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# GRANDMOTHERS: A LEARNING INSTITUTION



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## **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.



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# ABBREVIATIONS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CCF</b>	Christian Children's Fund
<b>CRS</b>	Catholic Relief Services
<b>ECD</b>	Early Childhood Development
<b>ECCD</b>	Early Childhood Care and Development
<b>EFA</b>	Education For All
<b>FGM</b>	Female Genital Mutilation
<b>GPTA</b>	Grandparent Parent Teacher Association
<b>HKI</b>	Helen Keller International
<b>HIV</b>	Human Immunodeficiency Virus
<b>KAP</b>	Knowledge, Attitudes, and Practices
<b>MCH</b>	Maternal Child Health
<b>MOH</b>	Ministry of Health
<b>PTA</b>	Parent Teacher Association
<b>RACHA</b>	Reproductive and Child Health Alliance
<b>TBA</b>	Traditional Birthing Assistant
<b>UNICEF</b>	United Nations Children's Fund
<b>UNESCO</b>	United Nations Educational, Scientific, and Cultural Organization
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

*Society itself fails when it isolates the young and the old from one another.*

*Teresa Scott Kincheloe,  
Native American Educator,  
1983, 135*

*“Grandparents know everything.”*

*Bengali Proverb*

*“We sing lullabies to our grandchildren to show our love for them and to begin teaching them Uzbek values.”*

*Grandmother, Navoi, Uzbekistan*

*“A house without a grandmother is like a road that goes nowhere.”*

*Senegalese proverb*

*“When an old person dies it is as though a whole library had burned down.”*

*Amadou Hampâté Ba, Malian philosopher (1900-1991)*

*Culture shapes everything we try to do. If we fail to take account of it, we stumble around blindfolded; if we learn to see it as a resource and understand how it affects us all, we may be able to create a really sustainable approach to human development.*

*F. Matarasso  
2001, 4*

The educational needs of children in Africa, Asia, Latin America, and The Pacific are immense. A major challenge for governments, civil society organizations, and international development agencies is to develop strategies to promote the educational development of these children, most of whom live in economically poor environments.

To address this challenge there has been considerable investment and many successes in identifying research-based interventions to promote children's educational development as part of their overall growth. In many cases, however, efforts to integrate these interventions into family and community contexts have not systematically built on and optimized existing roles, values, and resources at the local level.

Since education is an integral aspect of children's development, this paper examines existing evidence regarding the role of senior women, referred to in this paper as "grandmothers,"<sup>1</sup> in children's overall development,<sup>2</sup> including education, in non-western societies

(in Africa, Asia, Latin America, The Pacific, Aboriginal Australia, and Native North America). The paper also identifies the extent to which policies promoting the well-being of children support grandmothers' inclusion in child development programming. It highlights programs around the world that have explicitly involved grandmothers and explores in some detail how one of these programs was designed to ensure grandmothers' involvement. It concludes by exploring strategies to ensure the involvement of grandmothers in future basic education initiatives for children.

The review of the literature, policy and programs is framed by several key concepts that are not always taken into account in the design of child development programs around the world. They include: a systems approach; an assets-based approach; cultural roles and values as a foundation for program design; respect for elders and their experience; and social capital. The perspective on child development programming that emerges from the combination of these concepts points to the need to

<sup>1</sup> In this paper, the term "grandmothers" refers to experienced, senior women in the household who are knowledgeable about all matters related to the health, development and well-being of children and their mothers. This includes not only maternal and paternal grandmothers, but also aunts and other older women who act as advisors to younger men and women and who participate in caring for children.

<sup>2</sup> Child development, as used throughout this paper, refers to the development and continued growth of a child's emotional, intellectual, and physical well-being.

view grandmothers as key actors in family systems and as an invaluable resource for promoting optimal child development at that level.

Given the relatively limited published literature on this topic, the sources of information reviewed include not only published material but also unpublished gray literature<sup>3</sup> and key informant interviews with a variety of academics, anthropologists, educationalists, international development agency staff, and NGO field staff in different countries. From analysis of the available information, a series of core roles of grandparents, and specifically of grandmothers, were identified that appear to exist across cultures:

- All cultures recognize the critical role of grandparents as guides and advisors to the younger generations.
- In all cultures grandparents play gender-specific roles related to child development.
- Grandmothers are responsible for transmitting cultural values.
- Grandmothers' child-rearing expertise is acquired over a lifetime.
- In all cultures grandmothers are involved in multiple aspects of the lives of children and families at the household level.
- The roles of grandmothers appear to be universal whereas much of their knowledge and practices are culturally-specific.
- Grandmothers are both directly and

indirectly involved in promoting the well-being of children.

- Grandmothers influence the attitudes and decisions made by male family members regarding children's well-being.
- Some of grandmothers' practices are beneficial for child development whereas others are not.
- All grandmothers have a very strong commitment to promoting the growth and development of their grandchildren.
- Compared to younger women, grandmothers generally have more time to spend and patience with young children.
- Most grandmothers are interested in increasing their knowledge of "modern" ideas about child development.
- Grandmothers' knowledge comes primarily from their own mothers and their peers.
- Many grandmothers have a collective sense of responsibility for children and women in the community.
- Some grandmothers feel that their status as advisors in child and family development is diminishing.

The overarching conclusion that emerges from the review of the available literature is that grandmothers are present in all cultures and communities, that they have considerable experience and influence related to all aspects of child development, and that they are strongly committed to pro-

<sup>3</sup> Internal company documents or unpublished documents, such as project reports.

moting the well-being of children, their mothers and families.

The review then examines policy guidelines from key international agencies that support child development programming at the community level. Policy statements from UNICEF, the international Consultative Group on Early Childhood Education, the Bernard Van Leer Foundation, and UNESCO, all advocate for strengthening the capacity of family members to respond to children's needs. For example, UNICEF states that programs should identify "existing strengths of communities, families, and social structures" and "build on local capacity, encourage unity, and strength" (2001, 17). Policy statements such as these suggest, but do not explicitly state, that grandmothers should be involved in child development programs. Unfortunately, such policy guidelines supporting grandmother inclusion are reflected to a very limited extent in actual programs.

The second part of the review involves identifying child development programs that explicitly involve grandmothers. In spite of the fact that grandmothers play a significant role in all aspects of child health and development at the household level, few programs have explicitly identified and involved them as key actors. Often in programs that focus on younger "mothers" some grandmothers may participate. However, the number of child development program strategies that have deliberately included grandmothers as a priority community group is miniscule when compared

with the vast number of programs implemented across the world. This is especially true in basic education programs.

A small number of projects were identified that have involved grandmothers in some way. The grandmother-inclusive projects reviewed deal with a variety of child development issues including early childhood development (ECD), primary education, newborn health, maternal and child health and nutrition, and HIV/AIDS.<sup>4</sup> Short summaries are presented on each of these projects. Although few in number, and often poorly documented, these experiences illustrate how programs can acknowledge grandmothers' role and past experience, actively involve them and in so doing strengthen their knowledge and skills. In programs where a grandmother-inclusive approach has been adopted, there has been very positive feedback from grandmothers, from other community members, and from development staff. In most cases their involvement appears to have contributed to increased program results.

The paper then looks closely at one project in particular: The experience of Helen Keller International in Mali illustrates how child development programs can work with grandmothers in order to improve the health and well-being of children and their mothers. This case study describes the activities of the project and details the nonformal education methodology that was a key to engaging grandmothers, gaining their confidence, and helping them to

<sup>4</sup>The projects identified predominantly fall in the category of health-related interventions, but as demonstrated by this paper's recommendations, the roles played by grandmothers in these health-related interventions are potentially transferable to basic education projects.

learn. It is through this methodology that grandmothers felt empowered in their roles as community health advisors.

## **CONCLUSIONS**

Based on the review of the literature on the roles of grandmothers in different non-western cultures, analysis of the policies of key international organizations that promote child development, and a review of child development projects that have explicitly engaged grandmothers, a series of over-arching conclusions was formulated. These include:

### **LIMITED DOCUMENTATION OF GRANDMOTHERS' ROLES.**

Analysis and documentation of grandmothers' roles in different societies is quite limited. The results of many studies on different child development topics either completely ignore, or give minimal attention to, grandmothers' roles and influence at the household level. This can be explained in part by negative stereotypes of grandmothers held by many development organizations and in part by the narrow models used as a basis for data collection.

### **PREVALENT ASSESSMENT METHODOLOGIES FAIL TO EXAMINE HOUSEHOLD ROLES AND RELATIONSHIPS.**

The methodologies used in formative studies on child development topics most often focus narrowly on individual knowledge, attitudes, and practices (KAP) of women/mothers. There is a need for alternative assessment methods based on a more systemic, anthropological frame-

work that looks at social structures, roles, and relationships in households that influence attitudes and practices related to child development. In a more systemic approach, grandmothers' experience and roles at the household level would certainly be analyzed.

### **GRANDMOTHERS CONTRIBUTE TO CULTURAL CONTINUITY.**

The cultural dimension of development programs has generally been neglected, though there is a growing concern that this is a dangerous trend that can contribute to the loss of cultural values and identity. Grandmothers play a critical role in transmitting cultural values and practices to younger generations, thereby contributing to the maintenance of cultural identity in an increasingly culturally homogeneous world.

### **GRANDMOTHERS' PLAY AN INFLUENTIAL ROLE IN CHILDREN'S DEVELOPMENT ACROSS CULTURES.**

While documentation on grandmothers' roles is relatively limited, the available evidence does show that in virtually all non-western societies in Africa, Asia, Latin America, The Pacific, and in indigenous cultures in North America and Australia, senior women, or grandmothers, play a central role in child-rearing. In all of these societies they are looked to as advisors of the younger generations based on their age and experience, though in many cases their status is diminishing. Across cultures there are a series of core roles played by grandmothers while at the same time there is considerable variability in their culture-specific beliefs and practices.

**FEW CHILD DEVELOPMENT PROGRAMS EXPLICITLY INVOLVE GRANDMOTHERS.**

In spite of the fact that grandmothers play a significant role in all aspects of child health and development at the household level, few child development programs have explicitly identified and involved them as key actors. This review analyzes the extent to which they have been involved in five key program areas related to child development: early childhood development, primary school education, maternal and child health and nutrition, child hygiene, and HIV/AIDS. It was concluded that in all of these areas the involvement of grandmothers has been very limited.

**SEVERAL FACTORS CONTRIBUTE TO THE LIMITED INCLUSION OF GRANDMOTHERS IN CHILD DEVELOPMENT PROGRAMS.**

Several factors appear to contribute to the fact that few programs have identified grandmothers as priority community actors and actively involved them in community strategies. First, many development agencies and staff have negative biases against grandmothers related to their 'age,' 'inability to learn' and 'resistance to change.' Second, the models used as a basis for design of child development programs, borrowed from the west, tend to focus on 'mothers,' and sometimes 'parents,' while ignoring the significant role and influence of elder household actors in virtually all non-western societies.

**A FEW SUCCESSFUL GRANDMOTHER-INCLUSIVE CHILD DEVELOPMENT PROGRAMS DO EXIST.**

Although there are relatively few

examples of child development programs that have explicitly involved grandmothers, those experiences do illustrate how programs can acknowledge grandmothers' roles and past experience, actively involve them, and in so doing strengthen their knowledge and skills. In programs where a grandmother-inclusive approach has been adopted, feedback from grandmothers, from other community members, and from development staff has been very positive and in most cases their involvement appears to have contributed to increased program results.

**THERE IS A GAP BETWEEN POLICY STATEMENTS AND GRANDMOTHERS' INCLUSION IN CHILD DEVELOPMENT PROGRAMS.**

Policy statements from key international agencies involved in children's development advocate for strengthening the capacity of all family members to respond to children's needs. By extrapolation, such policy priorities imply that programs should involve senior family members, including grandmothers. In reality, there are few programs in which grandmothers are explicitly and actively involved. The non-inclusion of grandmothers in child development programs represents a significant inconsistency with international policy guidelines.

**GRANDMOTHER LEADERS AND NETWORKS SHOULD BE VIEWED AS SOCIAL CAPITAL.**

Social capital is defined as "the glue that keeps communities together and

that is required for a collective and sustained response to community needs.” While there is much discussion of the need to “strengthen existing community structures” in community development programs, limited attention has been given to the potential represented by natural grandmother leaders and their social networks for promotion of children’s development. Several experiences empowering these groups show how efforts to strengthen them can contribute to enhancing a community’s social capital and to sustaining community action for children’s development.

**GRANDMOTHERS ARE RECEPTIVE TO THE USE OF NONFORMAL EDUCATION APPROACHES THAT BUILD ON THEIR EXISTING KNOWLEDGE.**

In experiences in several countries, nonformal, adult education methods have been very successfully used with groups of grandmothers. They were very receptive to these methods and their positive response can probably be explained by the fact that the approach reinforced their culturally-defined role as respected advisors of younger women and children while helping them to acquire new knowledge and practices related to child health and development.

All of these conclusions support the need to more actively involve grandmothers in child development projects in the future, given their critical role in child development in non-western societies, the international policies that support this orientation, and the positive outcomes of community programs that have adopted a grandmother-inclusive approach.

**RECOMMENDATIONS**

The paper concludes with a number of recommendations for ways to increase grandmothers’ involvement in basic education strategies. Around the world, families and communities acknowledge that grandmothers play an influential role in the socialization, acculturation, and care of children as they grow and develop. However, basic education programs have not seriously taken this role into consideration. The recommendations included in the paper are meant to stimulate thought on how to involve grandmothers, utilize their accepted roles within a community, and account for their influence on children’s educational development. The following recommendations, grouped into five categories and summarized below, are not meant to be definitive but rather to stimulate thought on how to involve grandmothers and utilize their role and influence on children’s educational development in the family and community.

**INCREASE TEACHER AWARENESS OF GRANDMOTHERS’ ROLE AND POTENTIAL CONTRIBUTION.**

- Develop participatory training exercises to help teachers reflect on the rationale for including grandmothers as partners in school educational activities and then develop strategies for including them.
- Analyze family and community systems as an input to program development.
- Create alternative assessment tools.
- Generate criteria for inter-generational sensitivity.

### **INTEGRATE TRADITIONAL KNOWLEDGE AND SKILLS IN SCHOOL CURRICULA.**

- Interview grandmothers concerning their roles in education.
- When revising curricula or developing teaching materials, pictures of grandmothers, quotes from grandmothers, and characters in stories should be included.
- Use components of “Service-Learning” and constructivist approaches to collect data from grandmothers and incorporate them into the curriculum.
  - Who am I? Assign children to ask family members, including grandmothers, to answer the child’s question: “Who am I?” This is an activity to help children define their own identity, in the family, and in the community.
  - Living History. Assign children to interview elders in their family or neighborhood, including grandmothers, on a topic related to the history of the neighborhood or village. Teachers can make this a part of the history curriculum.
  - Make curriculum relevant.
  - Ownership of the school curriculum by the community.
  - Making connections between the “old way” and the “new”.

### **INTEGRATE TRADITIONAL VALUES**

### **INTO THE CURRICULUM.**

- Collect stories, proverbs, and songs, and analyze the values expressed in them. Use these traditional materials as a basis for discussion of cultural values and of the similarities and differences between traditional and modern values.

### **DEVELOP PARTNERSHIPS BETWEEN GRANDMOTHERS AND SCHOOLS.**

- Encourage families to create home environments that support success in school.
- Encourage grandmothers, who often have more free time than mothers, to walk children to school to assure their safety.
- Identify stories told by grandmothers in the community that relate to the curriculum and use these stories as teaching tools. Invite these senior women to tell stories in special story-telling sessions at schools or in informal settings.

### **USE PARTNERSHIPS TO PROMOTE SCHOOL IMPROVEMENT.**

- Empower parents to participate in school planning for curriculum content, school climate, and staff development.
- Identify grandmother leaders and networks.
- Form Grandparent-Parent-Teacher Associations.

- Empower families to learn to use their collective power to advocate for school change.
- Involve community elders, including grandmothers, grandfathers, and religious leaders, in providing input for quality control of schools and teacher performance.

Many of these recommendations do not depend on large amounts of financial

resources. They simply introduce new approaches to project development that utilize the knowledge, experience, and enthusiasm grandmothers have for children's development. By exploring these recommendations, child development programs will be able to access a wider range of resources—including grandmothers' experience, their networks, and their influence over families—and, therefore, generate greater potential for sustainability.

**“There is probably no other role that is so nearly universal yet so heterogeneously defined as grandparenthood”**

**(Smolak, 1993).**

Promoting the education, health, and well-being of children in developing countries is a priority for governments, many civil society groups, and international organizations. While almost all children are embedded in family and community structures, in most cases development programs narrowly target children, often mothers, and in some cases parents. Grandparents are present in all communities, and in all societies they are expected to contribute significantly to the growth and development of children. The roles of grandfathers and grandmothers are gender-specific and it is the senior women, or grandmothers, who are expected to play a predominant role given their own experience bearing and educating children. Child-focused development efforts, however, rarely acknowledge or involve these experienced resource persons in programs. The Swedish communicologist, Andreas Fuglesang (1982) referred to grandmothers as a veritable “learning institution,” alluding to their vast experience and the roles they play in transmitting to younger generations the knowledge and skills required to survive in each society.

While there appear to be few development programs that have explicitly involved grandmothers as resource persons, in the community health field there have been several recent and very positive experiences. In Laos, Senegal, and Mali, grandmothers played key roles in health promotion strategies. The results of each of these experiences revealed that grandmothers were open to new ideas and practices when appropriate nonformal education methods were used and that they were able to learn and change their advice and practices.

Evaluations of these community health programs showed that the involvement of grandmothers contributed to improving household maternal and child health practices. For example, in a nutrition education program in Senegal, in households where grandmothers were involved in the non-formal activities, more than 90 percent of all infants were appropriately breastfed (they were given only breast milk for the first six months; exclusive breastfeeding). Conversely, in families where grandmothers were excluded from educational activities with younger women, only about 30 percent of these women reported that they were

able to exclusively breastfeed their infants (Aubel et al, 2004). Positive results using a grandmother-inclusive approach were also documented in Mali where grandmothers were involved in nonformal education activities on newborn health, and in Laos where they participated in educational activities on home treatment of childhood illnesses.

The over-arching conclusion drawn from these several experiences using a grandmother-inclusive approach is that community strategies that harness the support of grandmothers can contribute to increasing the impact of development programs. In addition, involving them in development programs can lead to greater appreciation of the contribution of elders to family and community well-being, increased recognition of positive cultural values and traditions, and stronger inter-generational communication. Efforts to strengthen the knowledge and leadership skills of grandmothers to promote family and community well-being contribute to increasing a society's social capital, a critical component of sustainable development.

Based on these positive outcomes working with grandmothers, Creative Associates International, Inc. decided to support the exploration of ways in which grandmoth-

ers could similarly be involved in basic education initiatives. In this context, it was decided to carry out a review of existing literature, first, on the role played by grandmothers in different societies in children's overall growth and development, and second, on development programs that have explicitly involved grandmothers as resource persons and the strategies and methodologies they employed to do so.

This review had three objectives:

- To explore the relevance of including grandmothers in child development programs;
- To identify child development programs that have explicitly involved grandmothers and explore the approaches used to elicit their participation; and
- To formulate recommendations for increasing involvement of grandmothers in future basic education programs.

The findings related to these objectives shape this publication.

## II. WHY INCLUDE GRANDMOTHERS IN CHILD DEVELOPMENT PROGRAMS?

**“With age comes experience and wisdom. Grandmothers are the main resource persons for all matters related to the well-being of women and children.”**

**(Community Leader, Mali )**

The education and development needs of children, and of poor families in general in Africa, Asia, Latin America, and The Pacific are enormous. Ensuring optimal growth in both needs sectors represents a particularly complex and difficult challenge. In order to ease this burden, many international agencies, governments, civil society groups, and community networks are investing in education and development programs to support children’s overall development. Yet, frequently these programs are missing fundamental elements that are critical to the development of effective and sustainable projects. One such element is the need to build on existing family and community structures and strategies (UNICEF 2001).

At the global level there is also a broad consensus regarding the need to strengthen the capacity of families and communities to optimize children’s development. Policy statements of various international organizations involved in child development projects support the need to bolster existing family and community actors and resources. For example, UNICEF

asserts that successful programs for children are characterized by strategies that “use the existing strengths of communities, families, and social structures... respect cultural values, build on local capacity, encourage unity and strength” within families and communities (2001, 17).

While international policy guidelines clearly articulate the need for child development programs to build on existing family and community systems, in many cases these priorities have not been fully translated into programming strategies. By ignoring this need, programs are under-utilizing available resources at the family and community levels and ultimately limiting their prospects of sustainability.

This weakness in many national and international child development programs appears to stem from the fact that program development is not based on an accurate and holistic understanding of family and community systems in different cultural contexts (Bronfenbrenner 1979; Berman et al. 1994). In most cases, relatively limited attention is placed on understanding

**“A grandmother’s understanding of Indian identity is an invaluable perspective that she is able to pass on to her grandchildren. Grandmothers-as-culture-transmitter may be one of the most significant contributions to the perpetuation of the Indian community.”**

**M.M. Schweitzer  
American Indian  
Grandmothers: Traditions  
and Transitions  
1999, 10**

the roles, authority, and decision-making patterns among various household actors that influence practices contributing to children’s growth and development. There is often only superficial understanding of the socio-cultural dimensions of family systems, including the social hierarchy within families associated with age and experience that dictates individual behavior to a great extent.

Along with the absence of adequate assessment of the components and dynamics of family systems in different socio-cultural contexts, there is a tendency to erroneously project onto non-western societies western concepts of nuclear families, and of autonomous women and couples who operate independently of family systems. This orientation/tendency is seen in education programs that involve only “parents,” defined as children’s mothers and fathers, and child health programs that narrowly focus on women of reproductive age or on the mother-child dyad. Limited focus has been directed at understanding the roles of and including other non-parental family and community actors in child development strategies. In almost all cases, in child development programs, both at the initial assessment phase and in the design of community-oriented strategies, senior household and community members, including grandparents, are excluded.

Anthropologist Margaret Mead (1970) was among the first social scientists to point out the critical role played by grandparents in transmitting from one

generation to the next the “model” of how things should be done in life, including how children should be nurtured and taught how to survive in each society. Similarly communicologist, Andreas Fuglesang (1982), discussed the multifaceted role that grandmothers play in the socialization process of the younger generations and asserted that grandmothers constitute a veritable “learning institution” in the community.

Professor Scarlett Epstein, from the Institute of Development Studies at the University of Sussex, has pointed out the critical role played by grandmothers in inculcating in children the moral, social, and cultural norms that determine individual behavior later in life (Epstein 1993, 2003). She states that in most developing country settings, grandmothers’ influence is great, given that they live close to their offspring and are respected by them. Grandmothers provide ongoing “informal training” both to their children and grandchildren. Epstein has been an outspoken advocate of the need for development activities related to children and women’s health and development to acknowledge and build on the role of grandmothers.

In the so-called “developed” world, there is a tendency for grandparents to be much less involved in the socialization and care of grandchildren than was historically the case. Nevertheless, in all cultures, grandparents continue to be involved and to influence, to a greater or lesser extent, the lives and development of the younger generations. Recent efforts to promote intergenerational

learning in western countries, for example by involving elders in school programs, is a sign of the recognition of the contribution grandparents can make to the development of the youngest members of society. In most parts of Africa, Asia, Latin America, and The Pacific, grandparents continue to play a critical role in guiding and supervising the younger generations; parents and children alike. In virtually all cases it is the grandmothers who play a greater and more direct role in a child's development than do grandfathers, though this does not deny the involvement of grandfathers in some aspects of a child's overall development.

It is important to note that in this review "grandmother" is used as a "generic" term to refer not only to biological or paternal grandmothers but to all of the older, experienced women in a family who serve as advisors to younger family members on multiple aspects of child and family development. In addition to the veritable grandmothers, this can include aunts and unmarried senior women who play a role as family advisors. In patrilineal societies, the child's grandmother is the woman's mother-in-law.

Clearly traditional family and community structures are in transition in virtually all societies. In this context, it is important to ask ourselves, "Do child development programs serve to bolster traditional family and community structures, roles and values, including the role of experienced, senior family

members, for the benefit of children and their families?" Or, "Are child development programs merely acquiescing to the increasing rift between local, traditional roles, values, and resources and globalizing forces of 'modernity' and 'individualism' that is contributing to breaking down the social cohesion of more traditional communities systems around the world?"

## **CONCEPTUAL FRAMEWORK**

This review of literature, policy and programs is framed by several key concepts that are often not given much attention in the design of child development programs. These concepts include a systems approach; an assets-based approach; cultural structures; roles and values as a foundation for program design; respect for elders and their experience; and social capital.

Each of the concepts is explained below, along with its relevance to the discussion of grandmothers' involvement in child development programs. As will be seen, each of these concepts has implications for how child development strategies and programs are designed, both in terms of analyzing community realities and in developing interventions.

- *Systems Approach*

In many past child development programs there has been a tendency to adopt a reductionist approach that focuses only on children, or on the child-mother

**"Successful programs use the existing strengths of communities, families, and social structures....to provide the best for children."**

**UNICEF**

**The State of the World's Children: Early Childhood (2001, 17)**

**"Culture tells people how to view the world, how to experience it emotionally and how to behave in relation to other people, supernatural forces and in relation to their environment. It is the 'lens' through which people perceive and understand the world in which they live."**

**J. Sengendo**

**"Culture and Health" in F. Matrasso  
Recognizing Culture: A Series of Briefing Papers on Culture and Development  
UNESCO (2001, 51)**

dyad. This approach simplifies the parameters dealt with both in initial assessments and in program designs. However, such an approach is inadequate in so far as it provides a limited vision of the household system of which children are a part. This restricted focus on only certain members of the household necessarily conceals the roles of household actors in addition to mothers, namely older siblings, men, and senior women, and the influence they have on each other related to children's well-being. In contrast, in a systems approach children's needs are analyzed and addressed in relation to the roles, attitudes and practices of all key family and community actors. In this more holistic approach, program strategies aim to reinforce the various actors within the family system, including grandmothers, who influence children's well-being.

- ***Assets-based Approach***

While all families and communities have inadequacies and problems, the perception of those weaknesses by programs and staff significantly determine their attitudes toward them and the type of interventions developed. Kretzmann and McKnight (1993) suggest that often in social programs the focus is put on the problems or "deficits" in a community, while in those same communities there are undoubtedly certain resources, or "assets" on which to build. They refer to the latter option as an "assets-based approach." Applied to child development programs, this latter

approach implies that programs should, first, identify existing family and community resources that contribute to child development, and second, aim to strengthen them. Grandmothers constitute one of the existing resources that can be strengthened in such programs.

- ***Cultural Structures, Roles, and Values as a Foundation for Program Development***

While lip service is often given to the importance of cultural realities to development programs, often the cultural dimension is absent from development planners' frameworks and program designs (Serageldin 1994). In the past few years, it appears that this dimension of development planning is being given somewhat greater attention. Former World Bank Vice President Ismail Serageldin argues that "A cultural framework is ... a sine qua non to have relevant, effective institutions rooted in authenticity and tradition yet open to modernity and change" (Serageldin, 19).

To some extent the cultural dimension has been taken into account in development projects, yet too often "culture" is considered in a very superficial way and is equated with a cultural practice (i.e. how initiation ceremonies for young girls are organized) (Pelto 2003). In this regard, social psychologist Pepitone (1981) proposes a more inclusive definition of "culture" composed of two inter-

related facets. First, there are the social structures and organizations in which individuals exist in relation to the family, kinship, roles, hierarchies, and communication nets. Second, there are the normative systems that include the values and beliefs promoted within the family system that affect behavior. In child development programs, and development programs in general, the tendency has been to ignore the first facet. If child development programs aim to build on existing culturally-defined family and community roles, hierarchies, and communication nets, this implies that grandmothers and grandmother networks should be involved in efforts to improve the well-being of children. In addition, building on existing cultural systems is more likely to contribute to the sustainability of child development strategies, including basic education initiatives.

- ***Respect for Elders and Their Age and Experience***

In contrast to western societies, where youth is glorified, in virtually all non-western societies there is much more respect for elders, their age, and their experience. In Mali there is an often-heard proverb in bamana<sup>5</sup> that refers to the wisdom of the elders: "What an elder can see sitting under a tree, a younger per-

son cannot see even if he/she climbs up to the top of the tree."

In virtually all non-western societies, from a young age children are taught that they should respect, listen to, and learn from their elders. This traditional cultural value still holds considerable weight in most non-western societies but it is being jeopardized by the encroachment of alternative, often foreign, values that aggrandize youth and accomplishment in the formal schooling system and give less credence to the wisdom of the elders. For example, in Malian communities, many grandparents said (Touré and Aubel, 2004) that most development programs that have come to their villages only involve "young people" and "those who have gone to school" thereby excluding most elders in the community. Such an approach contradicts traditional values in which the elders are expected to play an advisory role with younger members of the society.

- ***Social Capital.***

Many development programs aim to strengthen "human capital" i.e., the skills and capacity of individual community members. In contrast, "social capital" refers to the strength of the relationships between people. It has been referred to as the "glue" that keeps a community together and that is required for a collective and sustained response to community needs. Social capital refers to the networks within a

**"Successful programs are developed with and for communities, respecting cultural values."**

**UNICEF  
The State of the World's  
Children: Early Childhood  
(2001, 17)**

**"Grandparents know everything."**

**Bengali Proverb**

**"This is a rule in our society, you must listen to what your elders advise. Since time began people have learned from their elders."**

**Community Leader, Navoi,  
Uzbekistan**

**“Social capital is a community’s human wealth. It is a powerful motor for sustainable development because it harnesses local capacity, indigenous knowledge, and self reliance.”**

**H. Gould  
“Culture and Social Capital” in F. Matrasso, Recognizing Culture: A Series of Briefing Papers on Culture and Development, UNESCO, (2001, 69)**

community that are based on trust and mutual support that contribute to a sense of belonging, promote inclusion and involvement of different community factions, and are empowered to promote self-reliance. Increased social capital is an asset for promoting and sustaining children’s development within the community.

In the past, grandmothers were not systematically involved in child development programs at the community level. Each of the concepts discussed above supports the idea that grandmothers constitute a valuable community resource that needs to be taken into consideration in the design of child development programs. In this review, these several concepts will be referred to in the subsequent discussions of grandmothers’ roles, child development policies, and programs.

### **FACTORS LIMITING THE INCLUSION OF GRANDMOTHERS IN CHILD DEVELOPMENT PROGRAMS.**

The explanation for the relatively limited attention given to grandmothers’ roles in the development literature, and their limited inclusion in community development programs, appears to be related both to a series of negative biases toward them and programming models that tend to exclude them. In this section, these constraining factors are explored, after which evidence of grandmothers’ roles in different societies around the world is presented.

In all societies around the world, senior women, or ‘grandmothers,’ are present in communities and neighborhoods, and they are part of most extended families. Given this reality, it is surprising that there is very little discussion in the development literature of their role and influence on the lives of children, families, and communities. Of the numerous documents that have been written dealing with ECD, education, nutrition, health, and hygiene of young children, very few even mention the role of grandmothers. When they do, they are often referred to in a negative light.

There are a series of negative stereotypes, or biases, regarding the role of older women, which tend to discredit their experience and limit their inclusion in child development programs.

First, there is a widespread belief that older women do not really influence the child development practices of younger family members, including older siblings. This attitude can be attributed, in part, to the curricula used in professional training schools in most developing countries on child development, education, health, and nutrition. These curricula are based primarily on imported, western programs. Such training programs are, therefore, based on the western, nuclear family in which young parents are responsible for their own children and in which elders play a relatively limited role. In numerous instances and countries, child health/development staff has denied the significance of the role and contribution of grandmothers until they were presented with empirical evidence supporting that substantive role.

<sup>5</sup> Bamana is the language spoken by the Bambara people of Mali.

The second often-heard bias is that while older women may be influential in the family, their influence is generally “negative.” It is often said that their ideas and practices are “old fashioned,” “out-of-date,” and/or “harmful.” This attitude is often expressed by child health/development workers in developing countries as well as by program managers in development organizations. For example, health workers often criticize older women for their use of “harmful traditional remedies” and consequently discredit grandmothers’ role in child and family health matters. Similarly early childhood development practitioners often criticize grandmothers because their childcare practices do not reflect “modern approaches.”

A third bias, that exists particularly where there are high illiteracy levels amongst older women, is that women who are illiterate are not intelligent and, therefore, they are unable to comprehend new ideas. This unfortunate bias equates school learning with superior intelligence and undervalues experiential life learning.

Yet a fourth stereotype, that afflicts grandmothers and grandfathers alike, is the widespread belief that older people are incapable either of learning new things or changing their ways due to their age. The essence of the saying in English about old dogs not being able to learn new tricks exists in many cultures. For example, in Laos it is frequently said that “you cannot bend an old piece of bamboo.” Based on the

belief that grandmothers are by nature resistant to change, many development practitioners assume that grandmothers are both unwilling and unable to assimilate new child development knowledge and practices.

The last factor is the restricted perception of older women as being “needy” and “dependent” that ignores the many grandmothers who are active and resourceful members of households and communities. In developing countries where most women marry and have their first child by the time they are twenty, most women become grandmothers at an early age and remain active in this role until they are at least sixty or older. In this sense, the perception of grandmothers as generally decrepit and dependent is inaccurate.

All of these stereotypes are reinforced by attitudes of ageism, which gerontologists define as the “unwarranted application of negative stereotypes to older people” (Fennell et al 1988, 97). Ageist attitudes are embedded in western, youth-focused cultures, and they appear to influence the thinking of many western-oriented development agencies, their policies and programs.

The combination of these several stereotypes seem to explain the rather negative attitude in development programs toward grandmothers’ roles and experience and toward their potential to promote optimal child development in households and communities. While

these biases against grandmothers appear to be quite widespread, they can be overcome. In several of the child development programs (discussed later) in which an explicit effort was made to help development staff reexamine their attitudes toward these senior women, very positive changes have been observed in their perceptions of and attitudes toward grandmothers.

A second factor that works against the inclusion of grandmothers in child development programs comes from the restrictive models, or frameworks, typically used both to assess children's developmental needs and to design program strategies. As introduced in the conceptual framework used for this review, in most cases, whether programs address ECD, nutrition, health, cognitive development, or other issues, there is a tendency to assess children's needs only at the level of the child or the child-mother dyad. Most programs are not based on a holistic analysis of the interface between children and household actors, resources, values, and interaction related to a child's development.

The predominant concepts and models that underpin most programs promoting ECD, health, nutrition, and other development issues are rooted in North American concepts from behavioral psychology. This is a field that focuses on individuals isolated from their social environment. The more systemic perspectives on the growth and development of children—from ecology, anthropology, community psychology, and social work, including family systems theory—have traditionally had much less influence on the conceptual orientations

adopted in child development programs. For example, in the child health and nutrition field, there is very limited discussion of family systems theory (Hartman & Laird 1983), which provides tools for and insights into intra-household interaction, influence, and decision-making. The result of this predominant orientation is that most child development programs adopt a narrow focus on children, their mothers, and occasionally their parents, while ignoring other significant family members, such as grandmothers.

In conclusion, it appears that the combination of several negative stereotypes about grandmothers and the narrow conceptual models used in child development programs have contributed to obscuring the role played by grandmothers, discrediting their involvement in children's development at the household and community level and, finally, excluding them from child development programs.

Alternatively, as proposed above, if one adopts a systems approach to the design of child development programs, strategies should aim to strengthen the knowledge and practices of all key family members who are involved, either directly or indirectly, in promoting child health, growth, and development.

## **GRANDMOTHERS' ROLES IN DIFFERENT CULTURES**

In this section, the roles of senior women or grandmothers in families and communities in diverse cultural settings around the world is reviewed. This includes discussion of the available literature from Africa, Asia,

Latin America and The Pacific, as well as from Native American nations and Aboriginal Australia. Many other annotated references from each region of the world are found in Appendix B. The last section in this chapter presents a summary of what appear to be generic roles of grandmothers that exist across cultures.

### **AFRICA**

In a discussion of child-rearing roles and practices in African societies, Apanpa (2002) discusses the constant interaction of grandmothers, aunts, and other family and community members with African children from their first days of life. All of this stimulation contributes to children's socialization and development. Apanpa reports that studies conducted in Uganda, Senegal, Botswana, Tanzania, Nigeria, Zambia, and South Africa have all shown that African infants' psychomotor development is precocious as compared with that of European children. Researchers associate this with the intense handling by family members, especially by senior women, who interact constantly with infants.

In most African societies, in all matters related to the well-being of women and their children, there is a clear hierarchy of authority in the household of senior women over younger women. For example, Castle (1994) discusses the "hierarchical transmission of knowledge" from mother-in-law to daughter-in-law in the household care of sick children in Fulani and Humbebe

households in Mali. She also refers to the "authority and superior status of senior female household members" over younger females in the household (1994, 330). These same patterns are found in numerous ethnic groups across Africa.

### **ASIA**

In Chinese culture, a traditional and central function of older women is to care for children in the family. Studying Chinese family systems in both Singapore and Taiwan, Jernigan and Jernigan (1992) found that this task not only provides an essential service to families but it also contributes to older women's sense of validation and purpose in life. According to Dr. Pang (1998), a former Vice-Minister of Health in contemporary mainland China, grandmothers continue to play an important advisory role with their daughters and daughters-in-law. She notes that the advisory role played by grandmothers can be explained, first, by the important Chinese cultural value of respect for elders, and second, by the fact that with the "one child policy" most women giving birth are first-time mothers and need advice from more experienced women on various childcare matters.

In line with Dr. Pang's analysis, recent research in Eastern China has revealed the extensive role of paternal grandmothers. In most cases this role involves childcare while their daughter-in-laws are working outside the home (Yajun et al 1999). Grandmothers play

a leading role in various aspects of child development, including nutrition, hygiene, and toilet training, as well as informal teaching related to Chinese values and traditions. When children are sick, grandmothers also play a role in advising and treating, often using traditional remedies.

In Thailand, Professor Sakorn, of the Institute of Nutrition at Mahidol University in Bangkok, a prominent nutritionist in Southeast Asia, points out the very important role played by grandmothers in contemporary Thai society (Sakorn 2003). She states that an important value in Thai culture is respect for age and experience. In this context grandmothers are looked to for their advice and guidance in all matters related to children's health and well-being. With many women working either outside the home or in another part of the country, the role of grandmothers in childcare is significant.

Available evidence suggests that in Central Asia, paternal grandmothers play a very influential role in all children's developmental matters and have strong influence on their daughter-in-laws. In a rapid assessment conducted recently in southern Uzbekistan (Aubel et al 2003) it was concluded that Uzbek families view the grandmothers as knowledgeable and important "general managers" of day-to-day family life. In matters related to the well-being of children and women, both husbands and women alike consider them to be the household authorities and seek their advice. From the time that a child is born, the daughter-in-law is expected to follow the advice of her mother-in-law regarding the care and education of the child.

Furthermore, husbands expect their mothers to play this role and they expect their wives to follow the advice provided to them. In the same region, anecdotal information from Azerbaijan (McNulty 2003; Capps 2004) and Kyrgyzstan (Dolotova 2003) provides evidence of the strong influence of mother-in-laws on the socialization and management of children and younger women at the household level.

In southeast Europe, evidence from Albania (HDC 2002; Waltensperger 2004) reveals that the mother-in-law's central role in infant care and child rearing is culturally-dictated and supported by other family members. The influence of senior women in the family extends to fertility decisions, care-seeking during pregnancy, newborn care, and socialization of young children in the family and community. In households where mothers-in-law are present, they provide advice and oversight to their son's wives and guidance to their sons on all matters related to the well-being of children and women.

#### **LATIN AMERICA**

Evidence from several countries in Latin America also shows that in various cultural contexts older women play an advisory role on child development issues at the household level. In Saguaro Indian communities in Ecuador, Finerman documented the leading role played by senior female family members in health promotion and illness management (1989a & 1989b). Similarly, describing household dynamics around illness episodes in the Ecuadorian highlands, McKee (1987) refers to grandmothers as the "primary medical special-

ists" within the family, suggesting the essential role they play in child and family health matters. While there is considerable cultural diversity between the multiple ethnic groups across Central and South America, anecdotal evidence from key informants suggests that the core roles played by grandmothers in socialization and child-rearing are similar in Bolivia (Fernandez 2000), El Salvador (Velado 2003), Nicaragua (Alvarez 2003) and Ecuador (Escobar 2003).

#### **NORTH AMERICA**

Schweitzer and colleagues (1999) discuss the central role played by grandmothers in child development in seven contemporary Native American cultures. Their analysis reveals two critical dimensions of grandmothers' role in child development. First, they are "almost universally engaged in childcare and childrearing" (Schweitzer 8) and second, they play a central role in the enculturation process of young Native Americans based on their knowledge of Indian traditions and values. They conclude that this second dimension is of invaluable importance to these minority cultures in North America.

While it might be assumed that the role of grandmothers is diminishing in Native American cultures, Schweitzer's conclusion refutes this assumption, "The importance of grandmothers in earlier times is echoed in grandmothers' lives today...the continuing importance of the grandmothering role"

(18). Another significant, and perhaps surprising, observation of these researchers is that while Native American grandmothers are committed to preserving tradition, they are simultaneously interested in adapting to change.

Native American educationalist, Sam Suina (2000), discusses the vital teaching role of Native American grandmothers in conveying to children their connectedness with their elders, their ancestors, and the earth. He discusses the problems of disconnectedness (with traditional values and ceremonies) and dysfunction in contemporary Native American families and schools and the role of wise grandmothers in promoting interrelatedness and continuity in Native beliefs, values, and practices. It is largely through storytelling that grandmothers help children connect with Native people's language, values, and cultural traditions. In various Native American cultures the vital teaching role of grandmothers is depicted in a visual image, reproduced either on paper or in clay, of a large grandmother with numerous small children on top of and around her. This image profoundly reflects the dual teaching and nurturing role of grandmothers in Native American cultures.

Similarly, in Sioux culture grandparents play a vital role "as cultural links to the traditions of the past and as islands of certainty in ever-changing society." Native American educationalist Kincheloe (Kincheloe & Kincheloe 1983) describes the important role of

grandmothers in child development from the time of birth, as child-care support for busy mothers and as educators on all aspects of life. The authors lament the fact that formal schools do not incorporate the knowledge and wisdom of the elder, traditional Sioux educators. “The schools must not contribute to American society’s tendency to push older Americans into the background” (136). She asserts that most formal teachers ignore the fact that grandparents constitute a valuable resource and ensure the “cultural link” in the development of Sioux children. She poignantly argues, “Society itself fails when it isolates the young and the old from one another” (135).

#### **AUSTRALIA AND THE PACIFIC**

In all Aboriginal societies in Australia, respect for the family, tradition, and the elders are important precepts. Within this framework, senior Aboriginal women are expected to serve as advisors and guides for young women and families (Wilson 1999; Koori Elders et al. 1999). As regards the health and well-being of women and children, senior women are expected to share their expertise and pass on to them traditional ways of promoting health and healing.

In The Pacific there has been virtually no published research on the role of grandmothers in children’s development, according to well-known public health doctors, Biuwaimai (1997) and Kataouanga (1998), public health nutritionist, Susan Parkinson (2003), and community development practitioner, Wanga (2002). On the other hand, all four of these key informants state

unequivocally that in all Pacific island cultures, older women have played in the past, and continue to play, a significant role at the household level in all matters related to child health and development. Parkinson states that in both rural, and so-called “urban contexts,” senior women play an important role in childcare, and particularly with infants (2003). She states that in both major ethnic groups in Fiji, the Indigenous Fijians, and Indo-Fijians, both grannies and aunties in the family are important household advisors and teachers. She laments the fact that these senior women have generally been excluded from health, nutrition, and childrearing programs often on the pretense that they are illiterate.

The literature reviewed above shows that in numerous non-western cultures in Africa, Asia, Latin America and The Pacific, as well as in indigenous cultures in North America and Australia, grandmothers play a significant role in children’s health and development. Based on this review, the following section is a discussion of a series of core roles of grandmothers that would appear to be universal.

#### **CORE ROLES OF GRANDMOTHERS ACROSS CULTURES**

Based on a synthesis of the literature reviewed above, as well as that included in Appendix B., on grandmothers’ roles in child development in different non-western societies, several conclusions emerge related to a series of core roles and expectations of grandmothers that appear to be common across these cultures.

While the focus of our discussion is on the role of “grandmothers” given their gender-related specialization in child development issues, in some cases the core roles and expectations refer more broadly to the role of “grandparents.” The core roles and expectations identified across cultures are as follows:

- *All cultures recognize the critical role of grandparents as guides and advisors to younger generations.*

Family members expect grandparents to play a role in teaching, guiding, and advising the younger generations. Resonating Margaret Mead’s words, grandparents are expected to pass onto the next generation the “model” for how things should be done whether it is in Nepal, Colombia, or Nigeria. Furthermore, in virtually all of the non-western cultures represented in the reviewed literature, age and experience are valued and family members are expected to show respect for the status and advice of grandparents.

- *In all cultures grandparents play gender-specific roles related to child development.*

In all societies, different roles are designated to grandfathers and to grandmothers, just as gender-specific roles are assigned to younger men and women. Senior women have primary responsibility for socializing younger females

to their role in the family and society, while senior men have analogous responsibility for providing informal training to male family members once they pass childhood, often from the age of seven or eight. While in all cases grandmothers are more involved in the care of children and women in the family than are grandfathers, given their lifetime experience, the degree of involvement of grandfathers in childcare varies considerably from one society to another.

- Grandmothers are responsible for transmitting cultural values. While grandfathers too, are involved in this important task, in most societies grandmothers play the leading role in transmitting to young children cultural values and practices. An important activity related to this role is story-telling, through which grandmothers pass on to their grandchildren the cultural values and traditions that are specific and special to each society. Their role as “culture-transmitters” is critical to maintaining both individual and collective cultural identity in an increasingly culturally-homogenous world.
- *Grandmothers’ child-rearing expertise is acquired over a lifetime.* When young girls are growing up, they are taught by older female family members how to carry out certain child-care tasks

**“The status of elders in traditional societies reflects the fundamental role they play in the functioning and survival of those societies.”**

**Fugelsang  
About Understanding: Ideas  
and Observations on  
Cross-Cultural  
Understanding  
1982**

**“There is probably no other role that is so nearly universal yet so heterogeneously defined as grandparenthood.”**

**Smolak  
1993**

based on the normative socio-cultural practices. This teaching is done by the older females in the household, including their mothers, aunts and grandmothers. For example, in most cultures when young women give birth, they are under the authority and guidance of senior women in the family on how to care for their infants. With their first child, young mothers are very dependent on these senior advisors. As their knowledge increases they become less dependent, though still under the supervision of grandmothers and aunts in the family. By the time women become grandmothers themselves, they have considerable experience related to all aspects of child bearing and raising. With increased age comes more knowledge and experience and, at the same time, more confidence in their own expertise.

- *In all cultures grandmothers are involved in multiple aspects of the lives of children and families at the household level.*

The available literature from Africa, Asia, Latin America, and The Pacific provides examples of grandmothers' involvement in multiple facets of child and family growth and development. They are interested in promoting the comprehensive well-being of their grandchildren. As such, their role includes psychological, cognitive and psycho-motor stimulation of young children, teaching related to hygiene, moral and cultural development, and

promotion of good health and nutrition.

- *The roles of grandmothers appear to be universal whereas much of their knowledge and practices are culturally specific.*

There is often a tendency to notice the differences in the child development-related practices of grandmothers from different socio-cultural contexts and to overlook the fundamental commonalities between them. While grandmothers' culturally-related traits differ greatly from one society to another, there appears to be considerable similarity in their core roles across cultures.

- *Grandmothers are both directly and indirectly involved in promoting the well-being of children.*

Grandmothers are directly involved in promoting the well-being of children in the family through their interaction and caring for grandchildren. They are indirectly involved through their advice to other family members on issues of child well-being. Their direct involvement with their grandchildren consists of two facets: first, the socialization, acculturation, and teaching of grandchildren, and second, the provision of emotional, spiritual, and physical care and support to them. Their interaction with other family members includes both teaching and supervising younger women and girls, and advising fathers and other male family members on issues related to women's and children's well-being.

- *Grandmothers influence the attitudes and decisions made by male family members regarding children's well-being.*

In most cases, men have limited expertise on issues of children's and women's development and well-being. Usually when men need to make a decision related to the well-being of children or their mothers, they seek the advice of senior women in the family. This pattern is particularly strong in patrilineal households. In matrilineal situations, where sons live with their wives in close proximity to their wife's parents, the advisory role of senior women vis-à-vis men still usually exists. In both cases husbands and male heads of extended families generally look to experienced, senior women for advice on these matters.

- *Some of grandmothers' practices are beneficial for child development whereas others are not.*

There are many specific examples (See Appendix B) of beneficial traditional practices related to children's development that are promoted by grandmothers, such as exclusive breastfeeding and extensive affective and psychomotor stimulation of infants. There are also examples, however, of harmful traditional practices promoted by senior women, including the use of certain traditional remedies, female genital

mutilation and sexual initiation rites that increase the risk of HIV transmission. In some of the literature reviewed, the tendency is to criticize senior women and exclude them from child development programs because of certain harmful practices. A different perspective says that grandmothers should be included in programs in order to validate their positive practices and to encourage them to change the detrimental ones.

- *Grandmothers have a very strong commitment to promoting the growth and development of their grandchildren.*

Grandmothers and family members alike emphasize the love that grandmothers have for their grandchildren and their strong commitment to promoting their well-being. In all cultures there are sayings referring to the special relationship that exists between grandmothers and grandchildren based on the value of grandchildren to grandmothers. The universality of this sentiment on the part of grandmothers is expressed in a saying found in Uzbekistan, Albania, Senegal and Mali, "For the grandmother her own child is like milk whereas her grandchildren are like cream." In many cultures grandmothers express the sentiment that their greatest satisfaction in life is caring for their grandchildren and seeing them develop.

**"As women, the grandmothers have lived through many things. That is why we completely depend on them to care for our wives and children."**

**Young married man  
Mali**

**“Grandparents offer love and quietness to their grandchildren.”**

**Report on  
ECD in Albania  
Human Development  
Center  
2002**

**“Programs should help traditional and existing caregivers to increase their knowledge and adapt their methods.”**

**Bernard van Leer  
Foundation  
(1993, 18)**

- *Compared with younger women, grandmothers generally have more time to spend and more patience with young children.*  
Most younger women in poor households have multiple tasks to carry out related to domestic, childcare, and extra-household activities to ensure the survival of their families. Expectations of them are great and the time and resources available to them for carrying out all of these responsibilities are usually limited. Due to the status of older women in the family and their delegation of many domestic tasks to younger women, grandmothers generally have fewer responsibilities, more time available, and more patience when interacting with children. Younger women often report that grandmothers have more patience than they do to interact with and care for young children. Grandmothers often take responsibility for time-consuming tasks such as feeding young children, caring for them when they are sick, telling them stories, teaching them about traditional values, or sometimes listening to them read.
- *Most grandmothers are interested in increasing their knowledge of “modern” ideas about child development.*  
Contrary to the stereotypes about older people’s resistance to new ideas, there is considerable evidence that grandmothers are, in fact, very interested in learning new things about children’s development. Often they admit that their knowledge is

“old-fashioned” and express their interest in learning about “modern” ideas in order to improve their own practice. Their ability to acquire new knowledge is, however, very much determined by the approach used with them. In some cases grandmothers have clearly stated that the teaching approach used with them must be based on respect, dialogue, and negotiation.

- *Grandmothers’ knowledge comes primarily from their mothers and their peers.*  
Much of grandmothers’ knowledge on children’s development comes from what they learned from their mothers and grandmothers. In addition, their thinking is influenced by ideas they glean from their peers, namely other senior women in their social networks. Such networks appear to be a universal phenomenon, usually composed of women of more or less the same age who are primarily either family members or neighbors. These networks allow for sharing and learning based on new and old information alike. Within such networks, there is a hierarchy of experience and the less experienced members often consult the more experienced ones when faced with difficult problems related to family health and well-being.
- *Many grandmothers have a collective sense of responsibility for children and women in the community.*  
In western societies, grandmothers feel responsible for their own grand-

children, daughters, and daughters-in-law. In contrast, in non-western societies many grandmothers express and demonstrate their concern for other women and children in the community, specifically those in their own extended family and neighborhood. For example, if a child is upset or is quarreling with other children, a grandmother from another family will intervene to help. If a pregnant woman does not have a senior woman living with her, an experienced neighbor will often give her advice during her pregnancy and after delivery. The traditional idea that “it takes a village to raise a child” is still applied in many places, particularly in more rural areas. In many urban settings, however, the concept of collective responsibility for children’s upbringing is increasingly being lost.

- *Some grandmothers feel that their status as advisors in child and family development is diminishing.*

In many settings some grandmothers express the feeling that with the arrival of “modern ideas” in their households and communities, respect for their experience is diminishing and they are gradually being marginalized. Some lament the fact that they are progressively being excluded from playing the central

role in child and family development that they traditionally assumed. Often they identify formal schooling as a factor that pulls children away from elders and their traditions insofar as school curriculums usually fail to link traditional and “modern” values. Many grandmothers are critical of youth-centered development strategies that exclude them and contribute to diminishing their status as advisors on child and family matters.

The overarching conclusions that emerge from this literature review are that grandmothers are present in all cultures and communities, that they have considerable experience related to all aspects of child development, and that they are strongly committed to promoting the well-being of children, their mothers, and families. For these several reasons, they constitute a valuable resource for child development programs. Families around the world acknowledge that grandmothers play an influential role in the socialization, acculturation, and care of children as they grow and develop. While there are examples of harmful practices promoted by grandmothers in various cultures, the wide-ranging role they play and the respect they enjoy in virtually all societies suggest that they should be key actors and partners in all child development programs. It is only through their active involvement that grandmothers can learn about “modern” child development practices,

build on their traditional wisdom, and increase their contribution to child development at the family and community levels.

## **DEVELOPMENT POLICIES SUPPORT GRANDMOTHER INCLUSION**

The policies of international development organizations involved in promoting child health and development have a determining influence on the approaches adopted in child development programs around the world. Major international organizations involved in this field include UNICEF, UNESCO, the Consultative Group on Early Childhood Care and Development, and the Bernard Van Leer Foundation. In the child development programs supported by these various organizations grandmothers have not played a priority role in the past. One of the important steps in this review was, therefore, to examine policy guidelines defined by these international bodies in order to determine whether their policy priorities support either the exclusion or inclusion of grandmothers in child development programs.

Core concepts related to the role of grandmothers in families and communities and to their potential involvement in child development programs were identified in the policy statements of these key organizations. These core concepts and their associated policy statements are listed below:

- *Strengthening family systems.*  
“The family is and should remain the primary institution for supporting the

growth and development of children” (Consultative Group on ECCD 1993, 34).

“Help traditional and existing caregivers to increase their knowledge and adapt their methods” (Bernard van Leer Foundation 1993, 18).

- *Building on cultural roles and values.*  
“Successful programs are developed with and for communities, respecting cultural values” (UNICEF 2001, 17).
- *Integration of traditional and modern childcare practices.*  
“The need to blend the ‘traditional’ and the ‘modern’” (Bernard van Leer Foundation 1993, 3).
- *Building on community resources and strengths.*  
“Successful programs use the existing strengths of communities, families, and social structures ...to provide the best for children” (UNICEF 2001, 17).
- *Strengthening community support mechanisms for children and their families.*  
“Rekindling a sense of community and reinvigorating informal systems of support should figure prominently in the design of social policies and programmes” (Consultative Group on Early Childhood Care and Development [ECCD], UNICEF 1993, 35).
- *Building social capital for sustainable development.*  
“Social capital is a community’s

human wealth – the sum total of its skills, knowledge, and partnerships. It is a powerful motor for sustainable development because it harnesses local capacity, indigenous knowledge and self-reliance” (UNESCO 2001, 69 in Gould).

An initial examination of these policy statements does not reveal explicit reference to the role and involvement of grandmothers. Rather surprisingly, none of the policy statements of these leading child development organizations directly refers to the role or involvement of either “grandmothers” or “grandparents” in child development actions. However, a closer analysis of these policy priorities reveals that they do provide support for the inclusion of grandmothers in child development

programming. Table 1 below suggests how each of the policy statements (left column) do in fact support the integration, or inclusion, of grandmothers in child development programs (right column).

This analysis leads to the conclusion that there is a significant discrepancy between the policy statements of key international organizations that support the inclusion of grandmothers in child development programs and the virtual absence of these senior women in child development programming. Each of the statements in the right column clearly suggests how grandmothers can be incorporated into community level program activities. Examples of how various programs and projects have involved them are presented in the following two chapters.

**Table 1: Policy Support for the Inclusion of Grandmothers in Child Development Programs**

Child Development Policy Priorities	Implications for the Inclusion of Grandmothers in Child Development Programs
1. Strengthening family systems	Grandmothers should be full partners in all efforts to strengthen family systems.
2. Building on cultural roles and values.	Grandmothers’ roles and experience in children’s development should be reflected in materials and activities.
3. Integration of traditional and modern childcare practices.	Grandmothers’ practices should be inventoried, the beneficial ones encouraged, and the harmful ones slowly discouraged.
4. Building on community resources and strengths.	Grandmothers should be viewed as a positive force for children’s development, while at the same time they are provided with opportunities to strengthen their practices.
5. Strengthening community support mechanisms for children and their families.	Programs should strengthen natural grandmother leaders and networks as well as their sense of collective responsibility for children in the community.
6. Building social capital for sustainable development.	Links between grandmother networks and other community structures should be reinforced.



# III. HOW HAVE CHILD DEVELOPMENT PROGRAMS INVOLVED GRANDMOTHERS?

This chapter aims to answer the question, “To what extent do programs that promote children’s development view grandmothers as a resource, involve them in community programs, and capitalize on their experience and commitment?” Here, programs that have explicitly involved grandmothers, referred to as grandmother-inclusive programs, are reviewed.

## **PROGRAMS INVOLVING GRANDMOTHERS**

An extensive search was carried out, based on the published literature, on information about the programs of numerous development agencies involved in children’s development, on the gray literature to which the author had access, as well as on information from multiple key informants. The results of this review support the conclusion that at a global level, in the areas of ECD, basic education, maternal and child health and nutrition, and HIV/AIDS there are very few programs that have explicitly involved grandmothers.

Alternatively, involving grandmothers in development strategies produces benefits for all generations. This assertion is illustrated in the brief descriptions of grandmother-inclusive projects (below), and in the more detailed description in Chapter IV of work in Mali supported by Helen Keller International (HKI).

The projects identified are presented here by topical area: early childhood development and primary education, newborn health, child nutrition, HIV/AIDS, and maternal and child health. For each of these projects/activities a brief description is provided that includes, whenever possible, information on how grandmothers have actually been involved in the child development activities, whether the grandmothers’ role is reflected in educational, communication, and training materials, and the results of their involvement for children, other family and community members, and for themselves. Given that the documentation on the identified experiences is often limited, it was usually not possible to collect information on all of these parameters.

## **EARLY CHILDHOOD DEVELOPMENT AND PRIMARY EDUCATION**

### **BOLIVIA**

#### *A nutrition education booklet based on grandmothers' advice.*

In a collaborative effort between the ministries of health and education, a booklet was produced for use in the schools entitled, "Our Food: Advice From Grandmother Manuela" (Nuestros Alimentos: Los Consejos de la Abuela Manuela CEMSE 1997). It contains drawings and advice from grandmother Manuela sitting with and teaching her grandchildren about good nutrition and food hygiene practices based on both traditional and modern concepts. The booklet depicts the grandmother as a respected and knowledgeable member of the family and community. This contributes to strengthening both children's respect for grandmothers and the inter-generational communication between them.

### **BANGLADESH**

#### *Grandmothers' stories for intergenerational education.*

Save the Children in Bangladesh recently conducted a workshop in which grandmothers' traditional stories were told, written down, and compiled in a booklet to be used in educational activities to promote intergenerational communication and learning. The stories will be used with different ages of children in story-telling and reading activities.

### **MALI AND NIGER**

#### *Grandmothers involved in playgroups for young children using traditional learning activities.*

In UNESCO-supported programs in these two countries, both grandmothers and younger women are being trained and supported to set up "clos d'enfants," or playgroups, with small groups of young children at the community level (Combes 2004). The aim is to provide holistic stimulation and care to young children using traditional stories, toys, games, songs, and dances while strengthening the capacity of grandmothers and younger women to manage these ECD activities.

## **NEWBORN HEALTH**

### **MALI**

#### *Grandmother-inclusive nonformal health education strategy.*

In a nonformal education strategy, using open-ended stories, songs, and group discussion related to pregnancy and newborn health, grandmothers are involved as key actors. The Ministry of Health (MOH) and HKI developed this strategy based on results of formative research documenting the central role played by grandmothers in these matters at the household level. The strategy works with networks of grandmothers in order to strengthen their capacity to analyze needs and problems related to pregnant women and newborns and to collectively decide what action should be taken. The songs and stories acknowledge the role of the grandmothers and encourage them to combine new practices with their traditional ones.<sup>6</sup> (See Chapter IV for a detailed description).

## **NORTHERN TERRITORIES, AUSTRALIA**

### *Grandmothers promoting health of pregnant women and newborns.*

In central Australia, Aboriginal grandmother leaders have been full partners in developing, implementing, and evaluating the Strong Women, Strong Babies, Strong Culture project supported by the district health service (Fejo 1996). The project builds on grandmothers' role in promoting all aspects of family well-being, and aims to integrate modern approaches with traditional and cultural ways for ensuring that pregnant women and their babies will be healthy in body and in spirit. The involvement of the grandmothers helps ensure that the spiritual dimensions of Aboriginal women's and children's development are part of all health promotion strategies.

## **MATERNAL AND CHILD HEALTH AND NUTRITION**

### **CAMBODIA**

#### *'Wat' grannies promote priority child and women's health practices.*

Building on the traditional involvement of grandmothers as volunteers at Buddhist temples in Cambodia, the Reproductive and Child Health Alliance (RACHA)/USAID project on reproductive and child health worked with temple, or 'Wat', grannies as health promoters (Kannitha et al 2001). The grandmothers participated in training activities on priority health topics (breastfeeding, diarrhea, and

birth spacing), and they in turn shared their new advice informally through discussions with younger women and other family members. The evaluation showed great increases in the knowledge of younger women in project areas between the baseline and ending data collection.

### **GHANA**

#### *Grandmothers' role in infant nutrition is promoted in materials and community strategy.*

Given grandmothers' influence on mothers' infant feeding practices, in Northern Ghana the Ministry of Health and LINKAGES (a USAID breastfeeding project) developed educational and media materials that acknowledge grandmothers' role in infant nutrition and encourage them to adopt improved practices related to breastfeeding (Schubert 2004).

Grandmothers were trained as "negotiators" to promote improved feeding practices at the household level. These activities are part of a broader strategy, also involving young women and men, that aims to strengthen the whole family system by involving family members who are involved either directly or indirectly in infant feeding.

### **INDIA**

Grandmothers as nutrition educators. To encourage young Punjabi mothers to improve the content of supplementary foods for young children, grandmothers were used as nutrition educators (Bhatia 2004). In an operations

research project carried out in 1975 (Bhatia 2004), the use of grandmother-teachers was compared with other methods using media and visual materials. The grandmothers demonstrated and described preparation of an enriched supplementary food using local products. Post-test interviews with young mothers showed that those who were taught by grandmothers had much greater knowledge and reported preparing the improved food more frequently than those exposed to the radio or visual materials. Younger women stated that they were able to use the new mixture because the grandmothers approved of it. Bhatia identifies several advantages to involving grandmothers in such programs. These include their considerable influence over daughter-in-laws and the additional free time they have to spend with grandchildren.

#### **LAOS**

##### *School and media materials reflecting grandmothers' role in child health.*

In a WHO-UNICEF-supported program to promote appropriate home treatment of common childhood illnesses (especially diarrhea, and respiratory infections), materials were developed both for use in the schools and for radio that reflected grandmothers' roles and experience in child health, including their traditional practices. A booklet was prepared for use in schools containing a set of songs and stories-without-an-ending; the latter to elicit group discussion and problem-solving of typical health-related situations (MCH/UNICEF/WHO 1997). Both types of materials were used in community sessions to engage grandmothers in discus-

sions with their peers concerning both traditional and modern approaches to treating sick children and on the possibility of combining elements from the two approaches. The same songs were recorded with school children and broadcast on the radio. Some were songs praising grandmothers for their important role in promoting family health while others were songs teaching key health messages.

#### **MOZAMBIQUE**

##### *Grandmother groups for health education.*

In a child health project implemented by World Relief, health education activities were initially only conducted with younger women until it became obvious that these women were not able to implement new child care practices if their mother-in-laws did not agree (Ernst 2001). Later, separate grandmother groups were established to address the same topics as those discussed with the younger women. It was found that the grandmothers were very responsive and open to the new ideas being proposed when they were systematically involved.

#### **NORTHERN TERRITORY, AUSTRALIA**

##### *Aboriginal grandmothers coordinate a community health program.*

Based on the traditional and respected role of grandmothers in Nyirripi culture of central Australia and their advisory role in family health, grandmother leaders were involved from the start in the development of a program to promote the health of girls and women (Wilson 1999). They were involved in identifying needs, developing strategies to improve the health of all ages of girls/women in their communi-

6 Further discussion on nonformal education methods, strategies, and approaches is included in the Mali Case Study in Chapter IV.

ties, and monitoring and evaluating the Nyirripi Grandmothers' Women's Health Program. Involvement of the grandmothers has contributed to the development of health services that build on the aboriginal cultural realities, thus making the services more appealing and appropriate for girls and women in the community.

#### **SENEGAL**

##### *A grandmother-inclusive nonformal education strategy and its role in maternal and child health.*

As one component of a child health program, a grandmother-inclusive strategy was developed by the Christian Children's Fund (CCF). It involved the use of both songs, lauding the role of grandmothers, and of open-ended, problem-posing stories in which grandmothers play a leading role, reflecting their role in society. The nonformal education strategy worked through grandmother networks and grandmother leaders within those networks. The nonformal education materials stimulated collective problem-solving and decision-making that appears to be contributing to progressively changing community health norms. The evaluation of this strategy showed that grandmothers' knowledge of the targeted maternal and child nutrition topics increased greatly, that their advice to younger women improved, and that younger women adopted improved practices based on improved advice (Aubel et al. 2004).

#### **TUNISIA**

##### *Nutrition education materials reflect grandmother roles and practices.*

Participatory nutrition education materials were developed for use in the Ministry of Social Affairs community nutrition centers supported by Catholic Relief Services (CRS). Based on formative research documenting the role of grandmothers in child health, games were developed for use with groups of women in which key family members were depicted, including grandmothers, in household child health activities. Stories also were written that reflect the important role of Tunisian grandmothers in caring for sick children. These materials acknowledged grandmothers' traditional role and promoted the integration of traditional and modern approaches to child health and nutrition. These materials were the basis for group participatory learning experiences (Aubel and Mansour 1990).

#### **UGANDA**

##### *Grandmothers are priority targets in a national child health strategy.*

Most national health strategies do not mention the role of grandmothers or the need to involve them. In Uganda's 2000 national communication strategy for child survival, growth, and development, "grandmothers" are cited many times as a priority secondary target group with which child health activities should be developed at the community level, along with other family and community leaders, and influential

community members (MOH/Uganda). The degree to which grandmothers are actually involved in these activities is unclear.

## **HIV/AIDS**

### **UGANDA**

*Grandmother support groups established to care for young children.*

In Kampala district, 70 percent of households are headed by grandmothers over 60 years old who are caring for orphans. In this AIDS-prevalent area, Action for Children, with support from the Bernard Van Leer Foundation, is establishing grandmother support groups as a mechanism for providing them with psycho-social and other types of support to help them care for the young children in their charge (BVL 2002).

### **ZAMBIA**

*Grandmothers themselves decide to change course content to integrate discussion of HIV/AIDS.*

In the Eastern province, Planned Parenthood, with support from the AIDS Alliance, organizes workshops with the initiative's advisors, all older women, to get them to reflect on the content of their coming-of-age initiation courses for girls in light of the AIDS epidemic (Gordon 2003). Using participatory, adult education methodologies, the grandmothers decide themselves how they can modify these initiation courses to decrease the risk of AIDS transmission. This is an excellent example of how nonformal education methods can be used with community groups to help them make their own decisions about how to improve their health-

related practices. In all sites the grandmothers have decided to change their course content to integrate discussion of HIV/AIDS and to omit the sexual practicum that has traditionally been part of the course.

## **COMMUNITY RESPONSES TO INCLUDING GRANDMOTHERS**

Based on the available information on the programs described above, in all cases there appear to have been very positive reactions both on the part of senior women themselves, other community members, and of child development program staff to these efforts to actively include grandmothers. The following responses from Laos, Senegal, Mali and Uzbekistan illustrate the feelings of community members and development program staff to the explicit inclusion of grandmothers in development programs, in many cases for the first time.

The examples of programs (discussed above) that have explicitly involved grandmothers in child development-promotion activities illustrate the ways in which their role can be acknowledged and strengthened. As noted, however, the number of child development programs that have explicitly involved grandmothers is miniscule when compared to the vast number of programs that have been implemented across the world. In general, the design of programs has excluded grandmothers, though at the operational level they have sometimes decided on their own to participate.

These conclusions are further supported by a recent review of the situation of

grandparents in the world carried out by HelpAge International (2002). The report refers to the “social exclusion” experienced by many older, economically disadvantaged family members in different societies around the world. The report states that older, poor community members are generally excluded from both the design and implementation of development programs on gender, education, health, security, emergencies, economic well-being, and shelter.

Mirroring the findings of this review, a major conclusion of the HelpAge

report—that there is a need to include grandparents in development programs—can be specifically applied to grandmothers. It argues that the involvement of senior family and community members in the design, delivery, and monitoring of development programs produces benefits for all generations and explicitly states, “Older people, despite the exclusion they face, provide a vast pool of social capital. They are knowledge-bearers – older women play key roles in knowledge transfer and practical support in child-bearing and rearing” (HelpAge International 2002, 15).

**"Involving grandmothers in community activities is very relevant given the important role they play in child-care in our society. They are respected and their advice is followed. I was surprised to see that the grandmothers can learn and can accept new ideas. Since I was a child I have always heard that older people cannot learn. The Laotian proverb says, 'You cannot bend an old piece of bamboo.' But we have seen that the proverb is not true. They are interested in learning new things."**

**Dr. Kopkeo, Institute of Maternal & Child Health, Vientiane, Laos**

**"We are thrilled that we were asked to participate. Grandmothers are human beings like everyone else and we can learn and change our ways. We must be open to the new ideas. We feel much stronger than before because now we not only have our traditional knowledge but we also have acquired modern knowledge."**

**Grandmother leader, Mbour district, Senegal**

**"The grandmothers represent a 'social treasure' for us. Through these activities their status in the community has increased. We have learned a lot from these activities as well."**

**Community leader, Mbour district, Senegal**

**"According to our traditions, in order for a development activity to be successful, the elders must be involved. We are delighted that the grandmothers have been involved in these nutrition activities because it is their role to teach the younger women everything they need to know to care for their children."**

**Community leader, Velingara district, Senegal**

**"In this approach we have become important in our village. Before we were ignored. Usually only younger women were involved. We weren't included and, therefore, we couldn't learn things."**

**Grandmother, Kati district, Mali**

**"I am very young and am accustomed to working only with adolescents. Before I thought that it was not necessary to involve the elders. After working with the grandmothers I have changed my mind. I can see that they are a wonderful group and that they can teach us a lot. Involving them can be a strong point in our work with communities."**

**Nurdida, Project Hope Staff, Navoi, Uzbekistan**

# IV. A CLOSER LOOK AT INVOLVING GRANDMOTHERS: MALI

**Usually health workers meet only with younger women and those who have been to school to discuss health/nutrition topics. We observe what they are doing. If they do not invite us to be involved and share our experience, why should we be interested in their ideas? If, on the other hand, we are invited to participate, if our experience is respected, we will be encouraged to listen, to share our experience and to follow the new advice.**

## **(A Malian grandmother involved in newborn health activities)**

Although the literature has revealed that few projects have explicitly involved grandmothers in child development activities, the previous chapter describes various projects that do so. Looking more closely at these projects, in some cases their success can be credited to the nonformal education methodology utilized in the design and delivery. The community health project in Mali, in West Africa, is a good example of how nonformal education methods were used with grandmothers and other community groups to promote improved practices related to child health.

### **DEVELOPING A GRANDMOTHER-INCLUSIVE STRATEGY**

The experience of Helen Keller International (HKI) in Mali illustrates how child development programs can work with grandmothers in order to improve the health and well-being of children, and serves as an example of how the six child development policy priorities, proposed in Chapter II, can be incorporated into a community strategy.<sup>7</sup> The six priorities, as previ-

ously noted, are:

- strengthening family systems,
- building on cultural roles and values,
- integration of traditional and modern childcare practices,
- building on community resources and strengths,
- strengthening community support mechanisms for children and their families, and
- building social capital for sustainable development.

In the context of a broader child health project, HKI developed a nonformal education strategy that was implemented primarily with groups of grandmothers in order to improve the health of newborns. This experience confirms both the influence of grandmothers in children's overall development and grandmothers' openness to new ideas when the pedagogical methods used are based on respect and dialogue and engage them in critical reflection on issues that concern them.

<sup>7</sup> The neonatal health project implemented by Helen Keller International in Mali was supported by the Saving Newborn Lives program of Save the Children USA and a grant from the Melinda and Bill Gates Foundation.

In Mali, it is widely recognized that grandmothers, or muso koroba in the bamana language, have great influence on the practices of younger women and children, and families as a whole. Prior to the experience reported here, however, there had not been any documented community experiences of working explicitly with grandmother groups. HKI and their partners from the Ministry of Health and Social Affairs, decided to develop a strategy to involve grandmothers in order to improve the advice and practices of these senior women related to pregnancy, childbirth, and the care of newborns.

The first step in development of the strategy was to conduct a qualitative community study using an innovative methodology to analyze the roles of household actors in health-nutrition and decision-making related to health promotion and illness management. Results of the study showed that “At the family level, the muso koroba are the primary resource persons for all issues related to women during pregnancy and labour, during the postpartum period, and to their infants. Other family members expect them to advise and supervise all activities of younger women related to themselves and their children.

Grandmothers identified with this role and considered it part of their identity. The grandmothers interviewed all stated that they had never before been invited to participate in health/nutrition education activities at the community level and that they would be most interested to do so. Based on these findings, a community health education strategy was developed and implemented with grandmother groups.

## **UTILIZING NONFORMAL EDUCATION METHODS**

Most community health education activities in Mali are based on the information-transmission model of communication in which the aim is to persuade people to adopt certain prescribed practices. The Brazilian adult educator, Paulo Freire (1970), referred to this one-way communication approach as the “banking approach.” Knowledge is obtained through rote learning, and little attention is given to the participants’ own experiences or potential contributions. The teacher or trainer is positioned as the sole authority, and the participants are in attendance to listen and absorb the information delivered to them from the teacher or trainer. This information-transmission approach is more often seen in formal education, which usually occurs in a school classroom setting. In such formal settings there is a definite student–teacher hierarchy, the content of study is usually pre-determined by the teacher or other authority, and learning activities frequently culminate in some formal proof of knowledge such as a test.

Conversely, in the Mali grandmother strategy, nonformal adult education methods were used to elicit dialogue and active learning in a “problem-posing approach.” These methods were employed to recognize learners’ experiences. When the experiences of adults are not recognized, they often perceive this as not only as a rejection of their experiences but also as rejection of their personal identity. This feeling of rejection has obvious negative consequences, including distrust, defensiveness, and disengagement, which inhibit

adults from learning and participating. By identifying the grandmothers' roles and utilizing their experiences as a learning tool, the Mali project eliminated many potentially negative consequences from the onset.

Nonformal education methods are more learner-centered. These methods draw upon a variety of sources, including the problem-posing, social awareness-raising methods of Paulo Freire (1970) to address social issues, and the adult learning theory (andragogy) of Malcolm Knowles (1978), who recognized that adults have a wealth of life experience that should be drawn into the learning process and that they are quite capable of making their own decisions. Other key sources include the work of American educator/philosopher John Dewey (1938) on experience and education, and of J.W. Pfeiffer and J. E. Jones, who developed the Experiential Learning Model (Pfeiffer and Jones 1981). In this model, participants move through a cycle of experience, sharing, processing, generalization, and application. Experiential learning requires that teaching becomes a cooperative enterprise between the learner and the 'teacher as facilitator,' with the mutual goal of awakening the learner's intelligence and curiosity.

Nonformal education therefore seeks to minimize the assigned roles of "teacher" and "student" and views all participants as "learners." Every participant has experiences and knowledge that contribute to the groups' learning.

Nonformal education methodology assumes that individuals' learning can be optimized when they actively and critically analyze both their own experiences and the alternative solutions proposed to them. Through such active reflection they then discover new approaches to current and common challenges (Aubel et al. 2001). These principles of nonformal education can be seen throughout the Mali project, and based on the feedback from the participants, were the primary stimuli for engaging grandmothers.

In the Mali project three important characteristics of nonformal education used in the community learning activities are:

- Activities carried out in a familiar, comfortable setting;
- Use of participatory, culturally-adapted educational materials; and
- Group facilitation to elicit critical thinking and problem-solving

Each of these facets of the methodology was well received by the grandmothers of the selected communities.

#### **FAMILIAR, COMFORTABLE SETTING**

The learning activities took place in a setting that was informal, comfortable, and familiar. Group sessions were usually organized with grandmother groups in the shade of a big tree, where community members often sit and discuss family and community

events. The comfortable, familiar setting put the grandmothers at ease and prepared them to share their experiences, to listen, and to learn.

### **CULTURALLY-ADAPTED EDUCATION MATERIALS : SONGS AND STORIES**

Nonformal education methods often include participatory, culturally-adapted educational materials such as songs and open-ended stories. In Mali, stories and songs have traditionally been used as communication and teaching mediums, and the community groups expressed strong interest in and support for their use. These materials themselves, and the way they were used, contributed to the participatory, collective community learning process that engaged grandmothers and other community actors in transformational learning.

### **SONGS**

Two types of songs were developed for the Mali project; songs of praise to the grandmothers and educational songs on the nutrition and health topics. The songs

of praise were developed to acknowledge the important role grandmothers play in family and community health, to show respect for them, and to encourage them to participate in the activities. Each of the community sessions started and ended with singing these songs. The educational songs contained key information on each of the session topics. They were related not only to the ideas promoted by the Ministry of Health, but also to beneficial traditional practices. Here is an example of one of the songs of praise developed by the team in Mali, followed by one of the educational songs.

In Mali, as in many societies, women enjoy singing. The Malian grandmothers clearly stated that they appreciated the songs as they were both enjoyable and educational.

All community groups appreciated the songs used in the Mali project. They helped establish rapport with the grandmothers and helped them feel relaxed and open-minded during the educational sessions, therefore creating a safe, comfortable environment for learning. In most cases, once the songs of praise were used,

#### **In Praise of Grandmother**

Dearest Grandmother, dearest Grandmother  
You are such a wonderful person, such a wonderful person  
Dearest Grandmother, dearest Grandmother  
Your heart is large and compassionate  
Dearest Grandmother, dearest Grandmother.

#### **Grandmother's Advice to a Pregnant Woman**

Grandmother, what advice do you give to a pregnant woman?  
I tell her to work less.  
Grandmother, what advice do you give to a pregnant woman?  
I tell her to eat more.  
Grandmother, what advice do you give to a pregnant woman?  
I tell her to eat beans, peanuts, and green vegetables.

grandmothers spontaneously started dancing, demonstrating their enthusiasm for this musical dimension of the health-promoting activities and their comfort level with these group activities.

### **STORIES-WITHOUT-AN-ENDING**

Another component of the nonformal strategy in Mali involved the use of stories, a traditional tool for teaching and advising. Paulo Freire's work in community adult education served as a basis for developing stories-without-endings, each dealing with a key child health topic. The story codes, each reflecting a typical community situation, were used as a catalyst for stimulating dialogue, discussion of problems, and possible solutions. The use of the stories in this way personifies what Freire referred to as a "problem-posing approach." A significant characteristic of the stories is that in each case one of the key figures is a grandmother, reflecting the central role they play in all newborn health matters.

Furthermore, in each story the grandmother figure is presented as a competent and respected woman in order to acknowledge their importance and encourage them to participate.

Six open-ended stories, or stories-without-endings, were written by project staff. Project community animators told the stories, each of which described a critical situation related to pregnancy, delivery, post-partum, or newborn care. The characters and situations presented in the stories were

very similar to those found in Malian villages in the project area. This allowed the grandmothers to identify with the characters in the story while at the same time reflecting on their own lives and on possible strategies for addressing the problems described. The stories did not include a solution or action proposed to alleviate the critical situation.

### **GROUP FACILITATION TO ELICIT CRITICAL THINKING AND PROBLEM-SOLVING**

The other important characteristic of nonformal education is that the teacher, or facilitator, expects participants to come up with their own solutions and strategies. After telling the story, the role of the facilitator was to encourage group participants to critically analyze both their past practices and the new ideas presented in the story. For each story, a set of open-ended questions was developed to guide the discussion. Four levels of questions were developed, based on Kolb's (1984) four-stage experiential learning cycle. The questions ensured the systematic and critical discussion of the story content.

The sequence of questions also encouraged grandmothers to develop, or construct, alternative solutions based on both their past knowledge and experiences and the new information provided in the stories. In this process, grandmothers with more experience were able to share with those with less experience, creating a peer-learning environment. The grand-

mothers were proud of the solutions they constructed, which led to an increased level of confidence and empowerment as household advisors.

Through this simple activity, the use of stories-without-endings, the project demonstrated the power of participatory learning. The grandmothers did not sit and listen to a lecture. They were engaged in an activity that asked questions, and required that they share their ideas and working together as a group. They were actively engaged in dialogue as they listened to one another and responded to the problem presented in a story, which then led them to an acceptable solution based on input from the group. The content of the story placed the learning in the present and allowed the grandmothers to see the usefulness of the new knowledge they were acquiring. This immediacy of learning, again a characteristic of nonformal education, is critical for adults. They want to see an immediate return on their investment of time and resources participating in the activity.

Both the songs and stories were focused on the learner. Each activity required the learners to be engaged in order for learning to take place. As noted, this learner-centered approach is the opposite of the methods historically used in health interventions. The learner-centered approach used by the Mali project allowed the content to be driven by the learner's needs and was attentive to their involvement in the delivery of the material.

By utilizing these nonformal education strategies and approaches in the Mali project, grandmothers retained their culturally defined role as respected advisors of younger women and families. The grandmothers' receptivity to new ideas increased as did their involvement in the project.

The grandmother strategy was implemented in 48 villages in Mali. The stories, songs, and group discussions focused primarily, but not exclusively, on the grandmothers. The male traditional community leaders were also involved, as well as younger women and men. The extension workers involved in the strategy periodically visited the community leaders so that they understood the strategy and encouraged the grandmothers to participate. In addition, for each session with the grandmothers, the village headman selected two or three of his advisors to attend the session in order to provide him with feedback on what was discussed. This mechanism contributed greatly to eliciting the support of community elders for the strategy and for the grandmothers. After the group sessions with grandmothers, the community health volunteers were expected to repeat the stories and songs with groups of younger women and men, depending on their interest and availability.

## **RESULTS OF THE NONFORMAL EDUCATION ACTIVITIES**

The feedback on the grandmother strategy in the Mali project was very positive on the part of both health workers and community members. Many local health officials stated, "Most past maternal and child

health programs have had a limited impact because the influential muso korobas, were not involved." At the community level, community leaders strongly supported the strategy involving grandmothers. "They are the primary advisors in the family for younger women." Both younger women and their husbands stated that involving the grandmothers greatly facilitates adoption of new health-related practices by younger women.

Community activities with grandmother groups were implemented for 14 months and an evaluation of the strategy was carried out at the end. The evaluation showed that the grandmothers were very interested in the nonformal education activities and in the "new practices" they learned, their knowledge of these practices had increased, and their advice to younger women had changed. HKI and Ministry of Health staff agreed that whereas past programs excluded grandmothers, a major factor that contributed to the success of the grandmother-inclusive strategy was that it built on the culturally-defined role of grandmothers as respected advisors of younger women and families. There was agreement, from development agents and community members, that another significant factor that contributed to the success of the strategy was the use of culturally-adapted communication tools, namely songs, stories, and group discussion. Both groups of actors also felt that the nonformal education approach involving grand-

mother groups can be used in numerous other socio-cultural contexts and to address a variety of issues related to the health and well-being of women and children.

The Mali project clearly demonstrates how beneficial it is to involve grandmothers in child development activities and how valuable their participation can be for both them and their community. Through the use of simple, nonformal education strategies and approaches, the grandmothers enthusiastically participated in the project activities and were open to the new ideas presented. The activities were not complicated or cumbersome, but built on traditional methods of communication and learning. They did not require endless resources, but utilized the learners as the primary resource through songs and stories. The grandmothers came away from the activities feeling good about themselves and their role as family health advisors. They became advocates of the new ideas as they felt included in their development, and they were encouraged to include their traditional ideas with the newly-introduced modern ideas. This blending further reinforced their identity within the community and resulted in greater acceptance of the modern ideas. Given the positive results of this project, it is possible that other child development activities, especially children's access to and acquisition of quality basic education, could also benefit from the involvement of grandmothers via nonformal

education strategies.

A follow-up evaluation of the project in Mali (Touré and Aubel 2004) showed positive results related, not only to grandmothers, but also to households, community leaders, and the community-at-large (See Diagram 1 below).

The impact on grandmothers was demonstrated by their increased receptivity to new ideas and practices related to maternal and child health, as well as their increased willingness to re-examine their traditional practices and beliefs in lieu of the new information they received. As the grandmothers observed the positive effects of the new ideas, their confidence in their roles as family health advisor grew and they felt empowered to continue in this role. One grandmother put it this way, “The grandmother activities have made us feel much stronger than before. Now not only do we have our traditional knowledge and experience, but we also have the knowledge of the doctors” (Ibid 18).

This new level of confidence in the grandmothers' role was reflected in the households receiving advice. The mothers appreciated that the grandmothers' advice now included both traditional and modern ideas, and furthermore, the mothers now felt the grandmothers better understood their needs. The mothers also noted the visible improvements in their own health and the reduced burden of their daily activities due to the new advice and support of the grandmothers (Ibid 10).

Additionally, at the household level the study found that the project resulted in

increased support from the husbands for the family's health needs, improved relationships between mothers-in-laws and daughters-in-law, and strengthened relationships between grandmothers and their grandchildren (Ibid 10).

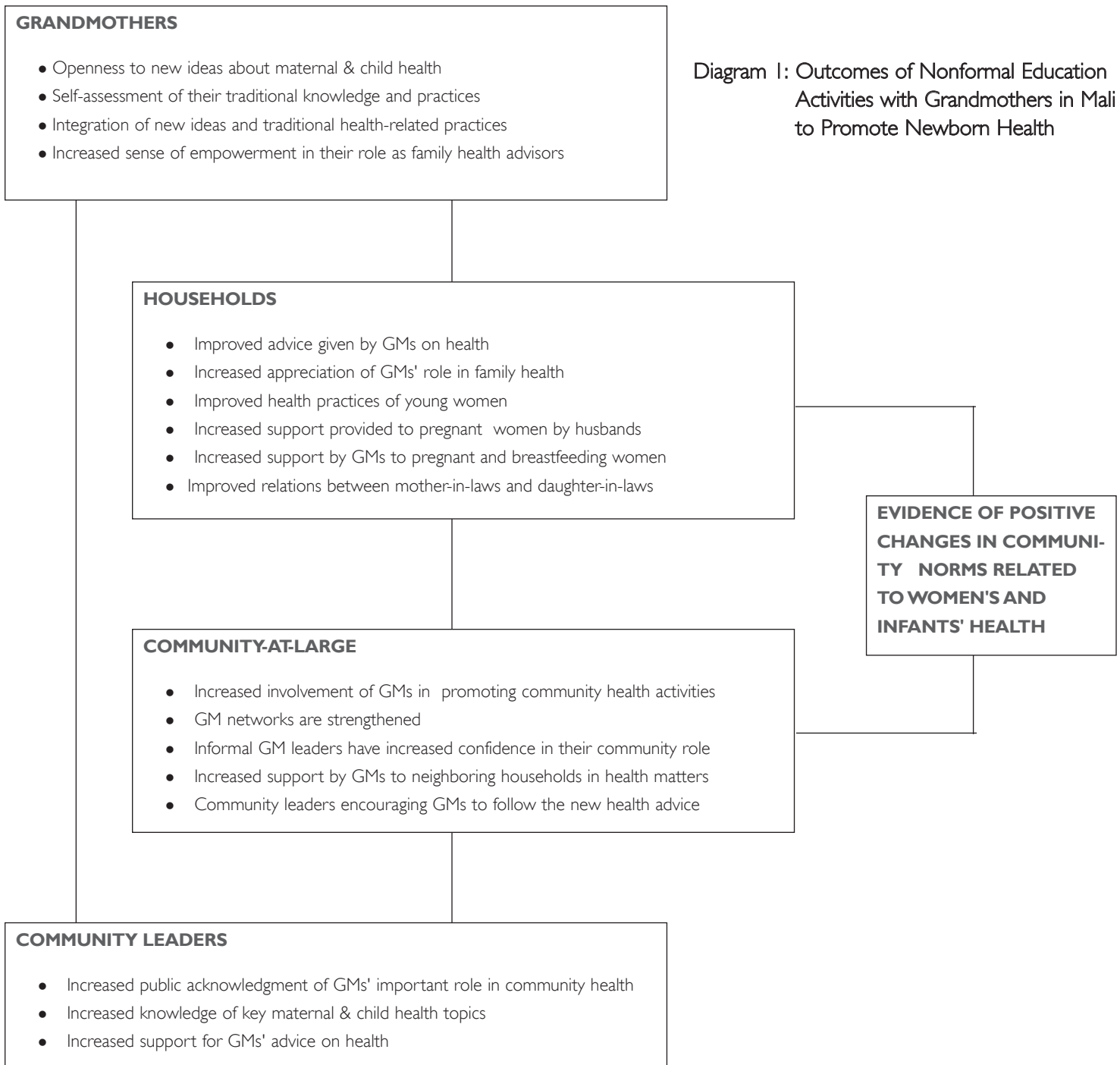
The community leaders were also involved in the strategy and, thus, impacted. As a result of the project's involvement of grandmothers, the formally-recognized male leaders acknowledged the role grandmothers have in promoting maternal and child health and they learned about beneficial maternal and child health practices. They also offered increased support for the advice given by grandmothers at the household and community level (Ibid 8).

Lastly, due to the positive outcomes of the grandmother strategy at the different levels described above, noticeable changes were observed in the community-at-large including strengthened grandmother networks, the increased involvement of those networks in promoting community health and increased support of grandmothers to neighboring households, related to health needs.

The evaluation concluded that the positive changes at these four levels (grandmothers, community leaders, households, and community-at-large), appear to be having a combined and positive effect on community norms related to the priority practices concerning infant and women's health. Of course, the process of changing community norms is a slow one, but the evidence suggests that such changes are beginning to take place.

While policy planners and program practitioners are often skeptical about including grandmothers in child development initiatives, the feedback from

communities and grandmothers themselves, and the impact observed, is a clear indication of the relevance of such strategies.





# V. GRANDMOTHERS: A LEARNING INSTITUTION SUMMARY OF CONCLUSIONS

Based on the review of the literature on the roles of grandmothers in different non-western cultures, analysis of the policies of key international organizations that promote child development and review of projects that have explicitly engaged grandmothers in strategies to promote children's development, the following conclusions were formulated:

## **LIMITED DOCUMENTATION OF GRANDMOTHERS' ROLES**

Analysis and documentation of grandmothers' roles in different societies is quite limited, especially outside of the academic anthropological literature. The results of many studies on different child development topics either completely ignore or give minimal attention to grandmothers' roles and influence at the household level. The limited documentation of their role appears to be due, first, to the prevailing assessment methodologies that do not examine the roles of various household actors, including grandmothers, and second, to the biases against grandmothers of many development agencies and staff.

## **PREVALENT ASSESSMENT METHODOLOGIES FAIL TO EXAMINE HOUSEHOLD ROLES AND RELATIONSHIPS**

The methodologies used in formative studies on child development topics are most often based on models from behavioral psychology and tend to focus narrowly on individual knowledge, attitudes, and practices (KAP) of women/mothers. There is a need for alternative assessment methods based on a more systemic, anthropological framework that look at social structures, roles and relationships in households that influence attitudes and practices related to child development. In a more systemic approach grandmothers' experience and roles at the household level would certainly be analyzed.

## **GRANDMOTHERS CONTRIBUTE TO CULTURAL CONTINUITY.**

The cultural dimension of development programs has generally been neglected though there is a growing concern that this is a dangerous trend that can contribute to the loss of cul-

tural values and identity. Grandmothers play a critical role in transmitting cultural values and practices to younger generations, thereby contributing to the maintenance of cultural identity in an increasingly culturally-homogeneous world.

### **GRANDMOTHERS' PLAY AN INFLUENTIAL ROLE IN CHILDREN'S DEVELOPMENT ACROSS CULTURES.**

While documentation on grandmothers' roles is relatively limited, the available evidence does show that in virtually all non-western societies in Africa, Asia, Latin America, the Pacific and in indigenous cultures in North America and Australia, senior women, or grandmothers, play a central role in child-rearing. In all of these societies they are looked to as advisors of the younger generations based on their age and experience in this domain. Another universal characteristic of grandmothers is their commitment to promoting the well-being of children, their mothers and families. For these several reasons grandmothers constitute a valuable resource for child development programs. While there are a series of core roles played by grandmothers across cultures, at the same time there is considerable variability in their culture-specific beliefs and practices.

### **FEW CHILD DEVELOPMENT PROGRAMS EXPLICITLY INVOLVE GRANDMOTHERS.**

In spite of the fact that grandmothers play a significant role in all aspects of child health and development at the household level, few child development programs

have explicitly identified and involved them as key actors. This review analyzed the extent to which they have been involved in five key program areas related to child development:

#### **EARLY CHILDHOOD DEVELOPMENT.**

Global policy statements on child development advocate for "support for children within family systems," and "strengthening the skills of existing child-care givers." These policies clearly support efforts to reinforce existing child-care givers within the family. Nevertheless, there are very few examples of community programs that view grandmothers, or grandparents, as a priority resource, that build on their experience, and actively involve them in promoting beneficial ECD practices.

**PRIMARY SCHOOL EDUCATION.** While there is considerable discussion of the need for "parental involvement" in schools in order to strengthen the link between the two, there are few examples of cases where grandparents are explicitly involved in school programs. School personnel are often skeptical about the involvement of grandparents because "They have not been to school." Examples of programs promoting inter-generational communication and education through involvement of grandparents in schools are documented only in Europe and in North America.

**MATERNAL AND CHILD HEALTH AND NUTRITION.** In spite of grandmothers' extensive experience in maternal and child health and nutrition, and their role in both health promotion and illness management at the household level, very few programs have explicitly involved them in order to

strengthen their knowledge and practices. Many health and development workers view grandmothers as a negative force, due to some of their “traditional practices” and “traditional remedies,” and prefer to interact with younger women, and sometimes their husbands.

**CHILD HYGIENE.** In all cultures where grandmothers play a role in child-care they are involved in teaching young children about socio-cultural norms and practices related to defecation and personal hygiene, such as hand-washing after defecation and before eating. Based on an internet search and an interview with an environmental health specialist (Kleinau 2004), it was not possible to identify any community programs that have explicitly involved grandmothers in promoting optimal hygiene practices.

**HIV/AIDS.** A major constraint identified by grandmothers and grandfathers is their exclusion from HIV/AIDS awareness activities that focus almost exclusively on young people. In spite of their greatly increased child-care responsibilities in high HIV/AIDS prevalence areas, there are few programs that are providing direct psycho-social, financial, or material support to these elder family members to help meet their increased child-care responsibilities.

### **FACTORS THAT CONTRIBUTE TO THE EXCLUSION OF GRANDMOTHERS' FROM CHILD DEVELOPMENT PROGRAMS.**

Often in community child development programs that focus on younger women there are a few grandmothers who participate. However, few programs have identified grandmothers as priority community actors and have explicitly and actively involved them in community strategies. Several factors appear to contribute to this fact. First, many development agencies and staff have negative biases against grandmothers related to their “age,” “inability to learn” and “resistance to change.” Second, the models used as a basis for design of child development programs, borrowed from the west, tend to focus on “mothers,” and sometimes “parents,” while ignoring the significant role and influence of elder household actors in non-western societies.

### **A FEW SUCCESSFUL GRANDMOTHER-INCLUSIVE CHILD DEVELOPMENT PROGRAMS DO EXIST.**

There are relatively few examples of child development programs that have explicitly involved grandmothers. Although few in number, these experiences illustrate how programs can acknowledge grandmothers' role and past experience, actively involve them and in so doing strengthen their knowledge and skills. In programs

**“Grandmothers raise children; they tell stories in the winter and teach children the skills they need for survival.**

**Grandmothers are the central characters in the daily and symbolic lives of Native (American) women—indeed, of Native people.”**

**Rayna Green 1984**

where a grandmother-inclusive approach has been adopted, feedback from grandmothers, from other community members, and from development staff has been very positive and in most cases their involvement appears to have contributed to increased program results.

### **THE GAP BETWEEN POLICY STATEMENTS AND GRANDMOTHERS’ INCLUSION IN CHILD DEVELOPMENT PROGRAMS.**

Policy statements from key international agencies involved in children’s development advocate for strengthening the capacity of all family members to respond to children’s needs. By extrapolation, such policy priorities imply that programs should involve senior family members, including grandmothers. In reality, there are few programs in which grandmothers are explicitly and actively involved. The non-inclusion of grandmothers in child development programs represents a significant inconsistency with policy guidelines.

### **GRANDMOTHER LEADERS AND NETWORKS SHOULD BE VIEWED AS SOCIAL CAPITAL.**

Social capital has been defined by Serageldin as “the glue that keeps communities together and that is required for a collective and sustained response to community needs.” (Krishna & Uphoff, 1999). While there is much discussion of the need to strengthen existing community structures” in community development programs, limited attention has been given to the potential represented by natural

grandmother leaders and their social networks for promotion of children’s development. Several experiences empowering these groups suggest that strengthening them can contribute to enhancing a community’s social capital and to sustaining community action for children’s development.

Grandmothers Are Receptive to the Use of Nonformal Education Approaches that Build on their Existing Knowledge.

In experiences in several countries, nonformal, adult education methods have been very successfully used with groups of grandmothers. They were very receptive to these methods that drew on their experience and engaged them in dialogue on their existing ideas as well as alternative, “modern” practices. Their receptivity to the approach can be explained by the fact that the approach reinforced their culturally-defined role, as respected advisors of younger women and children, while helping them to acquire new knowledge and practices related to child health and development. (The Mali case study highlights the use of these methods).

# VI. RECOMMENDATIONS FOR BASIC EDUCATION

This paper demonstrates that around the world, families and communities acknowledge that grandmothers play an influential role in the socialization, acculturation, and care of children as they grow and develop. However, basic education programs have not seriously taken this role into consideration. Education planners should reflect on how grandmothers' influence could be utilized to increase children's access to and acquisition of quality basic education.

Based on the conclusions listed in the previous section, a series of questions are posed for education program planners who are interested in involving grandmothers in their programs. These questions are followed by a series of recommendations. The recommendations are not meant to be definitive but rather to stimulate thought on how to involve grandmothers and utilize their role and influence on children's educational development in the family and community.

## **QUESTIONS FOR EDUCATION PROGRAM PLANNERS**

The following is a list of questions that should be considered by organizations

interested in exploring ways to use grandmothers as a resource in education programs. Reflection on these questions should allow organizations involved in education to think about creative ways to involve them more in the future.

Based on the roles of grandmothers and grandparents in children's development, the above questions should help educational planners reassess their programs giving more attention to the roles of these community resource persons. This reflection also contributes to the following recommendations for basic education program planners.

## **RECOMMENDATIONS FOR BASIC EDUCATION PLANNERS**

In the past, grandparents have not been considered as important actors in basic education programs in developing countries. In most cases, they have been excluded from school settings and programs, in part because of negative stereotypes toward them held by school administrators, teachers and sometimes students themselves. In the eyes of many educators, the

## Questions for Basic Education Planners Regarding "Core Roles" of Grandmothers Across Cultures

Core Roles of Grandmothers Across Cultures	Questions for Basic Education Program Planners
All cultures recognize the critical role of grandparents as guides and advisors to the younger generations.	Do education materials and curricula acknowledge and value the wisdom of grandparents in society? Do school programs encourage children to learn from their grandparents? Are grandparents included in program activities?
In all cultures grandparents play gender-specific roles related to child development.	Do programs recognize the gender-specific roles and expertise of grandmothers and grandfathers? Do programs promote respect for both male and female roles and experience?
Grandmothers' child-rearing expertise is acquired over a lifetime.	Are there opportunities for grandmothers to share their life experiences with students in person, in print, on the radio or in other media?
In all cultures grandmothers are involved in various aspects of the lives of children and families at the household level.	Are grandmothers' knowledge and skills included and valued in program activities?
The roles of grandmothers appear to be universal whereas much of their knowledge and practices are culturally-specific.	Are cultural values and traditions incorporated into program content?  Are grandmothers given opportunities to share their culture-specific skills and knowledge in school programs?
Grandmothers influence the attitudes and decisions made by male household members regarding children's well-being.	Do schools involve grandmothers and grandfathers in strategies to promote school attendance and school retention, particularly of girls? Are grandparents included, along with parents, in school associations?
Grandmothers are both directly and indirectly involved in promoting the well-being of children.	Do school programs aim to educate grandmothers on children's psychological, nutritional and health needs? Do programs encourage dialogue between grandparents and parents on children's needs?
Some of grandmothers' knowledge and practices are beneficial to child development while others are not.	Are grandmothers presented in a positive or negative light in curricula and materials? Are grandmothers viewed as a resource or as an obstacle to children's educational development? Do programs encourage children to respect grandparents' knowledge even if they have not been to school?
All grandmothers have a strong commitment to promoting the growth and development of their grandchildren.	Do schools support activities that encourage children to acknowledge grandmothers' knowledge and care for them?
Compared to younger women, grandmothers generally have more time to spend and more patience with young children.	Is grandmothers' availability and patience viewed as a resource to be exploited by education programs?
Most grandmothers are interested in increasing their knowledge of "modern" ideas about child development.	Are grandmothers given opportunities to learn new things related to children's educational development?
Grandmothers' knowledge comes both from their own mothers and their peers.	Do programs work with networks of grandmothers and their leaders?
Many grandmothers have a collective sense of responsibility for children and women in the community.	Do educational programs build on and strengthen grandmothers' sense of responsibility for children and women outside their family?
Some grandmothers feel that their status as advisors in child and family development is diminishing.	Are organizations and programs observing this trend or working to increase the inclusion of grandmothers? Do schools encourage children to reflect on what they can do to validate the role of grandparents in the family and community?

non-inclusion of grandparents is justified, first, by the fact that many grandparents themselves did not go to school, and second, due to their age and their traditional “backward” attitudes. Grandparents often express concern that schools have created a rift between their “traditional” culture and values and the unfamiliar, “modern” values taught in schools. Grandparents sometimes distance themselves from school programs that are “for young people.” In the end, they can be critical of schools and of schooling in general.

While this review specifically focuses on analyzing the role and involvement of grandmothers in promoting child education, health and development, many of the conclusions of the analysis suggest ways in which both grandmothers and grandfathers can be meaningfully involved in formal and nonformal education programs. The following recommendations, grouped here into five categories, could help increase grandparents’ involvement in children’s education and thereby maximize their contribution to the education and well-being of children, families, and communities.

### **INCREASE TEACHER AND STUDENT AWARENESS OF GRANDMOTHERS’ ROLE AND POTENTIAL CONTRIBUTION.**

- *Develop participatory training exercises to help teachers reflect on the rationale for including grandmothers as partners in*

*school educational activities and then develop strategies for including them.*

In most cases, involving grandmothers in basic education programs would be a new experience, not only for grandmothers, but also for teachers. Given that teachers may have negative stereotypes toward grandmothers because “they never went to school”, it will be advantageous to increase their awareness of grandmothers’ role and potential contribution.

- *Analyze family and community systems as an input to program development.*

Basic education programs should utilize family and community systems of which children are a part. One practical first step in the development of basic education strategies would be to carry out a holistic assessment of the roles, authority, and decision-making patterns amongst key household and community actors related to different aspects of child education and development. An understanding of these roles and decision-making patterns would provide a foundation for designing strategies that take into account, not only parents, but also grandparents and others in the children’s environment that play a determining role.

- *Create alternative assessment tools.*

In development of curricula for basic education programs, initial assessments

tend to focus narrowly on “children’s learning needs” in isolation from family and community realities. In order to bridge the gap between schools and communities, new tools are required to help education sector staff collect information on community realities and resources. Such an assessment could include community traditions, patterns of authority and leadership, roles of different age groups in society, and traditional knowledge and life skills mastered by different community members. Participatory assessment tools could be used by teachers and older children to collect data from community members. Using simple questions and observation tools, children could learn about the knowledge and skills involved in traditional crafts, such as basket-making, and economic activities, such as rice growing. Likewise, simple questionnaires could be developed for children to interview elder community members and record their knowledge about community history, farming, or the traditional pharmacopoeia. Both the process of data collection and its incorporation into the curriculum would help bridge the gap between “modern” and “traditional” elements in school programs.

- *Generate criteria for inter-generational sensitivity.*

Inter-generational educational programs are those that explicitly aim to strengthen links between the younger and older generations. Just as education programs have indicators for assessing the gender-sensitivity of curriculum and other aspects of educational programs, criteria should be developed to assess the “inter-generational sensitivity” of basic education programs. Such

indicators would help determine the extent to which basic education programs incorporate the roles, values, and knowledge of the elder generation into the curriculum, whether positive images of elders are presented, and whether grandparents are brought into educational activities as resource persons. As with criteria to assess “gender sensitivity,” criteria to assess “intergenerational sensitivity” could be used both during the program design phase and during the program evaluation phase in order to assess this important dimension.

### **INTEGRATE TRADITIONAL KNOWLEDGE AND SKILLS IN SCHOOL CURRICULA.**

- *Interview grandmothers concerning their roles in education.*

In the past, educators have not consulted grandmothers in basic education programs. It is recommended that basic education program planners each interview at least 5 grandmothers in different socio-cultural contexts and listen to them talk about their role in and commitment to promoting children’s development and education. This may strengthen understanding between education sector staff and these senior women while helping to identify possibilities for collaboration.

- *When revising curricula or developing teaching materials, pictures of grandmothers, quotes from grandmothers, and characters in stories should be included.*

Inclusion of grandparents in visual and written educational materials give

increased recognition, by both children and teachers, of grandparents' commitment and contributions to promoting the well-being of children and families. Educational materials produced for use with community groups and in the mass media, should reflect the important roles that grandparents play in society and portray them in a positive light. This can strengthen school-community ties by increasing teachers' and children's appreciation of the knowledge and experience of the grandparents and by increasing grandparents' support for schools.

- *Use components of "Service-Learning" and constructivist approaches to collect data from grandmothers and incorporate them into the curriculum.*<sup>8</sup>

The Service-Learning concept, taken in its broadest sense, provides many opportunities to use traditional knowledge stored in the memories of village elders as a basis for children to develop strong identities. Children can reach out to grandmothers and community members through various teacher-led activities. Children then are guided to construct a history or incorporate into the curriculum the various ideas they have processed or learned. Service-Learning has been adopted in many international education projects and can help children to grow up to be citizens who are engaged in their society, and who are more tolerant, compassionate, and understanding of others. The following are recommendations for using Service-Learning ideas to

obtain and develop information from Grandmothers:

- **Who am I?** Assign children to ask family members, including grandmothers, to answer the child's question: "Who am I?" This is an activity to help children define their own identity, in the family, and in the community. A preliminary step would be to have classroom teachers and students construct a set of questions related to the family, the ethnic group, the neighborhood, the occupations of the parents and grandparents, and the primary products of the village. Classroom activities based on this information can help reinforce the children's identity and give them more positive feelings about their community.
- **Living History.** Assign children to interview elders in their family or neighborhood, including grandmothers, on a topic related to the history of the neighborhood or village. Teachers can make this a part of the history curriculum. The teacher might change the topic slightly each year and, for example, include experiences of men and women during a war, during a famine, before independence, or when learning took place before there were schools. The children could then come back to the classroom, share their findings, write them up, and organize

<sup>8</sup>The National Service-Learning Clearinghouse defines service-learning as a "teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities." The core concept of service-learning is that it "combines service objectives with learning objectives with the intent that the activity change both the recipient and the provider. This is accomplished by combining service tasks with structured opportunities that link the task to self-reflection, self-discovery, and the acquisition and comprehension of values, skills, and knowledge content."

them into a small booklet that could be shared in the community. The children could also develop skits to show what they have learned about their village history.

- Making curriculum relevant. Research on education programs in developing countries has suggested that when curriculum is not relevant to children's lives, it becomes a factor in children's decreased attendance and increased drop-out rates. Curriculum that engages children should include elements of the local language, history, cultural values and traditions, traditional knowledge, and skills related to everyday life. Grandparents are ideal resource persons in education sector efforts to integrate local traditional and cultural elements into school curricula. Some NGOs have successfully collected proverbs, stories, and information on local history. This has all been incorporated into the curricula to spark children's interest in learning.
- Ownership of the school curriculum by the community. Parents and grandparents often have great difficulty understanding what is taught to children and why. If the family and community are not involved in curriculum development, the school and what takes place inside it remain largely foreign. Neither children nor adults know how to reconcile what is learned in school with what is passed down from the elders. The children then construct two separate worlds in

their minds. The result is often that the practical, applied part of learning never takes place and learning remains theoretical. Eliciting suggestions from the community on what might be taught builds ownership of the school by the community and can also help make the curriculum more practical to the children's lives.

- Making connections between the "old way" and the "new". Professionals who come out of the current educational system often see no way to connect what they learned in their basic training programs with what they see all around them and experience in their lives in the community and family. This situation could be addressed by drawing the connection between grandmothers' explanation of how things work, and the modern view. Older farmers all over Africa, for example, know that night blindness is associated with animals not eating enough grass during the dry season, especially when an animal is pregnant. Many also know that if pregnant women eat liver this will help avoid night blindness. Teachers can make the connection between the traditional knowledge about night blindness and the nutrition lesson that eating orange and green vegetables, and liver, will prevent and cure night blindness. Promoting the integration of "old" and "new" knowledge in this way can lend credence to the knowledge of the elders while promoting adoption of new ideas.

## **INTEGRATE TRADITIONAL VALUES INTO THE CURRICULUM.**

- *Collect stories, proverbs, and songs, and analyze the values expressed in them. Use these traditional materials as a basis for discussion of cultural values and of the similarities and differences between traditional and modern values.*

Values education is particularly important in this age of HIV/AIDS. It has become clear in the African context, for example, that some of the traditional practices and values must be modified to save the lives of millions. On the other hand, some of the traditional values, if followed, would prevent the spread of the infection. An in-depth analysis of both traditional cultural values, and of modern values and behaviors and how they relate to the HIV epidemic, could prepare children, families, and communities to help in decreasing infection rates and stopping the epidemic. Values clarification has become a mandatory part of HIV/AIDS Life Skills Education courses designed to reach school-aged children before they become exposed to HIV.

## **DEVELOP PARTNERSHIPS BETWEEN GRANDMOTHERS AND SCHOOLS.**

Educational research has shown consistently that family participation in school activities supports student achievement, higher grades, better attendance, avoidance of grade repetition, and decreased dropouts.

Developing a genuine partnership with grandmothers could increase their understanding of school programs and further strengthen their support for schooling. Dialogue between schools and families reframes the family-school relationship to make interactions, curriculum, and learning a two-way process.

- *Encourage families to create home environments that support success in school.*

Grandmothers could be the guardians of a place to do homework and time to do homework without competing duties. Grandmothers can encourage children to do their homework and ask them to read to them.

Grandmothers can encourage literate parents or older children to read to younger children at home.

- *Encourage grandmothers, who often have more free time than mothers, to walk children to school to assure their safety.*

If grandmothers accompany children to school, this can help solve the consistent problem of children's safety, particularly that of girls, in this age of HIV/AIDS.

- *Identify stories told by grandmothers in the community that relate to the curriculum and use these stories as teaching tools. Invite these senior women to tell stories in special story-telling sessions at schools or in informal settings.*

In many societies, stories and songs are used by grandmothers as tools for communicating cultural values to the younger generation and for stimulating children's listening and problem-solving skills. Unfortunately, these important traditional educational tools are becoming replaced by "modern" media such as radio and television. Schools can help communities document these traditional communication tools so they are not lost, by engaging both community leaders and educators in discussing ways to revitalize their use. Storytelling can increase grandmothers' sense of usefulness. For children, stories and conversations with grandmothers can stimulate their problem-solving and critical thinking skills and provide them with one-on-one or small group interaction that is usually lacking where pupil-teacher ratios are very high. Grandmothers, or grandfathers, can be effectively integrated into basic education programs through storytelling initiatives.

### **USE PARTNERSHIPS TO PROMOTE SCHOOL IMPROVEMENT.**

- *Empower parents to participate in school planning for curriculum content, school climate, and staff development.*

Families can provide support to schools at several levels: attending parent-teacher conferences, reinforcing learning in the home, volunteering to help at school, and serving in elected positions on school planning and management teams. If grandmothers are not directly serving in these positions, they can be kept abreast of the importance of parental roles and can

encourage family and school interaction. Special social events can be conducted by teachers, at which grandparents are invited and their support of schools is discussed.

- *Identify grandmother leaders and networks.*

In all communities natural grandmother "leaders" exist who, either formally or informally, have the capacity to mobilize other grandmothers. Initial assessments can identify grandmother leaders and networks and assess their ideas about playing a role in education. Special sessions can be organized through the grandmother networks to discuss with grandmothers such topics as girls' equity, children's rights, why reading and schooling are valuable for all children, the importance of educating girls to the welfare of the family, the community and the development of the country, the importance of good attendance and school completion, how to support homework, and optimal health practices for mothers, babies and young children. With correct information, support and encouragement, grandmothers can become advocates for improved education-related practices, such as sending girls to school.

- *Form Grandparent-Parent-Teacher Associations.*

Traditional parent-teacher associations (PTA) are intended to strengthen links between schools and communities, but they are usually limited to "parents" and "teachers." It is suggested that "Grandparents, Parents and Teachers Associations" (GPTA) could be established to incorporate the critical role and experience of grandparents in educating children.

Involving grandparents can contribute to greater dialogue and understanding between schools and communities. For example, given the influence of the elders in deciding which children will attend school and for how long, GPPTA's could play an important role in facilitating community dialogue on girls' education and identification of community strategies to address the loss of family labor when girls go to school.

- *Empower families to learn to use their collective power to advocate for school change.*

Through conversations, group dialogue and reflection, grandparents, parents, families, and communities can identify and act on systemic problems. These may include school overcrowding, infrastructure in need of repair, poorly performing or untrained teachers, teacher abuse of children, predatory behavior of some teachers on girls,

and poor school performance.

- *Involve community elders, including grandmothers, grandfathers, and religious leaders, in providing input for quality control of schools and teacher performance.*

Many school programs now involve PTAs in defining the important characteristics of a "good school" and "good teacher". These criteria can then be used by projects to improve project design and to incorporate into teacher performance evaluations. When teachers' performance is evaluated, grandparents, parents, and other community members can be invited to give their input, and compare teacher performance and school quality to the criteria they developed.



# APPENDIX A: METHODOLOGY USED IN THIS REVIEW

Given the relatively limited documentation on the topic of grandmothers' involvement in children's development, it was necessary to adopt a multi-pronged and somewhat unconventional data collection strategy. The information considered in this review comes from 94 written documents—literature published either in journals or on the web, website descriptions of policies and programs of development organizations, and unpublished, “gray,” literature from development organizations—and 25 key informant interviews dealing with approximately 75 different cultural contexts from six continents. While the information analyzed came from geographically diverse sources, it is acknowledged that this review did not take into account all available documentation on all cultures in the world.

Published literature: The primary areas examined were: anthropology, sociology, gerontology, early childhood development, primary education, community health and nutrition, hygiene education, culture and development.

Gray literature (internal company documents or unpublished documents, such as project reports): From numerous NGO and government programs in Africa, Asia and Latin America.

Website descriptions of the policies and programs of development organizations involved in child development including: UNICEF, UNESCO, Bernard Van Leer Foundation, WHO, The AIDS Alliance, Save the Children, Christian Children's Fund, CARE and HelpAge International.

Key informant contacts were made with child development specialists at: the World Bank, Johns Hopkins University, Cornell University, UNICEF, the International Consultative Group on Early Childhood Care and Development, Mahidol University in Bangkok, the University of San Francisco, the Academy for Educational Development (AED), NGO practitioners especially from Senegal, Bangladesh, Ecuador, and Fiji.

In Section II of this paper, some of the available literature related to grandmothers' roles in child development was presented. Here, numerous additional references are presented dealing with various aspects of grandmothers' roles, advice and practices related to: early childhood development, education, formal school education, health, nutrition, hygiene, social support in the context of HIV/AIDS, and cultural and moral development. The examples reviewed here are presented by regions of the world: Africa, Asia, Latin America, The Pacific, North America, and Australia.

While some of the references presented here are from published sources, many are from the "gray literature" and others are based on communication or interviews with key informants.

Due to the author's background and the time allotted for this review, the majority of the references discussed here deal with grandmothers' roles in the area of child and family health and nutrition. It is believed that the numerous examples from variety of cultural contexts documenting the advice and influence of grandmothers regarding child health and nutrition are indicative of the ubiquitous role they play in supporting child growth and development at the household and community levels.

As regards the role of grandmothers and grandfathers in HIV/AIDS, it was decided not to give major importance to this topic in this review. This decision was made for two reasons. First, this review looks at a broad range of cultural contexts and child-

related needs, of which support for AIDS orphans is only one. Second, a comprehensive review on grandparenting and HIV/AIDS has just been published in 2003 by HelpAge/HIV-AIDS Alliance.

For each of the studies/reports reviewed, a synopsis of the findings or opinions is presented. Specific information on the methodologies and more detailed findings can be found in the original documents.

### **EXAMPLES FROM AFRICA**

*Madagascar:* In a study on infant nutrition practices, it was concluded that "grandmothers are valuable family resource persons due to their experience, proximity and availability" (BASICS/Linkages 1998, 33). Most younger women have heavy workloads and limited time to spend with their young children. Grandmothers have more time to spend with young children and are very committed to caring for them given their value to Malgache society.

The study also showed that in keeping with the gender-associated roles of men and women in Malgache society, the family members that know least about child health/nutrition are men. Men themselves stated that if one of their children is sick, their wives would seek help first from the grandmothers, and later from health workers. Men did not suggest that their wives would seek their advice. Men and women agreed that in Malgache families grandmothers make many of the important decisions related to child health.

The study concluded that given grandmothers' role as family resource persons on child health and well-being, they should

be included in future child health/nutrition activities, rather than excluded.

Lastly, all grandmother interviewees agreed that, as compared with health workers, their knowledge is superior, reflecting their confidence in their own knowledge and experience.

*Mali:* In a rapid assessment of beliefs and practices related to newborn health carried out by Save the Children/USA (Waltensperger 2001a), it was concluded that in the patrilineal Bambara households, where women live with their husband's family, the mothers-in-law play a central role in all health promotion and illness situations. "Within the household, the critical role of mothers-in-law in resource allocation, illness recognition and decision-making for care-seeking cannot be overstated" (8). The study concludes that given their great influence in the family, senior female family members should be included in all health education strategies. Waltensperger's findings regarding the role of senior Bambara women with newborns are echoed in an extensive ethnographic study (Toulmin 1992) that includes a description of their role during the critical period of childbirth. "Childbirth practices are...under the control of a group of elderly women who are responsible for looking after births in a cluster of neighboring families" (224). In contrast to these findings, however, a Save the Children-US study conducted in Mali in 2000 on newborn health does not report that grandmothers play a central role during delivery and

with newborns. This difference appears to be due to the methodology used in the latter report that involved a narrower analysis of birthing and newborns.

Community child development programs often incorrectly assume that young mothers can make autonomous decisions related to the well-being of themselves and their offspring while ignoring the power relationship that exists between older and younger in the household. Anthropologist Castle (1994) discusses the authority and power that grandmothers have over their daughter-in-laws in Fulani and Nubebe households, manifest in the dominant role played by senior women during childhood illnesses. When children are sick, household "specialists," primarily postmenopausal women, are responsible for diagnosing, treating and sometimes referring children to healers outside the household. It is not acceptable for younger women to make decisions on their own regarding treatment of sick children and in these situations they are expected to consult with their mother-in-law or other senior female members of their husbands' family given the experience and authority of these women vis-à-vis younger women in the household. Castle's work focuses on child health but it can be assumed that the "hierarchical transmission of knowledge" (330) from senior to junior women in the household applies not only to health matters but also to other areas of children's development.

**Guinea:** Female genital circumcision is widespread among different ethnic groups in Guinée. This traditional ritual, carried out in different ways in different parts of the country, is seen as a necessary step in becoming a mature woman. A study done in 1999 (Yoder et al.) showed that, while nowadays, the actual cutting is frequently done by trained midwives, overall responsibility for organizing this important ceremony is still conferred on certain senior women, based on their age and authority in society.

**Tunisia:** In a study on household practices carried out in all regions of the country, related to management of diarrheal disease (Aubel and Mansour 1989), the role of grandmothers at the family level was documented. While health facilities are quite accessible in most parts of the country, grandmothers play a leading role in the initial diagnosis and treatment at home and in the deciding if outside help is required. Younger women are expected to listen to the advice of senior women in the family, given their age and experience.

**Burkina Faso:** In 1995, a study (APAIB/WINS) on breastfeeding was carried out in the USAID-supported WINS project with Mossi and Peuhl communities. Many health and development people in Burkina Faso refer to it as “The Grandmother Study.” It seems that this was the first time that the important role of the grandmothers, or Yaaba, as they are called in Moré, was documented in a community health project. The study concluded that while grandmothers are not always directly caring for children, their advice on all aspects of childcare consistently influ-

ence the practices of younger women. “The Yaaba, or grandmothers, are older women who are known for the experience and advice that they give to younger women regarding all aspects of childcare... They teach women, especially those who have given birth for the first time, how to care for their children. It is clear that the Yaaba play an important role in the health and nutrition of women and children” (5). It was also observed that the role of fathers is, in most cases, to provide resources required to implement the recommendations of the powerful yaabas. The study concluded that grandmothers should be involved in rather than excluded from child health and development programs. In spite of the initial enthusiasm, in the ten years since this groundbreaking study was done, there do not yet appear to be any programs in the country that have explicitly involved grandmothers.

Also in 1995, one of the conclusions of an evaluation of the AFRICARE child survival project in Ganzourgou was that “There is a consensus between men and women that grandmothers have a great influence on the knowledge and practices of younger women and their children. They are respected because of their experience caring for children, their advice is frequently sought, and they often are directly involved in caring for young children” (Aubel & Hoemeke 1995, 33). It was recommended that future child survival strategies should directly involve grandmothers given the important role they play at the household level.

**Benin:** In Bariba culture, when young women marry, their husbands expect the

older, experienced women in the family to advise and look after their wives, especially when they are pregnant and after they give birth (Bio 2003). This is true both in rural and more urban areas. For couples living in more urban areas, away from the paternal household, when a woman is about seven months pregnant one of the older women in the family, often an aunt, goes to stay with the couple in order to provide the close follow-up required the last months of the pregnancy. The "aunt," as she is referred to, observes and provides advice to the pregnant woman on her diet, work and other activities. Especially with the first child the husband is not supposed to be too involved either during the pregnancy nor after his wife gives birth. The belief is that the child belongs to, and is the responsibility of the whole family, but especially of the females in the household. It is expected that all of the "aunties" in the family, i.e. the mature women, will play a role in advising and caring for the young woman and her infant. After birth, either the "auntie" stays on to care for the newborn and new mother or the mother and newborn go to stay with the mother-in-law, often for two years, to benefit from the informal teaching and support required by a new mother. In virtually all cases, husbands assume that responsibility for caring for their wives and young children will fall to their mothers and other aunties, based on their experience and age.

*Senegal:* In the past ten years, four studies have comprehensively documented the significant role and influence of grandmothers on breastfeeding, on maternal and child nutrition, on practices with newborns, and care of young children. In 1995, a study funded by USAID (MOH/WELLSTART), coordinated by the author of this review, showed that, "In both rural and urban areas the predominant influence on women's practices related to breastfeeding is the advice and support they receive from the older women who are part of their social networks. Compared with health workers, these older women are closer to them, more respected, and have more influence on them." (5) From birth, women are advised on how to care for their child in all respects, by their mothers-in-law, their own mothers, and by other experienced women in the family.

In 2001, Christian Children's Fund conducted a study (Aubel et al.) on the role of grandmothers in Maternal Child Health (MCH) in the context of its child survival project in western Senegal. It documented the central and multi-dimensional role played by grandmothers in family life and specifically related to issues concerning women and children. The study clearly showed that men are not directly involved in child care and development issues and on all such matters they are advised by their mothers regarding what should be done and what support should provide. While husbands

are expected to make certain key decisions related to the welfare of women and children, it is clear that in most cases they are advised by their mothers who have infinitely more experience and knowledge of these issues. These inputs into their decision-making from their “resident technical advisors,” i.e. their mothers, are generally overlooked.

A study on newborn health was commissioned by BASICS in 2002 and conducted by the anthropologist, Niang (2003). The focus of this investigation was pregnancy, childbirth, and newborn care. However, it clearly reveals the influence of senior women in the family and specifically the authoritative role of mothers-in-law over the lives and practices of daughters-in-law related to themselves and their children. More broadly, it reveals the influence of the social networks of women in which all daughters-in-law are a part, composed primarily of female family members. Within these networks it is the senior women, or grandmothers, who are the key advisors and supervisors of pregnancy, delivery and childcare after birth. Direct communication between husbands and wives is limited and in many cases the mother-in-law serves as an intermediary. For example, in many cases a woman first informs her mother-in-law of a pregnancy and, in turn, the husband is informed by his mother. Husbands are advised by their mothers on all issues related to maternal and child health and development, and similarly, they expect their wives to follow the advice of their mothers.

*Tanzania:* A study was conducted to examine household practices related to treatment of childhood malaria in order to

determine how to strengthen family strategies (Nsimba 2003). It was found that the key actors in diagnosing and deciding what to do when a child has malaria are the grandmothers, or mothers-in-law. They are the decision-makers regarding what should be done at home and whether it is necessary to seek outside treatment. Also, they collaborate closely with the traditional healers, who are frequently consulted especially for some types of malaria believed to be caused by evil spirits.

*Cameroon:* A study conducted with six of the major socio-cultural groups showed that when children have diarrhea and other common childhood illnesses, relatively few are taken to health facilities and most treatment is provided within the family (Aubel & Ndonko 1989). Furthermore, within the family it is the experienced, older women who are primarily responsible for deciding on the treatment strategy to be adopted.

*Kenya:* An extensive study on child-rearing practices in several rural and urban areas (Swadener et al 1996) revealed that in rural sites grandmothers generally continue to play a strong role, both in providing childcare where younger mothers have multiple other tasks to carry out and to play an important role in the enculturation of young children; passing on stories, songs, values and traditions. In urban areas and on tea plantations where nuclear families are more common, the critical role of grandmothers in cultural transmission is severely reduced. The researchers concluded that in areas where the extended family still predominates, the most sustainable strategy for enhancing Early Childhood Care and Development

(ECCE) would involve home-based activities to strengthen the ability of grandmothers to organize playgroups composed of only a few children. This recommendation was strongly supported by community informants insofar as it would build on grandmothers' traditional role in childcare.

Also in Kenya, among the Taita, as in many ethnic groups in Africa, it is taboo for parents to speak to their children about sex (Epstein 1993). A critical role played by the grandmothers is orienting and advising young girls about sexual values and roles. The grandmothers spend between one to three months secluded with young adolescent girls teaching them about their role as child-bearers and wives. This critical role of senior women in initiating girls to womanhood is common to virtually all cultures in Sub-Saharan Africa (Gordon 2003).

*Ethiopia:* In a study of traditional childcare in the Shewa region (Negussie 1989), it was found that many of the grandmothers' practices are beneficial related to the care and feeding of infants, deliveries, maternal health and traditional home remedies for common illnesses. Older women spend lots of time with children from birth and are very much involved in the "informal education" of infants and young children. The author laments that in existing health/development programs little attention is paid to preserving these beneficial traditional practices.

*Niger:* In a rapid assessment conducted in the east of the country in Hausa and Djerma communities, the role and influence of grandmothers in household management of diarrhea was clearly revealed (Aubel et al. 1991). The study showed that when a child is ill, various family members are involved in deciding what should be done. However, within the collective decision-making process it is usually the grandmother who plays a leading role given her age and experience. In an area where there is considerable use of traditional healers, it is usually the grandmothers who decide to seek help from these specialists and who coordinate recommended treatments with them.

In western Niger, the findings of another rapid assessment on the role of grandmothers in maternal and child nutrition (Aubel et al. 2000) yielded similar results regarding grandmothers' strong influence in advising and supervising women both during pregnancy and with their young offspring. Community leaders stated that grandmothers are important community resource persons for all matters related to women's and children's health and well-being. Husbands stated that they consult their own mothers (the child's grandmother) when there are decisions to be made regarding either their wives or children. A last significant finding is that in the vegetable gardening activities organized for women by HKI, the grandmothers made up about three-quarters of all the participants.

They stated that they were more involved in gardening than younger women because they had more time to devote to this activity and also because they were interested in learning about new planting techniques and garden products.

**Sudan:** A 1993 study (Bedri) showed that grandmothers have significant influence within the family related to various aspects of childcare and health promotion. While some of their advice is beneficial, related to pregnant women's diets, early initiation of breastfeeding after birth, and supplementary feeding, other advice is not—for example, related to female genital mutilation, early marriage, and avoidance of contraception. The author concluded that grandmothers should be directly involved in health education activities in order to encourage them to modify certain practices and thereby improve the impact of the advice they give to other household members. The involvement of Sudanese grandmothers at all stages of the life cycle is also discussed by Bedri and Lovel (1993).

In the results of an earlier study (Aubel et al. 1990) in central Sudan on household practices related to diarrhea, the role of grandmothers was also documented. Both men and women said that the grandmothers are consulted when a child has diarrhea, and that their advice on how to deal with the problem—either with household remedies, pharmaceutical products or visits to the health center—is usually followed, given their extensive experience in child health matters. In this same study it was found that health workers are highly critical of traditional home remedies and of the grandmothers who promote them.

**The Gambia:** Several studies have shown the critical role grandmothers play in regard to child health. In a study on infant nutrition (Samba & Gittlesohn 1991) it was found that during the rainy season, when mothers are very busy with agricultural work and spend less time at home, grandmothers and older daughters have primary responsibility for caring for young children. At this time of year there is also less food available and more cases of diarrhea. In other words, at this precarious time of year the knowledge and skills of grandmothers are a critical factor in determining child health and well-being.

In a recent study (Sear et al. 2000) in Mandinka communities it was found that where a grandmother is present the nutritional status of their young grandchildren is better than where these senior women are not present. The same study showed that the presence or absence of the father or grandfather had no impact on the child's nutritional status. These results substantiate the influence of grandmothers on child nutrition and development and support the argument that the overall impact of their strategies to produce healthy grandchildren is positive.

**Ghana:** A rapid assessment on infant feeding carried out by LINKAGES with the Ministry of Health in 2000 (Schubert 2001) showed that both grandmothers and men have significant influence on women's breastfeeding (BF) practices. These findings were the basis for developing a health education strategy targeting these two groups of household actors.

Another study on complementary feeding was conducted in the Kumasi area (Davis

et al. 2003). Similar to the Linkages study results, it was found that grandmothers most frequently assume the role of “caretaker” when the mothers are occupied with other tasks, with husbands being the second most common caretakers. Similarly, in a third study, with women in paid employment (Date-Bah 1985), it was found that the maternal grandmother was the most common caretaker when women were away at work.

*Lesotho:* A study on breastfeeding revealed that grandmothers’ tradition-based advice and practices related to breastfeeding is often superior to the advice given by health clinic staff (Almroth et al. 1997). Grandmothers’ were adamant that it is harmful and unnecessary to give water to breastfeeding infants during their first months of life. The grandmothers’ maintained that this harmful practice came from health workers, thus providing advice that is both harmful and contradicts the grandmothers’ views. The authors concluded that grandmothers’ good advice should be shared with both younger mothers and health workers.

*South Africa:* It is often assumed that young women have full responsibility for childcare and for decision-making on the use of family resources. A study in Natal province (Chopra 2003) illuminates these two critical dimensions of grandmothers’ influence in the household. It showed that approximately the same percentage of young children (3 to 59 months) are cared for by their grandmothers (39 per-

cent) as by their own mothers (41 percent), clearly suggesting the importance of the child-care role of grandmothers in this setting. Regarding household decision-making, the study also showed that while more than half of the younger women (57 percent) decide how much will be spent on food for the family, in almost a quarter of the families it is the grandmother who makes these decisions (23 percent), while in only 16 percent does the husband decide.

*Nigeria:* A study on breastfeeding among rural Yoruba in Southwest Nigeria documented the significant influence of older women on younger women’s breastfeeding practices from the first moments after birth (Davies-Adetugbo 1997). While these experienced women strongly promote breastfeeding, some of their advice is beneficial and some is not. Immediately after birth the older women who are to care for the newborn and mother carry out a series of ritual-bound practices, decreasing the likelihood that the baby will be breastfed in the first half hour as health workers recommend. Most of them believe that colostrum should not be given to the newborn, that medicinal herbs should be administered “to clean out the stomach,” and that, during the first weeks and months of life, infants require supplemental water along with breast milk. On the other hand, they give good advice to breastfeeding women regarding their diet and most are vehemently opposed to infant feeding

*Malawi:* In a rapid assessment of roles and practices related to newborn care, in the context of work by Save the Children/US, the role of grandmothers at this critical period was clearly documented (Waltensperger 2001b). Whether in matrilineal or patrilineal areas of the country, young mothers are advised and supervised by either their mothers or mothers-in-law, as they master the art of motherhood based on cultural and family norms. In both systems (matrilineal and patrilineal), grandmothers' role as household advisors is not limited to younger women. "Grandmothers serve as the first-line gatekeepers for care-seeking and have influence on male relatives in decision-making." (8) Grandmothers' authority in child development matters often puts younger women in a compromising situation. Young women state that some of the advice regarding childcare that they receive from grandmothers contradicts what they hear on the radio or at the health center but "they feel powerless to contradict or resist" (8). With the AIDS epidemic in Malawi, grandmothers' role in child-care has increased exponentially.

Coming to similar conclusions, a study on breastfeeding conducted by Project Hope (Katchitsa 1999) in southern Malawi showed that senior women are present in most households and that they advise younger women on how to initiate and sustain breastfeeding. Some of the advice they provide is appropriate, while other advice does not reflect current priorities promoted in the health sector. Many grandmothers lamented the fact that today younger women do not always follow their

advice and they listen to the health workers who advise them differently.

### **EXAMPLE FROM EASTERN EUROPE**

*Albania:* In predominantly Muslim and matrilineal Albania, young women typically live with, or close to, their husband's family both in rural and urban areas. According to a recent Save The Children study on ECD (HDC 2002), at the family level there is a clear differentiation in roles between husbands and wives, and also between grandmothers and grandfathers, in caring for and educating young children. The report states that men play a very limited role in caring for children. "The responsibilities of fathers are exclusively related to ensuring an income (for the family), protecting and disciplining children... (and) they are not felt as an integral part of the life of their children." (56) However, when boys are older, fathers do become more involved in their education. According to the report, men's involvement in childcare tasks is strongly criticized by other men, and even by some women. Following the same gender-differentiated roles, grandmothers are more involved with young children than grandfathers.

Women are responsible for the upbringing and education of children and their knowledge of the appropriate values and practices in childrearing is passed to them from previous generations, through senior women in the family. "Available knowledge and information is learned from the older generation: mothers, mothers-in-law, sisters-in-law etc." (HDC, 52) The mothers-in-law/grandmothers play a central role in

family life as advisors to both their sons and daughters-in-law on matters related to the well-being of women and children, as well as on other family issues. While the report acknowledges the active role played by grandparents in ECD, it suggests that families should listen to the “experts” rather than the inadequate knowledge of the older generation.

### **EXAMPLES FROM ASIA**

**Bangladesh:** The influential role of grandmothers in families, particularly paternal grandmothers, was revealed in key informant interviews conducted with NGO field staff involved in ECD programs supported by CARE (Munmun 2004), Save the Children/US (Mahmud & Mitra 2004), and Plan International (Akhter 2004). There is a saying in Bengali that, “Grandmothers and Grandfathers know everything” (Dadu Nani janen), reflecting the respect that younger family members are expected to have for the experience and wisdom of the elders. All interviewees stated that grandmothers have two main roles in most Bangladeshi families. First, they assist with all aspects of childcare, particularly for young children and when mothers are busy with other tasks. In most families they are the main caregiver after the mothers. Second, they teach both their children and grandchildren about all aspects of life, based on their life-long experiences. One of the key methods used by grandmothers and grandfathers to teach children is story-

telling, in which values and traditional ideas are passed on to the next generation.

**India:** In Bihar, rapid assessments carried out both by CARE (Capps 2004) and CRS (Harvey 2004), in the context of their respective child survival projects, revealed the strong influence of the mothers-in-law, or paternal grandmothers, both on decision-making by husbands and their wives, and on all matters related to child rearing and health. In some cases grandmothers described beneficial traditional practices, such as exclusive breastfeeding, and expressed regrets that many younger women have not adopted this same practice. On the other hand, many grandmothers described harmful practices that they recommend, such as advising a woman who has just delivered to not eat for three days. The assessments documented two attitudes of the grandmothers observed during the interviews that appear to be significant. First, in both cases it is reported that they were very assertive when describing their beliefs and practices. This suggests the level of confidence they have in their own experience and the conviction with which they probably tell their daughter-in-laws what to do. Second, in both cases they expressed their interest in learning about new concepts related to child health in order to improve their practices.

Another dimension of grandmothers’ roles, related to pregnancy and childbirth, is reported by Wiley (2002). In

rural northwest India, both during and after pregnancy, women's practices with themselves and their newborns are greatly influenced by the advice they receive from their networks of female neighbors and relatives, and especially by the experienced, older women, viewed as authorities on these topics. The authority and influence that these senior women have on younger women is clearly revealed in Wiley's reference to their role in the informal "management of pregnancy" (1098) wherein wide-ranging advice is provided to women on diet, work, fetal development, sexual relations, and traditional preventive measures to protect the woman and child.

*Pakistan:* In Pakistan, most women move into the house of their husband's parents when they marry, although in urban areas some live in separate residences that are often close to their in-laws. Even in cases where women live in a different town, their mothers-in-law continue to exercise strong influence over them and their child-rearing practices. Iqbal's study in urban Islamabad (1995) found that advice by mothers-in-law has considerable influence on the decision by daughters-in-law regarding whether or not to breastfeed.s

*Nepal:* A rapid assessment carried out with NTAG, a local NGO in Nepal, documented the important role of grandmothers in the Kathmandu Valley (Aubel et al. 1999). Grandmothers play multiple roles that contribute to the well-being of children, women, and the family at large, including care for grandchildren, housework, kitchen gardening, care for small animals, guarding the house, and giving advice on various family matters including child

health and development. Grandmothers state that their most important contribution to the family is their teaching and caring for their grandchildren, to which they are clearly very committed. Buddhism teaches that grandparents have an obligation to teach the younger generation and that younger family members should respect their advice. In both rural and urban areas of Nepal today, it seems that in most families the knowledge and experience of these senior family members is acknowledged and that for matters related to children and women the grandmothers are frequently consulted and involved in decision-making. Grandmothers stated that their two greatest sources of satisfaction in life are passing on their knowledge and traditions to their grandchildren and feeling useful in caring for their grandchildren.

*Laos:* In 1996, a WHO-sponsored study looked at the roles and influence of family members on child health matters (Aubel et al. 1996), specifically related to diarrheal disease and acute respiratory infection. It was concluded that in Laotian families senior men and women are respected for their knowledge and experience but in child health matters it is the grandmothers who are particularly influential, given their many years of experience in this domain. Other family members recognize that it is the grandmothers who have the expertise to diagnose childhood illnesses and identify the most appropriate treatment. "Their opinion regarding how to manage the child's illness is usually sought and their advice is usually followed." (53). Mothers rarely decide on their own how to deal

with a sick child given their easy access to senior women advisors either within or outside of the family.

*Thailand:* In a study in Northeast Thailand, in an area that is socio-culturally similar to parts of Laos (Shawyer et al. 1996), it was concluded that grandmothers play a significant role in managing childhood illnesses at the household level. They are responsible for passing on to the next generation the folk taxonomy for different types of diarrhea that determines the diagnosis and, in turn, the treatment strategy. While some of their knowledge is sound, in other cases their beliefs are incorrect and/or harmful.

Professor Sakorn points out that grandmothers play a particularly important role in the economically depressed northeast area of Thailand where out-migration is strong and where grandparents are the “heads of household” in more than 1/4 of all households (Sakorn 2003). In that same region, during the rice-planting season, when children are especially vulnerable as their mothers spend more time away in the rice fields, and when there is more diarrhea and less food available, it is the grandmothers who have primary responsibility for their care. Sakorn strongly feels that child development programs should systematically involve grandmothers.

*Indonesia:* In West Java, where most women have heavy workloads both within and outside the household setting, it was found that grandmothers

play a critical role in care-giving (Gryboski 1996 and 2000). As compared with other family members, grandmothers are the primary substitute caregivers, but care is also provided by other adult female relatives, by older siblings, and to a lesser extent by fathers and grandfathers. In addition to grandmothers' role in direct care-giving, they also have a strong influence on younger women's knowledge and practices related to child growth and development through the frequent advice they give and supervision that they ensure. In an ethnically distinct part of Indonesia, key informant interviews carried out in Flores (Aubel 2001) also provided evidence of the central role played by grandmothers in child growth and development. Interviewees stressed that families have great respect for grandmothers' advice both due to the esteem accorded to elders in their culture and also due to grandmothers' great experience in childrearing.

*China:* The research done by Yajun and colleagues (1999) in eastern China, cited above, documented the strong influence particularly of the paternal grandmothers on all aspects of child growth and development. Even though grandparents usually do not live in the same house as their sons and their families, there is virtually daily contact between grandmothers and their grandchildren through their active role in childcare, especially when their daughters-in-law are away at work.

*Uzbekistan:* The study conducted by Project Hope (Aubel et al. 2003) in the eastern part of the country documented the central role played by grandmothers in Uzbek families in all activities related to the health and well-being of women and children. Uzbekistan is currently involved in a sort of cultural revival, after many years under Soviet rule. In interviews with community members, it was frequently stated that the grandmothers are an important part of Uzbekistan's cultural heritage.

### **EXAMPLES FROM LATIN AMERICA**

*Ecuador:* Among the Saguaro Indians, the dependency of families on senior women as "informal family healers" for all child and family health matters has been extensively documented (Finerman 1989b). While access to both biomedical and traditional health specialists is generally good, younger women usually seek treatment advice and support from experienced older women in the family and social networks. Saguaro grandmothers are involved not only in treatment but also in health promotion within the family. McKee (1987) came to similar conclusions based on work in the Highlands where "primary medical specialists" at the household level are senior women who, in turn, train younger women to assume this role.

*Colombia:* In urban Bogota, Myers and Indriso (1986) found that in extended families childcare was most frequently provided by female relatives, including mothers and mothers-in-law.

*Mexico:* Related to infant feeding, a study in rural Mexico documented the influence

of female social networks on childcare practices of younger women. It was found that women with young babies more frequently consult their mothers-in-law, mothers, and sisters for advice on infant feeding, than their doctors.

### **EXAMPLES FROM THE PACIFIC**

In a 1998 study on breastfeeding practices in urban Suva, in Fiji, it was found that, both among Indigenous Fijians and Indo Fijians, women's infant feeding practices are significantly influenced by the networks of women within and around their families (UNICEF/Fiji 1998).

### **EXAMPLES OF MORE SYSTEMIC ANALYSES OF (GRANDMOTHERS') ROLES IN CHILDREN'S DEVELOPMENT**

Most of the literature discussed above reports on discrete attitudes and practices of grandmothers' practices related to program-specific child development issues, such as childcare, breastfeeding or female circumcision. However, very few of them provide information on grandmothers' roles within household systems, and their influence and involvement in decision-making.

There are some examples of formative assessments, carried out in the context of child development programs, that are based on a family and community systems approach in which there is analysis both of the roles and influence of the various household actors on a child's development, and of the specific practices of those household members. While no definitive

methodology exists for applying such an approach, two other studies have been described here that serve as examples of how this approach might be applied and of the type of results it could produce: first, a study on newborn health conducted by HKI in Mali (Aubel et al. 2002), and second, a study on ECD carried out by Save The Children in Nepal (2000). The HKI study in Mali was a rapid assessment carried out in one month with HKI and Ministry of Health staff. The Nepal study was conducted over a one-year period by a team of researchers.

#### **SYSTEMS APPROACH TO STUDYING NEWBORN HEALTH: MALI**

In Mali, Helen Keller International (HKI), in collaboration with the Ministry of Health and Social Affairs, is implementing a community project to promote newborn health and reduce neonatal deaths. At the outset of the project, a formative qualitative study was carried out in Bambara households in order to determine the role, influence, and practices of grandmothers and other household actors related either directly or indirectly to neonatal health.<sup>9</sup> While most similar studies in the health sector adopt a narrow, or reductionist, framework and collect information from younger women, and occasionally from grandmothers and/or husbands, exclusively on their knowledge and practices related to the health topic of interest, the methodology adopted by HKI had

a much broader scope. On the one hand, the interviewees included not only young women, but also grandmothers, husbands, and male village leaders. On the other hand, data was collected on grandmothers' overall role in the family and society, rather than only on their role in the health and nutrition of children. This analysis included collection of information on the patterns of interaction and decision-making between grandmothers and other household and community actors (including husbands, heads of extended families, and TBAs—Traditional Birthing Assistants) related to newborn health.

The results of the study revealed core roles of grandmothers in Malian society, namely:

- caring for children's physical needs related to nutrition;
- hygiene and safety;
- attending to children's emotional needs;
- educating young children on cultural traditions and values;
- diagnosing child and family health problems, providing home treatments, and advising on referral to specialists outside the family;
- coordinating household food/nutrition activities;
- managing domestic work; contributing resources for household expenditures;

<sup>9</sup>The systems methodology used in Mali was informed by but expanded upon by the methodology used earlier in Laos in 1996 (Aubel et al.) and in Senegal in 1999 by the author working in collaboration with these organizations. The systems methodology later used in Uzbekistan (2003) built on all of these other experiences.

- teaching and supervising daughters-in-law;
- advising both male heads of the extended family and male heads of household on all matters related to maternal and child health and well-being;
- conflict-resolution within the family;
- supervising young children of neighbouring families;
- advising young women outside of their own family on matters related to maternal and child health and development ; and
- sharing their knowledge with and learning from other women in their age group, i.e. other grandmothers.

The study in Mali clearly revealed that in Bambara society grandmothers are consistently viewed as “family resource persons” in these different domains, due to their culturally defined roles and vast knowledge and experience in these critical areas of family life. The study also provided information on the specific practices that grandmothers encourage other family members to adopt and that they use themselves, related, for example, to early childhood stimulation or infant nutrition. However, compared to many other studies on similar topics, this analysis of grandmothers’ multifaceted role and status at the household level is useful as a backdrop against which their specific newborn health-related practices can be better understood.

#### **SYSTEMS APPROACH TO STUDYING EARLY CHILDHOOD DEVELOPMENT: NEPAL**

In Nepal, a study on early childhood development, commissioned by Save the Children and UNICEF, was to serve as a basis for strengthening ECD programming. The research holistically examined the needs of children in the context of family and community life in two different areas of the country. An important objective of the study was to identify the strengths, traditions, and resourcefulness of families and communities, all existing in the face of considerable economic hardship. An initial component of the study involved looking at the roles of various caregivers within the family structure: women, men, grandmothers, grandfathers, male and female older siblings.

One basic finding was that there are clearly differentiated gender-related roles related to most household tasks, and childcare is primarily the responsibility of mothers, grandmothers, and girls. Men, grandfathers, and sons have a limited role in childcare and their responsibilities are more often related to tasks outside the home. From an early age female children are socialized to carry out multiple domestic tasks including caring for younger siblings, while at the same time preparing them for motherhood later in life. Within this framework, grandmothers demonstrate and instruct young mothers, and in turn their daughters, on how to carry out the various tasks associated with “female” roles in the household.

While the number of nuclear households is increasing, extended family contexts

where grandparents are present still predominate where there are multiple female caretakers.

Most mothers with young children are obliged to work long hours and often away from home during the day and during the peak farming period. At these times young children are cared for by older female siblings and grandmothers who are often inadequately equipped to provide them with a nutritious, safe and stimulating environment. Grandmothers provide continuous advice both to younger female household members and to husbands regarding the health and well-being of women and children in the household and depending on their health they take on more or less strenuous childcare and domestic tasks. Another finding that has important implications for efforts to improve women's childcare practices is that in most Nepalese families there is a clear hierarchy of power and decision-making in which the eldest male has the ultimate authority in the family, followed by the mother-in-law, her sons, and lastly, their wives. Within this structure the mother-in-law has considerable authority over decisions made and actions taken regarding her grandchildren, which often creates an uncomfortable situation for the daughter-in-law who is expected to comply with her mother-in-law's wishes.

The Nepal study clearly reveals that grandmothers have a strong commitment to promoting the well-being of their grandchildren but they do not

always provide them with optimal care and stimulation. While the importance of the grandmothers' role in the family is acknowledged, the researchers in this study conclude that the programs should strengthen the skills of "care-givers" in the family, though no explicit recommendations are made regarding the inclusion of grandmothers in such strategies.



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