Original Article

Grandmothers – a cultural resource for women and children's health and well-being across the life cycle

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Abstract: Grandmothers exist in all societies. Especially in the non-western Majority World, where Elders are both highly respected and responsible for transmitting their knowledge to younger generations, there is extensive anecdotal evidence of Grandmothers' role in health promotion and healing. However, due to Eurocentric and reductionist views of families and communities, in the extensive past research on maternal, child and adolescent health issues across Africa, Asia, Latin America and the Middle East, and in Indigenous societies in North America, Australia and New Zealand, scant attention has been given to the role of Grandmothers. This paper addresses this oversight and supports the imperative to decolonize health promotion in the non-western world by building on non-western worldviews, roles and values. Based on an eclectic body of both published and gray literature, this review presents extensive evidence of Grandmothers' involvement across the life cycle of women and children and of the similar core roles that they play across cultures. While in some cases Grandmothers have a negative influence, in most cases their involvement and support to younger women and children is beneficial in terms of both their advisory and their caregiving roles. For future research and interventions addressing maternal, child and adolescent health, the conclusions of this review provide strong support for: adoption of a family systems framework to identify both gender-specific and generation-specific roles and influence; and the inclusion of Grandmothers in community health promotion programs dealing with different phases of the life cycle of women and children.

Keywords: family systems, grandmothers, culture, socio-cultural context, child health, maternal health, social norms, adolescent health

Introduction

Grandmothers exist in all societies. Especially in non-western cultures, where the influence of the extended family endures, Grandmothers are involved in many aspects of family life. Within family systems, they influence the health and well-being of women and children due to their social status, experience, motivation and proximity. Evolutionary anthropologists inform us that since the earliest human existence, Grandmothers have played a central role in family systems as key actors in collective childrearing (1). There is a growing body of recent literature primarily from public health (2) but also from neuroscience (3) regarding the involvement and impact of Grandmothers on the growth and development of younger generations.

Despite the increasing evidence of Grandmothers' role in the non-western world, most programs promoting the health of women, children and adolescents totally ignore the role of senior women, or *Grandmothers*. Across the non-western world, Grandmothers' role is rooted in the cultural systems of which they are a part and thus determined by the

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structure and values of those non-western societies. The structure of those societies is characterized by: gender and age specific roles; hierarchies based on gender and age; and Elders' responsibility to transmit their knowledge and practice to younger generations.

At the global level, there is a growing consensus that culture should be the foundation for development of strategies to promote health and development in all communities. This was a key theme of the 2019 World Health Promotion Conference in Rotorua, New Zealand, where there was discussion of the important distinction between the dominant Eurocentric worldview and values and those of Māori and other non-western, Indigenous cultures (4). Māori core values are similar to those of other non-western cultures, namely, the importance of intergenerational relationships, interconnectedness and strong cultural identity. Indigenous participants appealed to the international health promotion community to recognize the critical importance of Indigenous philosophy and values in development of health promotion strategies around the globe.

These concerns for the cultural grounding of health promotion efforts echo those articulated by Nigerian Airhihenbuwa (5) in his seminal book *Health and Culture: Beyond the Western Paradigm*, in which he too discussed the centrality of culture in African societies vis-à-vis all health-related issues and the need for greater understanding of non-western cultural realities, including the preeminent role of Elders. Likewise, Aubel and Chibanda (6) drew attention to the superficial consideration of culture in health promotion while Asian researchers Kumar *et al*. (7) expressed concern that many community health interventions are culturally blind. Historically, the World Health Organization has given limited attention to cultural aspects; however, a 2017 policy brief, *Culture Matters*, states that a major barrier to improving health worldwide is 'the systematic neglect of culture (8, p.xi)'.

Development of culturally-grounded health promotion strategies requires an in-depth understanding of cultural context and can be supported with the use of an assets-based approach that strengthens socio-cultural resources within families and communities. Building community capacity, a health promotion priority, requires the identification of the roles of all family and community actors, including those of Elders.

The purpose of this paper is to present evidence on the role and influence of Grandmothers across the life cycle of women, children and adolescents, based on research from Africa, Asia, Latin America, and among Indigenous peoples in Australia and North America. Before presenting this evidence, the rationale for a family systems framework for understanding the roles and influence of different family members is explained, and the contrasting features of western individualist and non-western collectivist cultures are described.

The conceptual framework: family systems

In all cultures, family systems share certain fundamental characteristics: family members are interconnected; different family members play different roles; patterns of communication and decision-making depend on age and gender; there are rules, or norms, that define acceptable and unacceptable behavior; there are cultural traditions; and there are coping strategies to deal with problems that arise.

A family systems framework is thus eminently relevant for understanding family health issues in the non-western world, but there is scant evidence of its use in global health research and practice. In the Global South, most community health research narrowly focuses on risk groups and their cognitive attributes, for example, knowledge, attitudes and practices (KAP) related, for example, to maternal, child and adolescent health (MCAH) (9). The nuclear family is an artifact of western culture and is not the most prevalent pattern of family organization in the Global South (5,6,9). The erroneous assumption of its universality and the concomitant inadequate understanding of family structures in collectivist cultures in the non-western world adds to the limited appreciation of Grandmothers' roles in families. Numerous studies on MCAH issues are not based on a family systems framework and do not examine the constellation of actors within families, inadvertently masking Grandmothers' role (9). In addition, institutional ageist and sexist biases against Grandmothers further mitigate against recognition of Grandmothers' role in family health strategies.

Characteristics of non-western, collectivist cultures

In contrast to more individualist western cultures, salient features of family systems in non-western cultures in the South include: hierarchy of authority based on age and experience; the role of Elders in teaching younger generations; gender-specific roles in different domains of family life; multi-generational families and collective child-rearing; collective decision-making on important family issues; the belief that children belong to and are the responsibility of the extended family; and social norms that are set by Elders that younger people are expected to follow (10).

In such collectivist cultures, in extended families, 'people from birth onwards are integrated into strong, cohesive in-groups which, throughout people's lifetimes, continue to protect them in exchange for unquestioning loyalty (11, p.51)'. These characteristics of collectivist cultures underpin the role of Grandmothers concerning MCAH within family systems in several ways: the experience of Grandmothers dealing with MCAH issues is recognized by other family members; Grandmothers' role is to advise and supervise younger family members related to their domains of expertise; other family members are expected to respect Grandmothers and follow their advice; Grandmothers participate in collective caring for women, children and adolescents; they participate in, or lead, decision-making related to their domains of expertise; and they are responsible for defining and enforcing social norms.

Most public health research and programs dealing with MCAH continue to reflect an epidemiological and social psychological reductionist focus on individuals in priority risk groups (12). To adequately understand the roles of different family members as a basis for targeting health promotion strategies, a holistic, or systemic, view of the family is needed. The prevailing linear and risk group focus conceals the role and influence of other categories of family members, notably that of Grandmothers.

Currently, there is widespread discussion of the influence of context on behavior and the need for a socio-ecological framework for community health research, policies and programs. However, often this rhetoric is not operationalized as a basis for understanding family and community contexts (12).

Research on Grandmothers' role across the life cycle of women, children and adolescents

This paper is an argumentative review, that is, a presentation of selected literature that refutes mainstream thinking and provides an alternative perspective about an issue, in this case, Grandmothers' role in the health of women and children. The conceptual framework for this review, presented in Figure 1, is based on my research regarding Grandmothers' role over the past 20 years. It indicates the role of Grandmothers at key stages in the life cycle: pregnancy; birth; newborns; young children; school age children; adolescence; and young married women. For this review, I conducted manual searches of literature from 1995 to 2022 in Google Scholar, ResearchGate and PubMed using the keywords: child health; Grandmothers; health-seeking; family health; MCH; and adolescent health. I identified more than 100 studies from 50 countries in Africa, Asia and Latin America and from Indigenous cultures in Australia and North America, consisting of published articles but also gray literature from international organizations. Due to space limitations, in this paper I refer to 65 of those

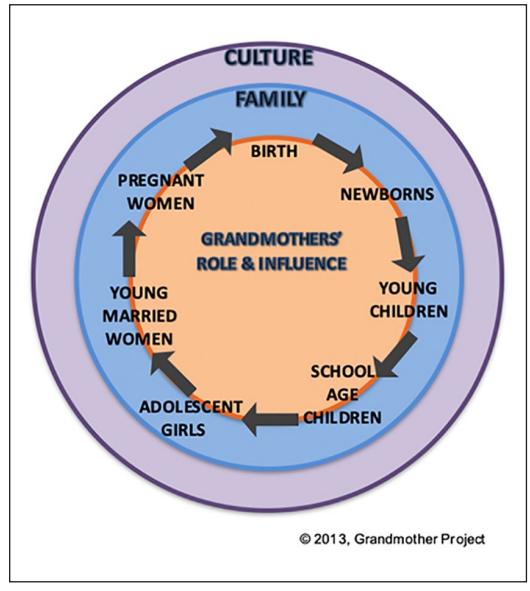

Figure 1. Grandmothers' role and influence throughout the life cycle of women and children.

studies. Based on an eclectic body of research, this review of evidence of *Grandmothers' role in non-western cultural contexts* is the first known compilation of evidence on this topic.

Findings of the review

This review reveals that across non-western cultures Grandmothers play similar *core roles* in family systems related to the health and well-being of women, children and adolescents. While their core roles are similar, there is great diversity in their culture-specific practices, for example, the involvement of Grandmothers with newborns is universal while their practices vary greatly. Examples from research in Africa and Asia illustrate the commonalities in the core roles played by Grandmothers with women and children across non-western societies.

First, in a study in a peri-urban area of the Mauritanian capital on child health, researchers concluded:

> 'Grandmothers play a multi-faceted and central role in families. Their extensive role is based first, on their vast knowledge and experience and second, on their culturally-designated status as family advisors on issues related to women and children. Young women are expected to observe their lead advisors, the Grandmothers, and to master those practices over time (13, p.7)'.

Second, researchers Karmacharya *et al*. concluded that across Southeast Asia, 'Grandmothers are considered storehouses of knowledge and wisdom on a range of household topics. Given their revered status, Grandmothers often serve as advisors and supervisors to the next generation (14, p.2115)' vis-à-vis children's health and well-being.

Further examples of Grandmothers' role and influence at different stages in the life of women and children in numerous different non-western contexts, rural and urban, are presented below.

Grandmothers' role during pregnancy

Numerous studies on pregnancy, from both rural and urban contexts, provide evidence of Grandmothers' influence, either positive or negative, on women's diet, work, rest and prenatal visits. Evidence of Grandmothers' supervisory role is reported from research in urban settings: in Africa, in Cameroon (15), Burkina Faso (16) and Ghana (17); and in Asia in Cambodia (18), Bangladesh (19) and from rural contexts in Pakistan (20,21). Based on a study in rural Mali researchers concluded, 'at the family level, the *muso koroba* (Grandmothers) are the main resource persons for all issues related to pregnancy given both their knowledge and experience within families and the advisory role assigned to them by the culture (22, p.9)'. In the Malian capital, where health services are geographically accessible, 90% of Bambara women reported that their primary advisor during pregnancy was their own mother or mother-in-law while the remaining 10% reported that it was a Grandmother neighbor (23). In peri-urban Dhaka, Pike and colleagues found that during pregnancy, married adolescents receive vital support from older female family members, especially from their mothers and mothers-in-law (19).

In rural Pakistan, researchers examined intra-household decision-making around pregnancy (20). They concluded that pregnancy is the normative domain of older women and that powerful mothers-in-law have primary responsibility for key decisions concerning prenatal care and delivery location. They also reported that in the gendered context of pregnancy, men's role is limited. Asim and colleagues (21) looked at diet during pregnancy and referred to mothers-in-law as 'the nexus of dietary control within the household (p.8)'. Research in Nepal on intra-household food allocation (24) documented the influence of authoritative mothers-in-laws on pregnant women's work and diet, and their harmful belief that young daughters-in-law should *eat less and eat last*.

In rural Ghana, Gupta *et al*. (17) documented Grandmothers' influential role with pregnant women providing emotional support, information and coaching, particularly with first-time mothers, to ensure transmission of cultural traditions, some of which are harmful.

Grandmothers' role before and after delivery

In the Global South, home deliveries are frequent, and research reveals that in many contexts, older women are present after delivery to care both for the mother and the newborn, reflecting their cultural

responsibility to usher the baby into the world. Grandmothers' involvement is also documented in studies from West Africa (25), India (26) and Aboriginal Australia (27).

In rural Ghana, Moyer *et al*. (28) found that Grandmothers are present at both home and facility deliveries and play a key role in post-delivery care, for example, bathing the newborn and mother, cord cutting and care. They found that when the advice of health workers and Grandmothers differs, new mothers feel obliged to respect authoritative Grandmothers. Kane's research in five West African countries (25) indicated that with facility deliveries, older women are often present and use their authority to execute culturally-prescribed practices concerning hygiene and breastfeeding initiation. In Karnataka, Kesterton and Cleland (26) documented a similar pattern regarding the involvement of Grandmothers after delivery, when they implement various socio-cultural traditions including potentially harmful ones, for example, administering prelacteals and delaying breastfeeding.

Lowell *et al*. (27) reported that for Aboriginal Australian communities, the presence of Elder women at the time of delivery is of momentous cultural significance. Furthermore, 'exclusion of these key senior women from the birthing process is considered to have serious consequences on the health and well-being of both mother and baby (p.5)' mainly because this limits the ability of Grandmothers to pass on critical knowledge and traditions to younger mothers.

Grandmothers' role in the care of newborns

Reflecting global concern with neonatal mortality, numerous studies have been carried out on newborn care. However, very few provide insight into the roles of family actors and most focus on individual KAP. In an earlier review of evidence regarding Grandmothers' role with newborns, Aubel (29) identified research from more than 70 non-western cultural settings that make some reference to the involvement of family members in newborn care, including the role of Grandmothers, both as advisors to young mothers and as direct caregivers. In this review, I am citing a small selection of articles and reports providing in-depth evidence of Grandmothers' role in newborn care from across the Global South: from Africa: Ghana (30) and Mauritania (31); from Asia: India (14), Uzbekistan (32) and Bangladesh (33); from Latin America: Brazil (34) and Mexico (35); and from Indigenous contexts in Australia (27) and Canada (36).

The earlier review of research concluded: 'The central role of Grandmothers in newborn care across non-western societies, emanates from the structure and core values of collectivist cultures (29, p.6)'. These include reciprocity, solidarity, hierarchy and collective responsibility for children especially among female caregivers. The predominant pattern across cultures is recognition by families of the precarity of the neonatal period, and confidence in the expertise of Grandmothers. The 2021 review (29) also noted that men are rarely directly involved in newborn care and 'more often are advisees within the family (p.5)' rather than advisors. For example, in Ghana, Gupta *et al*. (17) found that it is the husband's mother who coordinates newborn care. During the newborn period, families are concerned about ensuring newborn survival, but also about transmitting priority cultural values to young mothers. In many cultures, there is an initial period of seclusion during which Grandmothers ensure protection of mothers and newborns and inculcate priority traditions, for example, in Uzbekistan (37), Senegal (38) and Nepal (39).

Grandmothers' role in infant and young child health

Numerous studies have documented the influence of Grandmothers on breastfeeding practices, especially of primiparas. For example, in: Africa from Mauritania (31) and South Africa (40); Asia from Bihar (41), Bhutan (42) and China (43); Latin America from Mexico (44), Colombia (45) and Ecuador (46); and the Pacific from Samoa (47).

A 2016 global review of Grandmothers' role in breastfeeding found extensive evidence of universal support for the practice (48); however, they often advise introducing complementary foods and liquids before the recommended age of six months. Research in many settings, rural and urban, reveals that young mothers often depend on older, more experienced women to advise them on when and how to breastfeed. For example, a study on breastfeeding in American Samoa revealed 'the importance of family members to Samoan mothers, particularly older, female family members (47, p.84)'. In urban

Ecuador, most new mothers (84%) identified Grandmothers as their main newborn care and breastfeeding advisors, while 16% stated that their primary advisors were other older female kin or non-kin (46).

Introducing complementary foods to children at six months is recommended, and many researchers have investigated this important step. However, most studies reflect the assumption that infant feeding is the sole responsibility of mothers and focus on their KAP while very few examine the roles of other family members. Nevertheless, there is a growing body of evidence of Grandmothers' role in deciding when and what types of first foods should be given, for example: in Africa, from South Africa (40) and Rwanda (49); in Asia from Nepal (14) and China (43); and in Latin America from Colombia (50) and Mexico (44). For example, in Nairobi, Faye et al. (51) found that mothers are not solely responsible for infant feeding, that Grandmothers both participate and coach younger women, and that fathers are not involved.

While numerous studies have been conducted to investigate issues concerning child nutrition, most narrowly focus on the mother–child dyad. Concha and Jovchelovitch (45) offered a good example of a study based on a family systems framework in urban Colombia. Their findings revealed that 'Grandmothers play a central role in decision-making and in enabling a holistic support system for the [mother–child] dyad (45, p.1)'. An analysis of Demographic and Health Survey (DHS) data on child nutrition from 31 countries by Schrijner and Smits (52) provides another example of a family systems perspective. They found that co-residence of Grandmothers with young children is positively associated with reduced stunting. Earlier research in The Gambia (53) and Ethiopia (54) found that maternal Grandmothers have a positive effect on children's nutritional status and survival.

Extensive research has been conducted on major childhood illnesses; however, most studies narrowly focus on the mother–child dyad. Various studies, however, from Indonesia (55), India (56) and Ghana (57) show that Grandmothers play a key role in initial diagnosis of childhood illnesses, home treatment and decision-making regarding the need to consult either traditional or formal health care providers. In Rajasthan, Mohan *et al.* (56) examined family caregiving during childhood illnesses and concluded that Grandmothers, and other older women, have more influence on care-seeking decisions than do biological mothers.

In the field of Early Childhood Development (ECD), research on Grandmothers' role is very limited. Recent research in Pakistan (58) documented 'the beneficial roles Grandmothers have on early child cognitive, motor and socioemotional development (p.10)'. The researchers concluded that ECD research and interventions need to consider other family actors beyond the mother–child dyad.

Grandmothers' role with school age children

Few researchers have investigated Grandmothers' role with school age children. Littrell *et al.* (59) reported that in sub-Saharan Africa, 'Grandmothers have long played a role in ensuring child health and well-being (p.20)' and this appears to be true across the Global South. Schrijner and Smits' (60) analysis of DHS data from 33 sub-Saharan African countries found that co-residency of Grandmothers with children has a positive effect on their schooling through the support they provide to families and directly to children. These researchers found that all children benefit from the presence of Grandmothers, but that 'girls profit more from a co-residing Grandmother than boys (p.82)'. Research in Sierra Leone by MSD Consulting (61) concluded, 'Grandmothers are performing various crucial roles related to healthcare, education, protection and moral development of grandchildren, mainly at the household level (p.iv)'. This study found that most children have very close relationships with their Grandmothers who are their *teachers and protectors* and who 'show them more love than their biological parents (p.13)'. The study revealed frequent communication between Grandmothers and children not only during the day, but also at night as many children sleep with their Grandmothers for many years while growing up. In AIDS-prevalent areas in Africa, there has been research about the important caregiving role of Grandmothers with AIDS orphans, as reported by Littrell *et al.* (59) and others, illustrating Grandmothers' commitment to the health and development of all children.

Grandmothers' role with adolescent girls

There is extensive anecdotal information from Africa and Asia regarding Grandmothers' role in the

socialization of adolescent girls. Empirical research on this topic is scant, however. Cattell's research in South Africa revealed the role of Zulu Grandmothers in socializing girls (62) and Grandmothers' moral imperative to transmit their knowledge to younger generations, especially to granddaughters. Echoing Cattell's findings, Zimbabwean psychiatrist Chibanda (63) stated that 'within family systems in Africa, Grandmothers have primary responsibility for the socialization of girls.' Based on research in Malawi, Limaye *et al*. (64) reported that educating girls about reproductive health and sexuality has traditionally been the responsibility of Grandmothers. Similarly, based on data from six east and southern African countries, Bray and Dawes (65) found that Grandmothers and aunts play an important role in reproductive health education of adolescents. In Cameroon, anthropologist Notermans (15) also found that girls sleep with their Grandmothers for many years and that co-sleeping strengthens the physical and emotional bonds between them. She found that most adolescent girls have stronger relationships with their Grandmothers than with their mothers. Two studies in Mali by Kane (66) and Save the Children (67) found that Grandmothers have close relationships with granddaughters and that sexuality is a key topic of discussion between them. Kane concluded that communication between girls and their Grandmothers is generally more open than with their mothers.

In cultural contexts where female genital mutilation (FGM) is practiced, elder women play a central role in carrying out this traditional and harmful practice (68). Ahmadu (69) contends that the role of senior women in FGM is an expression of their power and leadership among women in the community and their commitment to passing on cultural traditions to younger women.

Grandmothers' role with young married women

Young married women need support as they assume new responsibilities in married life. In non-western collectivist cultures, their lives are affected by support from, and the expectations of, other family members. Most studies on this phase of life focus on reproductive health issues and few examine the influence of other family actors, including senior women, on the attitudes and practices of younger women. Evidence of the role and influence of older women on younger women's work and reproductive health is reported from: Asia, from Madhya Pradesh, India (70); Africa, from Senegal (71) and Ghana (72); and Latin America from Colombia (73). These studies deal mainly with the influence of mothers-in-law on daughters-in-law regarding domestic tasks, contraception, access to reproductive health services, and the attitudes of husbands towards the reproductive health needs of their wives.

Most of these studies describe the authoritative role of mothers-in-law who delegate work to young brides and who expect them to conform to their advice. This pattern is further documented in Uzbekistan (32), Mali (22) and Sierra Leone (2). In Mali, White *et al*. (74) investigated intrafamilial power relations related to women's reproductive health behavior and found that while Mali is a patriarchal society, it is mothers-in-law who have the most influence on decision-making concerning younger women's reproductive health.

Discussion

This review of research from Africa, Asia, Latin America and Indigenous cultures in Australia and North America on Grandmothers' involvement in MCAH provides extensive evidence of their prominent role in teaching, advising and caregiving in families and communities. This is the first compilation of research on the role and influence of senior women, or Grandmothers, on the health and well-being of women and children in non-western societies. The studies reviewed, from many and varied cultural contexts, both rural and urban, support the conclusion that at key stages in the lives of women and children, Grandmothers play *similar core roles* across cultures, while promoting *culture-specific practices* at each phase of the life cycle of women and children. Factors that contribute to Grandmothers' involvement and influence include: gender and generation-specific roles assigned to older women within family and cultural systems; family recognition of Grandmothers' experience caring for women and children of all ages; younger women's need for support, especially regarding child-rearing; and Grandmothers' commitment to the transmission of cultural values and practices to younger generations. The research reviewed provides clear evidence that Grandmothers are actively involved in MCAH across cultures and that in most cases their support is beneficial.

Conclusions

This review of research from across the non-western world provides extensive evidence that key family members, senior women, or *Grandmothers*, are active influencers on multiple aspects of MCAH. Most behavioral and public health researchers and practitioners continue to ignore evidence of the ubiquitous and culturally determined role of Grandmothers with younger generations, both from evolutionary anthropology (1) and from recent research in numerous contexts. Various factors contribute to the incongruity between Grandmothers' multiple roles in family life and their very limited involvement in MCAH interventions. These include: the fact that some of their practices are harmful, engendering the perception that they are an obstacle to promoting MCAH; assumptions that they are entrenched in tradition and resist change; ageist and sexist attitudes towards them; dominant Eurocentric conceptual models of health that overlook the structure and influence of the extended family prevalent in non-western collectivist societies; and third-wave feminism that focuses on younger women and girls while disregarding the role and wisdom of the older members of the sisterhood (75).

The results of this review support the growing conviction that health promotion research and interventions must be rooted in cultural context, as asserted by Cameroonian psychologist Nsamenang, 'to intervene appropriately is to ground theory, research and practice in the local cultural context (76, p.75)'. His thinking is echoed in current calls for decolonization of the dominant western values and approaches in global health. In a critique of dominant models in global health research and practice, Aubel and Chibanda (6) argued that 'conceptual models of health and illness based on Eurocentric individualist values and the nuclear family overlook numerous culturally determined facets of family systems in non-western cultures (p.3)', including the role and experience of Elders. A socio-ecological perspective also supports conceptualization of health within family, community and cultural systems. Nsamenang's work suggests some practical implications for the decolonization of community health programs. He argued that 'the starting point for all development initiatives should be to understand culturally constructed family and community systems including the cultural resources that they embody (7, p.3)'.

As the basis for program design, from a systems perspective, formative research should identify the constellation of actors within family and community systems who influence the issues addressed and who should, therefore, be targeted in interventions. Most formative research on MCAH narrowly focuses on cognitive factors, for example, KAP, of risk groups and thereby overlooks other influencers within family systems, such as Grandmothers.

Most MCAH programs have not fully recognized Grandmothers' role, nor viewed them as a strategic cultural resource for change. Several Grandmother-inclusive strategies have demonstrated Grandmothers' openness to change and have contributed to positive program results in communities, for example, in: Laos, addressing child health (77); Malawi, both on newborn care (78) and HIV-AIDS (64); Sierra Leone on child nutrition (2); Zimbabwe on mental health (79); and Senegal on MCH (80) and on child marriage and FGM (81). In all of these programs, Grandmothers countered the assumption that they are too old to learn and to modify their practices.

The impact of many health promotion efforts in the Global South has indubitably been limited by the failure to comprehensively understand, respect and build on the worldviews, roles and values inherent in specific cultural contexts. Decolonizing global health in the non-western world requires scrutinizing dominant Eurocentric health concepts and models and development of alternative, culturally-grounded frameworks. This paper contributes to decolonization efforts by illustrating and emphasizing the importance of understanding and building on the culturally-engrained roles and strategies of non-western families related to their health and well-being. Long ago, medical anthropologists Chrisman and Kleinman (82) discussed the primacy of the family arena where lay advisors play a central role in health promotion and healing. They expressed concern that public health planners focus primarily on formal health systems while neglecting the crucial influence of the family health system. Their concerns are still relevant today. This current review sheds light on a ubiquitous yet neglected category of family actors, Grandmothers, and it calls our attention, once again, to the need for greater understanding of the family health system as the basis for development of community health promotion efforts. Commitment to developing more culturally-grounded health promotion strategies in the Global South calls on researchers and planners to adopt a family systems framework (83) to increase their understanding of

family members' roles, influence and resources for promoting family health.

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