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Grandmothers Promote Maternal and Child Health: the Role of Indigenous Knowledge Systems' Managers

In virtually all societies, the managers of indigenous knowledge systems that deal with the development, care and well-being of women and children are senior women, or grandmothers. In that function, grandmothers are expected to advise and supervise the younger generations. However, most development programs neither acknowledge their influence nor explicitly involve them in efforts to strengthen existing family and community survival strategies.

Many discussions of indigenous knowledge tend to be rather narrow, in two respects. First, IK is often presented in terms of specific knowledge and practices, or “nuggets of traditional wisdom” in relative isolation from the community knowledge authorities and systems of which such knowledge is a part. Second, many discussions of IK point to the beneficial elements of traditional knowledge and practice while completely ignoring the harmful elements,

There is a need to broaden the concept of IK in development programs: first, to view IK in the context of community and household systems, that include the IK managers and the mechanisms they use to communicate their knowledge to others; and second, to consider both beneficial and harmful practices in indigenous knowledge systems related, for example, to health, nutrition or initiation rites.

In non-western societies who are the IK managers?

Many development programs assume that the best way to introduce new information and change into a cultural setting is to focus on the younger members of society. Some programs imagine that youth will teach their elders. This orientation clearly

reflects a western perspective that is often in conflict with the cultural values of non-western societies wherein elders play an authoritative role in community systems of organization and communication, including in the transmission of IK.

Andreas Fuglesang¹, Swedish communication for development expert, discussed the central role played by elders in information management in traditional cultures. He described the function of elders as the “information storage and processing unit” of a society, like the hard drive on a computer. He described their critical role in ensuring continuity between the knowledge and values of their forefathers and the needs of younger generations preparing for life in the future.

In Senegal, Diouf studied traditional learning systems in rural areas and

¹ Fuglesang, A. (1982), About understanding: ideas and observations on cross-cultural understanding, Uppsala: Dag Hammarskjöld Foundation.

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found that community members view elders as “information providers,” a role related to their responsibility for perpetuating indigenous values and practices². Anthropologist, Margaret Mead, discussed the role of grandparents in passing on to younger generations knowledge of “how things should be done” in society. These reflections all suggest that IK cannot be dissociated from the elders who store it and transmit it. However, few development programs in Africa, Asia, Latin America and The Pacific have seriously considered the role of elders in the management of both traditional and modern knowledge systems.

“In Africa, when an old person dies it is like when a library burns down.”
Hampâté Ba, Malian philosopher

Gender differentiation of roles among elders

Gender is another important dimension of the management of IK systems. In most societies, many roles are gender-specific and, therefore, the expertise of elder men and elder women differs. As regards expertise related to the growth and development of young children and to the well-being of women of reproductive age, it is clearly senior women, or grandmothers, who have greater experience and greater knowledge.

Grandmothers’ multi-faceted role

A recent review of the literature on grandmothers’ roles in non-western societies³ (Aubel, 2005) revealed that grandmothers, in virtually all cultures and communities, have considerable knowledge and experience related to all aspects of maternal and child development, and that they have a strong commitment to promoting the well-being of children, their mothers, and families. Societies around the world acknowledge that grandmothers play an influential role in the socialization, acculturation, and care of children as they grow and develop and in the education and supervision of their daughters and daughters-in-law. The study concluded that while certain harmful practices are promoted by grandmothers in various cultures, given the wide-ranging role they play and

“The things that grandmothers can see while sitting on the ground, younger people cannot see even if they climb to the top of a tree.”
Senegalese proverb

their influence and intrinsic commitment to promoting the well-being of women and children, they should be viewed as key actors in development programs.

The rationale for involving grandmothers in community programs is also supported by the policies of UNICEF, the World Bank and WHO related to the health and well-being of women and children. Policy guidelines from these international organizations state that programs should *build on local cultural realities, strengthen existing community resources and develop social capital for sustainable development*. These policy principles provide additional support for the inclusion of knowledgeable, senior women as resource persons in community programs.

Why is it that community programs dealing with the education, health and development of young children and their mothers have not systematically involved grandmothers? Two sets of factors appear to contribute to the non-inclusion of grandmothers in development programs.

On the one hand, there are several biases against grandmothers, expressed by many development planners and practitioners: first, that grandmothers do not significantly influence the knowledge and practices of other family members; second, that if they are influential they are often a bad influence; third, that because many grandmothers are illiterate, it is impossible for them to learn new things; and fourth, because of their age and attachment to tradition they are necessarily resistant to change. These several negative stereotypes appear to contribute to the fact that grandmothers’ experience and potential have not been seriously taken into account in community programs to support women and children.

On the other hand, the models, or frameworks, used in community programs to support women and children’s development typically focus on younger, women-of-reproductive age (WRA) in relative isolation from the household context of decision-making and influence of other family members. The individual behavior change orientation, widely adopted around the world, tends to focus on WRA while largely ignoring the socio-cultural systems of which they are a part, and in which elder family members play an influential role.

² Diouf, W. et al. (2000) Adult Learning in a Non-Western Context: The Influence of Culture in a Senegalese Farming Village’, *Adult Education Quarterly*, 51(1):32-44.

³ Aubel, J. *Grandmothers: A Learning Institution*. Creative Associates & USAID.

Methodology to strengthen grandmothers' role as knowledge managers

In community programs, first in Southeast Asia and later in West Africa, a methodology was developed by The Grandmother Project (an American non-profit NGO) for working with grandmother networks in order to strengthen their role and knowledge in promoting optimal practices related to maternal and children health and well-being. The approach has two characteristics that distinguish it from much of the work on IK. First, the primary focus is not on *IK practices* but rather on the *community-recognized IK authorities* on maternal and child development, i.e. the grandmothers. The approach builds on both the traditional role and knowledge of grandmothers. Second, the approach deals not only with beneficial IK, but also with harmful IK, by challenging grandmothers to combine useful knowledge from both traditional and modern sources.

In 1996 in Laos, in a first experience with UNICEF and WHO, participatory, non-formal health education activities were carried out with grandmothers groups. The objective was to build on grandmothers' traditional knowledge while increasing their understanding of key modern practices. Based on the encouraging results in Laos, the approach was subsequently further developed in maternal and child health and nutrition projects with Christian Children's Fund in Senegal and with Helen Keller International in Mali. Later, the methodology was used in an early childhood development and nutrition project with UNICEF and World Vision in Senegal.

In the four projects, a similar non-formal education and community empowerment approach was used. (For a detailed description of the community approach see article by Aubel & Sihalathavong⁴). In each setting where the methodology was used, communities strongly supported the idea of grandmother inclusion. Most grandmothers participated actively, acquired new knowledge and agreed to combine new ideas with traditional knowledge. Evaluation data in each setting showed increases in grandmothers' knowledge of "modern" practices and improvements in their advice to other family members.

The outcome of this process of experimentation, evaluation and learning is the generic *grandmother-inclusive methodology*.⁵ The five key steps in the methodology are: (i) rapid assessment of grandmothers' role and influence in the household and community related to the issue of interest; (ii) public recognition of grandmothers' role in promoting health and development of families and communities; (iii) participatory communication/education activities that engage first, grandmother networks, and second, other community members, in discussion of both traditional and modern prac-

tices; (iv) strengthening the capacity of grandmother leaders and networks to promote improved practices with other grandmothers, in families and in the community-at-large; and (v) ongoing monitoring and documentation for learning.

Key results of grandmother-involvement

In all four sites in Asia and Africa, the several biases against grandmothers (discussed above) were systematically disproved. First, rapid assessments in all sites revealed that grandmothers have considerable influence on all matters related to women and children's well-being and on other household members' attitudes and practices in this regard. Second, while some of their practices are harmful, overall, their experience, motivation and commitment to caring for women and children are very positive. Third, the majority of grandmothers, including illiterate ones, are capable of learning new things when the pedagogical approach used is based on respect and dialogue. Fourth, they are very open to combining "new" practices with "old" ones, even when this means abandoning certain traditions.

Evaluations in all four sites revealed positive changes in grandmothers' own practices and in their advice to younger women and men alike. Examples from three of the four sites are cited below to illustrate these positive and quantifiable changes.

In Laos, grandmothers' approach to treating diarrhea at home greatly improved during the one-year intervention. At baseline, only 30% of all grandmothers were giving "lots of fluids" to children with diarrhea whereas in the endline study, 74% of grandmothers were giving this beneficial advice. Similarly, the proportion of grandmothers who advised mothers with young children to continue breast-feeding during diarrhea increased from 73% at baseline to 90% at endline.⁶

In the CCF nutrition education project in Senegal, there were improvements in all indicators related to grandmothers' advice to younger women and to their own practices with young children.⁷ Evaluation data showed that before grand-

⁴ Aubel, J. & D. Sihalathavong (2001), Participatory communication to strengthen the role of grandmothers in child health: an alternative paradigm for health education and health communication; *Journal of International Communication*, 7,2, 76-97.

⁵ Aubel, J. (2004) *Generic Steps in the Grandmother-Inclusive Methodology*. The Grandmother Project, Chevy Chase, Maryland.

⁶ Aubel, J., D. Sihalathavong & D. Kopkeo. (1997) *Participatory Health Education Project with Grandmothers in Laos*. Vientiane.

⁷ Aubel, J., I. Touré & M. Diagne. (2004) Senegalese Grandmothers promote improved maternal and child nutrition practices: "The guardians of tradition are not averse to change." *Social Science & Medicine*, 59, 945-959.

mother-focused activities began, only 57% of grandmothers were advising younger women to give colostrum to their infants. By the end of the intervention, almost all grandmothers (97%) were giving this advice to their daughters and daughters-in-law. Similarly, at the outset, only 59% of all grandmothers were advising young mothers to give enriched porridge to their offspring as a first complementary food, whereas the final evaluation revealed that 97% were preparing and giving an enriched porridge. In addition, the final evaluation showed that changes in younger women's practices were greater in communities where nutrition education activities were carried out with grandmothers as compared to places where only younger women participated in these activities, providing additional evidence of the influence of grandmothers' advice on younger women's practices.

In the neonatal health project implemented by HKI in Mali, there were improvements in all sixteen indicators related to grandmothers' advice to younger women regarding maternal and infant health.⁸ For example, between the baseline and endline surveys, the proportion of grandmothers advising pregnant women to attend pre-natal consultations increased from 34% to 61% and those advising young mothers to give colostrum to their newborns increased from 46% to 63%.

Through process documentation and evaluation, a number of other positive and unanticipated outcomes of the grandmother-inclusive methodology were documented among different community groups. Here are examples of changes observed following use of the non-formal education and empowerment approach:

Grandmothers:

- Greater sense of confidence and of empowerment in the community
- Stronger sense of solidarity between grandmothers
- Emergence of grandmother leaders
- Grandmother leaders encourage other grandmothers to consider new ideas

Male community leaders:

- Increased respect for grandmothers' advice combining "indigenous" and "modern" knowledge
- Increased public recognition of grandmothers' contribution to women's and children's well-being

Household level:

- Positive changes in grandmothers' advice to younger women and men
- Increased confidence of other household members in grandmothers' advice
- Increased confidence of health/development workers in grandmothers' advice
- Improved communication between mothers-in-law and daughters-in-law

The results of these experiences in Asia and Africa illustrate how change can be brought about *from within indigenous knowledge systems* when key actors in those systems, i.e. the IK managers, are involved in deciding if and how to combine global knowledge with traditional knowledge. In contrast to many western, reductionist approaches that seek to stimulate change related to specific "priority behaviors", the approach described here empowers community actors to make such strategic decisions themselves, while simultaneously strengthening the interrelated roles, relationships, norms and practices within family and community systems.

Development planners often overlook the significance of the socio-culturally grounded role of elders in developing societies who are expected to guide and supervise the younger generations based both on their "traditional" knowledge and their understanding of "modern" knowledge. In this vein, the grandmother-inclusive approach to strengthening family and community health strategies supports Fuglesang's assertion that attempts to bring about change in a society "must transform the fundamental programme for information processing controlled by the elders."⁹ Experiences working with grandmothers in several countries have demonstrated how their role as indigenous knowledge authorities can be built on, while at the same time they are encouraged to integrate new practices into local knowledge systems. It is likely that similar untapped potential exists among grandmothers in many other societies around the world.

⁸ INFO-STAT (2004). Enquête d'Evaluation Finale: Rapport d'Analyse. Bamako.

⁹ Fuglesang (ibid) p. 109.

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