

# Implications of Gender and Household Roles in Indigenous Maya Communities in Guatemala for Child Nutrition Interventions

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## Abstract

Guatemala's Indigenous Maya population suffers from some of the highest rates of chronic child malnutrition (stunting) in the world. Most attempts to improve child nutrition in this context target mothers for behavioural interventions. In this study, we use focus group data from two Indigenous Maya communities to explore gender and intra-household power dynamics as they relate to child-rearing practices and to nutritional decision-making, including food purchasing. Findings of the study show that mothers are not autonomous with regard to child rearing and nutrition decision-making. In particular, paternal grandmothers are authoritative sources of knowledge and exert significant power over food-purchasing decisions. Furthermore, men overestimate the degree to which decision-making is shared with their wives, and the economic contributions that mothers make to household budgets often go unrecognized. These findings underscore that nutritional interventions in Indigenous Maya communities must be sensitive to the traditional intra-household authority structure and seek to engage not only mothers, but also fathers and paternal grandmothers in a productive collaboration. Furthermore, efforts must be made to increase recognition of the economic contributions of the mother to the household budget, and to recognize the implications of such economic work in terms of constraints on the mother's availability for childcare.

## Keywords

Gender roles, child health, household, Maya, nutrition, Guatemala

## Authors

Heather Wehr coded and analyzed transcripts and drafted the manuscript. Anita Chary designed the study, conducted FGD, coded and analyzed transcripts, and edited the manuscript. Meghan Farley Webb conducted FGD, coded and analyzed transcripts, and edited the manuscript. Peter Rohloff designed the study and edited the manuscript.

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## Introduction

Guatemala is a Central American nation in which roughly 60% of the population self-identifies as Indigenous and speaks one of the country's 23 recognized Indigenous languages;

these include 22 Maya languages and Garífuna (Eliás, 2013). Despite their majority, the Maya of Guatemala continue to be marginalized in political and economic institutions. Such marginalization is the result of economic and social policies borne under colonialism and continued through the country's 36-year civil war (1960-1996), as well as more recent neoliberal economic reforms (Benson, Thomas, & Fischer, 2011). Today, 76% of Maya live in poverty and 28% in extreme poverty, compared to 51% and 15%, respectively, of the population as a whole (World Bank, 2009).

In addition to a disproportionate burden of poverty, Maya people also endure health disparities (Instituto Nacional de Estadística, 2011; Pan-American Health Organization, 2007). Although access to free government-sponsored health care is a right, geographic and linguistic barriers for rural Maya (Glei & Goldman, 2000; Shiffman & del Valle, 2006), as well as fears of mistreatment and discrimination (Berry, 2008; Chary, Messmer, Sorenson, Henretty, Dasgupta, & Rohloff, 2013), are obstacles with far-reaching health effects. This is most evident in the prevalence of chronic child malnutrition, or stunting, among Maya children. Guatemala has the highest rate of stunting in the Americas (Gragonlati & Marini, 2003). At the national level, over 40% of Guatemalan children under the age of five are stunted; these rates are at least 50% higher for Indigenous children (Ministerio de Salud Pública y Asistencia Social, 2009). Stunting is associated with impaired cognition, delayed achievement of developmental milestones, and increased vulnerability to infectious diseases, as well as low economic productivity in adult life (Dewey & Begum, 2011).

Recently, the Guatemalan Ministry of Health has prioritized stunting through the “Zero Hunger” campaign (Secretaría de Seguridad Alimentaria y Nutricional, 2012). Guatemala's large non-governmental and philanthropic sectors have also prioritized child malnutrition in Indigenous communities (Kraemer & Rohloff, 2013). In addition to increasing access to fortified foods and micronutrients, these efforts to address stunting have included behaviour-change interventions to promote appropriate feeding of infants and young children, such as increasing meal frequency and dietary diversity and decreasing the consumption of processed foods (Brown et al., 2014; Food and Nutrition Technical Assistance II Project, 2013). These behavioural interventions have overwhelmingly focused on the mother as primary caregiver. Much of this mother-centric programming has taken cues from the “Opportunities” program in neighbouring Mexico. This program has achieved improvements in child health, but has been criticized for over-representing the autonomy of mothers and shifting the responsibility for social inequities onto women, and for fostering a misleading distinction between “good mothers” and “bad mothers” (Smith-Oka, 2013).

In Maya communities, a gendered division of labour is common. The role of women is to care for children and the home, whereas men occupy public spaces and provide economically for their families (Ehlers, 2010; Hendrickson, 1995). Within this arrangement, Maya women are valued as the embodiment of the traditional elements of their culture (Carey, 2005), but they are also subject to monitoring, and to discipline at the hands of men and elder women when they violate these norms (Metz & Webb, 2013). Therefore, an exclusive focus on mothers for nutritional programming is problematic, because it de-emphasizes the normative role that other keepers of knowledge, such as household elders, have on infant and young child feeding practices. Such a bias places Indigenous mothers in a dilemma, since they will be viewed as “bad mothers” for not exercising the autonomy demanded of them by aid organizations, while simultaneously incurring criticism from their communities or extended families if they violate traditional authority structures and gender roles.

In this context, we conducted a qualitative study of intra-household dynamics related to infant and child rearing in two rural Maya communities. The focus of the study was to explore gender and household roles as related to infant and young child feeding practices, with an emphasis on financial decision-making and food-purchasing activities. Families with children aged 6 to 36 months were considered in the study. The goal of this research is both to explore the implications of mother-centric nutritional programming and also to suggest collaborative approaches to child-feeding practices that engage the extended household and the wider community.

### **Relationship**

The study was conducted under the sponsorship of Wuqu' Kawoq, a non-governmental health care organization that works collaboratively in central Guatemala with Kaqchikel and K'iche' Maya communities to develop rural health programs, specifically primary-care programs to address maternal and child health. Wuqu' Kawoq's Institutional Review Board approved the study. Additionally, the goals and procedures of the study were presented in a formal meeting with the elected council of elders of each community, who also approved the study. Finally, in each community, a town-hall-style meeting was held to explain the goals of the project to the larger community and to solicit feedback on the methodology. As noted above, Xejuyu' and K'exel are pseudonyms.

### **Methods**

We conducted our study in two rural Maya villages, referred to in this paper by their pseudonyms, K'exel and Xejuyu'. The research presented here is part of a larger mixed-methods study on malnutrition; detailed dietary analysis from this study has recently been published (Brown et al., 2014). Both study communities suffer from very high levels of child stunting. In K'exel, a village on the coastal piedmont of western Guatemala, people speak Spanish, although K'iche' and Kaqchikel Maya are also used. The men work as day labourers in agriculture or construction. In Xejuyu', a highland village where the people speak Kaqchikel almost exclusively, the men work as agricultural labourers. Rates of educational attainment for women in both communities are very low; according to unpublished surveys by Wuqu' Kawoq, a non-governmental health care organization, less than 10% of women have completed schooling beyond primary school (Rohloff, 2011).

A research team of anthropologists and nutritionists conducted eight focus-group discussion (FGD) sessions with female participants and two with male participants (four women's groups and one men's group in each site). Researchers worked with community health promoters, community leaders, and local field staff to recruit caregivers of children aged 6 to 36 months. Based on researchers' previous knowledge that women from both villages express themselves more easily in social settings with friends, neighbours, and acquaintances, participants for each women's FDG were recruited from the same sector or subdivision of the village. Men, who tend to be more accustomed to public speaking at community meetings, were recruited village-wide. Group sizes ranged from 4 to 10 participants; discussions ranged in length from 90 to 150 minutes. In K'exel, all interactions occurred in Spanish; in Xejuyu', all were in Kaqchikel. In total, 51 individuals participated (28 in Xejuyu', 23 in K'exel). Only one participant was recruited per household, so 51 household units were represented in FGD. There were 100 households in K'exel and 230 households in Xejuyu' (Brown et al., 2014); therefore, 15% of the total population was represented.

Various lines of questioning were employed in FGD to investigate how household-level gender and power dynamics related to child nutrition and food purchasing. Participants were asked about their positions within the household as well as their roles in food purchasing. Participants also gave opinions about household gender roles, the roles and responsibilities of mothers and fathers, and how to manage when caregivers cannot fulfil their household responsibilities. Audio recordings from FGD were transcribed verbatim by a bilingual linguist.

A rigorous coding scheme was used to ensure that quotations from FGD were representative. After preliminary transcript review, authors took five successive rounds to develop and modify a codebook of 50 distinct coding categories, which represented topics such as “men’s household roles” or “common illnesses.” These were further subcategorized into 230 specific themes, such as “providing economically” or “diarrhea,” respectively. Two authors separately analyzed each FGD transcript using the Coding Analysis Toolkit (QDAP, 2008). Subsequently, the team performed code-by-code comparisons for each transcript and achieved consensus for code mismatches. Results here present the entire range of themes that arose within a subset of categories relating to household roles, food purchasing, and food security. We have identified in the text themes that were expressed by multiple participants.

## Results

This study revealed gendered power dynamics that influenced infant and young child-rearing and food-purchasing behaviours within Maya households. Relationships between feeding practices and mothers’ household positions became especially apparent through discussions about gendered divisions of household labour, the importance of paternal grandmothers in food-purchasing decisions, and mothers’ coping strategies for food insecurity. Detailed results for these topics are presented below. Information about the rural Maya household in the following section on gender and child-rearing provides necessary context for the latter section that focuses on nutrition, food purchases, and nutritional decision-making.

### Gender and Household Roles in Child Rearing

#### Men’s roles.

Men and women in both communities agreed that the primary role of fathers is economic, coinciding with shared perceptions of men as “heads of the household.” Men provide money to their wives, most commonly in the form of a weekly stipend (*gastos*) for food, clothing, soap, educational expenses, medical consultations, and medications for sick children. As one father put it, “To me, the responsibility of a father is to provide *gastos*. Their [the children’s] clothing depends on them [their fathers] because they provide *gastos*. It’s [the spending money] for cooking, shoes, clothing, and education too.” Among women, the majority of responses concerning the father’s role took the form of a list of economic necessities. For example, one mother stated, “For me, the responsibility of a father is to maintain his children, to buy them clothing, buy them soap, and buy their food.”

A minority of women and men also mentioned the role fathers play in raising and caring for children. For example, one male participant discussed the importance of a father setting a good example for his children:

Our children look at what we do, especially our sons. ‘What my dad does I am going to do too.’ Principally, I would say that [their behaviour] has to do very much with their fathers’ behaviour. We have to set a good example for them, for our children.

A female caregiver felt it was important for fathers to spend time with their children. For her, the role of the father went beyond economic responsibilities:

The responsibility that a father has is to bring money to the house so that they can give it to the children. That’s the bare minimum of their responsibility, I would say. Also, they must take care of the children in their free time—take care of them, play with them, so that the children feel motivated to be with their fathers.

### **Women’s roles.**

Both men and women described mothers’ responsibilities as purchasing and preparing the family’s food, caring for the children “from the time they are born,” and maintaining children’s health through proper hygiene. As one mother reported, “To be a mother is to be very responsible, because you have to take care of your children, feed them, and keep them clean, even if it’s just with simple clothing. That is the responsibility of a mother.”

In addition, discussions of mothers’ responsibilities prominently featured child feeding. Many female caregivers offered detailed guidelines about feeding, with one describing the requisite attention and consistency:

The mother has to give them [the children] their food at the right time, because if they don’t eat at the right time, it’s bad for them. That’s when they get diarrhoea and stomach aches. They get a bloated stomach when their meal schedule is not followed. And [the mother] can’t give them too much food, because similarly, that makes them sick. Although you give them food at the right time, if it’s too much, it makes them sick. And if it’s too little, the same. It has to be the right amount. . . . A mother’s work is very important with the children. That is what one ought to do with the children.

Male and female participants alike felt that, as one female caregiver put it, “above all, a mother has to give her children love and affection.” One mother emphasized the importance of taking time to play with young children:

[We have] to give them food. At the least, if they are still nursing, [we have] to nurse them, bathe them, keep them clean, clean the house so that they are clean inside. [We have] to play with them, because sometimes that is what we miss as mothers. Because there are so many chores, one might abandon the children a lot, when instead, one should be taking advantage of [spending time with the children] at a young age. You have to play with them, give them love and affection, so that they have it at home, because they will appreciate it later.

Several male and female caregivers thought the mother’s role was more important than that of the father. One man reported that, in addition to general care, mothers also play an economic role:

I think the responsibilities of the mother are greater than that of the father, because the mother loves the children more than the father. She is caring for the children, their hygiene, and she worries about their education because when they reach four or five years old she thinks, ‘Well, what do we do? Do we send the child to school or not?’ I think it’s also her responsibility to save money and spend sparingly when it comes to taking care of the children.

Several other male and female participants spoke of mothers’ dual responsibilities for both care and financial management, emphasizing that mothers must budget within a set amount—which is determined unilaterally by the husband—to buy all food and other necessary weekly purchases for the household.

### **Paternal grandmothers’ roles.**

Although FGD questions centred on the role of mothers and fathers within households, many participants noted that other female family members, particularly children’s paternal grandmothers, often acted as surrogate caregivers who assisted with caregiving and child-feeding. Patrilocal residence patterns, in which women relocate to their husbands’ communities after marriage, often position mothers-in-law/paternal grandmothers as sources of power within households. Further increasing their power is the high value accorded to the knowledge of elders. First-time mothers in particular often looked to paternal grandmothers for information on matters of childcare and regarded their advice as authoritative. The support provided by these female elders allowed some of the young women to gain confidence about their parenting skills:

When I had my first little girl, I would ask my mother-in-law, ‘Is this okay?’ and she would tell me, ‘Yes.’ ‘Okay, good,’ I would say. That’s where I began to learn and get more practice. I learned about taking care of the food for the children, the changes that they go through, how to bathe them when they are very small.

Paternal grandmothers also provided advice about feeding practices as well as natural remedies for sick children. One woman shared that when her child got sick, she first approached her mother-in-law, who lived closer to her than her own mother:

When my baby is sick, I go to my mother-in-law to ask her, because she is closest to me and my mother lives far away, so I can’t go to my mother and ask her. When I see that my baby is sick, later I go there to her [mother-in-law] and I say, ‘What do I give him?’ [My mother-in-law says,] ‘Give him this medicine.’ First I go to her and from there to my mother because my mother-in-law is closer.

While FGD revealed that a variety of others (including children’s aunts and siblings) aided in childcare, paternal grandmothers had, apart from parents, the most influence on household childcare practices. Indeed, mothers reported that they usually adhered to the paternal grandmothers’ advice, even when they themselves had a differing opinion about best practices. For example, one woman described using a particular herbal remedy her mother-in-law had suggested, even though she herself considered it “not recommendable” for children. Another woman reported, “I do what my mother-in-law says, otherwise [the family] will blame me [if the children get sick].”

## **Food Purchasing and Financial Decision-Making**

### **Parents' food purchasing decisions.**

In both communities, participants agreed that mothers are responsible for visiting the local market and making weekly food purchases. However, discrepancies regarding decision-making power became apparent when the men and women's discussions were compared. Some men felt they played a role in food purchasing by educating their wives on how to make good choices: "Wives need to consult with their husbands about what they will eat." Many other male participants stated that food-purchasing decisions were made as a couple: "We have to agree to keep our children healthy. We agree on the things that the baby eats or does not eat. If they get sick, it can kill them. Because of this we should agree with each other...." Although a minority of men felt they did not participate in food-purchasing decisions, most perceived themselves as playing a role, referencing either egalitarian views and a shared approach to decision making, or a sense of responsibility for guiding their wives to make healthy decisions.

Female participants, on the other hand, did not see men as playing a significant role in food-purchasing decisions. One participant summarized the general sentiment that men were involved in food-purchasing decisions only "because they provide the money." Another participant emphasized, "Where I live—even though my son, husband, and I live next to my mother-in-law and family—I am the one who looks after my things and makes decisions about food. It's just me."

### **Purchasing decisions of paternal grandmothers.**

In FDG, it also became clear that paternal grandmothers play a significant role in food purchasing. In some cases, mothers described decision-making with paternal grandmothers as collaborative:

In my case, it is my mother-in-law and me, both of us, that decide [what to buy]. We chat about what we need, see what we don't have, and we make a shopping list. Later I go to the market and buy the food. Then I return home.

This participant valued the participation of her mother-in-law in food-purchasing decisions as friendly and a sharing of responsibility. Some other women, however, reported that their mothers-in-law were able to control food-purchasing decisions because the husband gave the weekly housekeeping money directly to them. This domestic arrangement prevented mothers from participating directly in nutritional decisions. One woman stated:

We are all in the same situation, living with the mother-in-law, and the mother-in-law is in charge of maintaining things in the house. We don't receive much money, almost nothing because the mothers-in-law buy the things and the husbands give the money to the mothers-in-law. And the husband buys other things that he needs directly himself.

Another female FGD participant gave a similar account:

I live together with my mother-in-law, and she is letting me live in her house without paying rent. Therefore, when my husband works, he gives the *gastos* to her, as she goes to the market. ... There is no money for me. ... She is the one who brings home the things we eat.

In contrast to collaborative interaction with the mother-in-law, this participant felt that her mother-in-law exerted total control of food purchasing decisions, and she felt constrained in her mothering role as a result. One FGD participant revealed that her mother-in-law was in charge of household shopping and did not allow her to leave the house to visit the market. Another, who did share food-purchasing responsibilities with her mother-in-law, described conflicts with her husband regarding her mother-in-law's vocal criticisms about perceived errors in food purchasing. In these scenarios, the traditional respect paternal grandmothers are accorded within the household enables them to dominate food-purchasing decision-making.

### **Economic scarcity and women's income.**

Discussions regarding household income mostly focused on men's earnings, but revealed that women also sometimes contribute to household income. Unemployment and economic scarcity often affect fathers' ability to provide for their families, especially in the case of men who are engaged primarily in subsistence farming with limited income from wages. As one such male participant explained,

In my case, I don't earn any wages. So there are things we need at the end of the week, well, yes, we have to sell a chicken or whatever we have to be able to buy [what we need]. So there is no way. Well, can I provide ... ? No, because I have no income.

Other men in similar situations reported that in times of need, they could fall back on earnings of older unmarried sons who were still living in the household. Men coping with unemployment also reported deciding not to send children to school or instructing their wives to purchase food on informal credit in local stores.

When discussing women's roles and food security, neither male nor female participants formally recognized a role for women in contributing to household earnings. Nevertheless, women frequently did report making financial contributions by selling food, clothes, or wares in the market, or by starting small business ventures. For example, one female participant explained what she would do when her husband couldn't give her any more money: "At the least I have a small business selling clothes. So from what I sell, it helps a little." Another woman described the strategy of selling household possessions, such as clothes and dishes:

Sometimes there are weeks that they [our husbands] do have work and they give *gastos*, but if they don't have it, as women, we have to be a support for them. At the least, [we have] to look at what the necessities are, because we can't leave the responsibility to him either. Sometimes we find a way. We go to sell something and from what we sell, we can buy sugar—things for the house. When they [our husbands] have work, they do give us *gastos* because that is their responsibility. When they do not have work, we as women have to make arrangements.

In addition to these strategies, other female participants reported weaving or working intermittently as agricultural day-labourers to cover household expenses when *gastos* from their husbands were not sufficient.

## Discussion

Within the context of current nutritional programming in Guatemala, which is mother-centric, we qualitatively studied intra-household dynamics in two rural Indigenous Maya communities. Several important themes emerged from the results, demonstrating how gender and household power differentials may affect childrearing and food purchasing.

One novel finding is the significant role played by paternal grandmothers. Since most young women in the study communities took up residence in their husbands' villages after marriage, paternal grandmothers were pivotal in imparting knowledge about childcare and also strongly influenced household food purchasing. Other scholars have previously characterized intra-household dynamics between mothers and paternal grandmothers in Guatemala, as ranging from collaborative to antagonistic (Ehlers, 2010; Metz & Webb, 2013). **This view is supported by some female participants in our study, who regarded their mothers-in-law as having assumed complete control over market purchases, and resented their own powerlessness.** Other participants saw decision-making as more collaborative; this view was more common among women who also reported learning about childcare from their mothers-in-law.

Recent studies have demonstrated the importance of paternal grandmothers in the care and feeding of children cross-culturally. For example, paternal grandmothers significantly influence breastfeeding and weaning practices as well as the introduction of solid foods into infant diets in places as diverse as Brazil (Susin, Giugliani, & Kummer, 2005), the Ivory Coast (Gottlieb, 2004), Malawi (Bezner Kerr, Dakishoni, Chirwa, Shumba, & Msachi, 2008), and the United States (Grassley & Eschiti, 2008). Additionally, some studies suggest that child health interventions directed towards paternal grandmothers can be successful in changing behaviour and improving child nutrition (Aubel, Touré, & Diagne, 2004). New approaches to feeding interventions in Guatemala could similarly include invitations to grandmothers to attend nutrition-education programs that formerly targeted only mothers. Such sessions could include information about best practices in meal frequency, dietary diversity, and minimal consumption of processed foods.

**A second issue identified during FGD was the discrepancy between men and women's estimations of fathers' contributions to nutritional decisions. While male caregivers generally reported that they made decisions jointly with their wives, female caregivers felt that this was not the case. This finding mirrors research done in Maya communities on the issue of decision-making for obstetrical care (Becker, Fonseca-Becker, & Schenck-Yglesias, 2006), where male participants also tended to feel that decision-making was more collaborative than their partners did, and where decisions involving finances were controlled primarily by husbands.**

Similarly, in our study, mothers were often under strict economic controls: they were expected to budget household expenses within a predetermined limit set by their spouses; compensate for limited resources when contributions from their husbands were low; and, in some households, defer to paternal grandmothers' primary management of household expenses. From the standpoint of child nutrition, these results are significant, because studies from other contexts have shown that nutritional outcomes are improved when mothers have an increased sense of autonomy or shared decision-making, or when access to household income is more flexible and negotiated (Engle, 1993; Pappas et al., 2008; Shroff, Griffiths, Adair, Suchindran, & Bentley, 2009). As such, nutritional programming could be enhanced by including instruction on household budgeting, particularly if such initiatives included fathers.

A final major finding of the study is the role of mothers' managerial skills and financial contributions to households in times of scarcity. **Caregivers in both communities categorized**

fathers' responsibilities as primarily economic and mother's responsibilities as primarily domestic. However, widespread seasonal unemployment and labour exploitation often limited the men's ability to pay for household expenses. Both men and women endorsed the role of men as exclusive economic providers, but women often went on to recount the strategies they used to supplement the stipends from their husbands with their own earnings. The importance of supplemental household income generated by mothers in rural Guatemala has been documented before (Ehlers, 2010) and, in other contexts, increasing the ability of mothers to generate supplemental income, especially through microcredit or microfinance mechanisms, has correlated with positive nutritional outcomes (Hampshire, Casiday, Kilpatrick, & Panter-Brick, 2009; Morduch & Haley, 2002; Schurmann & Johnston, 2009). Interestingly, despite a large microfinance movement in Guatemala, these linkages to nutrition programming have not historically been strong. However, recently, since the launch of the Zero Hunger campaign, several organizations in Guatemala that work on women's empowerment through microcredit or microfinance are exploring nutritional programming for their beneficiaries (Interamerican Development Bank, n.d.; Multilateral Investment Fund, 2013) and, if these initiatives have positive results, they will be of considerable importance.

### **Limitations**

There are possible limitations to this study that should be considered when interpreting the results. First, within the public setting of FGD, participants may have felt uncomfortable sharing intimate information about their experiences of food insecurity and details of their relationships with spouses and in-laws. While various caregivers did discuss these topics at length, it is possible that other participants had relevant personal experiences but chose not to describe them. Second, both communities involved in the study have engaged extensively with multiple non-governmental organizations that provide child nutrition services within a general framework of gender equality and shared responsibility. Male participants therefore may have overstated the egalitarianism of their own practices. It is also possible that female participants over-emphasized gender inequalities during their discussions. Lastly, the FGD were moderated by non-Indigenous women (AC & MFW); however, they do speak Kaqchikel and have worked in collaboration with community members for several years, thus ameliorating caregivers' reservations. Study investigators' gender helped set up a conversational and friendly atmosphere during women's FGD, but may have been perceived as anomalous during men's FGD. To ameliorate these issues, researchers involved male field-staff fluent in local languages to assist with these FGD. However, it is possible that male caregivers would have offered different types of information about household gender roles had the discussions been conducted solely by men.

### **Conclusions**

Across the spectrum of child nutrition interventions in low- and middle-income countries, mothers are often viewed as autonomous caregivers with full agency over decisions about household nutrition. However, such a view overlooks the intra-household power dynamics influencing child health (Richards et al., 2013). In the context of mother-centric nutritional programming in Indigenous Maya communities in Guatemala, we delineate the ways in which childrearing and nutritional decision-making are shared responsibilities negotiated among mothers, fathers, and paternal grandmothers. At the simplest level, these findings should encourage nutrition programs to take seriously the roles and responsibilities of family members other than mothers. Constructively engaging paternal grandmothers, in particular, can lead to a

greater recognition of their role as authoritative bearers of knowledge (Aubel, 2006) who can, through mentorship and counselling, support the increased role and decision-making power of their daughters-in-law. On the other hand, attempts to directly promote the autonomy of mothers that hinge on bypassing this traditional intra-household authority structure will likely lead to conflict.

Additionally, nutrition programs should work with caregivers and community leaders to explore the discrepancy in perceived decision-making and economic contributions between men and women. Although the economic role of women received little recognition from either the men or the women in our study, the latter are often busily engaged in the supplementation of household income, and this supplement may in fact be critical for maintaining child health (Hampshire et al., 2009). From a programmatic perspective, failing to recognize the time that mothers spend engaged in economic activities may lead to unrealistic expectations of the time they have to commit to childcare and nutrition activities.

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