

Focus on Families and Culture

A guide for conducting a participatory assessment
on maternal and child nutrition



Understanding family roles and influence to
develop culturally-grounded and effective
community nutrition interventions


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This guide was produced by **Grandmother Project (GMP) - Change through Culture**, an American 501 (c) (3) non-profit organization and a Senegalese NGO. GMP is committed to promoting the well-being of women and children in the Global South by developing health/nutrition, education and child protection programs that build on positive cultural roles and values.

GMP provides support to other organizations (training, tools, technical assistance, etc.) to help them to develop community programs that include elders, especially grandmothers, strengthen communication between generations, and use communication and education methods based on dialogue to promote change in social norms.

Elders are a pillar of all non-Western societies and GMP has found that they can be a resource for bringing about sustainable social change in families and communities. GMP develops participatory methods to analyze local contexts, to develop culturally-grounded community strategies and to engage community and organizational actors in dialogue for consensus-building to promote positive change for women, children and especially girls.

Written by
Judi Aubel and Alyssa Rychtarik

Edited by
Valerie Stetson, Kathleen Kane

Technical review
Joan Jennings, THE TOPS PROGRAM
Diane DeBernardo, USAID
Jennifer Burns, International Medical Corps
Elizabeth Drummond, Save the Children

Design and layout
Tiziana Mattioni, Linografic di Ivan De Angelis

Production assistant
Cristiana Scoppa

Photo credits
cover, **Falilou Cissé**
pages **4, 5, 7, 8, 10, 13, 14, 15**
top, **19, 20, 23, 33**, **Judi Aubel**
page **15** bottom, **Paola Gianturco**

Drawings
pages **30, 31** **Elhadji Danso**


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by Judi Aibel & Alyssa Rychtarik



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Liste of acronyms

GM	Grandmother
GMP	Grandmother Project
HPH	Household Production of Health
ILO	International Labor Organisation
KAP	Knowledge Attitudes and Practices
MCHN	Maternal and Child Health and Nutrition
MOH	Ministry of Health
NGO	Non-governmental Organization
PVO	Private Voluntary Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WRA	Women of Reproductive Age



Preface

Grandmother Project – Change through Culture is an American and Senegalese NGO that is committed to promoting the health and well-being of women and children through the development of programs that build on positive cultural roles and values. Grandmother Project (GMP) has found that communities are more engaged and program results are greater when strategies to promote change take into account the roles and values that communities cherish. GMP's work has been exclusively in non-Western, collectivist cultures mainly in Africa, but also in Asia and Latin America. A priority goal of the organization is to develop methods and tools: to better understand how non-Western families and cultures are organized; and to effectively promote sustainable social change in those contexts.

GMP has worked extensively with various NGOs in maternal and child health and nutrition (MCHN) programs and has developed an innovative approach to promoting positive change in communities. This approach is based on: the active involvement of elders, particularly grandmothers; strengthening intergenerational communication; and the use of communication/education methods involving dialogue and problem-solving. The GMP methodology to promote change within family and community systems includes an initial participatory community assessment. The assessment methodology presented here evolved from an action research process of experimentation and learning over many years.



Senegal. Grandmothers: love and caring

GMP has found that when programs build on cultural realities, communities are more receptive, more involved and more open to adopting new socio-cultural norms and practices that can improve the well-being of their women and children. The active involvement of **culturally-designated family and community authorities** in health and development programs contributes to greater program results.



Purpose of the Guide

The purpose of this document is to provide guidance on how to plan and carry out a rapid community assessment on family roles and influence related to the first critical 1,000 days of life i.e. during pregnancy, with newborns and young children up to two years of age. The guide helps identify what information is needed, why it is important to collect that information and how it can be collected and analyzed so that it can be used to design more effective maternal and child nutrition programs. In this guide, the presentation of GMP's FOCUS ON FAMILY AND CULTURE assessment methodology deals specifically with nutritional issues associated with pregnancy, newborns and young children. However, the methodology can be adapted to address numerous nutrition and health issues related to pregnant women, newborns, young children, adolescents, etc.

In the development of any community nutrition program, a critical step is to determine *which categories of family and community actors should be involved*. This decision is often made by program planners based on their assumptions about family dynamics and influences. Those decisions are also frequently influenced by program designers' own cultural milieu and values.



Senegal. The extended African family

For many years **Maternal and Child Health and Nutrition (MCHN) programs have focused on women of reproductive age (WRA) given that they and their young offspring are the primary risk groups**. This choice has also been influenced by the idea that WRA act independently regarding MCHN practices.

In the past few years, programs have increasingly involved men based on the assumption that they play a leading role in MCHN at the family level. This may be true in the Western world, but it may not always be true in non-Western collectivist cultures where women are part of extended and hierarchically structured families in which various actors, in addition to husbands, influence women's thinking and behavior.

In all cases, in order to identify priority groups within specific cultural contexts, **it is important to investigate age and gender roles** related to advising and decision-making at the family level. Community members are the best resource for identifying the roles and degree of influence of different household actors related to different facets of MCHN. This information will allow program planners to determine which groups should be involved to a greater or lesser extent and in which kinds of program activities.

There are many ways of conducting community assessments on maternal and child nutrition and NGOs have developed various tools to collect information at the individual, family and community levels. Many tools focus on women of reproductive age.

As mentioned above, in non-Western cultures younger women rarely act alone. They are most often part of extended and multi-generational families in which various actors play a major role in advising and caring for them and their young children during the 1,000 critical days. In these contexts, it is important, for example, to find out women's attitudes toward their own diet during pregnancy. But it is equally important to determine the attitudes of other family actors who supervise and coach pregnant women.

In the **FOCUS ON FAMILIES AND CULTURE** assessment methodology, qualitative data is collected. People sometimes think that qualitative research is quite easy to do. Unfortunately, many qualitative studies do not produce reliable results because study team members do not have sufficient skills. To use this guide to plan and coordinate an assessment, someone with skills in qualitative research design, data collection and analysis is required to serve as the Assessment Coordinator.

It is strongly recommended that program implementers be directly involved in the data collection and analysis process along with the Assessment Coordinator. Their participation provides them with a great learning opportunity, while making a positive contribution to the assessment process.

Who is the guide for?

The **FOCUS ON FAMILIES AND CULTURE** assessment guide is primarily for use by PVO and NGO staff responsible for planning and managing community nutrition programs, and for the person/s who will coordinate the assessment that you plan to carry out. It will also be of interest to researchers and government departments involved in research on MCHN.

Grandmother advisors during pregnancy and with newborns in urban Bamako

A study was conducted by two social work students in Bamako, Mali, with two different ethnic groups. In both cultural contexts it was found that in more than 90% of the cases senior women were the **main advisors to women during pregnancy and with newborns**. In the other 10% the main advisers were **senior women neighbors**.

National School of Social Work, INFTS, Bamako, 2008

Rationale

All programs and organizations promoting MCHN aim to develop strategies that will have a maximum positive impact on the well-being of women and children, especially during the critical 1,000 days between the outset of pregnancy and children's second birthday. In the field of MCHN there is extensive evidence on techniques and practices proven to contribute to the health of women, newborns and young children. Examples of these essential family practices include iron supplementation for pregnant women; colostrum for newborns; and exclusive breastfeeding for six months.

However, in many settings, information on evidence-based MCHN practices is communicated to mothers, but those proven practices are not adopted as widely as hoped. For example, why is it that in many settings mothers have learned about optimal infant and child feeding practices but they have not adopted those practices with their young children? Some have referred to this situation in terms of a gap between women's knowledge and their practices, or the "KAP gap." What can explain this gap?

Human behavior is complex and there is no simple explanation for this gap. However, there are two common characteristics of non-Western societies that help explain the gap between the knowledge and practices of WRA. First, in non-Western collectivist cultures in Africa, Asia and Latin America, most women do not make independent decisions to adopt new practices. They are generally part of extended and multi-generational families in which various actors are involved and influence what women think and do during those critical 1,000 days. Second, across the non-Western world, families have their own strategies, rooted in tradition, which they believe in and which they are using to promote the well-being of their women and young children.

A major challenge for MCHN programs is to figure out how to create a link between the priority evidence-based nutrition and health practices for women and young children and the family and cultural systems in which women and children are embedded. In order to face this challenge MCHN programs need to have a clear understanding of how things operate at the family level. Extensive research has identified optimal MCHN practices but much less effort



Senegal. Senior advisor and young mother

has gone into understanding how different family actors interact, advise and decide on the strategies and practices to follow to promote the health and nutrition of women and children.

“International development agencies ignore culture, or marginalize it, at their - at their own peril.”

The State of the World Population, UNFPA, 2008

In discussions on maternal and child nutrition it is frequently stated that **“programs should take culture into account”**. But PVO/NGO staff often comment that it is not clear to them how to go about analyzing specific cultural contexts. Others express concern that carrying out such studies will be too time-consuming.

Existing data collection guides do not provide a framework and tools that can be readily used by PVOs and NGOs to investigate family roles and dynamics related to maternal and child nutrition as an input for program planning. This **FOCUS ON FAMILIES AND CULTURE** assessment methodology will help program planners to better understand the roles and influence of different family members related to MCHN. This will in turn contribute to better targeting in subsequent programs.

There is evidence that community members are more motivated to participate in programs and are more likely to adopt proposed changes related to MCHN when programs acknowledge and involve the **culturally-designated family authorities** on those issues. The **FOCUS ON FAMILIES AND CULTURE** assessment methodology will help you to identify those cultural authorities who can become key allies for promoting change.

How was this methodology developed?

From the early 1990's, Judi Aubel, with a background in public health and anthropology, coordinated various qualitative studies on MCHN topics mainly with NGOs in Africa, Asia and Latin America. Convinced of the need for MCHN programs to build on cultural



Group interviews in two urban contexts : Djibouti and Mauritania

realities, over the course of many years she developed a participatory community assessment methodology to investigate family and community roles and strategies to promote the well-being of women and children.

The approach was developed, tested and revised over time in work with WHO in Laos, CARE in Niger, UNICEF in Sudan, Catholic Relief Services in Tunisia, Plan International, ChildFund, Micronutrient Initiative and Counterpart International in Senegal, Helen Keller International in Mali, UNICEF in Djibouti, Project Hope in Uzbekistan and World Vision in Mauritania, Senegal and Sierra Leone. Each of these experiences contributed to refining the approach.

What are the characteristics of the assessment methodology?

- **It focuses on the family.** Many assessment tools focus on the attitudes and practices of women of reproductive age. Others focus on the “community”. This methodology specifically focuses on investigating the roles and influence of different family members on women and children.
- **It involves a participatory approach with community members.** Rather than using a formal interviewing process, data collection activities involve community members in a relaxed discussion to elicit spontaneous and reliable answers.
- **It is a bottom-up, inductive approach.** The aim of the methodology is to understand existing family strategies, roles and practices used to promote the well-being of women and young children.
- **It analyzes roles and influences by gender and by generations.** It is important to understand the roles and attitudes of men and women of different generations.
- **It identifies positive family roles and strategies as well as problematic ones.** Programs need to identify and build on the **strengths, or assets**, which exist within all communities.

Using the guide

This is a reference document that program managers can use, with the help of a resource person with experience in qualitative research, to plan and carry out a **FOCUS ON FAMILIES AND CULTURE** community assessment. Chapters 2 and 3 present detailed information to help you plan to conduct an assessment.

Chapter 2 is particularly important for understanding the approach used in the assessment methodology. It presents key concepts related to the characteristics of non-Western cultures which underpin the approach. The series of concepts in the chapter will help

program managers and assessment team members to reflect on the family and cultural systems in non-Western collectivist societies that influence MCHN norms and practices.

In **Chapter 3**, you will read about the complete fifteen-step process in the **FOCUS ON FAMILIES AND CULTURE** assessment methodology. This process involves designing a study on one or more MCHN topics, collecting and analyzing data, and summarizing findings for use in program planning.

The **Conclusions** section of the guide includes several closing points regarding the use of assessment results in planning future programs.

The information needs of each program will vary as will the context in which the assessment will be carried out. Various data collection activities and tools are presented in Chapter 3. Sample questions from the tools are included in the guide, but given the limitations of space the complete set of tools are found at www.grandmotherproject.org.



Senegal. Participatory tool: grandmothers discuss family roles and influence.



Key concepts



Introduction

The **FOCUS ON FAMILIES AND CULTURE** assessment methodology for carrying out a study on maternal and child nutrition at the community level is unique in several respects. Its uniqueness can be explained to a great extent by the fact that it draws on a set of concepts that deal with the nature of non-Western, collectivist societies for which the methodology is intended.

Many research activities on maternal and child nutrition and health topics focus on understanding the motivation and behavior of WRA. This orientation is influenced particularly by concepts from epidemiology and from behavioral psychology. In contrast, the **FOCUS ON FAMILIES AND CULTURE** assessment methodology aims to understand *the family and cultural systems* of which women and children are a part. The concepts that underpin the systems approach of the assessment methodology are from anthropology, social work and community psychology.

In order to prepare to carry out an assessment using the **FOCUS ON FAMILIES AND CULTURE** methodology, it is essential for program managers and assessment team members to be familiar with several concepts, which apply across non-Western cultural systems:

- Key aspects of culture
- Collectivist cultures
- Family systems
- Gender specific roles
- Role of the elders
- Household Production of Health

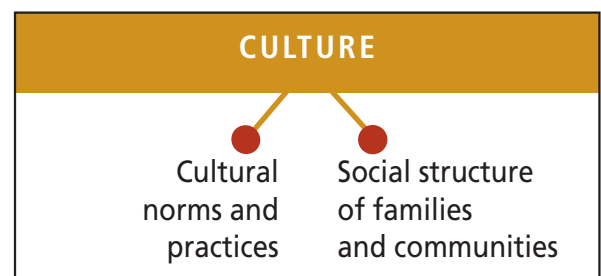
In this chapter, each of these concepts is presented and its relevance to MCHN is described.

Key aspects of culture

Culture is a complex phenomenon. There are two key aspects of all cultures that are important to understand when developing community programs.

- **Cultural norms and practices** related to all aspects of life including pregnancy, and the care of newborns and young children.

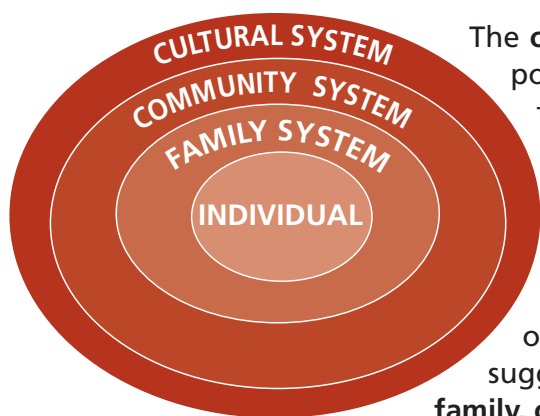
Culture defines the rules for individuals concerning the behaviors which are acceptable and those which are not.



Roles are defined by culture. The family is where those roles of men and women, older and younger are learned and carried out.

- **Social structure of families and communities**, regarding how they are organized in order to promote the development and well-being of their members. This includes the roles, communication channels, influence, hierarchy and decision-making patterns related to pregnant women, newborns and young children.

Nutrition and health programs typically give much more attention to the first aspect of culture, related to the **norms and practices**, while focusing very little on the second. The second aspect, **the structure of families and communities**, defines the roles played by different family members (including elders, parents, adolescents and children) and the relationships between them. In non-Western cultures, there is strong social pressure on individuals to respect and conform to the “rules”, or cultural norms, that are taught and enforced by the cultural authorities, namely the elders.



The **onion model** to the left, illustrates how individuals are positioned in society. The individual is surrounded by family, community and cultural systems. Especially in non-Western societies, the individual has a limited possibility of going against the values and priorities dictated by the family, community and culture.

If we assume that the individual, at the center of the onion, is a woman of reproductive age, the diagram suggests how all aspects of her life are influenced by the **family, community and cultural systems** around her.

C. Helman, *Culture, Health and Illness*, (4th ed.), Hodder Arnold, London, 2001

Collectivist cultures

It is often said that community programs should be adapted to cultural realities. The field of anthropology provides us with a useful framework for understanding the values and structure of non-Western societies.

A collectivist culture is one “in which people from birth onward are integrated into strong, cohesive in-groups, often the extended family, which continue protecting them in exchange for unquestioning loyalty”.

Hofstede, G., *The Cultural Relativity of the Quality of Life Concept*, *Academy of Management Review*, 1984, 9(3), 389-398

Anthropologists have analyzed hundreds of cultures and have placed them on a continuum, with Western cultures being more “**individualist**” and non-Western ones being more “**collectivist**”.

For both types of cultures, the onion model (above) suggests how the behavior of individuals is influenced by cultural norms and expectations. However, in non-Western, collectivist cultures the pressure on the individual to conform to family, community and cultural norms is much stronger.



Table 1 - Differences between collectivist and individualist cultures

Characteristics of Collectivist Non-Western Cultures	Characteristics of Individualist Western Cultures
<p>Interdependency and solidarity with others are highly valued.</p> <p>Individuals want to conform to the group rather than being different.</p> <p>Collective decision-making and following the decision of the groups are encouraged.</p> <p>Multigenerational families and strong ties with extended family members predominate.</p> <p>Young people learn from the elders who pass on their experience and knowledge.</p> <p>Respect for elders, traditional knowledge and the past.</p>	<p>Independence and individual achievement are highly valued.</p> <p>Individuals like to express their individuality.</p> <p>Individual decision-making and action are encouraged.</p> <p>Nuclear families predominate and ties with extended family members are weak.</p> <p>Young people learn primarily from their peers, but also from adults.</p> <p>Ageist attitudes and a focus on innovation, youth and the future.</p>

Family or Household?

The meaning of these two terms is quite different, especially in the context of non-Western societies. In the guide, the term “family” is primarily used, as it is a broader term and can refer to the extended family which is a critical facet of life in most non-Western cultures. The term household usually refers to “those who live under the same roof”.

While certain family members may live in a nuclear household, very often members of the extended family who live elsewhere still have a significant influence on the practices and decisions made within that household. The influence of the extended family is an important factor in understanding MCHN norms and practices of WRA.



Mauritania. Grandmothers’ role with young children

The influence of collectivist cultures on MCHN

The list below illustrates how the characteristics of collectivist cultures influence the roles and practices of family members related to MCHN.

- Childrearing is not only the responsibility of the biological parents, it is multi-generational. Various family members participate, primarily women.
- Senior women, or grandmothers, are culturally-designated advisors and supervisors of young women regarding their pregnancy and their practices caring for their young children.
- Young women are expected to follow the advice received from older, more experienced women, especially mother-in-laws and their own mothers.
- Young mothers rarely make independent decisions regarding MCHN practices.
- Men are not involved in everyday care of pregnant women, infants or very young children as these are not their areas of expertise.
- Decision-making regarding MCHN is collective and involves different generations of family members. When there are serious problems, men are involved to provide necessary resources.
- In all families there are rules regarding “acceptable” and “unacceptable” behaviors, related to MCHN, for example, which WRA are expected to follow.
- It is very difficult for one member of the family system, for example, a young mother, to reject those rules and adopt an unconventional behavior.



Sierra Leone. Multi-generational caregiving in a West African family

Gender specific roles

Another characteristic of non-western cultures is **gender specificity** in the roles of family members. In these more traditional cultures, the roles of men and of women are generally quite distinct. Cultural norms dictate which activities males carry out and which ones are reserved for females.

From an early age, girls are oriented to certain activities, usually within the confines of the household, such as the care of young children. Boys are expected to learn other activities, which often take them out of the household, such as caring for large animals. As they grow up, both females and males gain more and more experience and knowledge related to the gendered tasks for which they are responsible.

By the time they become adults, females and males have acquired expertise in different areas of family life. For example, older women have become experts in child-rearing and older men in caring for cows. Gender-specificity of roles throughout the life cycle can explain, for example, why family experts on newborn care are women and why the experts on cow diseases are men.

While in the Western world the trend is toward less and less differentiation of roles between men and women, in the non-Western world gender-specific roles are deeply rooted. The starting point for working with communities is to understand how they are organized and that includes identifying the gendered roles.



Grandmothers are experts caring for young children. Grandfathers provide support when there are problems.



Driving a donkey cart is boys' work.

Role of the elders

In non-Western societies, elders play a critical role in ensuring the social cohesion and survival of families and communities. In the Western world, youth is revered, but in the non-Western world it is the elders who are respected and whose experience is valued.

Many health and development programs do not address the critical role played by elders, both grandmothers and grandfathers, in family and community life. It is important that program planners understand the roles played by the elders and determine how to build

on and benefit from their status and experience to promote positive change. Programs that leave out the elders can have a negative impact on intergenerational relationships and the social cohesion necessary for healthy communities.

“Elders are considered the storehouses of knowledge and wisdom within the family and community contexts.”

Chadha N., “Understanding intergenerational relationships in India” in *Journal of Intergenerational Relationships*, n. 2 / 2004 p. 63

In the **FOCUS ON FAMILIES AND CULTURE** methodology, the role and influence of the elders, grandmothers and grandfathers alike, is investigated as a basis for later deciding what their involvement should be in community MCHN interventions.

Household Production of Health

A last and very useful concept related to the development of community nutrition and health programs is the **Household Production of Health (HPH)**. Sometimes it is assumed that “health is created in health centers”. In the early 1990’s a group of anthropologists involved in nutrition programs questioned that idea and argued that **the nutritional and health status of children depends mainly on what happens in households, not on what happens in health centers**. Those who developed the HPH concept claimed that many nutrition and health programs have failed because they did not sufficiently understand how families function in non-Western cultural contexts.

Key features of the Household Production of Health

- 1) There are various categories of people within families, in addition to the biological mother and father, who interact with young children.
- 2) Roles related to MCHN within the household are gender and age specific.
- 3) MCHN norms and practices adopted by family members are dictated by the cultural context, rather than by individual choice.

In the next chapter, you will see how these three facets of the HPH are taken into consideration in the **FOCUS ON FAMILIES AND CULTURE** assessment methodology.

The specific characteristics of non-Western collectivist societies, discussed in this chapter, provide a foundation for planning a **FOCUS ON FAMILIES AND CULTURE** community assessment. You will clearly see in the next chapter how these concepts shape the data collection goal and objectives and lead to an increased understanding of **how things operate within collectivist family systems**.

Steps for conducting the assessment



Introduction

The 15 steps in the process of planning and conducting a MCHN community assessment are presented below. Steps 1 through 11 deal with the planning process, while the remaining steps involve data collection, analysis and sharing results. All steps are important, but some of the more conventional steps (logistical planning, report dissemination) are not discussed in detail. This entire process can be carried out in approximately six weeks of intensive work.

Table 2 lists each step along with the specific tasks to be carried out. Detailed explanation follows.

Table 2 - Steps in planning and conducting a Focus on Families and Culture Assessment on Maternal & Child Nutrition		
	Steps	Tasks
1	Define the topic and goal of the maternal and child nutrition study	- Discuss with program managers
2	Identify Assessment and Logistics Coordinators for the study	- Identify an Assessment Coordinator. Choose either an in-house person with qualitative research experience or an outside consultant - Identify a Logistics Coordinator for all aspects of the study
3	Review existing studies on the maternal and child nutrition topic	- Identify earlier studies on the topic to be investigated (specifically those dealing with household roles and decision-making) - Summarize what is known on the topic and identify gaps in the existing literature
4	Discuss the GMP conceptual framework on families and culture	- Discuss the priority information needs for each component of the conceptual framework with program managers
5	Carry out social influence analysis	- Identify family and community members who influence the topic to be studied
6	Define the objectives of the study	- Assessment coordinator drafts study objectives - Discuss study objectives with program managers to clarify and refine

7	Define the sample of people to be interviewed	<ul style="list-style-type: none"> - Define criteria for selecting interviewees from each category of community members - Determine the number of interview sites - Determine the number of interviews with each category of interviewees - Draft schedule for traveling, interviewing and lodging
8	Develop data collection strategy including activities and tools	<ul style="list-style-type: none"> - Develop an interview guide for each category of interviewees - Identify a local artist who can prepare drawings of individual family members
9	Identify assessment team members	<ul style="list-style-type: none"> - Organize the team to include the Assessment Coordinator, program staff and staff of collaborating organizations
10	Train assessment team members	<ul style="list-style-type: none"> - Identify the training facilitator/s - Prepare the training plan and materials - Conduct the training
11	Develop calendar and logistical plan for site visits	<ul style="list-style-type: none"> - Develop detailed plan for site visits and planned interviews - Contact community leaders to inform and involve them in identifying interviewees
12	Carry out community interviews and initial data analysis	<ul style="list-style-type: none"> - Negotiate with interviewees regarding their participation - Conduct interviews - Code notes, interpret, analyze and summarize information collected in daily interviews
13	Summarize findings and write assessment report	<ul style="list-style-type: none"> - Summarize findings and conclusions related to each general and specific objective - Prepare full report - Prepare 3-5 page summary for wide distribution
14	Present assessment findings and formulate recommendations	<ul style="list-style-type: none"> - Organize presentation with key stakeholders to present and discuss assessment results - Elicit input from program stakeholders on recommendations for future programs
15	Disseminate the report to organizational staff and communities	<ul style="list-style-type: none"> - Prepare list of recipients of full and summary reports - Define priorities for distribution of hard and electronic copies - Plan for community forums to share assessment results

Step 1

Define the topic and goal of the maternal and child nutrition study

The starting point in planning a **FOCUS ON FAMILIES AND CULTURE** assessment is to clarify the topic to be studied and the over-arching goal of the assessment. These decisions must be made by program managers based on their information needs related to priority maternal and/or child nutrition issues. No single study can investigate numerous topics in a comprehensive way, so choices must be made between the breadth and depth of the planned assessment.

Examples of nutrition-related study topics include:

- Women's nutrition and workload during pregnancy and lactation
- Breastfeeding practices
- Complementary feeding practices

The purpose of the **FOCUS ON FAMILIES AND CULTURE** assessment methodology is to help program planners and managers better understand the household level roles and influence that contribute to family norms and practices related to maternal and child nutrition.

An example of an assessment goal on breastfeeding would be:

to identify aspects of the family and cultural context in which breastfeeding takes place that influence the nutritional practices of women and their feeding practices with infants and young children



Senegal. Preparing a child's first porridge

Step 2

Identify Assessment and Logistics Coordinators

The quality of a **FOCUS ON FAMILIES AND CULTURE** community assessment will depend largely on: the availability of qualified human resources; careful planning; sufficient financial and logistical resources; and good coordination of the assessment team's activities before, during and after the data collection phase.

A critical human resource in carrying out the study is the Assessment Coordinator. This person should have considerable experience planning and conducting in-depth interviews and analyzing qualitative data. It is important to remember that these are very different skills than those necessary to carry out quantitative surveys.

It is also important to choose a Logistics Coordinator who has strong organizational skills. A detailed discussion of logistical issues is provided in the International Labor Organization (ILO) publication referenced on page 48 (Aubel, 1994), which is available at www.grandmotherproject.org.

Step 3

Review existing studies on the maternal and child nutrition topic

It is important to review previous studies carried out in the country where you are working in order to find out what information already exists on your assessment topic. Based on the goal of the assessment, this review should particularly aim to identify study results dealing with household roles and influence, and cultural values and practices related to your study topic.

Doing a review of previous studies will tell you what types of information have and have not been collected in the past. This will help you **define priority information to collect** on the different facets of your study topic. The results of this review will be used in Step 4 (developing a conceptual framework for the study) and Step 5 (defining specific objectives for the assessment).

Step 4

Discuss the GMP conceptual framework on families and culture

Deciding what information you will collect is, of course, a critical step in the process. Sometimes study teams develop data collection tools based on a general idea of the type of information they want to collect. However, the most systematic way to decide on the information to collect is to work from a **conceptual framework**, which is like a map that clearly lays out where you want to go. Such a framework defines the main aspects of the maternal and child nutrition issue that will be investigated and it is the basis for defining the specific information collection objectives.



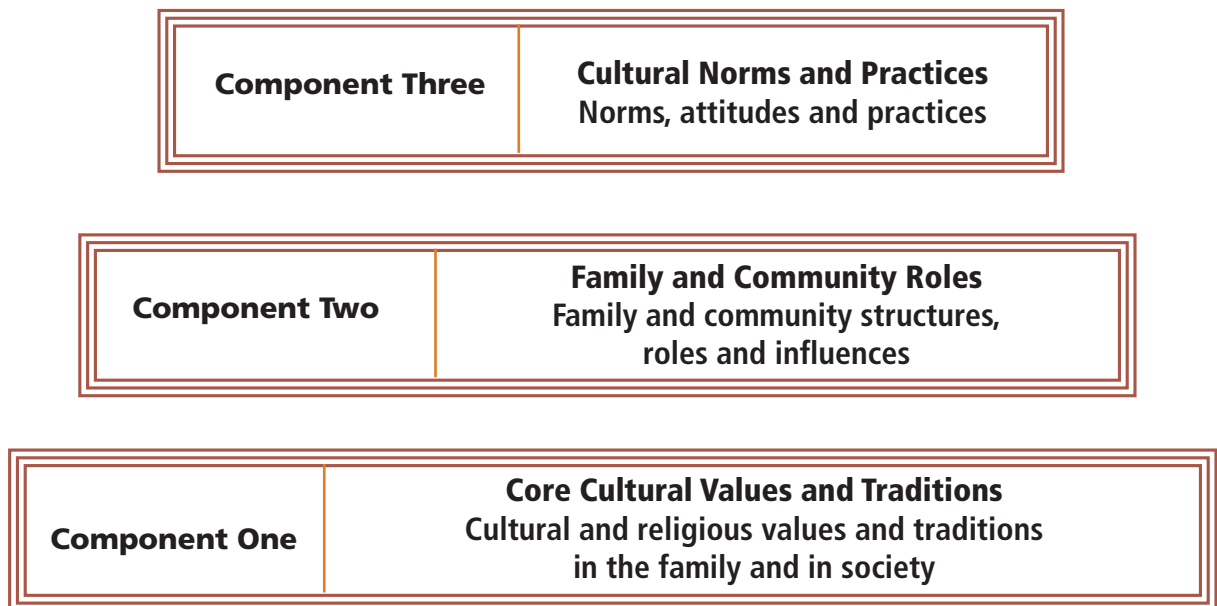
Mauritania. Older women advise younger ones.



A well-known conceptual framework is the one developed by UNICEF on child nutrition and health. The UNICEF framework identifies various factors that contribute to maternal and child nutrition. It refers to the “socio-cultural context”, however, the GMP conceptual framework defines in more detail the different aspects of that cultural context.

Diagram 1 below contains the GMP conceptual framework on family and cultural factors that contribute to the health and well-being of women and children. It can be used as a basis for planning community assessments, or research, in any society and on any maternal, child or adolescent nutrition or health issue. The framework lays out three key components of family and culture that influence the care and well-being of women and children: core cultural values and traditions; family and community roles; and cultural norms and practices.

Diagram 1
GMP Conceptual Framework:
Three Key Components of Families and Culture that Contribute
to the Care and Well-being of Women and Children



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Based on the GMP conceptual framework (above), **Table 3** on the next page presents specific topics related to MCHN that can be investigated related to the three components of the framework.

Table 3 - Maternal and child nutrition and health topics based on the GMP conceptual framework

Categories of information to collect	Specific topics related to the three components of the conceptual framework
Cultural norms and practices	<ul style="list-style-type: none"> • Socio-cultural norms related to key maternal and child health and nutrition practices (for example, maternal diet during pregnancy, breastfeeding, complementary feeding and feeding of sick children) • Knowledge, attitudes, advice and practices of different family members related to key facets of maternal, newborn and young child health and nutrition • Opinions of influential community actors (such as grandmother leaders, women's group leaders, religious leaders, etc.) on key maternal and child nutrition issues • Indigenous knowledge and practices related to maternal and child growth and nutrition
Family and community roles	<ul style="list-style-type: none"> • Roles of family members (grandmothers, grandfathers, women, men, older and younger children) in nutrition and health-related activities affecting women and children (for example, accessing food, food preparation, feeding of young children, feeding of sick children) • Patterns of influence and decision-making within the family related to day-to-day and emergency situations • Communication between family members on maternal and child nutrition and health matters • Informal social networks and formal organizations of men and women, older and younger • Role of informal community "advisors" who are consulted given their knowledge and experience on maternal and child nutrition and health • Communication between health workers and family actors related to maternal and child nutrition and health • Attitudes of health workers toward family actors' roles and practices related to maternal and child nutrition and health
Core cultural values and traditions	<ul style="list-style-type: none"> • Religious values and traditions related to health promotion and care of pregnant women, newborns and young children • Multi-generational care-giving for pregnant women, newborns and young children • Multi-generational family structure and relationships • Cultural values related to pregnancy, childbirth, child development and protection • Gender-specificity in roles and expertise related to the care and well-being of women and children • Hierarchy of authority within families and the society-at-large • Traditional communication channels within families and communities

The assessment team should review the assessment topics included in Table 3 in order to decide which ones are a priority for their program and should be investigated in the study. The assessment topics you define are the key elements for formulating the specific study objectives and for developing data collection tools described in the following steps.

Step 5

Carry out a social influence analysis

At this point in the planning process, a social influence analysis is carried out by the study team members. This is a simple exercise to facilitate thinking about the social system in which women with young children are embedded and the people around them who influence their thoughts and practices.

“What an elder can see sitting on the ground, a younger person cannot see from the top of a tree”.

Proverb from across the African continent

In many studies on MCHN issues, data collection focuses on WRA, based on the public health approach which targets risk groups. In this line of thinking, it is often assumed that women with young children decide on their own what practices to adopt concerning themselves and their offspring. If a linear **risk approach** is used in a program to promote optimal complementary feeding, for example, both the initial assessment and the intervention will focus on breastfeeding mothers.



Senegal. A proud grandfather

There are limits to a linear risk approach to addressing MCHN issues, especially in non-Western collectivist cultures. In all societies, but particularly in more collectivist ones, women are part of family and cultural systems in which others have a big influence on what they think and do. Within the field of public health, there is growing agreement that research tools need to reflect a broader **systems approach** which takes into account other family and community level actors who influence mothers and their young offspring.

In the box on page 24, the two-step social influence analysis exercise is explained. It can be used with the study team to identify the various categories of people who influence complementary feeding or any other issue.

Social Influence Analysis: the spider diagram

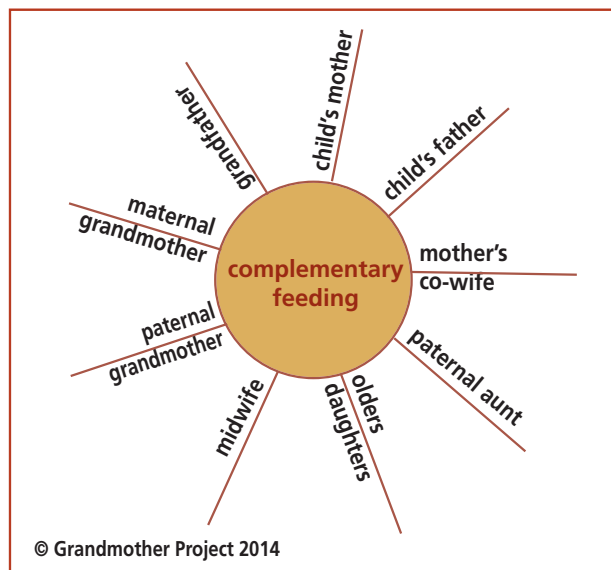
It is preferable to do this exercise with small groups of 3-4 study team members and then share and compare results with the larger group. The small groups should share their work after completing both steps of the exercise.

Step One: Draw a circle on a piece of flipchart paper. Inside the circle write one of the problems you are interested in, for example “complementary feeding”. Then ask, “In the communities where you are working who influences, directly or indirectly, complementary feeding practices with young children?”.

Write the different categories of persons named on different spokes drawn out from the circle. In this example, the answers could include a long list of people: the child’s mother; the child’s grandmother; the father; the child’s aunt; older daughters; community health workers; nurse; and the grandfather (see the diagram on the right).

Step Two: Referring to the **spider diagram**, ask participants to discuss the degree of influence of each of the categories of people identified. They should then number those categories, with those who have the greatest influence as number one, the next most influential group, labeled two, and so forth.

Diagram 2
Social Influence Analysis:
complementary feeding



This exercise has been used in many countries to deal with various MCHN issues. Each time that a social influence analysis has been done with assessment team members, they have concluded that mothers do not decide alone what MCHN practices to adopt for themselves and their young children. In all cases, participants have concluded that grandmothers play a very influential role at the family level and that they influence the attitudes and practices of both young mothers and husbands.

These patterns were revealed in the context of different MCHN programs dealing with: diarrheal disease in Laos, Tunisia, Cameroon, Niger and Sudan; child survival issues in Uzbekistan, Albania, Malawi, Nigeria and Mali; and maternal and child nutrition in Djibouti, Senegal and Mauritania.

Step 6

Define the objectives of the study

Based on the GMP conceptual framework and the specific MCHN topics related to it, the core members of the assessment team should define first, the general objectives of the study, and second, the specific objectives. The specific objectives describe exactly what information is to be collected through interviews with community members.

The **Case Study on the community nutrition assessment conducted in Djibouti** provides examples of the general and specific objectives, related to the three priority categories of information to collect.

Case study: Djibouti

Grandmother Project with UNICEF and the Ministry of Health

Developing objectives for the community assessment on maternal and child nutrition

In Djibouti, GMP worked with the Ministry of Health and UNICEF to conduct a community study on maternal and child nutrition prior to development of a communication strategy. Through a participatory process, a small group of Ministry of Health and UNICEF staff developed the general and specific objectives for the community assessment. Below you will find the three general objectives for the study and examples of a few of the specific objectives.

A complete set of the specific objectives, and additional information on assessments carried out in other countries, can be found at www.grandmotherproject.org.

General objectives of the assessment

1. To identify the core cultural and religious values and traditions in the family and community context which influence the well-being of women, newborns and young children
2. To analyze the roles and influence of different family and community actors on the nutrition-related attitudes and practices with pregnant women, newborns and young children
3. To analyze the norms, knowledge, attitudes, advice and practices of different family and community members which contribute to the nutrition status of pregnant women, newborns and young children
4. To analyze the attitudes and communication between family members and health workers

Examples of specific objectives of the assessment

1. Core cultural values and traditions related to the care of women and young children
 - **The extended family:** To determine the extent to which members of the extended family are involved in caring for pregnant women and young children
 - **Attitudes toward elders:** To determine whether attitudes toward elders (grandmothers and grandfathers) have any influence on the nutrition and health related practices of women of reproductive age (WRA)
2. Roles and influence of family members
 - **Role of men/fathers in the family**
 - > To identify the role of men in day-to-day activities related to the nutrition and health of pregnant women, newborns and young children
 - > To identify the role of men in emergency situations related to the health of women and young children
 - **Role of grandmothers/senior women in the family**
 - > To understand the role of grandmothers related to pregnant women, newborns and young children
 - **Role of women of reproductive age**
 - > To identify family and community members who provide advice and support to WRA on pregnancy, newborn care and the care of young children
 - **Role and influence of health workers on the care of pregnant women, infants and young children**
 - > To analyze the degree of contact and influence between health workers and WRA, men and grandmothers
3. Norms, attitudes, advice and practices related to MCHN of pregnant women, newborns and young children
 - **Breastfeeding**
 - > To identify constraints to exclusive breastfeeding faced by women and strategies for overcoming them
 - **Complementary feeding**
 - > To know who advises when the first semi-solid foods should be given to a child
 - > To know what grandmothers advise regarding when to introduce semi-solid foods and what types of first foods they recommend

Men's role in household level decision-making

In non-Western societies men are generally recognized as the "official heads of the household". It is often assumed that "men are the lead decision-makers in all family matters". GMP assessments in various countries have consistently shown that men's role and their degree of influence in family decision-making depends on: whether the issue being dealt with relates to men's areas of expertise; and whether the issue is a minor or a major problem. In order to have an accurate understanding of decision-making within the family it is important to find out who is involved in making what decisions. It is not sufficient to only ask: "Who makes decisions in the family?", as the politically correct response to that question is almost always "the father".

Step 7

Define the sample of persons to be interviewed

In this step several choices should be made regarding:

- the categories of community members to be interviewed (based on decisions in Step 5);
- the criteria for the choice of interviewees from each type of group;
- the number of interview sites; and
- the number of interviews to be carried out with each category of interviewees.

Once these decisions are made, a draft schedule can be drawn up for the travel, interviewing and lodging, if necessary, of the assessment team.

Djibouti maternal & child nutrition assessment interviewees

- young women with children under 2 years of age
- young fathers with children under 2 years of age
- grandmothers with grandchildren under 2 years of age
- leaders of women's groups
- grandmother leaders
- religious leaders
- health workers in health clinics

Step 8

Develop data collection strategy including activities and tools

In this step, the Assessment Coordinator develops the data collection strategy including activities and tools. Several qualitative and participatory tools that GMP has developed are described below. These tools can be adapted and the Assessment Coordinator may have ideas on other tools that can be used.

The specific objectives of the assessment, defined in Step 6, are the foundation for development of the data collection strategy. The priority categories of community interviewees (identified in Step 5) are the other essential element needed to develop the strategy. With these two elements in hand, the Coordinator will be able to develop the data collection activities and tools to use with the different groups.

The choice of qualitative methods

In any data collection activity the choice of quantitative and/or qualitative methods depends on the type of information you want to collect. In a **FOCUS ON FAMILIES AND CULTURE** assessment, the assessment topics (Step 4) clearly suggest that a qualitative methodology is best suited for collecting information to understand family and cultural systems that influence MCHN norms and practices.

A **qualitative approach** is particularly useful for a **FOCUS ON FAMILIES AND CULTURE** assessment because it provides **insights into community members' perceptions and experiences**. Also, a qualitative approach is **systemic rather than linear**, and for this reason it contributes to a better understanding of family and community systems that influence the study topic.

The choice of data collection activities and tools

In this section, we describe a series of qualitative data collection activities and tools that can be used in **FOCUS ON FAMILIES AND CULTURE** assessments (see *Table 4 below*). The job of the Assessment Coordinator is to decide which of these data collection activities and tools to use, or to develop others that are relevant to the study objectives and context.

In most of the suggested data collection activities, group interviews are used. This is an effective technique for putting interviewees into a relaxed group setting in which they can share their ideas with other community members.

Other useful data collection activities include key informant interviews and observations of everyday life within and around the household. Key informants are community actors who have in-depth knowledge of the topic being studied. **Table 4** below lists data collection activities and tools to address specific objectives of the study related to the three priority categories of information to collect.

Table 4 - Data collection activities and tools			
Categories of information to collect	Data collection activities and tools		
	N°	Activities	Tools
Cultural and spiritual values and traditions related to the well-being of women and children	1	Individual interviews with key informants, especially elders	Short interview guide
Roles and influence of family and community members in everyday life related to the overall well-being of the family	2	Group interview	Drawings of family members + interview questions
Knowledge, advice and practices of family and community members regarding pregnancy, newborns and young children	3	Group interview	Drawings of family members + interview questions
	4	Group discussion	Mini-case studies
	5	Group interview	Group interview guide
	6	Observations	Camera or notebook to record what was observed

For each of the data collection tools described below, sample questions are provided. Complete copies of all tools are found at www.grandmotherproject.org.

Data collection activity 1: Individual interviews on the cultural and spiritual values and traditions related to the well-being of women and children

Purpose: To determine the cultural and spiritual values and traditions that influence MCHN practices

Tools/Materials required: Short interview guide

Carrying out the activity: This activity consists of an informal interview-discussion with one or several community members. Given the type of information to be collected, it is best to conduct interviews with elder men or women, as they are usually better able to explain the cultural and spiritual values that relate to the development and well-being of women and children. Suggestions for carrying out these short interviews are found in the box below.

Sample questions on the cultural and spiritual values related to the well-being of women and children

- In your religion, are there any teachings that guide families on how to care for their young children?
- Are there cultural values that define the relationship that should exist between a daughter-in-law and her mother-in-law?
- What values are taught to children about the relationship they should have with elders in the family?
- In addition to the mother and father, do members of the extended family play a role in ensuring children's health and well-being ?

Summary of the results of such interviews: Djibouti

In **Djibouti**, interviews on cultural and religious values were conducted with elder men and women, and several Muslim leaders, revealing 4 important aspects of local traditions and values related to the family systems of which women and children are a part.

- **Extended and multi-generational families:** In addition to men and their wives, the family includes cousins, aunts, uncles, grandparents, etc. All members of the extended family participate in caring for women and children, including those who do not live under the same roof.
- **Solidarity between women:** The sense of solidarity, an important cultural and religious value, is particularly strong between women of the same age, and between older and younger women. Older women play a supportive role with younger women and their children.
- **The status of elders in society:** Elders are respected, viewed as "wise" and looked up to for their advice. In all matters concerning women and children, elder women are seen as the "wise ones" given their vast experience in these matters.
- **The transmission of values and practices from generation to generation:** Cultural and religious values and traditions are transmitted from elders to young people. Those who have more experience have a moral responsibility to teach young people, and young people are obliged to follow advice received from elders.

Data collection activity 2: Group interviews on the every day roles of key family members related to family well-being

Collecting information on “everyday roles”, whether or not they directly relate to MCHN, is a very important data collection activity in the **FOCUS ON FAMILIES AND CULTURE** assessment methodology. This exercise clearly reflects the systemic and inductive nature of the assessment methodology, and the results provide a **holistic view of how family systems are organized**. Other data collection activities (no. 3-5) focus specifically on roles and advice related to MCHN.

Purpose: To identify the roles of different family members in everyday life

Tools/Materials required: Drawings of key family members

Carrying out the activity: Group interviews should be carried out with 5-12 participants. People are generally more comfortable and more spontaneous when groups are composed of people of the same sex and of the same generation. For this reason, it is best to carry out this exercise with separate groups of men, women, grandmothers and grandfathers.

To make this exercise more interesting for community participants, a series of drawings of key family members should be prepared.

Suggestions for preparing the drawings:

- Individual drawings should show: a WRA, a husband, a grandfather, a grandmother, and an older daughter.
- They should show the complete body of the persons drawn (i.e. from head to toe, rather than just the torso).
- They should be printed on full size or regular printer paper so that they are large enough for everyone to see.
- The figures should be on a plain white background, which will make them easier to recognize.
- They should show family members in local clothing and with local hair styles and headdress.

How to use the drawings to elicit discussion:

Step 1: Explain the purpose of the exercise and the anonymity of all responses.

Step 2: One by one, show each of the drawings to the group and ask them to identify who is who. For groups of elders, who may have poor eyesight, the drawings should be passed around.

Step 3: One by one, hold up each of the drawings again and ask, for example: What is the father’s role in the family in everyday life?



In many cases, vague answers will be given and **probing questions** should be asked (see box below).

Don't forget to ask probing questions!

When very general or vague answers are given the facilitator should ask participants to further explain what they mean.

For example: If a participant says "The man is the decision-maker in the family". A follow-up question could be: "What types of decisions does he make?"

For example: If an interviewee says "He is the head of the household". A follow-up question could be "As head of the household what is his role in the family?"



Step 4: For each of the drawings of family members repeat the same question regarding the role he or she plays in the family in everyday life.

A note for the note-takers: Notes of what the interviewees have said should be recorded verbatim, i.e. using their own words as much as possible.

An example of the results of this exercise: In Sierra Leone, GMP carried out a rapid assessment on MCHN with World Vision. The results of this exercise are shown in **Table 5**. This list includes the roles most frequently identified by interviewees. The study team participants chose a "label" for each of the family members based on the roles identified. As you can see, these results show that **grandmothers play a central role in families** and in promoting the well-being of all other family members.



Table 5 - Results of participatory exercise to identify roles of family members in Torma Bom Chiefdom, Sierra Leone

Family members	Specific roles
<p>Women of reproductive age → Implementers of all daily tasks to support family life</p>	<ul style="list-style-type: none"> • domestic chores • giving birth to children • caring for husbands • caring for children • caring for mother-in-laws • income generating activities

Fathers of young children ➔ <i>Family provider</i>	<ul style="list-style-type: none"> • providing resources for family functioning and well-being • promoting family cohesion • caring for their wives and children • caring for parents and in-laws • ensuring the security of the family
Grandfathers ➔ <i>Wise family advisor</i>	<ul style="list-style-type: none"> • advising on major family decisions and problems • educating family members on moral and cultural values • caring for grandchildren over 5 years of age, especially boys • ensuring care and repair of the house and compound
Grandmothers ➔ <i>Experienced and authoritative advisor and coordinator of family life</i>	<ul style="list-style-type: none"> • advising and caring for women during pregnancy and delivery • caring for newborns • advising and coaching on breastfeeding • caring for young children • preparing meals for young children and feeding them • advising men on all issues related to their wives and children • managing and participating in domestic tasks • income generating activities • family “bank” for emergencies • passing on traditional values and knowledge • promoting family cohesion • protecting the house and the family • advising all family members on numerous aspects of family life
Elder daughters in the family ➔ <i>Apprentice</i>	<ul style="list-style-type: none"> • carrying out household chores • assisting in caring for young children (over 1 year of age) • learning how to carry out all activities expected of young women later in life • following the orders of parents and grandparents

Data collection activity 3: Group interviews on roles and influence of family and community members regarding pregnancy, newborns and young children

Purpose: To identify the roles and influence of family and community members regarding pregnancy, newborns and young children between 6 months and 2 years of age.

Tools/Materials required:

- Drawings of family members used in Activity 2
- Drawings of a pregnant woman and of a newborn baby
- Drawings of community actors involved in MCHN: midwife/nurse, traditional birth attendant and traditional healer (if relevant)
- Bottle caps, or other small objects, to use as “voting” markers. One marker is needed for each interviewee.

Carrying out the activity: Activity 3 is carried out with homogeneous groups of community members, most often women of reproductive age, men with young children,

and grandmothers. In addition, there may be other priority groups to interview that were identified in the social influence analysis (Step 5).

This activity has two complementary parts. **Part 1** deals with the **experience and advice of family members**. **Part 2** deals with the **roles and influence of family members and community actors involved in health-related activities**. Below, newborn care is used as an example to illustrate both parts of the activity.

Part 1 of Activity 3

The drawings of different family members are used along with open-ended questions to facilitate discussion on their respective roles related, in this case, to newborn care.

Step 1: Hold up the **drawings of the newborn and the father** and ask:

- What is the role of the father with the newborn during the first week after birth? Why does he play that role? What is the role of the father in caring for his wife in the first weeks after she gives birth?
- When a man's wife has just given birth, does he give her specific advice on what she should and shouldn't do with the baby? What advice does he give?



Sierra Leone. Participatory data collection activity – women discuss family roles.

Step 2: Hold up the **drawing of the mother** who is no longer pregnant and ask:

- What is the role of the mother with the newborn during the first week after birth? Why does she play that role?
- During the first week after birth does the new mother usually have someone helping her with the baby? Who is that person and what role is played?

Step 3: Hold up the **drawings of the grandmother and the newborn** and ask:

- What is the role of the grandmother with the newborn during the first week of life? Why does she play that role?
- Does the grandmother give advice or support for a newborn baby during the first week of life? What advice or support does she give?
- What is the very first thing the grandmother advises to give the baby? Why does she advise that?

Keep in mind that the most important thing is not “who participants vote for” but rather “why they voted for that person”. This is where probing questions come in, and the importance of always asking questions such as, “Why did you choose the grandmother?”.

Similar questions can be asked about the roles of other key **family members** (grandfathers, older daughters, etc.) and of **community actors** involved in MCHN with newborns and new mothers.

Part 2 of Activity 3

In the second part of the activity, participants are asked to discuss the **experience and knowledge of different family and community members related to newborn care**. Bottle caps can be used as markers.

Step 1: Place the drawings of the various family members on the mat in front of the participants. Give one bottle cap to each participant. Explain that each person “votes” with their bottle cap to express their opinion.

Step 2: Ask the question:

- Within the family who has more **experience** caring for newborns?

Ask participants to vote (with their bottle caps). Ask several of them to explain their choices.

Step 3: Add the midwife/nurse, and the traditional birth attendant to the set of drawings. Ask participants to identify them, one by one. Then ask the questions:

- Within the family and community who has more **knowledge** of how to care for newborns?
- Within the family and community who has more **experience** caring for newborns?

Participants should vote with their bottle caps. Several should explain their choices. The facilitator should encourage participants to discuss the differences between “modern” and “traditional” knowledge, and the origins of each.

This same sequence of questions can be asked regarding the “care of new mothers”, complementary feeding, etc.



Participatory tool stimulates discussion among men.

Data collection activity 4: Group discussion of mini-case studies on the knowledge, advice and practices regarding pregnancy, newborns and young children

Purpose: To understand community members’ knowledge, advice and practices regarding priority MCHN topics

Tools/Materials required: A set of mini-case studies on priority maternal and child nutrition topics

Based on the specific objectives of the assessment, a series of very short case studies are composed to stimulate dialogue on “appropriate” and “inappropriate” practices related to pregnancy, newborns and young children. To make this activity more visually interesting, the case studies should be printed on colored paper, and on the backside of each one, the drawings of the family member referred to in the text (a pregnant woman, a grandmother, etc.) should be printed. The cards should be plasticized to make them sturdier.

Table 6 - Examples of mini-case studies for group discussion

MCHN topics	Mini-case studies
Nutrition-related issues during pregnancy	
Pregnant women’s diet	<p>Grandmother Fatou: When my daughter-in-law is pregnant, I insist that she does not eat too much the last trimester so that the baby is small and the delivery is easier.</p> <p>Grandmother Bibi: When my daughter-in-law is pregnant, I tell her to eat more than usual up until the end of the pregnancy so that it will be easier for her to deliver.</p>
Nutrition-related issues with newborns	
Pre-lacteals	<p>Susan: During the first few days after birth I gave my baby sugar water because my milk wasn’t coming out.</p> <p>Pauline: When there is not much milk, you should put the baby to the breast frequently. If he/she sucks more, the milk will come.</p>
Exclusive breastfeeding	<p>Minata: With my daughter I only gave her breastmilk for the first six months of her life. I did not give her any water or any other food.</p> <p>Fatimata: The nurse told me to only give breastmilk to my little girl for the first six months, but it was impossible for me. Many times I breastfed her and when I stopped she cried and I had to give her water to calm her down.</p>

Carrying out the activity: In this activity, participants discuss the different opinions, presented in each of the mini-case studies on priority topics, such as “pregnant women’s diet.” It is important to remember that the aim of this and all of the other data collection activities is to find out what participants think, and not to teach them the “right answers”. For this reason, group facilitators should not correct participants’ “wrong ideas.”

Step 1: Spread out the mini-case study cards on a mat or on the ground.

Step 2: Ask participants, one by one, to select one of the cards. Ask the participant to read out loud the case study chosen, or give it to the facilitator to read. The text should be read twice so that participants are sure to remember the content.

Step 3: Ask several questions to get participants to discuss the two different opinions expressed in the case study. For the first example in Table Y above, dealing with Fatou and Bibi, the following questions could be asked:

- Raise your hands: Who agrees with Grandmother Fatou? Who agrees with Grandmother Bibi?
- What is Fatou’s opinion about a woman’s diet in the last trimester of her pregnancy?
- Why does Fatou say, “A pregnant woman should not eat too much during the last trimester?”
- Why does Bibi say, “A pregnant woman should eat more than usual in the last trimester?”
- Do you agree with Fatou or Bibi? Why?

For each case study, the facilitator summarizes the different opinions expressed, but does not correct what has been said. Community members enjoy this activity very much and often forget that they are participating in an assessment.

Data collection activity 5: Group interviews on the knowledge, advice, and practices of family members using the group interview guide

Purpose: To understand knowledge, advice and practices of family members regarding priority maternal and child nutrition topics

Tools/Materials required:

- Drawings of all family members used in data collection activities 2 and 3.
- Interview Guide for In-depth Group Interviews. This guide is composed of several sets of questions dealing with family members’ knowledge, experience and advice related to pregnant women, and the care of newborns and young children.

Many of the questions found in the guide are also included in data collection activities 1-4. In developing the data collection strategy, the Assessment Coordinator must decide what tools to use and the content of each one. Examples of questions dealing with these 3 periods in the life cycle are on the following page. The complete *Interview Guide for In-depth Group Interviews* is found on the GMP website www.grandmotherproject.org.



Carrying out the activity: This activity requires a facilitator with strong group facilitation and in-depth interviewing skills. The “guide”, as the name suggests, includes core questions. Probing questions or additional questions related to the specific objectives should often be asked following the participants’ responses to fully understand their perspectives.

Interview Guide for In-depth Group Interviews Sample questions for interviews with grandmothers

ROLES OF FAMILY MEMBERS (father, mother, older sister, grandfather and grandmother).

Show drawings one-by-one and ask:

1. What is the role of the father, mother, older sister, grandfather and grandmother in the family?
2. What is the difference between a family with a grandmother and a family without one?

Below, each time participants vote, ask several of them to explain their choices.

PREGNANCY

3. VOTE (show drawings of the 5 key family members): Which of these family members has more knowledge and experience related to pregnancy?
4. When a daughter-in-law or daughter is pregnant, what advice do you give her about:
What she should and shouldn't eat?
How much she should eat? (more, less, as usual?)
How much she should work: do you advise that she work as usual, less or more than usual?

CARING FOR NEWBORNS AND BREASTFEEDING

5. VOTE (show drawings of the 5 family actors): Which family member has more experience caring for newborn babies? What does each one advise?
6. VOTE: Who is more involved in helping first-time mothers to know how to breastfeed?
7. In the first days of life, in addition to breastmilk what else is given to babies? Why?
8. When do you start giving water to babies? Why then?
9. Do you think that a baby can grow and be healthy if he/she receives only breastmilk and no water for the first 6 months of life?
10. If a new mother doesn't have enough breastmilk what do you advise?

COMPLEMENTARY FEEDING

11. When should a baby be given his/her first porridge? Is it the same moment for all babies or does it differ?
12. VOTE: When a woman has her first baby, who teaches her how to prepare the baby's first porridge?
13. What are the ingredients of the first porridge ?
14. What is used to feed porridge to a child who is six months old? (cup & spoon, etc.?)
15. VOTE: With babies who don't want to eat, who has more experience encouraging them to eat?
16. What do you do if a child doesn't want to eat?

Data collection activity 6: Observations of the roles, practices and advice given by family members

Purpose: To collect observational data on the roles and practices of different family members related to MCHN

Tools/Materials required:

- Small notebooks for each assessment team member
- A digital camera

Carrying out the activity:

An important source of information on the roles and activities of different family members are observations. During the training of the team members, it is important to encourage them to constantly be alert and observant, as answers to some of their questions may be “right in front of their eyes”. Team members should have small notebooks in which they take notes on their observations in and around the households that they visit. They should carefully observe ongoing activities to identify the roles played by men and women, older and younger. It is important to pay particular attention to activities related to MCHN. When relevant situations are observed, they should be noted and photos taken, if possible.

Here are two examples of photos taken during community nutrition assessments in Sierra Leone and Senegal. Both of these situations observed increased the teams’ awareness of the economic role of GMs related to the nutritional needs of women and children.



In Sierra Leone, we were walking out of a village and saw this grandmother selling dried fish. She explained that she was selling the fish to get money to pay for the ante-natal care visits and delivery costs for her daughter, who is standing on the right.



In Senegal, while conducting a group interview with young women we saw the 2 grandmothers in this photo. The one on the left was selling tomatoes and gumbo that she had grown. She said that she would use part of her profits to buy fish for family meals and the other part she would save for emergencies related to illnesses and other family problems.

Step 9

Identify assessment team members

The quality of any assessment depends very much on the skills of the assessment team members. Of course, the team leader, or Assessment Coordinator, is the key person and he/she should have solid experience in qualitative research.

The other team members, in addition to having some experience with data collection, should have extensive knowledge of the cultural context in which the study will be carried out. This is most advantageous both during the interviews and while interpreting and analyzing the information collected.

When choosing study team members, a decision must be made about whether to recruit interviewers from outside the organization or from within. It is often easier to recruit interviewers from outside the organization, but involving program staff in the **FOCUS ON FAMILIES AND CULTURE** assessment process has many advantages.

Even if staff members cannot be involved in the entire data collection phase, it is very beneficial for them to participate for at least a few days with the team in the interviewing and data analysis. Their participation will help them to better understand the perspective of community members on key maternal and child nutrition issues.

Also, involving organizational staff in the study will give them a sense of ownership of the assessment findings and a commitment to use them in designing future programs.



Mauritania. A grandmother shares here experience in an in-depth interview.

Criteria for selecting study team members: The “human instrument”

Qualitative researcher Fetterman (1989) argues that a key element in qualitative research is the *human instrument*. The attitudes and interpersonal communication skills of interviewers are key facets of this instrument. A critical skill is the ability to establish rapport with interviewees by showing respect and active listening. Personal experience with the topic being studied is another key characteristic of effective qualitative interviewers.

D. Fetterman, Ethnography Step by Step, 1989, Sage Publications, Newbury Park.

Their participation in the study is also an opportunity to increase their skills in participatory and qualitative data collection, and to help them adopt a systems view of families and communities.

Given the focus of the study, it is preferable to have mainly female interviewers who have experience with MCHN.

Such women will be able to establish rapport more easily with women and grandmother interviewees and this will contribute to the quality of the information collected.

Step 10

Train assessment team members

Another factor that contributes to the quality of the assessment results is the training given to study team members. The training should include in-depth discussion of the data collection objectives, activities and tools.

In addition, given the specificities of the **FOCUS ON FAMILIES AND CULTURE** assessment methodology, it is important that the training engage study team members in discussion of the underlying concepts (from Chapter 2) dealing with: key aspects of culture; collectivist societies; family systems; gender specific roles; the role of elders; and the Household Production of Health (see page 16).



Mali. NGO staff learn how to facilitate participatory data collection activity on family roles.

A series of exercises can be developed to involve team members in discussion of these concepts.

In qualitative research, the interviewing process is complex. For this reason, training people to collect qualitative data is quite challenging. Interviewers must have an in-depth understanding of the topics to investigate so that they are able to ask relevant probing questions. It is helpful to ask study team members to memorize the specific

study objectives to ensure that they have a clear understanding of the information to be collected. This will help them to effectively formulate additional questions beyond those included in the interview guides. During the training, role-playing exercises should be organized to give interviewers a chance to practice in-depth questioning techniques.

Step 11

Develop a calendar and logistical plan for community visits

It is important to create a detailed plan for site visits and interviews and to communicate this information to all team members and community partners. Having such a plan is critical for effectively organizing and planning the community visits. Informing community members in advance about the purpose of the assessment demonstrates respect for them and will help them to inform priority groups.

When developing the calendar and logistical plan it is important to remember to include: the location and date of each interview; the categories of community members to be interviewed; and the team members who will participate in each interview. The calendar is important to ensure an equitable delegation of responsibility in the data collection activities.

Step 12

Carry out community interviews and initial data analysis

Interviews with community members should be carried out based on the assessment calendar. In qualitative studies such as this, it is important to analyze the information collected on a daily basis rather than leave it all until the end of the study, as is done in quantitative research. This is important for several reasons.

Qualitative data collection involves an inductive, or discovery process. From one interview to the next, the assessment team gradually identifies the main patterns in the responses. The results from interviews conducted one day inform the interviews on the following days. It is recommended that the study team **spend about half of the time each day interviewing and half of the time coding the notes**, discussing and summarizing the results. It is very important that the interviewers who conducted a specific interview participate in the analysis of the data it produced.

The technique used for analysis of the qualitative data is **content analysis**. The Assessment Coordinator is responsible for facilitating a participatory data analysis process with the other team members. The content analysis of the data should be organized around the specific objectives of the assessment so at the end of the process it will be possible to draw clear conclusions regarding each of those objectives.

A simplified approach to the coding and analysis of qualitative interview data may be found in the ILO publication *Guidelines for Studies Using the Group Interview Technique*, available at www.grandmotherproject.org, which presents a simplified approach to the coding and analysis of qualitative interview data.

Step 13

Summarize findings and write assessment report

At the conclusion of the data collection phase, the information collected from the different categories of community members and in the different interview sites should be summarized in relation to each of the specific assessment objectives. In qualitative research, the technique used to synthesize the results obtained from several sources is called **triangulation** (see *box on the right*). The triangulation of the findings related to each specific objective becomes the basis for the assessment report.

Most of the findings will be presented as text, describing the patterns identified across groups of interviewees. Diagrams and tables can often be used to make the information easier to understand. Below

Triangulation of the data

Data on each specific topic is collected from different interviewees and with different data collection tools. For example, if the topic is the “role of grandmothers in breastfeeding”, the triangulation involves reviewing the information collected on this topic from these several sources. The various responses are triangulated in order to identify the patterns and to summarize the findings related to the topic.

are examples from Djibouti and Sierra Leone of how certain results can be presented in tables and diagrams.

In **Djibouti**, GMP carried out a community nutrition assessment with UNICEF and the Ministry of Health. Information was collected on the role and involvement of key family and community actors at “critical moments” during pregnancy and with newborns. The table below summarizes the findings related to the role of women of reproductive age, senior women, husbands and midwives. These results reveal the **central role played by senior women at each of these critical moments**. They also show that **men play a supportive role but are not directly involved with women and children on a daily basis** and that they are often advised by senior women, at each of these critical moments, on the situation and on what needs to be done.

Table 7 - Djibouti: Involvement of family and community actors at critical moments in the life of women and children				
Critical moments for women & children	Woman of reproductive age (WRA)	Senior woman advisor (the WRA's mother-in-law, mother or auntie)	Husband of the WRA	Midwife in the health facility
PREGNANCY - Monitoring progress of the pregnancy	- daily monitoring by her senior woman advisor - visits and frequent advice from friends of the senior woman	- gives daily advice to WRA - Sometimes accompanies WRA to ante-natal care visits - health workers do not involve them in discussions on the pregnancy during prenatal visits	- rarely involved in day-to-day advising the WRA - supposed to pay for ante-natal care visits & prescriptions - delegates follow-up of WRA to experienced senior woman - called in case of an emergency	- limited contact with pregnant WRA, only during ante-natal care visits - diagnoses problems but rarely does follow-up monitoring - she prescribes but does not follow up
- Diet of the pregnant woman	- WRA is advised and monitored closely everyday by the senior woman - husband and senior woman expect her to follow the advice of the senior woman	- monitors the WRA everyday at home for nine months - advises what she should eat/not eat as well as quantities - prepares special meals for the WRA	- finances family food - rarely gives advice on WRA diet - delegates responsibility for WRA to GM	- during certain ante-natal care visits some give advice on diet - consulted in the event of serious problems

<p>NEWBORNS Care and feeding of the newborn</p>	<ul style="list-style-type: none"> - WRA is alone for first 40 days with baby and senior woman - WRA/first-time mother learns from senior woman "what to do" 	<ul style="list-style-type: none"> - demonstrates and explains the caring practices valued in the culture and in the family - monitors the woman and child every day 	<ul style="list-style-type: none"> - not involved except in case of serious problems - believes that the baby is fragile and he is afraid to touch the baby (for 40 days) 	<ul style="list-style-type: none"> - not involved after delivery, except in the case of serious problems
<p>Breastfeeding</p>	<ul style="list-style-type: none"> - learns how to breastfeed with ongoing help of senior woman 	<ul style="list-style-type: none"> - teaches how to breastfeed - detects and treats problems of "insufficient" or "poor quality" milk 	<ul style="list-style-type: none"> - involved very little 	<ul style="list-style-type: none"> - advises exclusive breastfeeding during ante-natal care visits - no practical support for exclusive breastfeeding
<p>Care of the sick child</p>	<ul style="list-style-type: none"> - calls on senior woman to diagnose problems and to identify appropriate treatment - entrusts the child to the senior woman - gradually learns how to diagnose and treat the child 	<ul style="list-style-type: none"> - diagnoses and initiates home treatment - monitors illnesses and the care of sick children - depending on the illness, can refer the child to the traditional practitioner or the hospital 	<ul style="list-style-type: none"> - involved very little unless the illness is very serious - if it is serious, he mobilizes logistical and financial resources - is advised by senior woman when an illness is serious 	<ul style="list-style-type: none"> - most cases of child sickness are not seen by the health worker - when the WRA consults the advice given is limited

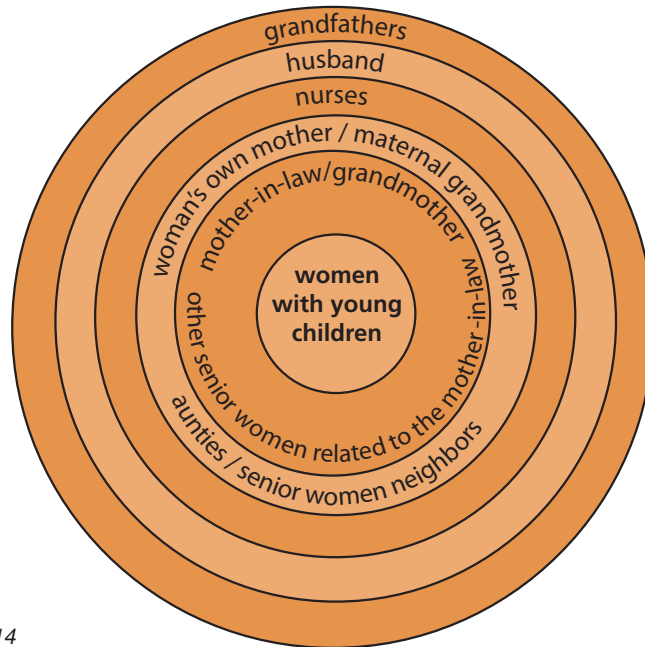
In **Sierra Leone**, GMP conducted a rapid assessment with World Vision. **Diagram 3** on the following page summarizes study findings regarding the family and community actors who influence the practices of WRA. It shows that those who are closer and who have more influence on women with young children are other women, namely older more experienced ones. In the study area, women usually live with their mother-in-laws who are their *senior advisors and supervisors*.

Women have limited contact with health workers who are often far away. But they have daily contact with the senior women in the family who are respected for their experience and highly motivated to care for and teach young women how to master the cultural norms of the society.

Husbands play a supporting role at the macro level of the family but do not directly influence the daily nutrition and health practices of their wives. They delegate responsibility for the care of their wives and children to their mothers.

Diagram 3

Influences on the nutrition & health practices of women with young children



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Step 14

Present assessment findings and formulate recommendations

A working session should be organized to present assessment results to program stakeholders (MOH staff, local government, teachers, etc.) and discuss how to use them to strengthen ongoing programs or to design new ones.

The main reason for carrying out a **FOCUS ON FAMILIES AND CULTURE** assessment is to gather in-depth information on the roles and influence of family and community members on MCHN practices at the household level. Increased understanding of how families are organized will help program managers to design interventions that build on cultural realities and that are more likely to produce systemic and sustainable change in MCHN practices.

In the working session, study results should be presented and program stakeholders should develop recommendations related to: how programs can build on cultural values and resources; and priority groups to involve in specific MCHN program activities to promote change. Table 8 provides examples of recommendations developed by World Vision staff in Senegal based on the results of a **FOCUS ON FAMILIES AND CULTURE** assessment.

Table 8 - Examples of recommendations based on assessment findings

Assessment findings	Cultural values and assets to build on	Priority groups	Objectives of activities for each group
<p>Breastfeeding practices are strongly influenced by grandmothers (GMs) who have ongoing contact with breastfeeding women of reproductive age (WRA). Many GMs are opposed to exclusive breastfeeding because “all human beings need water to drink”.</p>	<p>Grandmother leaders influence social norms through GM social networks, in families and in the community.</p> <p>GMs are a resource for promoting change at the community level.</p>	<p>WRA, GMs, GM Leaders</p>	<p>WRA and GMs: to reinforce communication between GMs and WRA; to increase GMs’ self-confidence and knowledge on MCHN issues</p> <p>GM Leaders: to recognize their role in the community and strengthen their knowledge on exclusive breastfeeding</p>
<p>Prelacteals are widely given to newborns. GMs advise giving prelacteals to infants born at home and in health facilities. Health workers communicate with WRA but rarely with GMs.</p>	<p>GMs ensure follow-up of infants born at home and in health facilities.</p> <p>GMs are full-time advisors on all aspects of newborn care, including giving prelacteals.</p>	<p>GMs, WRA, Health workers</p>	<p>GMs: to acknowledge their valuable role in newborn care; to increase GMs’ knowledge of “modern” concepts of newborn care, including discouraging prelacteals</p> <p>WRA and GMs: to promote dialogue between them on all aspects of newborn care</p> <p>Health workers: to increase their communication with GMs</p>
<p>Men’s role in the care of pregnant women and infants: Men are official “heads of household” but are not involved in daily caregiving of pregnant women and newborns.</p>	<p>Men delegate responsibility to GMs for caring for pregnant women & newborns. Men are advised by GMs on all issues/problems related to pregnant women & newborns.</p>	<p>Men GMs</p>	<p>Men: to increase their knowledge of priority nutrition and health needs of pregnant women and newborns.</p> <p>GMs: to increase their knowledge of optimal practices with pregnant women and newborns.</p>

Step 15

Disseminate the report to organizational staff and communities

The assessment report should be formally shared with organizational partners. At the community level a less formal and more participatory approach can be used to share study findings.

Organizational level:

The main group to receive the assessment report is the program staff. It is also worthwhile to share assessment results with other organizations and individuals at the local and national levels to allow them to learn from the results of the study.

The MCHN program manager should make a list of institutions, organizations and individuals who should receive copies of the assessment report, either the full report or a 3 - 5 page summary. Report recipients could include:

Local level:

- Local Ministry of Health officials
- Nurses, midwives, etc. in local health centers
- Other NGOs working in the study area

National level:

- Ministry of Health departments of MCHN and of research
- Documentation centers for university programs on public health, social work and community development
- University researchers interested in MCHN issues
- NGOs with health programs in the country

Community level:

It is important that assessment results be shared with communities where the interviews were conducted and with other communities where a MCHN program will be implemented.

Community forums can be organized with representatives of the different categories of community members (men, women, older men, older women, community leaders). When presenting assessment findings, it is important to focus on the positive roles and values identified in the study that contribute to MCHN. Focusing on community assets, or strengths, helps to build rapport with communities. Discussion of inadequate MCHN practices should be addressed at a later time.

Conclusions

CHAPTER

4

The effectiveness of programs which aim to improve the nutritional status of women and children during the critical first 1,000 days of life, depends to a great extent on the choice of appropriate groups to target for interventions. During the 1,000 first days, women and children are mainly advised and cared for by family members. For this reason, the purpose of the **FOCUS ON FAMILIES AND CULTURE** assessment methodology is to investigate the roles and influence of family members, by gender and age groups, related to the caregiving practices with pregnant women, newborns and young children. The information collected using this qualitative methodology provides clear guidance to program planners for the choice of the most relevant groups to involve in community programs.

The Guide provides detailed information on the steps for planning and conducting a participatory and qualitative MCHN assessment. A set of data collection activities and tools are described and, depending on the available time, human and financial resources, one or more of the tools can be used to investigate the MCHN topic/s of interest to your program.

Even in a short period of time, using the simplest data collection activity (no. 2), a small team can gain considerable insight into family roles by age group and by gender. With more time and resources, a more in-depth study can be carried out.

Organizations that undertake a **FOCUS ON FAMILIES AND CULTURE** assessment can expect two very beneficial results. First, program staff who participate in the study will increase their understanding of the family and cultural systems of which women and children are a part. Second, greater understanding of the dynamics of family and cultural systems should contribute to the design of community programs which reflect community realities, which elicit greater community engagement and which, therefore, can lead to greater and more sustainable change.

In the box on the right, is a synopsis of GMP's work with ChildFund International in Senegal. Results of a **FOCUS ON FAMILIES AND CULTURE** assessment led to the development of a grandmother-inclusive MCHN strategy that led to very positive results. Prior to the assessment, grandmothers had not been identified as a priority group to involve in community child survival programs.

On the following page there are additional references related to both the conceptual and methodological aspects of the **FOCUS ON FAMILIES AND CULTURE** methodology. As mentioned above, you will find a complete set of the data collection tools and activities discussed in Chapter 3 on the website www.grandmotherproject.org.

Senegal: A Focus on Families and Culture assessment identifies a resource for change – grandmothers

Who: GMP with ChildFund International

Major assessment finding: Major assessment finding: Grandmothers (GM) play a leading caregiving and advisory role with pregnant women and newborns.

Priority groups: WRA and GM

Secondary groups: traditional community leaders and men

Project strategy: Involve GM and WRA in participatory nutrition education activities. Involve community leaders and men to a lesser extent.

Project evaluation: communities with and without GM involvement were compared: there were significantly greater changes in women's practices in communities with GM involvement related to women's diet during pregnancy, early initiation of breastfeeding, EBF and introduction of complementary foods.

Reference: *Aubel, Touré and Diagne. Social Science & Medicine, 59, 2004*

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Grandmother Project

Change through Culture

Judi Aubel, Executive Director

judiaubel@grandmotherproject.org

GMP USA

Betsy Stephens

11 Magnolia Parkway

Chevy Chase, MD, 20815

GMP Senegal

Khady Leye Cissé

B.P. 321, Mbour, Senegal

(221) 77630 10 35

khadycisse@grandmotherproject.org



- **Judi Aubel**, PhD, MPH, MA, is the co-founder and Executive Director of Grandmother Project – Change through Culture. She has worked the past 25 years in community health and development programs primarily with NGOs in Africa, Latin America and Asia. Her training in anthropology underpins her long-standing interest in the development of community programs that build on positive aspects of local cultural roles and knowledge.

- **Alyssa Rychtarik**, MA, MSW, Senior Program Advisor at Grandmother Project – Change through Culture has almost 15 years experience working in community health and development programs in Central America, Central Africa and Italy, and in social service programs in the US. Her background is in social policy and social work.

Focus on Families and Culture

A guide for conducting a participatory assessment on maternal and child nutrition

The first 1,000 days of life, from pregnancy through a child's second birthday, is a critical period that has profound influence on the growth and development of a child. Understanding the roles of family members and their influence on women and children during those 1,000 days is essential to identify priority groups to involve in community interventions to promote social and behavior change related to their nutrition and health.

This guide presents the **Focus on Families and Culture** methodology to help program planners and managers to conduct a qualitative and participatory community assessment that will lead to greater insight into the cultural context, and family roles and dynamics within the communities where they are working.

Results of the **Focus on Families and Culture** assessment clearly indicate to program planners the most influential and culturally-relevant groups within families and communities, who should be involved in program interventions. This information helps to design maternal and child health and nutrition programs in which community engagement is stronger, and which are more likely to bring about positive social and behavior change in favor of women and children.