



IYCN USAID's Infant  
& Young Child  
Nutrition Project

# The roles and influence of grandmothers and men on child nutrition

Findings of a literature review and recommendations for nutrition programs

Judi Aubel, PhD, MPH  
Director, The Grandmother Project

Photo: Aurelio Ayala III

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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.



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## 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



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# Key finding

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

Photo: Judi Aubel





# Key finding

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



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## 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



Judi Aubel, Director, The Grandmother Project

[www.grandmotherproject.org](http://www.grandmotherproject.org)

[judiaubel@hotmail.com](mailto:judiaubel@hotmail.com) or [judiaubel@fastwebnet.it](mailto:judiaubel@fastwebnet.it)