Custodial Grandparenting

Individual, Cultural, and Ethnic Diversity

Editors
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SPRINGER PUBLISHING COMPANY
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The role of grandparents in American society is significantly changing. In recent years, increasing numbers of grandparents have found themselves responsible for raising their grandchildren. Today, more than 4 million children are living in grandparent-headed families, often with no parent present or involved. Equally significant is the diversity found among these families with regard to race and ethnicity. These factors interact with and influence the grandparents’ experience and, indeed, that of the children they are raising. Ten years ago a book on diversity among custodial grandparents would have seemed an esoteric subject and hardly one suitable for an edited book. Today there is an indisputable need for a book such as this one, which explores diversity from its many perspectives.

Discussions of custodial grandparents tend to begin with the reasons why the grandparents are assuming the parenting role. Parental abuse and neglect, substance abuse, HIV/AIDS, homicide, mental illness, incarceration, and child welfare policies that have a preference for relative caregivers are among the most commonly cited factors contributing to these restructured families. But, whatever the reason, most grandparents raising a grandchild had never anticipated they would be parenting again.

For most, this new role causes major interruptions in their lives. Many are forced to give up work, to reduce their working hours, to retire early, and to forgo leisure activities and their own plans in order to provide care. For many, the new responsibility also involves new financial strains and hardships as they find themselves struggling to support their grandchild while living on reduced incomes. Housing that had been comfortable and adequate may no longer suffice for the expanded family, while health and physical problems may be exacerbated by the demands of childrearing.

The problems encountered by the grandparents may be exacerbated by those of the grandchildren. Separation from the parent for whatever
reason is a difficult experience, resulting in feelings of grief and loss, which if not resolved, can undermine efforts toward adjustment. Children who have been abused or neglected face particular difficulties in establishing trust and feeling secure in the new relationship. Behavioral problems and difficulties in school are common and can further tax the well-being of the grandparent and the family.

But given these challenges, grandparents also find new rewards and enjoyment in providing for their grandchildren and in the knowledge that they are maintaining the family and keeping their grandchildren out of the formal system. The pleasure of watching the child grow, the companionship they offer, and the knowledge that they are playing vital and irreplaceable roles in the lives of their grandchildren are among the rewards that grandparents frequently report.

Recognition of the needs of these families is occurring in several spheres. The 1995 White House Conference on Aging devoted several sessions to concerns of grandparent caregivers making recommendations for policy resolutions including establishment of comprehensive programs and supportive services, development of legal services, and removal of barriers to existing programs. Undoubtedly, the 2005 White House Conference on Aging will continue the work of the previous conference and focus again on the needs of custodial grandparents.

Further acknowledgment of the roles and issues faced by grandparents is found in the 2000 amendments to the Older Americans Act, National Family Caregivers Support Program, which enables states to provide funds for services and programs for grandparent caregivers. Although restricted to those over the age of 60, the program offers an important foundation for further policy interventions and programs.

Given the diversity of grandparent caregivers, it is critical that such interventions recognize the many influences that affect their roles and experiences. Without this understanding, such policies and programs are unlikely to meet the needs of the population and consequently, services that aim at assisting grandparents are at risk of not being utilized.

The 19 chapters in this book examine several dimensions of diversity among grandparent-headed families, age, gender, culture, race, and ethnicity. As this text brings together the many distinct facets of diversity, it provides a wealth of information that can be absorbed into policy and programs to support these families and to assure their well-being. As the number of children dependent upon their grandparents for care continue to grow, it is incumbent that we continue to learn as much as possible about the many factors affecting those children’s lives and their futures.

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While four major previous coedited books focusing on grandparents raising their grandchildren dealt with (a) an overview of custodial grandparents (clinical, theoretical, empirical, applied perspectives) (Cox, 2000; Hayslip & Goldberg-Glen, 2000), (b) interventions with such grandparents (Hayslip & Patrick, 2003), and (c) grandparents raising grandchildren in the context of AIDS/HIV disease (Joslin, 2002), no book to date has spoken explicitly to the variability among custodial grandparent caregivers. This variability is brought into even sharper context when one considers custodial grandparenting as a nonnormative role, and thus, how individuals define and cope with that role is critical to its understanding. Indeed, one often thinks of grandparent caregivers as a homogenous group who face common problems (e.g., isolation from others, poverty, impairments of physical and emotional health, and the loss of their lives as they have come to know them). Yet, as most practitioners who work with grandparent caregivers and those who conduct research with such persons can attest, one cannot help but to be sensitized to their diversity, and being aware of their uniquenesses is essential to responding to them as human beings who have taken on an often thankless task.

As increased diversity is a hallmark of the aging process (see Nelson & Dannefer, 1992), it would indeed not be surprising to also observe such variability among middle-aged and older custodial grandparents. This text explicitly explores the many parameters of such diversity among custodial grandparents, with attention to individual variability utilizing multiple and diverse criteria. In this text, we specifically explore diversity across gender, age, and ruralness/urbaness, which to date, have largely been ignored as parameters differentiating caregiving grandparents. Importantly, driven by the seminal work of Meredith Minkler and her colleagues in the early 1990s who studied primarily African American custodial grandmothers raising the children of crack cocaine-addicted
adult parents, we also attend to both cross cultural and ethnic diversity among custodial grandparents. It is important to recognize that in many respects, grandparent caregivers covary along more than one dimension simultaneously (i.e., gender and ethnicity), as well as along variables which cooccur with some frequency (i.e., grandchildren’s difficulties, role demands and ethnicity, age, and health).

Attending to such diversity is essential if one wants to understand custodial grandparents’ uniqueness in the context of their own as well as their grandchildren’s development over time, and especially so if one is providing services to them. Thus, it is in both a basic research and an applied context that this text highlights the many variables differentiating grandparent caregivers and their grandchildren.

REFERENCES

SECTION 1

Diversity Across Individuals
In 1997, 752,000 grandmothers were living in households that included at least one of their grandchildren and neither of the grandchild’s parents. Close to half of these women (46.0%) were also part of the U.S. labor force (Bryson & Casper, 1999). Though the problems associated with balancing work and family responsibilities have long been acknowledged for employees who have young children (Emlen & Koren, 1984; Scharlach & Boyd, 1989; Voydanoff, 1988), and have recently been recognized for employees who have caregiving responsibilities for older persons with disabilities (Gorey, Rice, & Brice, 1992; Neal, Chapman, Ingersoll-Day-
ton, & Emlen, 1993; Pavalko & Artis, 1997; Scharlach & Boyd, 1989; Wagner & Neal, 1994; Warshaw, Barr, Raymar, Schachter, & Lucas, 1986), these concerns have not been examined adequately for employees who are raising their grandchildren in the absence of the middle generation. It is particularly important to examine the intersection of work and family care responsibilities among grandmothers raising grandchildren because many grandmothers who become caregivers for their grandchildren face increased financial responsibilities at a time in their lives, close to or at retirement, when decreased income can have dramatic long-term effects (Kelley, Yorker, & Whitley, 1997). This chapter first identifies the work-related strains experienced by grandmothers who are both working and raising their grandchildren in the absence of the parent generation and then tests a model that predicts how work disruptions experienced because of grandchild caregiving responsibilities affect current annual income.

Parsons and Bales (1955), distinguishing between the instrumental orientation of the workplace and the affective orientation of the family, argued that the norms of the two are incompatible. For either to work effectively, they argue, the two must be separate. However, there is good evidence that, in reality, work and family roles are intricately entwined. Empirical research has connected employee concern for the care of their children or elderly relatives with productivity losses from increased absences, tardiness, and stress on the job. Sharlach and Boyd (1989), for example, comparing employees without children to those with children, found that the latter miss more days of work, have more conflict between work and family, and take more time off. Moreover, Cleary and Mechanic (1983) found that married female employees with children experience more depression than those without children. Similarly, Sharlach and Boyd (1989) found that employees caring for elders had more conflict between work and family, missed more days of work, and took more time off than their non-care giving peers. Research by Warshaw et al. (1986) found that employees who were caring for older relatives experienced numerous work productivity problems, with 75% taking unscheduled days off, 73% being tardy for work, 67% being absent from work because of their caregiving responsibilities, 64% requiring excessive use of the phone because of these responsibilities, and 58% requiring emergency hours off. Similar findings are reported by Enright and Friss (1987).

Further evidence of the impact that caregiving responsibilities have on the lives of employees comes from job or career opportunities that are lost because of care giving demands. Enright and Friss (1987), for example, report that 25% of caregivers would be working if they were not providing care. Gibeau and Anastas (1989) found that 31% of employed
caregivers had considered quitting their jobs because of caregiving responsibilities; Stone, Cafferata, and Sangl (1987) found that between 5 and 14% of caregivers had quit work to become full-time caregivers; and Stephens and Christianson (1986) found that among recently unemployed caregivers, 35% had quit their jobs to provide care, 21% had turned down job offers to continue providing care, and 28% were prevented from looking for work because of their caregiving responsibilities.

Only a few studies of caregiving grandmothers have examined the effects of this caregiving role on work life. Minkler and Roe (1996) report that 30% of their respondents had left their jobs to become full-time caregivers, while Sands and Goldberg Glen (1998) report that 17.8% of the 123 custodial grandmothers they studied had quit their job because of the responsibility of raising a grandchild. Interestingly, 13.8% of the grandmothers participating in the latter study indicated that they had returned to work for the same reason.

Pavalko and Artis (1997), using data from the National Longitudinal Survey of Mature Women, found that employment status did not affect whether or not women start providing care, but that women who do start to provide care to a family member are more likely to reduce employment hours or stop working than women who do not provide this care. They conclude that the causal relationship between employment and caregiving in late midlife is largely unidirectional, with women reducing hours to meet caregiving demands. Consistent findings are reported by Pearson, Hunter, Cook, Ialongo, and Kellam (1997) who found that neither grandmother’s age nor employment status was associated with grandmother’s parenting involvement.

The effect of combining work and family roles weighs more heavily on the lives of women than men (Stone & Short, 1990). Yet, as demonstrated by Neal et al.’s (1993) study of employees caring for children, dependent adults, and elderly people, the factors predicting absenteeism from work because of these responsibilities are complex. In a sophisticated model that included personal characteristics of employees (e.g., gender, age, ethnicity, occupation), demand variables (e.g., hours worked, job shift, number of children under age 9, number of caregiving roles, extra time required for travel to child care, age of the youngest child, having a child with a disability, child care cost as a percentage of household income, and total hours of child care provided), and resources (e.g., income, work schedule flexibility, having an employed partner, number of children between the ages of 9 and 17, informal child care support from family, ease in finding child care, satisfaction with child care), these investigators were able to explain only 3% of the variance in number of days missed of work, 9% of the variance in arriving late for work or leaving early, and 8% of the variance in interruptions at work.
Although income is generally thought of as a resource, the relationships between household income and child care or work-family outcomes are often weak or negative (Neal et al., 1993). Vartuli and Stubbs (1986), for example, found that higher income was associated with higher job stress, higher absenteeism, and more use of out of home care services, but also with less difficulty in combining work and family responsibilities. As such, the negative effects of some occupations may outweigh the positive effects of increased income. Stone et al. (1987) found that professional, manager, clerical workers, and sales workers were more likely to reduce their work hours to rearrange their work schedules than were blue collar workers, while Brody, Kleban, Johnsen, Hoffman, and Schoonover (1987), in their study of caregivers to older mothers, found that those who had left the workplace to provide care were lower in educational status than those who had continued to work and managed their caregiving by making workplace accommodations. Gerstel and Gallagher (1994) conclude that among those who start caregiving, women with higher wages may have greater flexibility to reduce hours, while women who have difficulty making ends meet will be less likely to reduce hours or stop work after starting caregiving.

In addition to the effects that caregiving responsibilities have on concurrent employment, decisions made in order to accommodate these responsibilities can have dramatic long-term effects on the work lives and income of individuals. Resumption of full-time employment after an exit for family reasons is related to lower subsequent wages (Wenk & Rosenfeld, 1992), a greater likelihood of being located in a benefit-poor job (Harrington Meyer & Pavalko, 1996), and reduced retirement benefits (O’Rand & Henretta, 1982).

When caregiving is done in the years just prior to retirement eligibility, labor force exits or reductions in work hours can have a particularly powerful effect on long term income. Interruptions that occur when women are closer to retirement may lower their Social Security or private pension benefits (Kingston & O’Grady-LeShane, 1993). Furthermore, it is not clear whether work interruptions that occur later in the career essentially lead to early retirement because of difficulties in returning to the labor force after care giving responsibilities stop. Pavalko and Artis (1997) suggest that even though the length of time spent caregiving may be relatively short, it may be that women are unable to recover from the economic implications of this lost time.

THEORETICAL MODEL

The theoretical model that derives from this empirical research has current work hours and personal income as its primary outcomes. Penultimate
outcomes include quitting work and missing work in order to care for a grandchild. Exogenous variables include current marital status (divorced vs. not divorced), education, and health. The hypotheses, deriving from the existing literature, include the following:

1. Grandmothers who are divorced are more likely to miss work for reasons associated with their role as caregiver than grandmothers who are not divorced.
2. The higher the education level of the grandmother, the more likely she is to miss work for reasons related to child care.
3. Grandmothers who miss work for reasons related to child care will be working fewer hours now than grandmothers who do not miss work for these reasons.
4. Grandmothers who have quit work for reasons related to child care will be working fewer hours now than grandmothers who have not quit work for these reasons.
5. Grandmothers who have quit work for reasons related to child care will have lower incomes than grandmothers who have not quit work for these reasons.

In order to control for known relationships, paths between health and work hours, health and income, work hours and income, and education and income are included in the model. In addition to these directional hypotheses, education and health are correlated with one another.

**METHODS**

**Sample**

Data for the following analyses come from telephone interviews with 506 grandmothers who were living with and providing care to a grandchild in households that did not include either the grandchild’s mother or father. Inclusion in the analyses was limited to grandmothers who worked outside the home at some point during the years they lived with and had primary responsibility for their grandchild. Grandmothers were selected for study over grandfathers because women are more likely than men to assume the role of kin-keeper, either as parental replacement or parental supporter (Cohler & Grunebaum, 1980; Hagestad & Smyer, 1982). Women facilitate contact and exchanges between generations, and serve as “family monitors,” observing the course of relationships and registering changes in them (Hagestad, 1985). Finally, these differences as well as differential
life expectancies result in older women being more likely than older men to live with younger family members.

Individuals learned about the study primarily through media press releases (70.8%). Additional referral sources included 3.2% from paid advertisements, 5.3% from contact with social agencies, 3.2% from schools, 4.7% from word of mouth, 6.7% from support groups, and 5.1% were referred by others who had participated in the study. Identical outreach efforts were made throughout the United States. The sample for the analyses that follow included grandmothers living in 40 states throughout the United States. Respondents comprised 93.1% who lived in urban areas and 6.9% who lived in rural areas.

Though no attempt was made to randomly select participants for this study, an estimate of the extent to which participants are representative of, and hence yield data that are generalizable to, the population of grandmothers raising their grandchildren derives from comparing the demographics of this sample with that of national databases. More specifically, the demographic characteristics of people in our database were contrasted with the following datasets, all based on large representative samples: (a) the Current Population Survey analyzed by Chalfie (1994); (b) the National Survey of Families and Households analyzed by Fuller-Thomson et al. (1997), and (c) the 1997 Current Population Survey analyzed by Casper and Bryson (1998). These comparisons suggest that the grandmothers participating in our study are similar to women participating in the national datasets and to the population of grandmothers raising grandchildren in the United States with two exceptions: (a) they are less likely to be living in the Southern United States, and (b) they are less likely to be living under the poverty level.

Women were eligible to participate in the study if they had lived with at least one of their grandchildren in homes that did not include either the grandchild’s mother or father for at least three months. Interviews were conducted between July 1996 and July 1998.

Grandmothers participating in the study ranged in age from 50 to 79 years. At the time they participated in the study, grandmothers had been living with their grandchild for a mean of 6.83 years. The grandmothers were between 33 and 70 years old (mean = 50.18, s.d. = 6.37) when they began living with and caring for their grandchild. Of the sample, 51.2% were Black; half were White. The majority of respondents (51.6%) were married; 28.3% were divorced; 14.0% were widowed; 2.5% not married, but living with a significant other; and 3.6% were never married. The women had an average of 13.6 years of education, with 9.2% having less than a high school education, 30.8% having a high school education, 36.5% having some college education, and 23.6% having four or more years of college.
The majority of the sample (73.3%) was currently working. Among those respondents who were currently working, the mean number of work hours per week was 34.6 ($s.d. = 13.4$). Respondents who were not currently working reported that they had last worked an average of 3.4 years ago ($s.d. = 3.15$ years). Respondents (whether currently working or not) reported that they worked in a variety of positions, with 34.6% holding professional positions requiring an advanced degree, 26.9% working in secretarial positions, 14.8% in service positions, and 21.6% in other blue collar positions. A minority of the sample (2.2%) indicated that they had been housewives for most of their lives. The majority of the sample (67.6%) was protestant, with 15.0% Catholic, 15.2% other (including Christian, nondenominational, Jehovah’s Witnesses, Mormon), 1.0% Jewish, and 1.2% reporting no religion.

The grandchildren ranged in age from 9 months to 18 years. Half of the grandchildren were male; half were female. The majority of grandmothers (70.4%) were maternal grandmothers; 29.6% were paternal grandmothers.

The overwhelming majority of grandchildren moved into the grandmother’s home (86.4%), whereas a minority had always lived with their grandmother (8.3%), and a few grandmothers moved into the grandchild’s home (.8%) or grandmother and grandchild moved into a new home together (3.8%). While 54.2% of the grandmothers had only one grandchild living in her house, 27.3% had two grandchildren, 10.3% three grandchildren, and 8.3% had four or more grandchildren.

**Measures**

Each respondent participated in a confidential telephone interview that lasted for an average of 2.4 hours (range 61 minutes to 4.6 hours). The interviews were conducted by a staff of 17 part-time interviewers who received extensive training on the interview protocol, which was primarily structured and quantitative.

Respondents reported on three aspects of their physical health. First, subjective health of the grandmother was assessed by asking respondents the following four questions: (a) “How would you rate your overall health at the present time? Would you say: excellent, good, fair, or poor”; (b) “Is your health now better, about the same, or not as good as it was three years ago”; (c) “Does your own health stand in the way of your doing the things you want to do: not at all, a little, or a great deal?”; and (d) “Would you say that your health is better, about the same, or not as good as most people your age?” Scores on the scale ranged from 4 to 13, with higher scores reflecting better health. Coefficient alpha for
the scale was .76. Second, grandmother’s functional ability was assessed using the 10-item scale developed by Fitti and Kovar (1987). Grandmothers reported whether they had “no difficulty” (0), “some difficulty” (1), “much difficulty” (2), or were “unable” (3) to do activities that included walking a quarter of a mile, sitting for long periods, reaching up, and lifting or carrying something as heavy as ten pounds. Scores on the scale ranged from 0 to 23 (mean = 4.01, s.d. = 4.88). Coefficient alpha for the scale was .87. Finally, grandmothers reported on whether or not they had been diagnosed with any of 29 physical illnesses, including arthritis, cancer, heart trouble, and diabetes. The number of diagnosed health conditions ranged from 0 to 12 (mean = 2.58, s.d. = 2.35).

Work missed because of responsibilities to their grandchild was assessed by asking grandmothers whether, because of their grandchild, they had ever: (a) come late to work, (b) missed work, (c) left work in order to take their grandchild to a doctor’s appointment, and (d) left work suddenly. Scores on the scale created from this information ranged from 0 (no work effects experienced as a function of responsibilities to grandchild) to 4 (mean = 2.21, s.d. = 1.50). Coefficient alpha for the scale was .76. Table 1.1 details the extent to which grandmothers raising their grandchildren missed work. Approximately half of the grandmothers participating in the study indicated that they had experienced each of the following: been late for work, missed work, had to leave work for a grandchild’s medical appointment, and had to leave work suddenly because of their grandchild. Multiple work-related problems were common, as 16.8% of the sample reported two of these problems, 20.4% reported three of these problems, and 28.1% reported having experienced all of these problems.

Grandmothers stated whether or not they had ever quit a job because of responsibilities to their grandchild. A total of 89 women (17.6%) ...

### Table 1.1 Effects of Providing Care to Grandchild on Missed Work

<table>
<thead>
<tr>
<th>Because of responsibilities to your grandchild, have you ever had to:</th>
<th>Percent who answered “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Come late to work?</td>
<td>49.8</td>
</tr>
<tr>
<td>Miss work?</td>
<td>59.9</td>
</tr>
<tr>
<td>Leave work to take your grandchild to a doctor’s appointment?</td>
<td>64.4</td>
</tr>
<tr>
<td>Leave work suddenly?</td>
<td>46.6</td>
</tr>
</tbody>
</table>
participating in the study reported that they had quit a job in order to take care of their grandchild.

Current work hours were assessed by asking grandmothers to report on the number of hours per week that they were working. Work hours ranged from 0 (26.7%) to 90 (mean = 25.36, s.d. = 19.14).

Personal annual income was assessed by asking respondents to report their personal annual income, considering all sources such as jobs, Social Security, retirement income, unemployment compensation, profits, interest, and so forth. Personal annual income ranged from less than $3,000 to more than $70,000. The median annual personal income was $13,500.

**Procedures**

A series of three-phase model testing and development procedures were followed. These three phases of modeling, model evaluation, model readjustment, and model replication require two independent samples of data. The first two phases were carried out using a randomly selected sample of 406 of the 506 respondents (Sample 1). Data from the remaining 100 cases (Sample 2) were reserved and used for purposes of the third phase—model replication.

Once the sample was randomly split, *t*-tests examined whether there were significant differences between the two groups on model variables. These analyses revealed that there were no significant differences between the two groups on marital status (divorced vs. not) (*t* = −.18), education (*t* = 1.22), subjective health (*t* = 1.23), number of illnesses (*t* = −.78), having missed work to care for grandchild (*t* = −1.25), having quit work because of responsibilities to grandchild (*t* = −.71), and number of hours currently working (*t* = .10). The two groups were significantly different on functional ability (*t* = −1.60) with Sample 2 scoring higher, and personal annual income (*t* = 1.51) with Sample 1 having a higher income. These significant differences are most likely due to chance.

The AMOS (Analysis of Moment Structures) structural modeling equation program (Arbuckle, 1995) was used to test the fit of the data to the hypothesized model. AMOS is a computer program that estimates structural models through variance-covariance matrices. Multiple indices of fit were used to evaluate the fit of the data to the model. An overall chi-square index was used to assess the degree of fit between the estimated and observed covariance matrices. Lower values indicate better fitting models. Problems may arise with the chi-square index, so additional indices were used to assess model fit. Additional indices included a normed goodness of fit index in which .90 was the lowest acceptable value (Arbuckle, 1995; Hoyle & Panter, 1995), RMSEA or root mean square error
of approximation (Browne & Cudeck, 1989), which compensates for the
effects of model complexity and ideally has a value of .05 or less, and
Hoelter’s (1983) critical N (CN). Hoelter argues that a critical N of 200
indicates a satisfactory fit.

**RESULTS**

Bivariate correlations of model variables for Sample 1 are reported above
the diagonal in Table 1.2 (those for Sample 2, below the diagonal),
affording the first-level test of the hypothesized relationships as well as
the opportunity to understand the relationships among the empirical
variables. These data provide support for four of the five hypotheses: (a)
divorced grandmothers were more likely to have missed work because
of the demands of caring for a grandchild than were grandmothers who
were not divorced, (b) grandmothers with higher levels of education were
more likely to have missed work than grandmothers with lower levels of
education, (c) grandmothers who had quit work in order to care for a
grandchild were currently working fewer hours than grandmothers who
had not quit, and (d) grandmothers who had quit work to care for a
grandchild currently had lower incomes than grandmothers who had not
quit work. However, contrary to the hypothesized relationship, grand-
mothers who missed work because of the demands of caring for a grand-
child were actually working more hours now than grandmothers who
had not missed work for this reason.

The five hypothesized paths as well as controls were tested simultane-
ously. The summary statistics (chi-square = 279.87; d.f. = 27, p = .00;
Bentler-Bonett index = .95; RMSEA = .15; Hoelter CN = 68) suggest a
less than optimal fit of the data to the model. Two modifications made
to the model, one at a time, significantly improved the fit. First, a path
from education to quit work was added. Second, a regression path from
education to hours working was added. Fit statistics for the final model
included a chi square of 46.84 (d.f. = 25, p = .00), Bentler-Bonett index
of .99, RMSEA of .05, and a Hoelter CN of 384. These statistics indicate
that the addition of these two paths resulted in an excellent fit of the
model to the data. All hypothesized paths and controls were significant.

The final model developed using Sample 1 was then cross-validated
using Sample 2. The resulting chi-square of 32.06 (d.f. = 25, p = .16),
Bentler-Bonett index of .98, RMSEA of .05, and Hoelter of 137 indicate
that the model shows stability across samples, and that the paths added
were, most likely, not due to chance.

To more carefully assess the stability of the paths across the two
groups, we tested the final model simultaneously on Sample 1 and Sample
<table>
<thead>
<tr>
<th>Feature</th>
<th>Divorced</th>
<th>Education</th>
<th>Subjective Health</th>
<th>Number Illnesses</th>
<th>Functional Ability</th>
<th>Miss Work</th>
<th>Quit Work</th>
<th>Hours Work</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced</td>
<td>1.0</td>
<td>.08</td>
<td>.06</td>
<td>.04</td>
<td>.03</td>
<td>.17**</td>
<td>.01</td>
<td>.04</td>
<td>.11*</td>
</tr>
<tr>
<td>Education</td>
<td>-.05</td>
<td>1.0</td>
<td>.10</td>
<td>-.01</td>
<td>-.015</td>
<td>.17**</td>
<td>-.04</td>
<td>.23**</td>
<td>.39**</td>
</tr>
<tr>
<td>Subjective health</td>
<td>-.04</td>
<td>.13</td>
<td>1.0</td>
<td>-.62**</td>
<td>-.66**</td>
<td>-.07</td>
<td>-.09</td>
<td>.16**</td>
<td>.19**</td>
</tr>
<tr>
<td>Number illnesses</td>
<td>.03</td>
<td>-.15</td>
<td>-.64**</td>
<td>1.0</td>
<td>.62**</td>
<td>.06</td>
<td>.08</td>
<td>-.15**</td>
<td>-.13**</td>
</tr>
<tr>
<td>Functional ability</td>
<td>.10</td>
<td>-.13</td>
<td>-.66**</td>
<td>.72**</td>
<td>1.0</td>
<td>.02</td>
<td>.04</td>
<td>-.24**</td>
<td>-.15**</td>
</tr>
<tr>
<td>Miss work</td>
<td>.14</td>
<td>.25*</td>
<td>-.14*</td>
<td>.03</td>
<td>.003</td>
<td>1.0</td>
<td>.03</td>
<td>.23**</td>
<td>.19**</td>
</tr>
<tr>
<td>Quit work</td>
<td>.01</td>
<td>-.09</td>
<td>-.01</td>
<td>-.03</td>
<td>-.03</td>
<td>-.04</td>
<td>1.0</td>
<td>-.32**</td>
<td>-.29**</td>
</tr>
<tr>
<td>Hours work</td>
<td>.17</td>
<td>.11</td>
<td>.27**</td>
<td>-.32**</td>
<td>-.42**</td>
<td>.31**</td>
<td>-.24*</td>
<td>1.0</td>
<td>.52**</td>
</tr>
<tr>
<td>Income</td>
<td>.14</td>
<td>.41**</td>
<td>.23*</td>
<td>-.31**</td>
<td>-.28**</td>
<td>.34**</td>
<td>-.31**</td>
<td>.58**</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*Significant at .05 level. **Significant at .01 level.
2 using the nested procedures described by Joreskog and Sorbom (1986). Multisample AMOS analysis was first used to test a model in which the same parameter pattern was freely estimated within each group. This chi-square value was the starting point for the nested sequential analyses that follow. First the magnitudes of the regression paths were compared and then the magnitudes of the variances and covariances were compared. As seen in Table 1.3, these analyses reveal that there are parameter equivalencies in terms of both the regression paths and the variances and covariances across samples. Together, these analyses suggest stability of the structural equation paths in the model.

Finally, the fit of the model was tested using the complete sample of 506. Because of the parameter stability and equivalency across the two samples, it was possible to test the model on the complete sample. The increase in sample size acted to further stabilize the parameters. Results from that analysis yielded a chi-square of 58.72 ($d.f. = 25, p = .00$), Bentler-Bonett index of .99, RMSEA of .05, and Hoelter of 382. The standardized estimates for the full sample on the final model can be obtained from the first author. The data provide support for the following direct relationships: (a) grandmothers who are divorced are more likely to miss work for reasons associated with their role as caregiver than grandmothers who are not; (b) the higher the education level of the grandmother, the more likely she is to miss work for reasons related to child care; (c) grandmothers who have quit work for reasons related to child care work fewer hours now than grandmothers who have not quit work for these reasons; (d) grandmothers who have quit work for reasons related to child care have lower incomes than grandmothers who have not quit work for these reasons; (e) grandmothers with more education are likely to be working more hours; and (f) grandmothers with more education are more likely to have quit their jobs in order to take care of

<table>
<thead>
<tr>
<th>Step</th>
<th>Chi-Square</th>
<th>df</th>
<th>Change in Chi-Square</th>
<th>Change in df</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No constraints</td>
<td>79.026</td>
<td>50</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. Equivalent regression weights between latent variables</td>
<td>96.809</td>
<td>63</td>
<td>17.78</td>
<td>13</td>
</tr>
<tr>
<td>3. Equivalent exogenous and residual covariances</td>
<td>106.197</td>
<td>74</td>
<td>9.388</td>
<td>11</td>
</tr>
</tbody>
</table>
their grandchild. Consistent with the trend identified at the bivariate level, grandmothers who had missed work for reasons related to child care at some point in the past were working more hours now than grandmothers who had not missed work for these reasons.

**DISCUSSION**

Minkler (1999) stated that “For grandparents who become the primary caregivers for their grandchildren, the personal decision to care often has profound economic consequences” (p. 210). These data provide support that assertion, as they find that the current annual personal income of grandmothers raising grandchildren who quit their jobs in order to assist their grandchild is less than that of grandmothers who did not quit their job for this reason. In addition to this decrease in income are the added expenses of caring for a grandchild—expenses not addressed in these analyses. Yet, as described by Simon-Rusinowitz, Krach, Marks, Piktialis, and Wilson (1996), many grandparents raising grandchildren watch their personal savings and retirement funds shrink as they save for their grandchild’s current and future financial needs.

These analyses suggest that missing work and quitting work are very different phenomena for grandmothers raising their grandchildren. As such, they have different effects on grandmothers. While quitting work because of child care responsibilities leads to reduced current personal annual income and reduced current work hours, missing work is associated with an increase in current work hours. These data lead one to wonder whether grandmothers who miss work because of child care responsibilities are currently working more hours in order to somehow make up for this lost time. Future research is needed to provide a greater understanding of this phenomenon.

Just as the effects of missing work and quitting work are different from one another, so too are the predictors. These data indicate that grandmothers who miss work because of their child care responsibilities are more likely to be divorced than are grandmothers who do not miss work. Grandmothers who are divorced may lack the support system within the household that enables them to both work and care for their grandchild. Grandmothers who miss work because of responsibilities to their grandchild are also more likely to be better educated than grandmothers who do not miss work for this reason. Grandmothers with better education are most likely in occupations that provide the increased flexibility that they require in order to care for their grandchild and work. As such, it is possible that better-educated women miss more work in
order to care for their grandchild than do less well-educated women because they can. Flexible hours and the opportunity to work at home may make it possible for grandmothers raising grandchildren to miss work without having serious repercussions for their current annual income. Unfortunately, these data do not adequately model the decision to quit work. The sole predictor of quitting work to care for a grandchild was education, and this path was one of the weakest in the model. Future studies must address this issue as they investigate the factors behind women leaving the work force in order to care for a grandchild.

Although these data are intriguing for their support of the relationship between missing work and quitting work for grandchild care and current income, they are limited because of the time constriction of these data. All of the grandmothers participating in the study were currently caring for a grandchild in households that did not include either of the grandchild’s parents. Their reports of experiences of missing and quitting work are limited to retrospection, while the effects that these work experiences have on current income and work hours are short term, and limited to those grandmothers still providing care to a grandchild. In order to understand the long-term effects that caring for a grandchild can have on grandmother’s income, a longitudinal study, tracking these women over time, is required. Such a study should follow grandmothers over a time period sufficient that their grandchildren would age out of their households and the long-term effects of this caregiving role on income could be examined, enabling an empirical test of Kingston and O’Grady-LeShane (1993) contention that interruptions that occur when women are closer to retirement may limit their Social Security or private pension benefits.

These data add to the growing empirical knowledge base that indicates that work and family roles are intricately entwined. The experiences of grandmothers raising grandchildren are similar to those of parents caring for young children and of persons caring for adults with a disability. What differentiates this population are both the time in their lives and the length of time during the course of their lives that they face the caregiving role. Grandparents raising grandchildren face the caregiving role late in the history of their work lives, and often for extensive periods of time, while parents with young children, who may be involved in child care for similar lengths of time, meet these conflicting demands relatively early in the history of their work lives. Persons caring for an adult with a disability can experience their care giving role at a variety of times in their work life. When caregiving and spouse or parent care intersect, for example, while care may be provided toward the end of the work life, it is generally more short term than is the experience for grandmothers.
caring for grandchildren. When parents are involved in providing care to an adult child with disability, it is more likely to have been a constant throughout their working lives.

The number of grandmothers raising their grandchildren in the absence of the grandchild’s parents continues to grow (Bryson & Casper, 1999). With their growth will come increased recognition from employers that, in order to remain competitive, and improve recruitment and retention, improve employee morale, and reduce stress, employers will need to create opportunities for their employees that enable them to both provide care for their young grandchildren and work. Galinsky and Stein (1990) contended that companies that have care giving responsibilities at the forefront and those that help to strengthen the relationship between family and work will be leaders in their industry. It is, as Martin, Polisar, and Bengtson (1988) says, “good business” (p. 11) for employers to help their employees balance their work and family lives. While many companies have developed programs that cater to parents of young children and to employees caring for a dependent adult, expanding these programs to reach employees caring for a grandchild does not seem unrealistic. Rather, the tendency for grandparent caregivers to be among the most experienced workers in a company make it essential that companies support grandparent caregivers in their family roles, thereby decreasing productivity loss, unplanned absences from work, or withdrawal from the work world.

Grandparents raising grandchildren have complex needs, which affect the work world. First, they often find themselves having to work long beyond the age when they believed they would retire. As indicated in focus groups with grandparent caregivers conducted by Simon-Rusinowitz et al. (1996), the fear that “I’m going to have to work into my 90s just to put food on the table” is central. Second, grandparents who are surrogate caregivers to their grandchildren need flexibility from their work that allows them to stay home with a sick child or attend a conference with the child’s teacher. Third, they face difficulties finding quality and affordable child care and need advice with parenting issues (Simon-Rusinowitz et al., 1996). Finally, grandparent caregivers need health care coverage for their dependent grandchildren. Despite the fact that many grandparents have court-ordered custody of their grandchildren, they are often unable to provide health care insurance to these grandchildren under their employer-provided health insurance packages.

Finally, the policy implications of these findings are great. While there is a trend for political debate to move responsibility for dependent family care back to families, with the faulty assumption that families are shirking responsibility for care in favor of employment outside the home,
solid research evidence suggests that this is not the case. Pavalko and Artis (1997), for example, documented that employed women are no less likely to start providing care for a family member than are unemployed women. As Glazer (1990) has noted, the pattern that emerges is not one of women forgoing caregiving because of employment, but rather, women squeezed as reductions in government programs and health insurance increase both their responsibility for providing care and their need for waged income. These data support Glazer’s observations. In this study, close to three quarters of the women were both working and providing care to a dependent grandchild. On the other hand, these data provide support for only some of the economic cost borne by grandmothers who take on caregiving responsibilities for their grandchildren. That annual incomes for these women were reduced because of responsibilities to their grandchildren is only a small piece of a very complex picture. The reduced current income has important implications for long-term reductions in pension income and Social Security benefits that can only be surmised with these data.

REFERENCES


