The roles and influence of grandmothers and men on child nutrition

Findings of a literature review and recommendations for nutrition programs

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Overview

• Assumption: Need for greater attention to cultural roles and realities.
• Key findings:
  – Roles and influence of grandmothers and men
  – Programs that have involved grandmothers and men
• Recommendations for programs to improve results by engaging grandmothers and men based on their culturally-designated roles.
Assumption about cultural roles and realities

• Cultural realities involve two components:
  1. Social structure/organization
  2. Norms, values, and beliefs

Photo: Judi Aubel
Assumption about cultural roles and realities

• Need to build on existing, culturally-designated roles, and household strategies.

Photo: Judi Aubel
Assumption about cultural roles and realities

• Non-western societies in Africa, Asia, and Latin America are collectivist rather than individualist.

• Characteristics of collectivist societies:
  – Group identity is more important than individual identity.
  – Interdependence is valued more than independence.
  – Collective decision-making in families and communities.
  – Elders transmit knowledge to younger generations.
Assumption about cultural roles and realities

• Need to acknowledge the role and authority of elders.
  – Arihenibuwa: “Communication channels are mapped along lines of seniority.”

Photo: Judi Aubel
Key finding

- Gender-specific roles → specialization along gender lines → gender-associated expertise and authority in decision-making.
- Reference: Table 1
Key finding

• Central role of grandmothers during critical periods: pregnancy, childbirth, infancy, and childhood illness.
  – Other family members acknowledge their expertise
Key finding

- Indigenous social support networks of grandmothers.
  - Social networks provide various types of support.
  - Expertise of specific network members is recognized.

Photo: Judi Aubel
Key finding

• Few programs have involved grandmothers and/or men.

• Limited documentation of program strategies:
  – Grandmother involvement: Mali & Senegal
  – Men’s involvement: India & Indonesia

• Mostly BCC/message-based strategies.
Key finding: PMTCT programs and nutritional advice

• PMTCT programs rarely involve men and never grandmothers.
• Men’s involvement has had mixed results.
• The “grandmother resource” has been ignored.

Photo: PATH/Evelyn Hockstein
Why have most community nutrition and health programs not explicitly involved grandmothers?
Recommendations for programs to increase results

- **Rapid formative research** on household roles, strategies, decision-making as well as knowledge, attitudes, and practices.
- **Systems approach to promote sustained social change** involving all key family and community actors.
- **Program objectives and indicators** should include change in grandmothers’ knowledge, advice, and practices.
Recommendations

- **Involvement of grandmothers in all nutrition activities** and acknowledgment of their expertise.

- **Attitudes of health/development workers** toward grandmothers and elders changed to view them as a cultural resource and as partners.

- **Communication and education methods** based on respect, dialogue, and problem solving rather than persuasion.

- **Communication materials** reflect grandmothers’ role and expertise.
Recommendations

• **Communication activities with men** of various ages to support roles of grandmothers and women.

• **Activities with grandmother social networks** to promote collective decision-making and changes in social norms.

• **Close collaboration with informal grandmother leaders** who communities respect and consult.
Recommendations

• **Strengthen communication between generations** within communities.

• **Health training school curriculum** promotes a culturally-grounded approach.

Photo: PATH/Evelyn Hockstein
Thank you

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