

### 9.1 GRANDMOTHERS

The group discussions with the grandmothers in Boré and Sevaré suggested that the familial context of decisionmaking about giving infants complementary foods may be changing over time. First, the older women emphasized that the mother and paternal grandmother of a child had very different roles and responsibilities. In general, they appeared to believe that the latter should play a more active part in the child's upbringing and that the mother's main job was to breastfeed.

*The mother breastfeeds; she puts the child on her back. The grandmother washes the child and prepares traditional medicines.*

Group discussion, grandmothers, Boré (rural)

*The grandmother looks after the child. The mother breastfeeds.*

Group discussion, grandmothers, Boré (rural)

*In the morning, we wash them (the children), we cure their illnesses, and we feed them with whatever we have for the family meal and cobal.*

Group discussion, grandmothers, Boré (rural)

This supportive or even replacement role was seen as more important for first-time or inexperienced mothers.

*The grandmother can notice things that the mother doesn't know about, especially if it is her first pregnancy. It's the grandmothers who know how to give good advice to the mother.*

Group discussion, grandmothers, Sevaré (urban)

The belief that giving complementary food too early would impede a child's walking and general development was strongly expressed by the grandmothers in both settings. However, the grandmothers thought that children today were being given additional food and liquids much earlier than when they had raised their own children.

*Before, we only gave food when the child himself took it and put it in his mouth. Today, however, things have changed. Mothers even give complementary food at one month now.*

Group discussion, grandmothers, Boré (rural)

*Things have changed now; they (the mothers) give food to children too early.*

Group discussion, grandmothers, Boré (rural)

Although some remained unconvinced that earlier supplementation may be beneficial, a minority had come to accept that giving extra food at early ages actually did no harm.

*Now we realize that giving food earlier doesn't have any harmful effect.*

Group discussion, grandmothers, Sevaré (urban)

In many cases, it was revealed that the grandmothers decide when complementary feeding should occur.

*It is the grandmother who tells the mother when to give other food. If the mother respects her mother-in-law, she will let her take the initiative.*

Group discussion, grandmothers, Sevaré (urban)

*There are mothers who take the initiative, but in general, if the grandmother is present, it is her role.*

Group discussion, grandmothers, Sevaré (urban)

However, with increasing numbers of younger women receiving education, their automatic subjugation to the will of the mother-in-law in this matter appeared to be declining.

*You see, things are not the same. The mothers do not respect the traditions. They give food too early. In our time, we gave food when the child moved himself toward the serving dish.*

Group discussion, grandmothers, Boré (rural)

*Before, grandmothers decided the timing of weaning, but today mothers do things of their own will.*

Group discussion, grandmothers, Boré (rural)

Concerning other matters of infant well-being, grandmothers' social power appeared to be declining as younger women were exposed to messages about child health and hygiene either through schooling or from nongovernmental organization (NGO) activities.

*The mothers don't like it if we give the children pond water, but for us, it is the best.*

Group discussion, grandmothers, Boré (rural)

*It is views about traditional and modern medicines that separate us.*

Group discussion, grandmothers, Sevaré (urban)

Thus, although grandmothers seem to generally still hold the view that supplementation at later ages is best, their impression is that things are changing and that they are less able to impose their will on their daughters-in-law. However, among mothers who were interviewed who had no other sources of information except their mother-in-law, the practice of late supplementation was reinforced by the advice given by the older women. The need is therefore for more and correct information about supplementation to be accessible in these communities. In addition, older women must be included in any awareness-raising activities about child health because of their enormous influence on the way in which children are brought up.

## 9.2 FATHERS

One of the main themes to emerge from the group discussions with fathers of infants age 3-12 months was the difficulty they had in supporting their family economically. Men saw themselves as the linchpin of their family, responsible for decisionmaking affecting the well-being of their wife and children, particularly when it came to food.

*The man is incontestably the pivot of the family. Everything comes from him.*

Group discussion, fathers, Sevaré (urban)

*The man should do everything so that he can give food of a good quality to his wife so that the child will be well nourished.*

Group discussion, fathers, Boré (rural)

*I think that in a family, the woman and the child are all the children of the man. The man should find the means to feed the woman who is breastfeeding his child. The man should also see that they are in good health by buying them (modern) medicines.*

Group discussion, fathers, Boré (rural)

*People have the custom of saying that the man is a lion in the bush and in the home. A father should be able to give everything that is necessary to the woman and assume certain responsibilities.*

Group discussion, fathers, Sevaré (urban)

The importance of using modern medicines and vaccinating children was mentioned much more by the fathers, particularly in urban areas, when compared with the women. They saw their role as one of supervising and authorising contact with the modern medical establishment.

*Looking after the child is the task of the mother who should inform the father if the child is sick. He, in turn, should authorize the woman to take the child to the hospital and pay for any prescriptions.*

Group discussion, fathers, Sevaré (urban)

*If the doctors say that the child should be brought for immunization, then the father should see that the child is vaccinated.*

Group discussion, fathers, Sevaré (urban)

The provision of food and medical needs for the family by the father alone appeared to be becoming increasingly hard. Men expressed the view that some of them were not always able to look after their family as they would wish.

*The bringing up of children is a task shared by both parents but to different degrees. The child and his mother are under the responsibility of the father. So if the father does not have sufficient resources, they will live in difficult circumstances, and then things become socially very unstable.*

Group discussion, fathers, Sevaré (urban)

*What you need to do is to give a variety of foods to the woman so she can feed the child. This is not possible in all families. The whole problem is one of economic means; if not, there would never even be any need for a discussion about this subject.*

Group discussion, fathers, Sevaré (urban)

Some fathers saw themselves as key advisors on the timing of giving complementary food despite the fact that their role appeared to be minimal according to the testimonies of the women interviewed.

*I trust my own advice because I have quite a lot of children, and I have a lot of experience in the subject.*

Group discussion, fathers, Boré (rural)

*The opinion of the father is a priority because he is responsible for the family. They have to be accountable to him about everything.*

Group discussion, fathers, Sevaré (urban)

However, most men preferred that their wives sought advice from older women, while a minority expressed the opinion that health workers may be able to give appropriate information.

*In my opinion, the point is that the child's paternal grandmother (should give advice) as she has more experience in the subject.*

Group discussion, fathers, Boré (rural)

*This aspect (complementary feeding) is often controlled by old women.*

Group discussion, fathers, Sevaré (urban)

*Old women play an important role in this domain.*

Group discussion, fathers, Sevaré (urban)

*I think that the health center is the best place to get information (on complementary feeding) because they are the best informed on this subject.*

Group discussion, fathers, Boré (rural).

Opinions about the best age for supplementation varied among the men interviewed in the focus group between 4 months and 12 months, with the majority preferring to start giving food at about 6 months of age.

*At six months, I give additional foods but in moderation. If you give too much, the child will have problems with digestion.*

Group discussion, fathers, Sevaré (urban)

*I think that you should wait until 6 months to start additional feeding, and this will help with weaning because the child will eat, and gradually he will forget the breast—something which will suit the mother. But below this age, it will hold back the child's growth.*

Group discussion, fathers, Boré (rural)

Those who preferred to wait expressed the view commonly held by the older women and those of reproductive age, that giving food before 12 months would stop the child from walking.

*I think you should wait until 12 months before giving other foods like fruits, vegetables, little light things. But you should note as well that breast milk is bitter—it is a good medicine—so the child should take only breast milk for 12 months. Before this age, these foods will make the child lazy, and he will walk late.*

Group discussion, fathers, Boré (rural)

The final theme to emerge from the discussion with the men was their awareness of the need to support their wife both physically and emotionally so that she can raise the child in the best possible circumstances.

*The man should have pity for the woman (to enhance) the well-being of the child. She should eat well and avoid certain work that may lower the quality of her breast milk. So you should support her physically and even morally to ensure the successful breastfeeding of the child.*

Group, fathers discussion, Sevaré (urban)

*On this point, people always forget one thing—the heaviness of the tasks that this poor woman has to carry out. She is everywhere: in the market, in the kitchen, at the well, doing petty trading. It's too much for one person. If you add a child to that, she can only do her best. It is up to the man to help her when he is around with issues to do with the bringing up of the child and its feeding.*

Group discussion, fathers, Boré (rural)

### 9.3 ADOLESCENT CARETAKERS

The group discussions with adolescent surrogate caretakers did not yield as rich information as those carried out with older women and men. This may be because, in this society, social relations are embedded in age-based hierarchies and the fact that the two women interviewers were slightly older (they were in their early 20s) rendered the girls shy and reticent. However, some interesting themes do emerge from the discussions.

The discussions revealed that the girls spent an enormous amount of time looking after their younger brothers and sisters in place of their mothers. They took care of the children when the mother was otherwise occupied and, in the urban setting, when they themselves were not at school.

*I look after him when my mother is absent or when she works.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

*(I look after the child) when our mother goes to the market or on the weekend when I do not go to school.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

*Even when she (the mother) is not working, I look after him.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

Their responsibilities involved closely watching the children, washing them, feeding them, and ensuring their hygiene and safety.

*I give him goat's milk; I wash him.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

*I give him things to eat; I wash him and carry him on my back.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

*I watch him closely to see that he does not go outside because there are cars in the street.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

*They tell us to watch over him and to give him food when he is hungry.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

Most of all, however, their role was to entertain the children and to play with them. This, in their opinion, made the children very attached to them; in some cases, they felt that the children were happier with them than they were with their mother because they had more time to stimulate and interact with the infants.

*The child is more at ease with me because he comes close to me more than he does with his mother. I play with him a lot.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

*He feels more at ease with me because I play with him more—something his mother does not do.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

*He feels better with me because I can walk him around, but with his mother, this is not the case.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

Feeding their younger brothers and sisters was one of the primary responsibilities of the adolescent surrogate caretakers. They held views similar to those of the women interviewed concerning the idea that giving a child complementary food early would compromise rather than promote growth. However, among the urban girls, the development milestone they cited for giving complementary food was that the child should be able to sit, which usually occurs at around six months of age. Mothers, in contrast, frequently said that the child had to be able to walk, which occurs between 10 and 12 months in most children and is far later than the age recommended by the international guidelines discussed above.

*The best moment (to give complementary food) is to wait until he can sit up so that he does not fall ill.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

*Wait until a certain stage of development in the child (so that he can sit up by himself). If you give it (food) before this, it will slow down his growth. After this age, he will need it (food); he will be hungry.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

Thus, some of the urban surrogate carers held views on the timing of giving food that are close to current public health recommendations. The rural girls, in contrast, held views similar to those of many mothers who said that complementary food needed to be delayed because otherwise, the child would not grow properly.

*One year and five months (is the best age to supplement). Otherwise, the child's growth is slowed down and the child will become greedy. After this age, it does him no harm.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

Concerning the foods actually appropriate for small children, the adolescent caretakers expressed views similar to those of the women of reproductive age. The lack of variety of available foods means that there is actually very little choice in what can be given, and this, together with the time constraints associated with preparing different dishes, makes it unlikely that children and adults would eat different dishes. Thus, the discussions revealed that the girls thought that most of what adults consumed could also be consumed by children.

*Everything that an older person eats, he can eat—to, rice, cobal—so that he has good health.*

Group discussion, adolescent surrogate caretakers, Sevaré (urban)

The food most commonly cited as being appropriate for small children was *cobal* because it was considered to be light. Heavier foods such as *to* and rice were to be avoided, said some respondents.

*Cobal is recommended as it does not weigh down a child.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

*You should avoid giving rice and to as it is heavy.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

In urban areas, the adolescents spoke of artificial milk and Cerelac, an artificial weaning food made by Nestlé, which was associated with making the child strong and healthy.

*(The best additional foods are) artificial milk, Cerelac, and potatoes so that he gets fatter.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

*(The best additional foods are) breast milk and artificial milk and Cerelac so that he has more energy.*

Group discussion, adolescent surrogate caretakers, Boré (rural)

Whatever their ideas about caretaking and infant feeding, adolescents play a major role in providing care for infants in each of the research sites.