and incorporated into the interventions. Another point emerging from our findings was the need to enhance support from parents, family members, and the community (e.g., food and daily necessities), which was essential to meeting the demands of parenting, thereby facilitating grandparents' ability to

raise their grandchildren. This finding clearly reflects the context of Thai society, built on the strength of family, community, and connections. Thai older people are often engaged in their communities, with neighbors knowing one another and caring for one another.[39] Organizations and social service workers in the community can offer practical assistance, such as food, clothing, education, and other supports. Social networks and practical assistance are protective elements that support children in SGFs' healthy growth and wellbeing.[28,38] Thus, interventions that assist grandparents in creating and maintaining their support systems may be beneficial. Lastly, addressing parenting problems in SGFs cannot be accomplished by a single sector alone; it requires collaboration among community organizations. Collaborative community action should involve delegates from grandparents, healthcare providers, educators, policymakers, social services workers, child services representatives, and researchers to increase cross-sector collaboration.[28]

Limitations

This study was conducted with grandparents and stakeholders in a rural community in northern Thailand, whose perceptions might differ from those in other contexts. Future research is recommended to explore grandparents' parenting practices in SGFs across diverse settings to increase the generalizability of findings. Additionally, this study comprised a homogeneous sample of grandmothers. The inclusion of grandfathers would expand the understanding of grandfamily's experiences.

Conclusion and Implications for Nursing Practice

The findings provide rich information about situations, problems, and needs related to early childhood parenting practices in Thai SGFs. The grandparents had inappropriate perceptions, inadequate knowledge, and insufficient parenting skills. The barriers that hindered grandparents' ability to promote children's health and development emerged at individual, interpersonal, and organizational levels. Solutions included creating tailored programs specific to grandparents' needs, enhancing support from parents, family members, the community, and fostering collaboration among the community organizations. The findings will assist stakeholders, including healthcare providers, early childhood teachers, and local administrator organizations, in clearly understanding the facilitators and barriers related to early childhood parenting practices in Thai SGFs. These findings could help community nurses develop effective and comprehensive interventions with clearer examples, simple language, and real-life situations tailored to grandparents to enhance awareness and parenting skills in early childhood. In addition, the community stakeholders can apply the findings to develop guidelines for enhancing support from networks and collaboration among the community organizations to encourage grandparents' parenting practices to ensure optimal early children's growth and development.

Author Contributions:

Conceptualization, methods and design: C.B., J.C.
Data collection: C.B.
Data analysis and interpretation: C.B., J.C., P.K., D.T.
Supervision: J.C., P.K., D.T.
Drafting and revising the manuscript: C.B.
Editing the manuscript: J.C., P.K., D.T.
Final approval of the manuscript: C.B., J.C., P.K., D.T.

Acknowledgments

We appreciate all participants for contributing to our study. This research project had no funding.

References

1. United Nations Children's Fund (UNICEF). Early childhood development – UNICEF vision for every child. New York: UNICEF; 2023.
2. Gil JD, Ewerling F, Ferreira LZ, Barros AJ. Early childhood suspected developmental delay in 63 low- and middle-income countries: large within- and between-country inequalities documented using national health surveys. J Glob Health. 2020;10(1):010427. doi: 10.7189/jogh.10.010427.
3. Jungpanich P, Ployluan W. The study of situation of early childhood development in Thailand 2021. Thai J Health Promot Environ Health. 2023;46(1):41-53. Available from: https://thaidj.org/index.php/tjha/article/view/14250 (in Thai).
4. Jeong J, Franchett EE, Ramos de Oliveira CV, Rehmani K, Yousafzai AK. Parenting interventions to promote early child development in the first three years of life: a global systematic review and meta-analysis. PLoS Med. 2021; 18(5):e1003602. doi: 10.1371/journal.pmed.1003602.
5. Pujihasvuty R, Nasution SL, Fajarningtiyas DN, Parulianta MM, Oktriyanto N, Sari DP, et al. Family economic resilience and early childhood parenting practices. Br J Midwifery. 2024;32(1): 22-31. doi: 10.12968/bjom.2024.32.1.22.
6. United Nations Population Fund Thailand. The state of Thailand's population 2015: features of Thai families in the era of low fertility and longevity [Internet]. 2015 [cited 2025 Sep 12]. Available from: https://thailand.unfpa.org/th/state-thailand%E2%80%99s-population-report-2015
7. Zimmer Z, Treleaven E. The rise and prominence of skip-generation households in lower- and middle-income countries. Popul Dev Rev. 2020;46(4):709-33. doi: 10.1111/padr.12349.
8. Department of Women's Affair and Family Development. Results of the 2023 family strengthening survey [Internet]. 2024 Jan 18 [cited 2025 Sep 12]. Available from: https://www.dwf.go.th/contents/58949 (in Thai).
9. Samutachak P, Rittirong J, Chuanwan S, Thianlai K, Nitnara P, Somta S. The Thai family in the future: 2040. 1st ed. Bangkok: Institute for Population and Social Research, Mahidol University and the National Research Council of Thailand; 2022 (in Thai).
10. National Statistical Office. Survey on the situation of children and women in Thailand 2022 report, complete version. Bangkok: National Statistical Office; 2023 (in Thai).
11. Hongthai K, Jongudomkarn D.A phenomenological study on older persons as a breadwinner of a skipped-generation family: day by day coping journey in Thai context. Int J Qual Stud Health Well-being. 2021;16(1):1967260. doi: 10.1080/17482631.2021.1967260.
12. Xu Y, Wang Y, McCarthy LP, Harrison T, Doherty H. Mental/behavioral health and educational outcomes of grandchildren raised by custodial grandparents: a mixed methods systematic review. Health Soc Care Community. 2022;30(6):2096-127. doi: 10.1111/hsc.13876.
13. Photichai P, Luvira V. The impact of a skipped-generation family structure on early child development in Khon Kaen Province: a prospective cohort study. Sci Rep. 2023;13(1): 16897. doi: 10.1038/s41598-023-44238-9.
14. Adams M, Wiles J, Smith M, Honey M. Experiences of grandfathers as primary caregivers raising grandchildren: an integrative literature review. J Aging Stud. 2025; 73:101329. doi: 10.1016/j.jaging.2025.101329.
15. Gubat MT, Marquez LKH, Ambaic AZB, David RMA, Igna MAC, Red O, et al. Embracing the elderly affections: understanding the lived experiences among Filipino children raised by custodial grandparents. Int J Res Publ. 2022; 93(1):47-66. doi: 10.47119/ijrp100931120222743.
16. Sa-nguanphong Y, Phatisena T, Satayavongthip B. Early childhood rearing in skipped-generation families among caregivers in Chaiyaphum province: mixed method research. J Royal Thai Arm Nurs. 2022;23(2):149-59. Available from: https://he01.tci-thaijo.org/index.php/JRTAN/article/view/252054/174724 (in Thai).
17. He Y, Liu C, Luo R. Emotional warmth and rejection parenting styles of grandparents/great grandparents and the social-emotional development of grandchildren/great grandchildren. Int J Environ Res Public Health. 2023;20(2):1568. doi: 10.3390/ijerph20021568.
18. Bureau of Health Promotion, Department of Health, Ministry of Health. A parent school guide to schools for your children: good health, good brain, good moods, and happiness. 3rd ed. Bangkok: New Thammada Press (Thailand); 2016 (in Thai).

19. Smith GC, Hayslip B, Hancock GR, Strieder FH, Montoro-Rodriguez J. A randomized clinical trial of interventions for improving well-being in custodial grandfamilies. J Fam Psychol. 2018;32(6):816-27. doi: 10.1037/fam0000457.
20. Stringer ET. Action research: a handbook for practitioners. 4th ed. Thousand Oaks (CA): SAGE; 2014.
21. Fruhauf CA, Yancura LA, Greenwood-Junkermeier H, Riggs NR, Fox AL, Mendoza AN, et al. Lessons from the field. community-based participatory research: the important role of university–community partnerships to support grandfamilies. Fam Relat. 2022;1-14. doi: 10.1111/fare.12672.
22. Smith GC, Hayslip B Jr, Hancock GR, Merchant W, Montoro-Rodriguez J, Strieder F. The Family Stress Model as it applies to custodial grandfamilies: a cross validation. J Child Fam Stud. 2018;27(2): 505-21. doi: 10.1007/s10826-017-0896-0.
23. Nelsen J, Erwin C, Duffy R. Positive discipline: the first three years. New York City: Harmony Books; 2015.
24. Black MM, Behrman JR, Daelmans B, Prado EL, Richter L, Tomlinson M, et al. The principles of nurturing care promote human capital and mitigate adversities from preconception through adolescence. BMJ Glob Health. 2021;6(4):e004436. doi: 10.1136/bmjgh-2020-004436.
25. World Health Organization. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. 2018 [cited 2025 Sep 12]. Available from: https://iris.who.int/handle/10665/272603
26. Kodyee S, Moonpanane K, Trakooltorwong P, Thepsaw J, Wuttipan N, Maneekunwong K. Feasibility and acceptability of an ABCD program for child development among skipped families in rural Thailand: a pilot study. J Multidiscip Healthc. 2024;17:629-39. doi: 10.2147/JMDH.S446315.
27. Stevens PE. A critical social reconceptualization of environment in nursing: implications for methodology. ANS Adv Nurs Sci. 1989;11(4):56-68. doi: 10.1097/00012272-198907000-00009.
28. Murray C, Bain L, Spinks N, Avery D. It takes a village to raise a grandchild: developing communities of support for grand-families on PEI, Canada. GrandFamilies. 2024;7(2). doi: 10.15453/3067-3674.1128.
29. Kirby JN. The potential benefits of parenting programs for grandparents: recommendations and clinical implications. J Child Fam Stud. 2015;24(11):3200-12. doi: 10.1007/s10826-015-0123-9.
30. Turale S. A brief introduction to qualitative description: a research design worth using. Pacific Rim Int J Nurs Res. 2020;24(3):289-91. Available from: https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/243180
31. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-57. doi: 10.1093/intqhc/mzm042.
32. Elo S, Kyngäs H. The qualitative content analysis process. J Adv Nurs. 2008;62(1):107-15. doi: 10.1111/j.1365-2648.2007.04569.x.
33. Lincoln YS, Guba EG. Naturalistic inquiry. Thousand Oaks: SAGE; 1985. doi: 10.1016/0147-1767(85)90062-8.
34. Xu J. The roles of family and school members in influencing children's eating behaviours in China: a narrative review. Children (Basel). 2022;9(3):315. doi: 10.3390/children9030315.
35. Qiu H, Mardani F, Kunorubwe T. Perceptions of discipline and punishment in families from diverse cultural backgrounds. J Psychosoc Res Fam Cult. 2024;2(4):13-20. doi: 10.61838/kman.jprfc.2.4.3.
36. Dockery C. Exploring adversities of custodial grandparents transitioning from the grandparent to parent role [dissertation]. [Minneapolis (MN)]: Walden University; 2020.
37. Matovu SN, Whitley DM, Young HM. A global perspective on intersecting social and systemic barriers experienced by grandpa rent-caregivers: a qualitative systematic review. GrandFamilies. 2024;7(2). doi: 10.15453/3067-3674.1130.
38. Clark KC, Kelley SJ, Clark PC, Lane K. Needs of grandparents raising grandchildren: a qualitative study. J Sch Nurs. 2024;40(4):421-30. doi: 10.1177/10598405221115700.
39. Department of Older Persons. Enhancing well-being by realizing family dynamics and promoting intergenerational solidarity for an inclusive society [Internet]. 2024 [cited 2025 Sep 1]. Available from: https://www.dop.go.th/download/knowledge/th1732681954-2583_0.pdf

การพัฒนาโปรแกรมส่งเสริมการปฏิบัติการเลี้ยงดูเด็กปฐมวัยในครอบครัวข้ามรุ่นไทย : การวิจัยเชิงปฏิบัติการแบบอิงชุมชน

ชญาภา บุญลือ จุฑามาศ โชติบาง พิมพาภรณ์ กลั่นกลิ่น เดชา ทำดี*

บทคัดย่อ : เด็กปฐมวัยที่อาศัยอยู่กับปู่ย่าตายายเนื่องจากขาดบิดามารดา ซึ่งเรียกว่าครอบครัวข้ามรุ่น มีความเสี่ยงต่อการเจริญเติบโตและพัฒนาการที่ไม่เหมาะสม ปู่ย่าตายายเป็นบุคคลสำคัญในการปฏิบัติการเลี้ยงดูอย่างมีประสิทธิภาพ แต่โปรแกรมที่มีอยู่ส่วนใหญ่ไม่ได้ออกแบบมาเพื่อปู่ย่าตายาย และขาดการมีส่วนร่วมระหว่างนักวิจัยและผู้มีส่วนได้ส่วนเสีย การศึกษานี้เป็นการรายงานผลการวิจัยเชิงคุณภาพในระยะแรกของการวิจัยเชิงปฏิบัติการแบบอิงชุมชน โดยมีเป้าหมายเพื่อระบุสถานการณ์การปฏิบัติการเลี้ยงดู ตลอดจนปัญหาและความต้องการที่เกี่ยวข้องกับการปฏิบัติการเลี้ยงดูเด็กปฐมวัยในครอบครัวข้ามรุ่นของไทย ผู้เข้าร่วมวิจัยได้รับการคัดเลือกแบบเจาะจงจากตำบลในชนบทแห่งหนึ่งของจังหวัดในภาคเหนือของประเทศไทย ประกอบด้วยสองกลุ่ม คณะทำงานหลักประกอบด้วยผู้มีส่วนได้ส่วนเสียที่เป็นตัวแทนจำนวน 9 คน ผู้เข้าร่วมวิจัยในการประเมินปัญหาและความต้องการประกอบด้วยปู่ย่าตายายของเด็กอายุ 1-6 ปี ในครอบครัวข้ามรุ่น 20 คน และผู้มีส่วนได้ส่วนเสีย 39 คน เก็บรวบรวมข้อมูลโดยการสนทนากลุ่มย่อย การสัมภาษณ์เชิงลึก และการสังเกตผู้เข้าร่วมวิจัย ข้อมูลเชิงคุณภาพถอดความแบบคำต่อคำและวิเคราะห์โดยใช้การวิเคราะห์เนื้อหา

ผลการศึกษาพบ 4 ประเด็น ได้แก่ 1) การรับรู้ที่ไม่เหมาะสมเกี่ยวกับการเลี้ยงดู 2) การขาดความรู้และทักษะที่เพียงพอเกี่ยวกับการเลี้ยงดู 3) อุปสรรคในการส่งเสริมสุขภาพและพัฒนาการของเด็ก และ 4) กลยุทธ์การจัดการความท้าทายในการเลี้ยงดู ผลการวิจัยช่วยให้พยาบาลและครูปฐมวัยเข้าใจประเด็นปัญหาและปัจจัยส่งเสริมการปฏิบัติการเลี้ยงดูของปู่ย่าตายายได้ดียิ่งขึ้น โดยปรับให้เหมาะสมกับความต้องการที่แท้จริง ผลการวิจัยเป็นพื้นฐานในการพัฒนาแนวทางการแก้ไขปัญหาอย่างเป็นรูปธรรมโดยอาศัยการมีส่วนร่วมของผู้มีส่วนได้ส่วนเสียเพื่อเสริมสร้างศักยภาพให้ปู่ย่าตายายสามารถจัดการความท้าทายในการปฏิบัติการเลี้ยงดูด้วยการเพิ่มความตระหนักรู้และทักษะการเลี้ยงดู รวมถึงการได้รับการสนับสนุนจากสมาชิกในครอบครัวและชุมชน

Pacific Rim Int J Nurs Res 2026; 30(2) 461-482

คำสำคัญ : การวิจัยเชิงปฏิบัติการ เด็กปฐมวัย พัฒนาการ ปู่ย่าตายาย การเจริญเติบโต การเลี้ยงดูบุตร การปฏิบัติการเลี้ยงดู ครอบครัวข้ามรุ่น

ชญาภา บุญลือ *นักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่*
E-mail: chayapav@nu.ac.th; ORCID ID: 0009-0000-1237-3953
ติดต่อที่ : จุฑามาศ โชติบาง* *รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ E-mail: jutamas.c@cmu.ac.th; ORCID ID: 0000-0002-2524-949X*
พิมพาภรณ์ กลั่นกลิ่น *รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่*
E-mail: pimpaporn.k@cmu.ac.th; ORCID ID: 0000-0002-2023-6200
เดชา ทำดี *รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่*
E-mail: decha.t@cmu.ac.th; ORCID ID: 0000-0002-1121-0850