

Ageism and sexism barring grandmothers from initiatives to save newborn lives in Global South

15 February 2021

Ageism, sexism, and Western ideals of the nuclear family have excluded grandmothers from national and international policy initiatives to save newborn lives in the Global South, suggests an analysis published in the online journal *BMJ Global Health*.

This is despite published research indicating that they are a valuable and influential resource for children's health and survival in many cultures, the study author points out.

Around three out of 4 [newborn deaths](#) in the Global South occur in the first week of life—40% of them on the first day, and most of them at home.

But Initiatives to promote the survival of newborns across the Global South have primarily focused on strengthening [health services](#) and on [young mothers](#) within a nuclear family unit, to the exclusion of caregiver roles and practices within the wider family, says the author.

And extra funds invested in programmes to cut the newborn death rate have had relatively little impact.

To explore the role of the wider family in the care of newborns, and specifically that of grandmothers, the author reviewed relevant published studies of 70 different cultures in the three continents of Africa, Asia, and Latin America.

Cultures in the Global South tend to be collectivist rather than individualist, as in the West. They feature hierarchy based on age and experience, with elders as teachers of younger generations, and interdependency and shared decision-making valued over autonomy.

The studies revealed that grandmothers' knowledge is not always up to date and that some

of their newborn practices may be harmful.

But where initiatives have recognised the value of grandmothers, such as in Nepal, Uttar Pradesh in India, Malawi, Burkina Faso and Senegal, these have been successful and prove that grandmothers may not be as resistant to change as is often assumed, notes the author.

The studies also revealed numerous examples of the significant role and influence of experienced older women, or grandmothers, on newborn care, both as authoritative advisors and direct caregivers within multi-generational family systems.

These roles extend from pregnancy onwards and include care of sick newborns, acting as breastfeeding coaches, and providing vital emotional and social support networks.

And across all three continents, the studies showed that grandmothers have similar core roles in newborn care, irrespective of variations in cultural practice.

"A growing body of evidence from across non-western, collectivist societies reveals the culturally designated role of these experienced, older women as newborn advisors and caregivers," writes the author.

"Unfortunately, at the global level, newborn research, policies and interventions continue to focus primarily on medical technologies and services, [and] to a lesser extent on mothers."

She adds: "While all research reviewed provides evidence of grandmothers' influence on newborn care, surprisingly, some does not explicitly recommend their inclusion in future programmes.

"Unfortunately, there is continued reluctance to explicitly involve grandmothers in interventions addressing newborn and other [mother and child health] issues.

"This appears to be related to: the often-repeated idea that grandmothers are barriers to change; a narrow perception of grandmothers focusing on their harmful traditional practices; and gender and ageist biases toward [older women](#)."

Future research should be grounded within a family systems framework that reflects collectivist cultures, argues the author.

And initiatives to save newborn lives should "aim not only to strengthen health services, but also influential [family](#) caregivers, particularly grandmothers and the indigenous social support networks of which they are a part," she concludes.

More information: Grandmothers—a neglected family resource for saving newborn lives, *BMJ Global Health*, [DOI: 10.1136/bmjgh-2020-003808](https://doi.org/10.1136/bmjgh-2020-003808)

Provided by British Medical Journal

APA citation: Ageism and sexism barring grandmothers from initiatives to save newborn lives in Global South (2021, February 15) retrieved 15 May 2021 from <https://medicalxpress.com/news/2021-02-ageism-sexism-barring-grandmothers-newborn.html>

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