WHAT IT MEANS FOR GRANDPARENTS TO RAISE THEIR GRANDCHILDREN AS PRIMARY CAREGIVERS

by

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ABSTRACT

For generations, grandparents have taken a special role in the lives of their grandchildren- to nurture, love, encourage and support them to achieve their goals. However, in the past fifteen years, the definition of family has become more flexible, as it accommodated the increasing number of grandparents raising grandchildren as primary caregivers. This research studies this family structure, which was seen as a solution to raise young children whose parents were unfit to perform their role as parents or because of a crisis.

Grandparents who raise their grandchildren as primary caregivers were chosen using purposeful snowball sampling. The grandchildren were all minors. The researcher interviewed the participants and was able to get varied perspectives on the issue being studied. After analyzing the data, the themes that emerged were:

- Reasons for this dynamic family structure
- Emotional responses
- Coping Strategies
- Various forms of support.
The results of the study indicated that grandparents faced many challenges, but despite the challenges, the joys they experienced far outweighed the challenges. A finding from this study that was not consistent with the literature on the issue was that this experience of grandparents raising grandchildren did not affect the health of the participating grandparents (all raising their grandchildren as primary caregivers) in any adverse manner. In fact, they felt this arrangement gave them more energy, gave them purpose and a reason to live. Another result of this study that was not consistent with the related literature was gender related. Most of the literature spoke of grandmothers in the caregiving role. The literature pointed to the nurturing and caring characteristics found in females, which suggested the reasons women were seen as doing the caregiving. However, this study found grandfathers that took an active role in every aspect of their grandchild’s life as they raised their grandchildren as primary caregivers.
DEDICATION

This work is dedicated to my mom, Amy Gonsalves, my husband, T.N. Mohan, and my daughter, Lathika Mohan, and in memory of my dad, Joseph Gonsalves, and my mentor, Dr. Ruth Faye Davis.
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With a grateful heart, I would like to thank my God and Savior, Jesus Christ, for walking with me on this journey. Who I am today and who I have become I owe to Him.

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INTRODUCTION

Vignette

A special day for all families is the day a child is born. It is the beginning of a journey --- the beginning of a loving and lasting relationship between parent and child as well as grandparent and grandchild. It is a day filled with a variety of emotions—of joy and optimism, of excitement and wonder, and of hope for a future filled with possibilities.

A few months later however, the scene is very different: A call from the local police station wakes up the grandmother at midnight. She is asked to come over to the station to pick up her little grandchild. The parents are arrested for being involved with drugs. The little grandchild’s journey with his parents has been cut short because of these events. Grandma is the only relative identified to take care of the child. And so…the journey begins again – this time grandparent and grandchild travel together on this road called life.

A Special Role

Grandparents have traditionally had a role in life of their grandchild. The grandparent and the parent would team up to support and nurture the young grandchild.
Today however, often that parent-grandparent team has broken apart; as the number of grandchildren being raised solely by the grandparent as primary caregivers continues to grow. A Census Publication Information report dated September 2000 noted that the number of children who lived in homes maintained by grandparents represented an increase of 641,000 since 1992 (U.S. Census Bureau, 2000). This dramatic increase in the number of grandchildren being reared by their grandparents as primary caregivers has created a new family structure in the United States (Hayslip & Goldberg-Glen, 2000).

Demographics

When we look back through history, the role of the grandparent was one in which the grandparents exercised control over the younger generation, where relations between the grandchildren and their grandparents tended to be formal and authoritarian (Kivnick, 1982). The role of grandparents today is very different. What we see today is indulgence and warmth, friendliness and informality between grandchildren and grandparent (Cherlin & Furstenberg, 1986). In 1997, 3.9 million children were raised by their grandparents. This puts 2,444,000 households with a grandchild under the age of 18 living with a grandparent (Casper & Bryson, 1998). A Census Public Information report dated September 2000 noted that the number of children living in and being cared for in homes maintained by grandparents represented an increase of 641,000 since 1992. From the early 1990’s, social scientists started studying this phenomenon of grandparents as primary caregivers (Pruchno & Johnson, 1996). Why are the numbers of grandparents as primary caregivers increasing? As the life expectancy of the population rises, more and more people are
becoming grandparents. Just about everyone will become a grandparent during their lifetime (Pruchno & Johnson, 1996). The average age for becoming a grandmother is 45, therefore many women will spend half of their lives in this role (Goodman & Silverstein, 2002).

The Changing Face of Grandparents

Grandparenthood is affected in its present context by a multitude of societal changes. Grandparents have increasingly begun to become primary caregivers, when their own children are not able to perform the parental role for a variety of reasons. Some of the reasons grandparents take on the role as primary caregivers include: parent’s emotional problems, drug problems of the parent, parent’s mental illness or mental retardation, and alcohol problems faced by a parent or both the parents (Jendrek, 1994). Further reasons included were substance abuse, teen pregnancy, AIDS, incarceration, emotional health and the death of a parent (Fuller-Thomson, Minkler, & Driver, 1997). It was these reasons that caused the researcher to be concerned and therefore led the researcher to study what it means for grandparents as they raise their grandchildren as primary caregivers. Their golden years have been put on hold as they have begun yet another child rearing cycle --- being parents a second time.

There are a myriad of reasons why grandparents are called upon to take on this role as primary caregiver for their grandchildren. Some of the reasons include child abuse, violence in the home, drugs, alcohol dependency, death of a parent, terminal illness, incarceration, teen pregnancy, divorce, unfit parenting, abandonment (Weber & Waldrop, 2000). However, researchers have found that in almost all of the cases, these grandparents
have taken on this life altering role as primary caregiver because of a crisis, and sometimes even a loss (Dolbin-McNab, 2006).

Background

Today, the traditional definition of family is challenged with the diversity of family structures and the perceptions of what a family truly is (Dowd, 1997). Because of this diversity of family structures, a single encompassing definition of family is difficult to achieve. We can define family in our society in various ways depending on its purpose and its circumstance (Smith, 1995; Sprey, 1998). This study focuses on one such family structure- grandparents who raise their grandchildren as primary caregivers.

As we look back at history, grandparents took on the role of caring for their grandchildren as women started entering the workforce (Neugarten & Weinstein, 1964). Today most grandparents take on this life altering role of caring for their grandchildren as primary caregivers, because the parents are unfit to parent (de Toledo & Brown, 1995; Apfel & Seitz, 1991). Many studies have pointed to the reasons for this condition and many researchers have associated it with poverty. These included the incarceration of women (Dressel & Barnhill, 1994), drugs and HIV/AIDS (Burton, 1992; Minkler & Roe, 1993), divorce (Cherlin & Furstenberg, 1986), bearing children outside of marriage (Apfel & Seitz, 1991), mental illness and the lack of affordable childcare (Jendrek, 1993).

Burton (1992) and Minkler and Roe (1994) stated that this family structure of grandparents as primary caregivers was especially prevalent with African-Americans. This situation of kinship systems for African-Americans was important because of the separation incurred from slavery (Billingsley, 1992; Wilkinson, 1993). Researchers
suggest that during this period in history, the informal adoption of grandchildren took place (Crosbie, Burnette & Lewis, 1993). Looking back historically, African American families did and still do absorb into their families relatives and friends who are in need into their families (Fine, Schwebel & James-Myers, 1987). Like African-Americans, Hispanic Americans tend to prefer their children to be reared by a grandparent rather than by an institution or outside care (de Toledo & Brown, 1995; Minkler and Roe, 1993).

Grandparents and Socioeconomic Status

Researchers have found that historically grandparents as primary caregivers especially single grandmothers, were the caregivers of poverty (Chalfie, 1994). Minkler and Roe (1994) found that before taking on the role as a primary caregiver, the grandparents faced financial difficulty that increased after they assumed the role of primary caregiver. After taking on this role, researchers found that grandparents also saw a decrease in the salaries they took home. This decrease was because they had to take a leave of absence, reduce their work hours, pass up promotions and sometimes even quit (Burton, 1992; Minkler & Roe, 1993). As many grandparents accept this role in their retirement years, the situation has always added a great deal of economic stress on families. Also, there was a lack of basic health care for the grandchildren (Kammerman & Kahn, 1995). However today with the new health care bill that was recently passed, all children and families should be able to get the health care they need without the payment of heavy premiums (Affordable Healthcare Act, 2010). The paucity of institutional and community resources has made the burden much heavier for the primary care giver grandparents to bear. Under welfare reform, individuals convicted of drug related felonies
were not eligible for food stamps or Temporary Assistance for Needy Families (TANF).
One of the many reasons for grandparents raising their grandchildren as primary caregivers is because of the incarceration of the grandchildren’s parents. This impacts the financial support the grandparents can provide for the grandchildren they are raising as primary caregivers on their fixed incomes (Dressel & Barnhill, 1994).

Despite the stress, loneliness, stigma, and loss of friendships, some grandparents have accepted this life changing role and seen it as an opportunity to have another chance to raise a child correctly, to nurture and pass on the family values and beliefs that the grandparents have cherished and to be able to give and receive the love and friendship of their grandchild (Burton et al., 1995; Goldberg et al., 1998; Dolbin-McNab, 2006). Grandparents may feel energetic and active as they take on this role as primary caregiver and also find a purpose and meaning to their lives (Jendrek, 1993). This study explored the experiences and described what it means for grandparents to raise grandchildren as primary caregivers.

Statement of the Problem

Diversity in families brings to mind ethnic diversity. However, in the past 50 years, the diversity has also been extended to include structural diverse families. As Coontz (1992) has pointed out, families have always been diverse, but structural diversity in families has become more prevalent today.

This research study examines the family structure of grandparents as primary caregivers. Throughout history, most grandparents have had an important role in the nurturing and caring of their grandchildren. However, researchers tell us, in the past fifteen
years, the number of grandparents raising grandchildren as primary caregivers has increased (Fields, J. 2003). Grandparents as primary caregiver families have touched every socio-economic and cultural background. Homes affected include working professionals, retirees, those close to retirement, as well as those working in minimal wage jobs.

In summary, grandparents that step into this life changing role are faced with many challenges as well as joys. Some of the challenges include physical, emotional, financial issues. Many face the legal, medical and income concerns. Researchers have found that many grandparents who are primary caregivers live below the poverty line (Kirby & Kanada, 2002).

Because grandparents take on this role as primary caregiver after raising their own children, researchers have said that they seem out of touch with the changes in the educational system, technology used in schools, social interaction norms and pop culture of today (Sands & Goldberg-Glen, 2000). Many feel socially isolated from their peers. Because of a fixed income and financial issues, they may have transportation problems (Kelley, Whitley, Sipe, & Yorker, 2000). Despite the difficulties they face, grandparents as primary caregivers often feel a sense of joy and happiness as they are able to pass on to their grandchildren their values and beliefs. They often share that they have a chance to get it right this time. Above all, they are also able to give, as well as receive a love and friendship that brings new meaning and purpose to their lives (Dolbin-McNab, 2006). This case study will examine these experiences within the family structure of grandparents as they raise their grandchildren as primary caregivers.
Gap in Research

As the number of grandparent raising grandchildren as primary caregivers increases, there is a lack of complete understanding of the positive effects of grandparents’ care for grandchildren because of a lack of positive data (Minkler-Rowe & Price, 1992; Burton, 1992; Ross & Mirowsky, 1999; Skogan, 1990). This gap is difficult to bridge as many grandparents who are primary caregivers are afraid of the stigma attached to this family structure because of the perception of society that made most grandparents feel that they were failures as parents. Since most grandparents perceive themselves as failures, they were afraid to answer survey questions that would make interventions possible to enhance their lifestyle.

This research study will try to bridge this gap and give us a deep insight and understanding of their experiences. The stigma of their position as primary caregivers did not stop the participants from answering questions regarding the stressors in their life, joys despite the stressors, and positive coping strategies they use to create a loving and nurturing environment at home. The grandparents also spoke of their health, which they expressed has not been affected in any major way because of their grandchild living with them. This is not consistent with the literature on health of grandparents rearing grandchildren as primary caregivers (Burton, 1992; Minkler & Rowe, 1993; Jendrek, 1994; Wilson, 1987; Joslin & Brouard, 1995).

In addition, this research will bridge the gap describing the effect grandparents as primary caregivers have on children in their early childhood years. The published literature describes young children, but does not specify the age group. Since this study
identified grandparents who had been rearing their grandchildren from their early childhood years, it will enhance research on how grandparents nurtured and created a loving environment for their grandchildren from their early childhood years.

Another gap is the role that grandfathers play as they raise their grandchildren as primary caregivers. There is not much literature on the role of grandfathers as caregivers and most of our perceptions have seen the grandmother as the nurturer and primary caregiver. This study helps to enhance research on grandfathers as they rear their grandchildren. The grandfathers in this study have been supportive in raising their grandchildren. Each grandfather has taken an active role in nurturing and loving his grandchildren by doing things with him/her, such as reading, biking, building things, changing diapers, etc. This research will be useful to social workers and family professionals as they create programs to ensure grandfathers take an active role in rearing their grandchildren as primary caregivers.

Purpose

The purpose of this qualitative case study is to explore the meaning and descriptions of the experiences of grandparents raising their grandchildren as primary caregivers. It is designed as a multiple case study. Characteristic to a case study, the research will authentically give voice to this latent and unknown but growing family structure of grandparents as primary caregivers who rear their grandchildren from their early childhood years. The grandparents participating in this study represent diverse
socioeconomic, cultural, educational and family backgrounds that we see in the U.S. though they are from central Alabama in the southeastern United States.

Research Questions

The framed question that guided this study was “How do grandparents, as primary caregivers, describe their experiences of rearing their grandchildren during their early childhood years?” This central question helped us understand the dynamics of this family structure. It provided insight and helped develop partnerships to support both grandparent and grandchild as they embraced the new family to which they both now belong. The four sub-questions were the following:

- How do grandparents describe the challenges they experience?
- How do grandparents describe the emotions they experience?
- How do grandparents describe the coping strategies they use as they rear their grandchildren as primary caregivers?
- How do grandparents describe the support they receive from family members, school and community?

As the number of this type of family structure increased (Sands & Goldberg-Glen, 2000), the need for more research to understand the unique challenges faced by the grandchildren as well as the grandparents who are the primary caregivers becomes crucial. Goodman and Silverstein (2006) recommended studying the implications of off-time grandparenting. When the grandparent assumed a parenting role for the third generation, the off-time event of grandparenting occurred (Jendrek, 1994). This study sought to
understand this process as it examined the meaning of the experiences of grandparents rearing their grandchildren as primary caregivers.

Assumptions

The following assumptions were made while conducting the research:

- It was assumed that there was a population of grandparents who would meet the requirements of this study.
- It was assumed that the researcher would be able to access this population to interview them.
- It was assumed that the participants would provide honest answers to the questions posed by the researcher.
- It was assumed that the personal bias of the researcher would be withheld in order to understand the meanings of the data from the lived experiences of the participants.
Definitions of Terms

This section is intended to clarify the terms and their definitions as they are used in this study.

- **Primary caregiver** -- The term is used for individuals in a parental role who are responsible for the physical, mental, and emotional development of the child in their care (Dowdell, 2004).
- **Grandparent primary caregiver** -- A term widely used for grandparents who are fully responsible for raising their grandchildren because of a sudden crisis or because the middle generation is unprepared or unavailable to parent (Brown-Standridge & Floyd, 2000).
- **Grandchildren** -- In this study, the term grandchildren refers to the children who are being raised by their grandparents as primary caregivers (Strom & Strom, 1993).
- **Family** -- A term that is difficult to define given the diversity in family structures today (Errera, 2002). The Census Bureau’s definition of family remains traditional in that it is a group of people or more related by birth, marriage or adoption and residing together. Powell (2010) found that the term “family” today shows increasing recognition of unmarried couples, single parents, gays and lesbians as families.
- **Off-time role** -- The use of this term in this study refers to the timing of primary caregiving by grandparents that is incongruent with the developmental stage of the grandparent (Goldberg, et al., 1998).
Limitations

The following limitations were set for the study:

- The study was limited to one geographical area of central Alabama in the southeastern United States.
- The study was limited to grandparents who at the time of the research were primary caregivers and had raised their grandchildren for a minimum of three years.
- This study used interviews, photographs, notes and field-notes as sources of data collection. No journals were kept by the participants. The grandchildren were all minors, therefore no observations were permitted.
- The study was limited by participant’s availability, due to their responsibilities as primary caregivers for their grandchildren.

Organization of the Study

This dissertation is organized into five chapters. Chapter one includes the introduction, a background to the research study, the statement of the problem, the gaps in the current literature, the purpose of the study, the research questions, and the definitions of terms, assumptions, limitations and a summary. Chapter two includes the theoretical framework and a review of the literature related to the topic. Chapter three provides a description of the methods used, design of the research, tradition of the case study, participants, data collection and analysis process, verification procedures, ethical considerations, role of the researcher and philosophical assumptions. Chapter four contains a description of the participants and the results of the study. Chapter five
includes the summary of the major findings, implications for practice, limitations, along with recommendations for future research.
REVIEW OF LITERATURE

Introduction

Grandparents have had a special place in the lives of their grandchildren -- nurturing, loving, supporting and encouraging them in a manner that only grandparents could do. Grandparents have worked together with the parents of the grandchildren to teach the values and strength of family.

The number of children being raised by grandparents has increased dramatically in the last few decades because of the inability of parents to take on the responsibility of parenthood. Today, being a grandparent can include the possibility that one day he/she may be asked to take on the role of grandparents raising their grandchildren as primary caregivers. A review of the published literature on this topic has been evaluated and is presented in this chapter.

Grandparents raising grandchildren as primary caregivers is an ever increasing family structure (U.S. Census Bureau, 2000). This family arrangement of grandparents raising grandchildren as primary caregivers is usually a solution to raise young children whose parents are either unavailable or unprepared to parent their children. The reasons for this arrangement are often such reasons as drugs, substance abuse, incarceration,
teenage pregnancies, AIDS, and emotional or violent behavior (Hayslip & Goldberg-Glen, 2000; Fuller-Thomson & Minkler, 2001).

This literature review will explore the existing literature that will support the essence of this study. It is divided up into sections, discussing the rationale for this dynamic family structure, the challenges encountered by grandparents as they take on this role, mental and social health, and the support necessary for grandparents as they take on this life-changing role to raise their grandchildren as primary caregivers.

Rationale for this Dynamic Situation

Traditionally, grandparents have been there to help support and nurture their grandchildren. Grandparenthood has traditionally been that magical time to spoil the grandchild and then at the end of the day, send the grandchild back home. Today, however, grandparenting roles have changed. Grandparents face a life-altering change in their lifestyle when they take on the role of being primary caregivers for their grandchildren. There are an increasing number of children being raised by their grandparents as primary caregivers. There are many studies that look into the reasons for grandparents taking on the role of primary caregivers. Some of the reasons are substance abuse and maltreatment (Dowdell, 1995; Jendrek, 1994; Pruchno, 1999), parental death (Pruchno, 1999; Schorble, et al., 1995), incarceration (Dowdell, 1995; Pruchno, 1999), mental illness on the part of parents (Dowdell, 1995; Pruchno, 1999; Kelley, 1993), and abandonment (Pruchno, 1999).
The increase in the number of single-parent families has led to the rapid increase in the number of grandparents as primary caregivers. The traumatic circumstances, leading to the birth of this family structure, may result in these grandchildren experiencing emotional, psychological and/or physical needs. These needs may also affect the wellbeing of the grandparent as well.

Children reared by grandparents can be found in all socio-economic strata of society. This family structure is seen in urban, as well as suburban and rural areas (Boss, 2002). Moreover, as a result of the increasing lifespan, the number of grandparents as primary caregivers is expected to increase. Social policy makers will have to respond to the unique needs of this family structure (Brown-Standridge & Floyd, 2000).

Diminishing social welfare benefits given to families have been seen as yet another reason grandparents take on this role as primary caregiver to their grandchildren (Iceland & Kim, 2001). According to their research, Iceland and Kim (2001) outlined that the expenses, such as childcare costs, incurred by working families with children tended to outweigh the noncash benefits, such as food stamps, that families may receive.

Goodman and Silverstein (2002) studied mainly grandmothers who cared for their grandchildren. The participants in their study belonged to two groups, co-parenting and primary caregivers. In their study, they found that grandparents who were primary caregivers usually took on this role because of extenuating circumstances in the family of this grandchild. They also found that this family arrangement, with the grandparent as a primary caregiver, was not anticipated by the grandparent. It was involuntary, a last
resort, where the grandparents had no choice but to accept the child for an indefinite length of time.

Racicot (2003) identified a new term for this family structure, calling it “grandfamilies.” In these homes, the biological parent is not in residence, and therefore, the grandparent has been forced to take over the parenting duties. According to her survey, Racicot found that there were a variety of reasons why the biological parent was not able to parent the child, with the most common reasons being substance abuse, teenage pregnancy and incompetent parenting (Racicot, 2003). However, grandparents, as they take on this life changing role, are faced with several other challenges, such as role strain, financial strain and sometimes depression.

The Challenges Encountered

As grandparents take-on this life altering role as primary caregivers, they face many challenges. Some of these challenges include role strain, which leads to role confusion and ambiguity, financial strain and depression. However, in spite of these challenges, grandparents found ways to cope with the added stress.

*Role Strain*

Biddle (1979) defined role strain as a stressful feeling that accompanies expected roles that individuals usually perform, where there are no clear guidelines. It usually develops when the individual is faced with a role that the individuals may feel overwhelmed or insufficiently prepared to perform. Grandparents who raise their
Grandparents as primary caregivers accept a role that is time consuming (Burton & Bengston, 1985; Landry-Meyer & Newman, 2004).

As they face this daunting challenge of parenting a second time around, grandparents may be faced with role conflict, depression and less social support than their peers who are no longer in the role of a parent to a grandchild (Burton & Bengston, 1985; Fuller-Thomson, et al. 1997; Jendrek, 1994). This role confusion could result in increased stress levels and affect the physical and emotional health of grandparents as primary caregivers (Boss, 2002; Hill, 1986). This role conflict can lead to confusion when a role definition is needed.

Grandparents as primary caregivers wish to do their very best to nurture, encourage a positive development for their grandchild, and in doing so feel the stress of the role of primary caregivers. Hayslip, Shore, Henderson and Lambert (1998) suggested that the demands of this role as primary caregivers for the grandparents were sources of stress. In their study, these grandparents were taking on the responsibility of being primary caregivers for their grandchildren who were abused, or whose parents were incarcerated, drug addicts, substance abusers or divorced.

Morrow-Kanobos, Weber, Cooper and Hesse (1997) studied the confusion of roles as grandparents who became primary caregivers and raised their grandchildren. Some participating grandparents expressed confusion about what name their grandchildren should call them. Six grandparents were disappointed that due to circumstances, they were not able to become the grandparents that they had always dreamed of being. However despite the disappointments and challenges they faced, the
participating grandparents in the study expressed joy for the opportunity to provide a safe, secure, loving and nurturing environment for their grandchild. The participants looked forward to using the wisdom they had gathered over the years to raise their grandchild as a primary caregiver.

Landry-Meyer and Newman (2004) studied the role theory, focusing on role timing, role ambiguity, and role conflict. The timing of this role change was a hardship experienced by the participants in their study. Grandparents had expected to be in phases of empty nest and retirement life; however, now that was not the case. This study outlined that grandparents do not need parenting basics, but rather instructions on how to parent in this contemporary society. Role ambiguity could be clarified based upon the legal relationship with the grandchild. Grandparent participants who do not have a legal relationship with their grandchild revealed their desire to clarify the legal relationship in order to clarify their parental role.

Stress of Finances

Another challenge faced by grandparents as they rear their grandchildren as primary caregivers is financial. Most of the literature by researchers indicated that finances ranked very high as the cause of stress to the grandparents (Burton, 1992; Fuller-Thomson, Minkler & Driver, 1997; Jendrek, 1994; Waldrop & Weber, 2001). Several researchers documented that lack of finances among other reasons is a major stress for grandparents as primary caregivers (Dowdell, 1995; Kelley, 1993; Minkler & Roe, 1993). When grandparents assume this role as primary caregivers for their grandchild, they are
faced with additional expenses, such as legal representation, applying for government assistance, and medical care for the child (Waldrop & Weber, 2001).

Because many grandparents live on fixed incomes or pensions, the role of a primary caregiver requires that tight budgets get even tighter (Landry-Myers, 1999). The financial strain comes with stress, but does not compare to the emotional depression experienced by grandparents rearing their grandchildren as primary caregivers (Burton, 1992; Kelley et al., 2000; Dowdell, 1995). Some people have had to learn to live with the income level that they have, yet others have learned to handle the stress that comes from lower income levels because of an additional family member added.

Over 38% of grandparents as primary caregivers have incomes that are below the poverty level (Kirby & Kanada, 2002). As grandparents retire from their jobs, most are forced to live on a fixed income. As some grandparents attempt to get back into the workforce to make ends meet, they may find themselves unskilled and unqualified, and sometimes too old for a job that would give them enough money to be a little more financially stable. Kirby and Kanada (2002) also speak of the exorbitant cost of child care, in case a grandparent primary caregiver worked to make enough money to make ends meet.

Many grandparents lose their status and value of self when they are sometimes forced to leave the workforce to raise their grandchild and take on the role as primary caregiver (Bullock, 2004). The financial stress is felt strongly by grandparents as primary caregivers. Researchers suggest that the financial stress that is felt by these grandparents could lead to other stressors like depression, physical, social, emotional and

Stress of Depression

Depression was another challenge that grandparents as primary caregivers face. Minkler (1997) found that grandparents who are primary caregivers were twice as likely to suffer from depression than non-primary caregiving grandparents. This depression may hamper the regular functions of the grandparent and cause stress and depression. Researchers indicated that the grandparents who take on the role of primary caregivers could suffer from depression and chronic health problems (Burton, 1992; Dowdell, 1995; Minkler & Roe, 1993; Minkler, Driver, Roe, & Bedian, 1997).

Some grandparents who take on a caregiver role do so under sad circumstances (Landry-Meyer, 1999). Most often grandparents are not prepared for a crisis to take place or to accept this sudden new role (Bullock, 2004; Fuller-Thomson & Minkler, 2000). As events and circumstances occur unexpectedly, grief, disappointment and depression may result (Boss, 2002; Harrison et al., 2000).

Bowers and Myers (1999) reported that grandparents who are primary caregivers expressed less satisfaction with life and almost half of the participants reported that their marital relationship had become worse after they took on the role as primary caregivers to raise their grandchildren. Many grandparents were faced with the lack of at least one activity of daily living that prevented them from living a full life (Fuller-Thomson & Minkler, 2000). This is consistent with other research studies that suggest that grandparents as primary caregivers have less marital satisfaction, less socialization, and
less time to take care of themselves because they are caring for the younger family member (Bullock, 2004).

Bowers and Myers (1999) conducted research to identify that stress related conditions were the primary cause of the pattern of broken hospital appointments. The follow-up study of the social histories of the elderly individuals found that they had recently become caregivers of their grandchildren. Depressive symptoms were among the health problems observed. Their study revealed that one in ten grandparents has a primary caregiving responsibility for the grandchild. The researchers listed the factors that have contributed to the increase of this family structure. These factors here included substance abuse, teenage pregnancy, divorce, unemployment, HIV/AIDS and violence. As grandparents undertook this monumental role as primary caregivers, the study suggested an increase in the levels of depression. The study suggests that physicians need to familiarize themselves with the midlife role changes, as well as with older patients who exhibit signs of depression. The researchers suggested that special attention should be given to new grandparent primary caregivers in order to help with the sudden life-altering changes, especially those who are in poor health before they take on this role as a primary caregiver and those who are younger as they take on this role because of a crisis during the off time period of their life (Bowers & Myers, 1999).

Fuller-Thomson and Minkler (2005) published a research study whose objective was to study the demographics and service utilization patterns of African American grandparents as compared with non-caregiving peers. They found that the caregiving grandparents were more likely to be living in poverty and receiving public assistance. Further the study pointed out that the caregiving grandparents were younger, less
educated, and subject to significantly higher rates of functional limitations as well as poverty. The study recommended that better outreach programs need to be put in place to serve this population of grandparents who were living below the poverty line and unable to receive public assistance (Fuller-Thomson & Minkler, 2005).

Stress of Lack of Confidence

Grandparents as primary caregivers may lack the confidence because they see themselves as failures when they look at the lives of the parents of their grandchildren. This feeling of doubt in their ability to be a primary caregiver could bring about stress as they raise their grandchildren as primary caregivers (Cox, 2002). As grandparents struggle to make sense and work positively with the challenges they face, they find and use coping strategies that will enable them to be successful.

Cohler (1982) found that people react or cope with changes in their lives in various ways. Cohler explained that a number of factors enable an individual to use the coping strategy that would benefit the individual. These factors included the individual’s temperament, his/her past life experiences, the knowledge of how to access the help he/she needs, and the support systems available. Grandparents as primary caregivers benefited by finding a balance between these factors that will help them find and use coping strategies. These strategies encouraged them as they make adjustments to this life-altering change in their lives.

As most grandparents accept this role at an off-time developmental stage of their lives, their confidence at parenting is affected. They feel they have failed the first time and now wish to make it right. Researchers have found that grandparents who are
more knowledgeable about child development, finding child care, medical insurance, accessing community and government resources have more confidence in their coping skills and therefore not stressed (Musil, 1998).

Coping Strategies

Patterson & McCubbins (1983) defined coping as including both the behavioral response, as well as the manner in which they handle their situations. The study found that individuals who did not cope well showed a decline in physical and/or emotional health, depression, anxiety, substance abuse, violence in the home, as well as divorce.

Grandparents as primary caregivers faced the greatest challenges as they raise their grandchildren (Bowers & Myers, 1999). However, the good news is that despite the stressors faced, these grandparents found joy in this second chance, an opportunity to create loving and nurturing environment for the positive growth and development of their grandchildren.

Researchers suggest that coping with the stressors faced by grandparents as they raise their grandchildren as primary caregivers could cause psychological stress (Sands & Goldberg-Glen, 2000). There is the generational difference in culture, discipline styles, music, media, dress, technology, and even educational systems. Grandparents may find it hard to cope and therefore struggle to find that right balance. What is right and what is wrong in society has changed from the time their first parenting experience.
Grandparents have to find ways to handle their grandchildren in a manner that is acceptable (Landry-Meyer & Newman, 2004; Waldorf & Weber, 2001). The circumstances and previous experiences of the grandchildren they are raising could be overwhelming for the grandparent as primary caregiver (Emick & Hayslip, 1999).

To avoid these stressors, Patterson (1989) encouraged families to embrace the changed situation, look at adoption and use new coping strategies to keep up with the demands of this life-style. As many primary care giving grandparents accept this role in their golden years, they usually feel disappointed that they are not physically active and fit enough to take care of all the needs of their grandchildren.

Burton and Bengston (1985) found that adults who became grandparents at a young age were discontented, feeling they were not ready for the responsibilities that this role demanded. Research has also found that many young grandparents take on this role as primary caregiver in their early 40s or 50s (Szinovacz, 1998). Therefore, researchers concluded that off time grandparents as primary caregivers, whether early or late, were likely to experience difficulty adjusting to this role of primary caregiver (Dench & Ogg, 2002).

An increasing number of research studies have focused on the impact this family structure has on both the grandparents, as well as the grandchild. Research has found that these families are prone to experience stress that results in anxiety, depression, alcoholism and increased smoking (Burton, 1992; Fuller-Thomson, 2003). These illnesses and addictions may result in less energy to help their grandchildren with academics as well as attendance at social functions at the school. This may also result in the inability to help with other problems and issues that may arise in the family. This
research has found it to be particularly true when young children are involved (Burton, 1992).

According to Racicot (2003), another challenge found in her study was the tendency of the grandchildren to have attention-deficit disorder. Grandparents also felt inadequate to meet the educational needs of their grandchildren due to the advances in technology and the changes in society. Her study brought out the issue of how legal rights needed to be strengthened to enable the grandparents to adopt their grandchildren. Racicot also found that grandparents raising their grandchildren frequently suffered financially and often had feelings of isolation (Racicot, 2003).

Emotional Hardship

Caring for one’s grandchildren as a primary caregiver can cause emotional hardship (Scarella, Earle & Geen, 2003). Many grandparents often feel socially isolated from their friends, neighbors and relatives (Emick & Hayslip, 1999). This is usually compounded by a lack of transportation (Kelley, et al., 2000). Many studies have seen a relationship between the lack of socialization and the wellbeing of grandparents as primary caregivers (Bullock, 2004; Kelley et al., 2000).

Cox (2003) said that critical to the parenting role is “emotional sustenance, reinforcement and encouragement.” Many grandparents do not have the support and the encouragement necessary to parent a second time. Therefore, they are far more prone to be stressed (Sands & Goldberg-Glen, 2000). As grandparents grow older, their social
network begins to diminish and change too. These changes could be due to friends moving away, death, or terminal illness.

In a number of grandparent family homes with grandparents as primary caregivers there is a reversal of roles; instead of the young adults taking care of the elderly, the elderly are taking care of the younger generations. Support systems must be put in place to help grandparents as they take on this life-altering role of grandparent as primary caregiver (Hayslip & Goldberg-Glen, 2000).

Varied Forms of Support

Though there is no simple solution to this multi-faceted problem, support from family, school and the community can help alleviate the burden that these grandparents feel as they raise their grandchildren as primary caregivers. To help grandparents become successful in this new role as primary caregivers, they must be supported and encouraged as they nurture and create a loving environment for their grandchildren. As grandparents successfully learn to access the resources they need, the level of stress decreases (Landry-Meyer, 1999).

Many grandparents take on the role of primary caregiver almost always because of some crisis in their immediate family. As they take on this role, many are nearing retirement and are not immediately aware of the many cultural changes with regards to discipline, parenting, style, clothes, technology, academics and more.
Research studies pointed out the necessity of educating and training the grandparents as primary caregivers, to help them handle the many challenges that will come their way. Hayslip & Kaminski (2008 p. 266) share a legitimate concern, “Parenting training may be resisted by grandparents because it may imply they have not adequately raised their own adult children.”

The researchers suggested prefacing these activities with statements with how times have changed, and how important it is to acquire new knowledge to keep up with the changing times. Hayslip and Kaminski (2008) also suggested topics for this training, such as drug use and abuse, school violence, peer influences on their grandchildren, STD’s, academic problems, and materialism.

Chenoweth (2000) suggested designing a needs assessment for each program, so that the program will be specially targeted for the audience intended. Some of the topics she suggested were self-care, communicating, guidance and advocacy. Chenoweth, in her study, encouraged the promotion of the grandparents’ confidence through culturally responsive programs that would include diverse groups of grandparents. Programs would be aimed at preserving the dignity and integrity of grandparents from the various socio-economic strata.

Cox (2002) posited an empowering approach “where training builds on their unique strengths to enable them to develop self efficacy and their own problem solving skills.” She suggests forming a curriculum using informal discussions, which would encourage the grandparents to choose a topic best suited for their reality. Some of the topics she chose for the curriculum were importance of self-esteem, communicating with
grandchildren, dealing with loss and grief, dealing with behavioral problems and talking to the grandchildren about sex, HIV/AIDS and drugs. Through this curriculum, Cox (2002) wished to instill in each of the grandparents a hope to someday become a community peer educator and mentor.

Kelley et al., (2001) designed a home based program which included visits by nurses, social workers, and legal assistants and monthly group meetings. The thrust of this training was to enable the primary caregiving grandparents to enjoy a better quality of life for themselves and their families.

Support groups act as an important resource that may directly address the problems of social isolation of grandparent primary care givers. Minkler (1999) saw these groups as resources to assist grandparents in coping with their new role as primary caregiver of their grandchild. Woodworth (1997) mentioned that these groups were unusually short-lived.

Grinstead, Leder, Jensen, & Bond (2003) have pointed to many groups for primary caregiving grandparents on the internet. Strom and Strom (2000) suggested that the support groups on the internet were good places to vent frustrations. One of the online support groups had was made up of people who had custody and were raising their grandchildren. Its purpose was for members to help each other with support, with ideas, information, and anything else that would make their awesome task easier.

Kelley et al., (2000) suggested that the initiatives and groups like AARP are helpful for grandparents as they try to overcome those feelings of isolation and loneliness. It is hopeful that the local and state governments that favor the grandchild
being placed with the grandparent over foster families (Pecora, Whittaker, Maluccio, & Barth, 2000) will enact legislative and policies related to the well-being of this new family structure.

According to researchers, higher levels of grandparents’ emotional well-being is related to higher levels of social support (Burnett, 1999; Kelley, 1993), caring for a grandchild for a longer time-period (Minkler, et al., 1997), and higher levels of self-reported physical health (Burnett, 1999; Minkler, et al., 1997; Pruchno & McKenney, 2002; Szinovac, et al., 1999). Because of the growing number of grandparent headed households, there has been a growth in the supportive interventions to help these grandparent families (Minkler, 1999). Counseling, transportation, child care and support groups are common (Minkler, 2001).

As grandparents assume this new role as primary caregivers their responsibilities increase and include being the primary contact person for emergencies, discipline, rule-setting, academic progress, homework, parent-teacher meetings and other school events (Pruchno, 1999).

Pruchno and McKinney’s (2000) study found the reasons grandparents become primary caregivers was more often because of the death of a parent, imprisonment, drug and/or alcohol addictions, violence in the home, and child abuse or neglect situations. In the co-resident situation, the reasons were usually because of financial or heavy work demands. The study further suggested that the level of care in both situations was the same. The study however did point out that grandparents who were primary care givers helped their grandchildren in daily tasks much more than the co-resident grandparents.
The grandparents who were primary caregivers carried a greater burden of responsibility for their grandchildren as they took care of the social, emotional, as well as the physical needs of the grandchild.

The long-term results of raising grandchildren can be overwhelming with studies reporting lower well-being scores, lesser satisfaction with the grandparent role and poorer perceptions of the relationship between grandparent and grandchild (Minkler & Roe, 1993; Shore & Hayslip, 1994) However, grandparents also report positive experiences and happy memories.

Much of the prior research on grandparents as primary caregivers focused on stress, depression and other negative associations. In their study, Sands, Goldberg-Glen and Thornton (2005) focused on the positive well-being of grandparents and the factors associated with this feeling of wellbeing. The study found that a low perception of stress-related caring for grandchildren as well as resources were responsible for a high level of wellbeing. The study suggests that social workers and family life professionals can best help grandparent caregivers by lowering their perception of stress and encouraging the use of support and community resources. The study encouraged the use of the findings into programs that a strengths–based for individuals as well as in family counseling (Sands, Goldberg-Glen & Thornton, 2005).

Theoretical Framework

Grandparents, as primary caregivers, faced myriad challenges. However, they do not do so in a vacuum. They are affected and influenced by the varied and diverse
contexts that surround a family. Therefore, the grandparents as primary caregiver family structure could be considered from a theoretical perspective that includes the internal as well as external factors that affect the family. The ecological model could be seen as the theoretical framework for understanding the experiences of grandparents raising grandchildren. The ecological model recognizes the interactions between multiple variables at different levels. The model further helps to understand how these variables work together for a deeper understanding of grandparents as they raise their grandchildren as primary caregivers.

Summary

The literature review examined and pointed to the published literature to help get a glimpse into the reasons that led to this family structure. In addition to reasons, the physical, emotional, social and mental challenges that grandparents face were also reviewed. The literature was also reviewed to analyze the support that grandparents receive as they take on this life-altering role of grandparent rearing grandchildren as primary caregivers.
METHODOLOGY

Introduction

The purpose of this case study was to describe and examine the meaning of the experiences of grandparents as they raise their grandchildren as primary caregivers. The study was designed as a multiple case study of this increasing group called grandparents who are rearing their grandchildren, so that their authentic voices can be heard. The chapter will discuss how the research was conducted in detail. The chapter is divided into sections that will discuss the design of the study, tradition of the case study, underlying theory, data set, analysis of the data and ethical considerations. A summary is provided at the end of the chapter.

Study Design

This research study was conducted in the qualitative research tradition. Denzin and Lincoln (2005) defined qualitative research as “a situated activity that locates the observer in the world.” This type of research consists of a set of investigative material and practices that make the world visible, and offers the reader a vicarious experience. These practices transform the world. Researchers turn the world into a series of representations that includes field notes, interviews, conversations, photographs and
recordings. At this level, qualitative research involves an interrogative, naturalistic approach to the world. This means that qualitative researchers study things in natural settings, attempting to make sense of or interpret phenomena in terms of the meanings that participants bring to them (Denzin & Lincoln, 2005)

“Qualitative research uses a naturalistic approach. It seeks to understand a phenomenon in a real world setting where the researcher does not attempt to manipulate the phenomenon of interest” (Patton, 2001, p. 35). In a qualitative case study, the exploring and understanding of the phenomenon of interest from the participants’ point of view is of utmost concern. Yin (1994) emphasized two important aspects of qualitative research --- the design of the research and the type of approach to inquiry. Qualitative research begins with assumptions or worldviews, with the possible use of theoretical lens, and the study of research problems inquiring into the meaning humans or groups attribute to a human or social problem (Merriam, 1998) Therefore, to study the problem at hand, qualitative researchers must use an emerging qualitative approach to inquiry, collect the data in a natural environment, analyze data so that the research produces findings from real world settings where the conclusions are based on established theories and practices and the findings unfold naturally (Denzin & Lincoln, 2005).

Qualitative research provides insight and explores phenomena from the participants’ point of view (Denzin & Lincoln, 2005). Therefore the study of what it means for grandparents to raise their grandchildren as primary caregivers fits well into the tradition of qualitative research.
Tradition of Case Study

The case study research explores and describes the “subjective reality” of an entity, as perceived by the population or individuals being studied; it is the study of a phenomenon. The researcher identifies the phenomenon and then sets boundaries about what is to be studied. The case study method focuses on a single phenomenon which is most often unique and then explores and describes it in depth. The researcher, while using the case study method, was able to conduct an empirical investigation of a phenomenon within a natural context (Yin, 2009). The researcher explored the meaning of the experiences of grandparents, as primary caregivers, as they raise their grandchildren. They described their challenges, their stressors, the joys as well as the support and coping strategies used as they experience this phenomenon of raising their grandchildren as primary caregivers. Case studies are bound by space and time and are richly descriptive (Lincoln & Guba, 1976). The phenomenon that will be studied gives voice to an increasing, yet unknown group of individuals. This study will encourage its readers, to listen to their (participants’) voices. This phenomenon of grandparents raising grandchildren as primary caregivers therefore lends itself to the tradition of qualitative research.

Selection of Participants

The participants for this study were chosen using the purposeful, snowball method (Merriam, 1998). Purposeful selection of the participants is described as one that is based on the assumption that the investigator wants to discern, understand, and gain insight and
therefore must select a sample from which the most can be learned. There was a criterion in place for the selection of the participants. They had to be grandparents who raised their grandchildren as primary caregivers for three years or more (Merriam, 1998). Snowball participant method is most commonly used as a method when selecting participants or cases of interest from people who know people who know what cases are information rich (Merriam, 1998). As the researcher decided on the issue to be explored and studied, she verbally notified friends and family to see if they knew people that would fit into this population that was the subject of research. Because of the stigma attached to this family system, it was difficult at first to locate grandparents to fit this criterion. However, within 3 weeks I was able to get five participants and obtain IRB approval for the study. No grandchildren were to be observed or interviewed. The interviews would solely be with the grandparents. A list of the five grandparents and their contact information was developed. These grandparents were contacted by telephone and they expressed their willingness to be participants in this study. During this telephone conversation, the details of the study were fully explained. They were then asked if they were still interested in participating in the study. Since all the participants were interested, a copy of the Information Letter (See Appendix A) and a copy of the Interview Protocol (See Appendix B) were mailed to each of the participants. As soon as the participants read and agreed to both the Information Letter and Interview Protocol, a location that was convenient for the participants was arranged by the researcher for the interviews.
Description of Participants

The participants for this study were all grandparents, who as primary caregivers were solely responsible for the complete social, physical and financial development of their grandchild. The grandchildren were all minors and the grandparents had raised them for three years or longer. The children’s parents did not live in the home and child custody with the grandparents had been established. The participants included a diverse population in gender, race, age and socioeconomic background. Pseudonyms have been used to ensure the confidentiality of the study participants.

Mary* was thrust into this life-changing role when her daughter became pregnant at 17. Once her daughter found out that she was pregnant, the father of her child disappeared and so she had nowhere else to turn. Mary and her husband were forced to support her, and that changed their life dramatically. At 17, her daughter was just a child herself. The responsibility of taking care of and raising a baby was overwhelming, which is why Mary and her husband were stretched both financially and emotionally as they embraced this new role.

Susan* was forced to take care of her granddaughter because of her daughter’s drug addiction. Her granddaughter was only 7 months old when she became her primary caregiver. Susan’s daughter was in and out of rehab, but was unable to provide the stable environment necessary to raise a child. Therefore the responsibility was forced upon Susan. Her initial response was that of guilt and shame, but as her granddaughter grew up, she saw this as an opportunity to start over and make a difference in her granddaughter’s life.
Tracy’s* grandson came to live with her when he was 3 months old. Even though she had raised her son in a Christian home, he chose to abandon his upbringing and was therefore unable to take care of his child. The child’s mother was an exotic dancer and that lifestyle was not suitable for raising a child. Tracy and her husband were forced to do something so that their grandchild would not end up in foster care. They had to work extra, make sacrifices and overcome obstacles to be able to properly support her grandson. Her son did not make the process any easier, but with the support of her family and friends, Tracy and her husband were able to overcome all obstacles to be the primary caregivers for their grandson.

George’s* story was a little different. At first, he was not the primary caregiver for his grandson, but circumstances beyond his control thrust him into this situation. His daughter was an alcoholic and since she was in and out of rehab, she lost custody of her son. Since there was no one else to take care of his grandson, George was forced to take that responsibility of being the primary caregiver. Being retired, George* was able to take over that responsibility with joy. Sometimes his wife does feel like she’s missing out on raising her grandson since she is still working, but overall, the arrangement has worked out well for their family.

Tragedy marked Matt’s* acceptance of this life-changing role. He had done everything he could to raise his son right, but the choices his son made along the way caused him to become an alcoholic. He and his wife were killed in a drunken driving accident, leaving two children behind. From that fateful night when he received the phone call that changed his life, he has had to make sacrifices and support two children
who are emotionally scarred. He has had to change his lifestyle, adjust his finances and emotionally prepare for all the obstacles and challenges that he faces each and every day.

Data Set

The researcher used interviews, transcriptions, notes, member-check notes and notations as sources of data collection. The researcher asked each participant to choose a site for the interview that was convenient for the participant. The researcher thought that allowing the participant to choose would help with the participant’s comfort during the interview. The participants chose a variety of sites, including bookstores, coffee shops, and quiet restaurants. The researcher and the participants sat in a corner of the bookstore to ensure confidentiality. Coincidentally, the same bookstore was chosen by the participants due to the convenient location. Two of the interviews were held in the morning after the grandparent dropped their grandchild off to school. The third grandparent was interviewed in the late afternoon while their grandchild was attending after school tutoring. The other two participants were interviewed in their homes when the grandchild was not present. The homes of both the participants were very clean and neat. The researcher did not ask to see the rooms of the grandchildren due to an invasion of the grandchild’s privacy. Each participant answered the questions openly and honestly.
Data Collection

According to Stake (1995), a qualitative study can be defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of the information and conducted in a natural setting. Therefore in order to explore and understand this phenomenon of the meaning of lived experiences of grandparents raising grandchildren as primary caregivers, the researcher used interviews as the method of data collection. The interviews were guided by the research questions to secure data to understand the phenomenon that was being studied. The interview protocol was used during the interview. The words of the participants, the grandparents, were used as data for this study. No interviews with the grandchildren or even the parents of the children were conducted. The interviews were conducted over 90 to 120 minutes. All the grandparents were comfortable during the interviews and understood that the interviews were being recorded. The interviews were face to face and done at sites chosen by the participants. To ensure the comfort of the participants, the interview questions were given to the participants two days before the tape-recorded interview. Transcriptions of the interviews were done within twenty-four hours to ensure the integrity of the study. Each participant was given a hard-copy of their interview transcription to check that there was no misunderstanding or misinterpretation of what was expressed and reflected by each participant. A week later, the researcher was notified by the participants that no misinterpretations or problems were identified in the transcription of the recorded interviews. The transcriptions were stored in a locked filing cabinet. They will be stored for three years after which they will be disposed of in a proper manner.
Data Analysis

The process of data analysis in this study provides a description of the experiences of the participating grandparents as they rear their grandchildren as primary caregivers. The process of analysis began after the participating grandparents read the transcriptions and confirmed that their respective transcriptions were accurate.

Procedures for Data Analysis

- The researcher read the interviews several times to become familiar with the text and checked the statements with meaning that reflected the guiding questions.
- The researcher then highlighted the passages of the transcribed interviews that were pertinent to the guiding questions. The information included the experiences, stressors, coping strategies, and support --- experiences that the grandparent participants would communicate and share with others through this study.
- The highlighted statements were then labeled with codes.
- The codes were then bracketed (Denzin, 1994) and used to form themes.
- The themes identified were primary themes, which were used as the focus for the analysis. The participants’ quotes that were most representative of the themes were used to help with the analysis and the results.
- All of the data were analyzed in light of the research questions. This process enabled the researcher to produce richly detailed descriptions of the personal experiences of the participating grandparents.
- The analysis “shaped the meanings” (Denzin, 1994). The participating grandparents gave to themselves, their own experiences, and their lives as they
described their experiences as grandparents rearing grandchildren as primary
caregivers.

Ethical Considerations

As the researcher began the study, the conduct of ethics, which can be defined as
doing what is right by the participants as well as for the study. The participants were
respected as the guidelines found in the Publication Manual of the American
Psychological Association (APA, 2006) was followed. No discriminatory language has
been used in the study and the confidentiality benefits of the participants were ensured.

The study was guided by the regulations set by the Office of Institutional Review
Board (OIRB). The IRB approval was obtained before the study began (Appendix C).
All participants received a letter with the details of the study, its purpose, the time-period
of the study, and a short description of the study. Participants were also informed of the
disadvantages and risks of the study. The confidentiality of the study was detailed and
the participants were informed that they could choose to withdraw from the study if they
desired. The data was collected through interviews. Information was handled in a
confidential manner and the identity of the participants was protected by not using their
real names in the study. Participation in the study was voluntary and the participants and
the researcher have been honest to uphold the ethical considerations of the study.
Establishing Credibility

The persuasive ways used by the researcher for the audience to take note of the findings in the study is defined as trustworthiness (Lincoln and Guba, 1985). For a qualitative study to be considered credible, there are techniques to be followed as well as interpretations must be drawn from different sources. The techniques used in this study consisted of member checking, bracketing, peer debriefing and an audit trail (Lincoln and Guba, 1985).

Yin (1984) explains the characteristics necessary to ensure the validity of a study. Data for the study was collected in natural settings. Each site was a choice of the participant. The researcher served as the instrument for data collection. All in-depth interviews with the participants were conducted by the researcher. Multiple data sources, such as personal interviews and personal reflections, were collected by the researcher. Using the process of inductive analysis, the research themes and sub-themes emerged which helped identify the true meaning of the lived experiences of each participant (Merriam, 1998). The study, through the collection and analysis of the data, sought to uncover the meanings in the words and everyday lived experiences of each participating grandparent as they raise their grandchildren as primary caregivers and not the researcher’s meanings to understand what it means as a grandparent to raise grandchildren as primary caregivers --- the stressors, joys, sorrows, routines, coping strategies, or everyday experiences of each grandparent participant. The research design was an emergent design.
Triangulation

Yin (2009) explains when the information collected from interviews, photographs, notes and documents converge and the evidence points to the same answers, “you have successfully triangulated your data.” For this study, the researcher sought to achieve validity and reliability by the researcher’s truthful gathering of data about the issue of grandparents rearing grandchildren as primary caregivers. The study was strengthened by using the different perspectives of the participants as they gave an honest description of their experiences as primary caregivers. Patton (2001) suggested that the participants’ use of the different perspectives helped achieve validity and reliability on the issue of study. The researcher was not permitted to do any observation or use any photographs as they were all minors. None of the participants kept journals.

Member Checking

Member checking is directed at the overall credibility of the data and the interpretations (Lincoln & Guba, 1985). The process of member checking consists of data, interpretations and conclusions being tested by the participants from whom the data was collected. For this study, the researcher sent all the data and interpretations back to the participants for their feedback. The participants were asked to review the transcriptions as well as the interpretations to check if these were accurate. The feedback was positive. All the participants felt that no corrections were necessary. This process validated the authenticity of the participants and gave a voice to this growing family
structure as the participating grandparents described their experiences of raising their grandchildren as primary caregivers.

Peer Debriefing

Lincoln & Guba (1985) define peer debriefing as a process of allowing one’s own study to be analyzed in a neutral but helpful manner by a person or persons for the purpose of looking for aspects or analyses that might not be seen by the researcher. For this study, the researcher used peer debriefing through colleagues, the chair of the dissertation committee, as well as the dissertation committee members. Peer debriefing allowed colleagues to review the study, ask for clarifications, and suggest ideas, sentences, analyses and language for the improvement of the dissertation. The feedback from the chair on a regular basis helped guide the direction and final outcome of the research.

Audit Trail

The audit trail is a critical strategy that is used to enhance the credibility of the study. For this reason all data was stored and kept. The audit trail was maintained to establish procedural credibility of the study (Lincoln & Guba, 1985).
Role of Researcher

During the course of this study, the researcher was an instructor at a liberal arts university in Central Alabama. This research study was the culmination of her doctoral degree in Early Childhood Education at the University of Alabama in Birmingham. The researcher undertook this study because of the many years of experience the researcher has in working with families of diverse cultural backgrounds. Families have always been diverse (Coontz, 1992). However as the researcher worked with the families, she was made aware of a new family structure that had emerged. This family structure was that of grandparents raising grandchildren as primary caregivers. The researcher was curious at the emergence of this new family structure and therefore decided to explore and describe the lived experiences of grandparents as primary caregivers of their grandchildren from their early childhood years on. What intrigued the researcher was how the grandparents took on the role of parenting a second time so valiantly. Intrigued by this phenomenon, the researcher undertook the study to further understand what it means as grandparents to raise grandchildren as primary caregivers.

Philosophical Assumptions

The primary assumption of the ecological theory is that the environment and the individual are inseparable. Bronfenbrenner (1979) suggested that in order to understand family in all its contexts, the impact of the interaction of these contexts on family life must be understood. Zimmerman (1995) saw that the ecological approach recognizes that family and environmental interactions and relationships were interdependent parts
and wholes. Therefore family members affect each other, other families and also the community (Katras, Zulker & Bauer, 2004).

As grandparents raise grandchildren, many dimensions are important which include the individual, parental and community levels. However, Bronfenbrenner (1979) recognized other dimensions which include the cultural, the political, the economic and the historical contexts that affect grandparents as they raise grandchildren as primary caregivers. Because of the many contexts that affect grandparent caregivers (Boss, 2002), the research will study the effects of these contexts in their environment as grandparents, as primary caregivers, describe the meaning of their experiences as they raise their grandchildren.

Summary

In this chapter the methods employed to explore and describe the meaning of the experiences of grandparents as they rear their grandchildren were discussed. The researcher described the research sites, explained the procedures for data collection as well as data analysis, and the means by which trustworthiness was established for the study was reviewed. Ethical considerations guided this study. Chapter 4 will describe the results of the analysis and interpretation of the data.
RESULTS

Introduction

The concept of family in our world today has become more flexible as a result of the breakdown of the traditional concept or definition of family which was a man, a woman and children living under one roof (Erera, 2002). The new concept of family accommodates various living arrangements, one of which is the grandparent headed household where the grandparents are the primary caregivers as they raise their grandchildren. This role shift of grandparents to primary caregivers is an increasing family structure that we see today. Underlying the rise of this family structure is the thinking that something went terribly wrong and the children’s biological parents were unable to be parents anymore.

It is with this context that this case study will try to explore and understand the experiences of grandparents as they raise their grandchildren as primary caregivers. This study examines the reasons for a relatively new family structure, stressors that relate to the physical, mental, and social health of the grandparents, joys and other emotional responses felt by grandparents as they undertake this life-altering role as primary caregivers. The study also described the coping strategies explored by grandparents as they guide and help their grandchildren, the methods grandparents use to create a loving and nurturing environment in their home for their grandchild, and finally the support grandparents
receive from family, school and church that enable them to be successful in this role of grandparents raising grandchildren as primary caregivers will be described.

Themes

The themes identified from my research include Reasons for their Experiences, Emotional Experience, Stressors, Coping Strategies, and Varied Means of Support.

*Reasons for their experiences*

Each participant expressed the reasons for this life-changing experience. They had looked forward to these years, the golden years, with joy and plans to travel. However Mary* said, “My daughter was very young. She was only 17 when she got pregnant, and yeah, she was just 17 when the baby was born, she was not confident about her abilities to take care of the child. The child’s father disappeared, so the support fell on us.” Grandparents who care for their grandchildren as primary caregivers do so under circumstances in the family that are challenging as well as very complex (Landry-Myer, 1999). In this study, grandparents took on the role as primary caregivers because their children were either on drugs and/or violent due to drug or alcohol use. Their children were incapable of being parents and providing a stable environment for the growth of the child. As Susan* explained, “My granddaughter was about 7 months; her mother did have a drug problem. She was not prepared for this sudden change in her life. I don’t understand how you can have a child, and then it goes through and that its mother, it’s the drug.”
Physical violence due to an impending divorce had one mother to fight her own son. As Tracy* tearfully explained, “Some argument between her and my son, and she bit my grandson in the back… at that time, I had to call the police because my grandson had bite marks all over his face where she bit him at. I felt like she was abusing him. I went to get him.” None of these grandparents now in their golden years had dreamed that one day the woes of their children would impact them in such a life-altering way.

A horrific accident thrust one grandparent into this life-altering situation. As Matt* slowly explained, “I cannot describe the horror and fear I felt. It was a tragedy. My son and his wife were returning from a party, both of them were drunk. They were driving home in the wee hours of the morning... and the worst happened. He was so young. You know, when I think back, I remember telling him that he was making a very hasty decision. He was attracted to this woman for all the wrong reasons. He would do anything to please her, saying, ‘Dad, I want her to be happy.’ But now, I’ve lost him forever; didn’t even have a chance to say goodbye --- he was gone in an instant. I have the children. In a moment, my life changed forever. I never thought, never thought --- I miss my boy, but yeah, I have his children.”

*An Emotional Experience*

*A guilty plea.* The findings from this study is in agreement with the previous studies that life-changing events that occur suddenly and/or without a choice can result in feelings of guilt, sadness, depression and personal failure (Boss, 2002). As Mary* explained, “We sacrificed a lot. I quit when she was 6 months old to stay with her. We drove old cars and wore old clothes for years and years so that we could do what was best
for her, and then she turns around and gets pregnant when she was 17. You feel like you’ve failed as a parent.” She went on to say, “the part of it that you go through is trying to figure out what you did wrong and what you could have done different --- the shoulda, woulda, coulda kind of thing.” This burden of guilt and failure as a parent was shared by all the participants. Susan* kept questioning herself, “I asked whether there was anything different I could have done.” One participant felt the strong pangs of guilt as she sacrificed and sent her son, now 39 years old, to church school as well as a Christian university. Tracy* explained, “I raised him in the church, put him in church school, and put him in college. He didn’t finish. He got exposed to a lot of things that are not right and he felt like this is the life he wanted to be his. He adapted to that and put himself in a lot of situations that were out of my control.”

Every parent has dreams when a child is born. However for some those dreams are never realized. Matt* has so many questions. He explains, “When the children go to bed, many times I think of where I went wrong. I wonder what I did to drive him to drink so much. We gave up so much and sacrificed to save up to be able to send him to one of the best private schools. He was so talented, a well-rounded boy --- straight “A” student, talented musician. He just made the wrong choice for his wife, that was all. I tried to tell him, so many times. He just would not listen. He was just blinded by love for this girl. They say love is blind, and it was for my son.”

*A sense of loneliness. Grandparents as they raise their grandchildren as primary caregivers have the feeling that no one truly understands what they are going through. There is the stigma attached to the happenings in their family. There is the constant worry about other people’s reactions to what has taken place in their lives. According to
Mary*, “Nobody really said anything; it was more the looks…a judgment that other people, you know the way people look at you.”

Grandparents raising their grandchildren as primary caregivers can also feel isolated socially from their peers because they have taken on a role that most people their age are not doing. Susan* describes her “me days.” She explains, “being 60 and divorced, my mother has passed away, and then I see my friends, they are off to go out with somebody, and doing things and so a sense of loneliness creeps in because I can’t go anywhere, can’t do anything because I have her. I do have those days.” Susan also described the social isolation she felt when she said, “I have no socialization, it’s really funny because the people I socialize with now are younger, and they have younger kids.” She repeated, “I have no socialization. I feel like it is my responsibility to get home and get the housework done and cook dinner and then it is time for bed.”

Grandparents raising grandchildren as primary caregivers worry about being prepared emotionally, financially, physically and socially for the consequences of this role they have undertaken, often unexpectedly (Fuller-Thomson & Minkler, 2000).
Mary* explained that she felt that people besides being judgmental, often embarrass the
grandparent. “The other reception you get from other people, because actually a funny
story goes along with that. My daughter was in the band and I was working to raise
money for the band. I was working with another parent, and she was talking with me
about how ridiculous it was that there were six girls pregnant at the high school. There
was just no reason for people to get pregnant anymore, there was just so much
information out there and was carrying on about it, she just would not stop. She’s a
friend of mine who I have known for a long time. I thought at some point she’s going to
realize and be uncomfortable about this and realize that my daughter was one of them.
But right now, it was I who wanted the ground to open and swallow me up. I was trying
to figure out a way to tell her. I waited a little bit; soon I couldn’t take it any longer, so I
told her. I said, ‘before you go any further, you’ve already gone on long enough, but let
me tell you that my daughter is one of those.’ Of course, her face turned pretty red, I was
embarrassed and offended by what she said, but that’s the kind of things you deal with.
You just don’t know what to expect from people, until you walked in people’s shoes, you
have no idea.” The social isolation and embarrassment that grandparents as primary
caregivers often feel may result in increased emotional stress and therefore, affect the
caregiving function of the grandparent.

A shattered dream. Each participant acknowledged that they felt anger when they
were unexpectedly asked to take on the role of primary caregiver. Each response was a
positive --- “oh yeah” --- but that anger soon turned into sadness. “I just felt sad, an
awfully sad feeling in my gut.” Mary* responded, “when I found out she was pregnant,
shute yeah, but she’s so young. I had to do what was right as a mother. I’m just sad (sob,
sob) this happened to my baby girl.” Then she continued, “I think I was numb for a while. I was sad for her because it’s like all the things you had dreamed for are out the window. Her and our lives were going to go in a totally different direction, taking a sharp left hand turn. My husband and I are pretty good, we get kinda frustrated when it gets to day to day things, but when it gets to the fan, and we deal with it pretty well. We were fairly calm outside of the emotional thing we were feeling inside.”

Tracy* was sad because of the impact drugs and alcohol had on her son. The once gentle son she knew was more violent. “There have been times that he’s called the police on me. My son never laid his hands on me, but he’s tried. My husband always stepped in and said, ‘do not do your mama like that.’ My son and daughter-in-law under the influence get so violent. It hurts me to see my son behave like that. My son and daughter-in-law under the influence gets so violent. My daughter-in-law tried to pull me out like she wanted to fight me, and I have to brace myself. And I had to let her know that I’m old enough to be your mamma, and if you lay a hand on me… oh it makes me so sad, the violence. I just pray to my Jesus to help me and take care of my son. I feel so helpless.” Susan* carried photos of her children in her wallet. As she looked at a picture of her daughter, and through tear-swelled eyes, whispered, “It isn’t her, it’s the drugs. It’s like you have been through so often the 7 steps of grief, you go through the anger, bargaining, denial, then there comes acceptance that this is the way it will be. But in your heart you still grieve because it’s not supposed to be that way. You still have faint hope, it’s been a long time and maybe emotionally she’ll come to her senses and do what she needs to do to be a permanent mother.”
It is important to note that all the participants, despite the sadness, shared with the interviewer the joys and happiness they feel as they raise their grandchildren as primary caregivers. Susan’s* eyes lit up as she speaks of her grandchild. She explains, “It’s just the things she does; she’s a delight, we were saying our prayers at night and the little things she says, just precious.” She continues, “She’s my companion, I love her… and like I said the way I look at it is, if it wasn’t for me, she would have no one else. So I have learned to cherish every moment with my grandchild.”

According to George*, his grandchild, “is able to play by himself very well. He’s got toys, sometimes he’ll get tired of a toy and not play with it for several days, but then play with it later for a couple of days.” He goes on to tell the researcher how thrilled he feels whenever his grandson gives him a “big bear hug.” “Anytime he holds me, anytime I’m able to hold him, I treasure those moments because you know, as they get older I may not be able to do that. Someday he will be big and grown and gone. How I look forward to every evening, when he brings me books and asks me to read to him. We usually read a little before bed time. I like it when he snuggles in my lap. He is usually asleep by the end of the second book. I carry him and tuck him in bed, kiss him goodnight --- such a precious moment in my life makes me go back in time and remember the times I tucked his mom in bed. I feel so privileged to take care of him, to raise him. I wish it was under different circumstances, but in this situation, I wouldn’t want it any other way.” George* spoke fondly of making memories, joyful memories. “He loves the zoo, so we have a season pass. I take him probably once a month to the zoo. He likes to watch other kids play baseball, so I take him to the ballpark. He loves Oak Mountain State Park. We go there numerous times, and he rides his bicycle. I get a
kick when he gets so frustrated that he can’t get up all the hills because he can’t pedal fast enough. I know over time he will get better and better. The bicycle is such a fond memory. I’m sure we’ll be doing it more times in the future.” George’s* pride in his grandson is seen as he spoke of his grandson’s analytical ability. “One thing he shows remarkable ability. He can take the transformers apart and put them back together with no problem at all. He has no problem. I can’t ever do it at times. Then he says, ‘Let me have it,’ and he’ll fix it. He’s a real joy, and I’m thankful that he’s a healthy little boy. We’ve bonded and it’s been enjoyable.”

Stressors

*A struggle to make ends meet. Three of the five participants spoke about the struggles they have felt with the cost of raising their grandchildren as primary caregivers. According to Mary*, “Income is a big thing right now because the economy is so bad, my husband’s business, the bottom of it fell out, and we don’t have that anymore so it’s been very stressful since everything fell apart. So I’ve been basically the breadwinner and I drive a school bus and I don’t make a ton of money.” In order to make a little more income, she took up two part time jobs. “I started cleaning houses, so I have two houses that I clean every other week, so it’s basically a house a week that I clean. That adds a little income. I started working in the cafeteria which is a killer because I’m too old and too unhealthy and overweight to be on my feet for all those hours. I will do it, but it kills me when they need me for long periods. I can’t do more than two days in a row because it wipes me out and the house is just not calm when I go home in the evening.”
For Susan*, it has also been a bit of a struggle financially, not much, but a bit. “There are times when I think that my insurance premium that’s just me was $2 per month, but when I added her, it went up. Then you have the doctor’s visits, the dentist’s visits, another co-pay and stuff like that.” However, she was able to see the positive. “The only good thing is when income tax time comes; I love that child tax credit.”

George’s* description was unexpected. “I have earned a lot. I’m fortunate that I am able to take care of him and do the things that he needs. I spend a lot on toys for him, but that’s not too unusual for a granddad is it?”

Two grandparents agreed that they take care of their grandchildren without any monetary assistance. According to Susan*, “No one gave me any money, and I’ve been taking care of this child since he was like seven months.” Tracy* also agreed. “I took care of him and I got no money from no one. I put him in day care and paid for that. On the weekends, I took him to work in my second job because I needed the money for food, diapers and clothes. I had to work hard.” For Mary*, she described the adjustments she had to make financially when she took on the role of raising her grandchild as a primary caregiver. “We were renting a very small place before the baby came and once the baby came we were too big for this place, but this was all we could afford, so because there just wasn’t any room we moved to a bigger place. This meant working more to make the rent so I took up another two hours of cleaning in order to make ends meet.” Challenges in the role of primary caregivers for their grandchildren that were felt by the participating grandparents led to problems with health, both mental and physical.

_A healthy mind, a healthy body._ Grandparents’ lives change tremendously when a grandchild moves in to live with them on a permanent basis. None of the participants
expressed unhappiness with the roles they had chosen. However, despite this position feeling stress had affected the grandparents both physically and emotionally. “I couldn’t get off my Paxil. I tell you that a lot of it was talking through it.” Susan* echoed, “It’s been up and down, a roller coaster ride kind of living. It’s been so crazy. I’m praying that things will settle down soon.” Mary* went on to say, “Emotionally, I’m just a basket case sometimes. I suddenly start crying. I have broken down so many times; go into my room because I’ve lost it. Then my husband and I will talk about it. The stress every which way is a strain.” Tracy* echoed the same thought, “Parenthood is made for when you’re young and you have the energy to keep up with it.” Mary* described the impact this arrangement has had on the mental health of her husband. “My husband got really depressed for a while. He was very depressed for lots of reasons. He is the man of the house and his ego had taken a major plunge already and then this on top of it. It probably emotionally affected him more than it did me. He went into a very deep depression; he couldn’t function for quite some time. If you didn’t know him, you wouldn’t know he was in that deep depression. He’s real bad about shutting out the world, and that’s pretty much what he did. As far as the family, he functioned, but outside the family he didn’t, he became very reclusive.” Tracy* described how the lack of income affected her mentally. “My husband and I, we prayed, every moment not to let us have a mental breakdown. If we did, there would be no one to take care of our grandson. We could not even think of going anywhere; we had no money for a vacation or even a weekend out. We were just going to survive. I had faith that Jesus would keep me ok to take care of my grandson.”
The other participating grandparents all took blood pressure medications, but insisted that it was not due to the arrangement of having to raise their grandchildren as primary caregivers. They all agreed that it was the normal process of getting old. George* said, “I’m old. I haven’t experienced any health problems as a result of my grandchild living with me. In later years, I have developed high blood pressure, like many people my age. I take a small dosage of blood pressure medicine every morning.” Mary* agreed. “I don’t think it’s anything to do with my grandchild living with me whatsoever.” The stressors expressed by the participants gave the researcher an insight and understanding into the meaning of the life role chosen by the grandparents as they raise their grandchildren as primary caregivers.

According to Matt*, his health has not suffered since he became the primary caregiver for his grandchildren. With tears in his eyes, he explains, “I am in great shape and very thankful for their health. I have more energy today than I had before. They keep me on my toes. I don’t take any medication. I feel good. I love playing hide go seek and red light, green light. I have a reason to take good care of myself --- they are my reason. Even though I lost my son, I have been given a gift of two.”

In order to nurture their grandchildren and build a positive environment for their development, grandparents must use coping strategies that will be beneficial as grandparents raise their grandchildren as primary caregivers.

Coping Strategies

A sense of fulfillment. As the researcher interviewed the participants, it was noticed that despite the stressors, the grandparents were able to see the positive side to
this arrangement. This positive element as noted by Kivnick (1982) is a role through which grandparents were able to resolve earlier psychosocial changes that were not adequately resolved. This arrangement helped achieving a psychosocial balance and well-being as they raised their grandchildren as primary caregivers. Kivnick (1982) has expressed that this experience could be seen as fulfillment of the last two stages of Erickson’s Theory of Psychosocial Development --- generativity vs. stagnation and integrity vs. despair. Tracy* stated, “I don’t know what I’d do without him. I’ve got a second lease on life --- a second chance. Yes, I get tired, but he keeps me on my toes, my thinking hat on at all time.” Susan* had this to say, “I’m going to county fairs, going camping, doing things people my age a lot of times just don’t do. I feel she brings energy to my life. It keeps you on your toes.” The guilt of not having done those activities with her own children weighed heavily on her. This was her chance to do it right. She felt she had learned lessons from her past as she got older. “I guess as you get older, you do learn from your mistakes, just things I did different. Maybe I didn’t pay as much attention; my kids were off doing things. These days I don’t let her out of my sight.” She saw a far stronger relationship that had been born between her grandchild and herself than she had with her own children. This was how she put it, “To me there’s more of a connection between her and I. We go and do things together. We go to the movies together; she’s my only travel companion. I talk to her about things that I did not do with her mom.” She hoped that this connection would always be there when she expressed, “I want to do right by her. She has me and I have her. I wouldn’t want her to be anywhere else. I want to do everything I can so that I can find that peace inside me.” The understanding and description of this experience to raise her grandchild has given this grandparent a
chance to resolve what she was not able to fulfill earlier when she was raising her own children. Therefore, she is able to be seen within Erickson’s stage of integrity vs. despair. Because of this positive outlook, each grandparent was able to use a sense of coherence as a coping strategy.

_A sense of coherence_. This coping strategy was used by the participants particularly because they were grandparents who were raising their grandchildren as primary caregivers. When they chose this life-changing role, the demand on their time, their income, their social life and their health would take a toll. Tracy* explained, “You just deal with it. You can’t let it get you so down that you won’t be able to face life the next day. He is my grandchild, my child now and I must deal in the best way I can and know for his sake and mine. Life goes on, it just doesn’t stop. I need to be able to see him through all his tomorrows.” Mary* echoed the same sentiment. “I cannot let any situation get the better of me. I just dive into more things to stay busy, a lot of prayer and a lot of faith.” She then went on to tell a story to reinforce this sense of coherence as a coping strategy. “A friend of mine had an expression; she and her husband had been going through some financial things. She would always tell me when the collectors call, what are they going to do, they can’t eat you, what are they going to do? What can they do to me? The bottom line is the whole earth is full of all kinds of trials and tribulations, it seems like a bad joke, and just something we need to survive. I know that there is a better place to go.”

Susan* expressed that despite all the demands this arrangement makes on her, she chose this life role because “the way I look at it is, if it wasn’t for me, she would have no one else.” This same sense of coherence that enables grandparents to see that demands
will be made on their life and lifestyle but they are manageable and therefore enhance their coping with situations. What meaning she finds and describes is fundamental to her experience. Most individuals would not be able if asked to speak about their world view beliefs according to Patterson and Garwick (1994), but would be able to speak about how they relate and learn from others.

This same sense of coherence is seen in the worldviews. According to Tracy*, “I look at my blessings and I count them as merciful to me. I have become depressed and wanted to give up. But it’s something inside of me. I think a lot of it was my grandmother because she was old-fashioned. You keep going, keep living and see how God’s going to work.” She did not fall apart when she had stresses. I learned from her.” Susan* echoed this same sense of coherence through her strong faith. “It has been a tough life and a tough choice, but God prevailed through it all. I could not have gone through this without the Lord’s help.” A note of advice she offered to other grandparents to enable them to gain this sense of coherence. “The other grandparents going through this have to have a lot of faith and read the Bible and pray when no one else is around for the Lord to take care of it. The only way is to keep close to the Lord.”

Lance, McCorkin and Olson (1987) believe that the perception that demands will likely be expected and manageable will help coping with the stressors that grandparents face and thereby take care of their wellbeing. On the other hand, if the perception that the stressors were not manageable the opposite effect would be seen with regards to the well-being of the grandparents. The only way to be able to have this sense of coherence is as one grandparent participant said, “think positive.” The participating grandparents
have accepted their role of raising their grandchildren as primary caregivers as an opportunity rather than a problem.

*Making memories.* “If you’ve ever wanted to make a difference in this world, active grandparenting provides the perfect opportunity” (Carson, 1996). Grandparents who raise their grandchildren as primary caregivers have this opportunity as they become the only source of security and stability in the lives of their grandchildren. They become their child’s rock and security blanket in time of need, as well as in moments of happiness. Therefore doing things together was one of the powerful ways that the participating grandparents coped with the stressors and demands of this life-changing role of grandparents raising their grandchildren as primary caregivers. Susan* said, “I want to give her the experiences she will always remember. We go and do things together; we go to the movies together; she’s my only travel companion; her and I are always doing things together.”

Sharing time together was not only a chance to make beautiful memories, but also a time to teach values. Mary* stated, “I love nature and animals. I would go to the library, it’s free and bring books on animals and fish and trees. My grandson just loved to read with me. Then I’m thinking, I’m so broke and not able to get a membership to the zoo. But then I heard about a blessing. The zoo membership office was lowering membership rates for a two-week period. I saved everything I could and got a membership to the zoo. It was great; we would have picnics and see all the animals he read about all week. He already can recognize a maple tree and a rose bush. He’s finally getting good with animals and he’s only 4. We couldn’t afford a McWane membership, so I tagged along with my cousins membership.”
George* felt that doing things together was a way of not allowing the grandchild
to get frustrated very quickly. It was also a time of understanding, both grandparent and
grandchild, when they learned from each other. “He loves transformers, and we spend a
lot of time taking them apart and putting them back together again. He’s got a very
analytical mind. He puts them back together with no problem at all. I can’t do it at
times, but he tells me to let him fix it. He feels so good that he is able to fix things that I
can’t and I am happy for him because I want him to feel good.” As they make memories
of their shared time together, these grandparents were able to provide a sense of
confidence and knowledge and pass on values that they always held dear. This time
spent together was beneficial as a coping strategy because it helped grandparents cope
and build a stronger bond with their grandchild. According to Susan*, “Just the different
things she does, she’s a delight.” Tracy* said, “I love it when he asks me to read and
snuggles on my lap.” Mary* also stated, “Anytime he gives me a hug, and says ‘I love
you.’”

Varied Means of Support

When a problem arises in a family, grandparents are always the first to be
summoned. Most grandparents like the participants in the study are on fixed incomes.
Grandparents in the study feel let down by state government and social services despite
their willingness to take care of their grandchildren as primary caregivers. Grandparent
primary caregivers provide the same, if not more care for their grandchildren than foster
parents and therefore should be compensated. Susan* put it this way. “I took care of him
and I got money from no one.” Tracy* echoed that same sentiment, “The government
should have some support for me since I was taking care, but they never did. I was very
upset about that.” George* also agreed, “I’m thinking that here I am taking care of the child and I couldn’t get any support.”

The state governments should draft a policy that would meet the needs of this growing family structure of grandparents raising grandchildren as primary caregivers by changing and streamlining the process to obtain custody as well as obtaining low cost legal benefits that would be beneficial to grandparents in this arrangement (Thomas, et al., 2000). There are states, such as Georgia and New York, which do have economic assistance to support the awesome task that grandparents as primary caregivers perform (GA DHR, 2006). However for the participants, who live in central Alabama, there is still no legislation. The state of Alabama could enact this legislation in appreciation of the role that grandparents have undertaken as primary caregivers as they rear their grandchildren.

The apple of my eye: A supportive school. As grandparents undertake this role as primary caregiver, the generation difference in age as well as culture becomes a concern. This was evident when Susan* expressed, “there’s a stressor of homework. Academically she’s struggling with math, so that can be frustrating, but I’ve learned to take several steps back as the teacher had advised, and she’s going to have to go at her own pace. You can’t push, scream or beat it in her head.” Susan* is thankful for the support she receives from her granddaughter’s school. “It’s amazing to me, for example, if she leaves her spelling words at school, the teacher has a webpage where you can look up and see what she’s got to do.” Because of the support she receives from the school, she felt she has become technologically more knowledgeable. “I’m beginning to get out there with the computer and Facebook and stuff like that; that’s what I like about school
now.” She speaks very positively about school support. “It’s been an adjustment. However, I’ve learned things, and I’ve learned 3rd grade math, which can be hard. For science, when the question says, ‘What did so and so do in 1938?’ I feel more comfortable saying I’m not sure, check with your teacher. This comfort I feel only because of the support, communication and relationship with the teacher and the school. They understand.” This sense of support was also echoed by Tracy*. “My grandson has a bad temper, but the counselor in the school guides him in anger management. He likes that. When he gets frustrated, the teacher will call me and will ask if she can help my grandson after school with tutoring. This is free, and I am so thankful for this.” The support from the school has made life so much easier for Matt*. “The daycare is very good to me. They take good care of the little one. He loves to go there because they spoil him. The director is very kind. She is happy to take care of my grandson if I have an appointment to go to in the evening. They have potty trained him, whew, that was a special gift. I asked if I had to pay anything extra for that, she smiled and said she would be willing to help at any time. My older boy goes to school and is just like his dad --- bright and does his homework. They provided a workshop for me to attend to learn how to get his spelling words from the school’s website. I have become quite savvy as far as checking his homework assignments and other communications from the teacher. I check his daily and weekly reports on the computer. I am so thankful for his teacher. His teacher has been very patient. She has helped make my life easier in this technology age, for which I’m extremely grateful.”
This support is essential as evidenced in the responses of the participants. It helps take the stress away from the grandparents as they deal with the changing times in school academics.

**Making a difference: A supportive church.** This unexpected finding has not been documented in the literature and research on the topic of grandparents raising grandchildren. Tracy* said she would never have made it if it weren’t for the church. “I had to work and some of the church members would keep my grandson with their children. I always have had support from my church and I still have support. It would have been hard. It is for this reason, I’m so thankful to my God and my church and that was what helped me a lot.” Susan* spoke of the support system she has in the church. “I do have a support system here at the church. There are days when it seems sort of overwhelming, you come in, you do homework, bathe and then its bedtime and you get up in the morning and do the same thing all over. I’m thankful to my church family who gives me a break every Friday and Saturday evening. They consider my grandchild as part of the family and take her along with their children to activities and pajama parties. I miss her those days, but it also helps me get some time to myself. I am ever so grateful.” The other three participants did not speak about church support as they did not attend church.

**Lending a helping hand: A supportive family.** Two of the participants had husbands and spoke of the support they received from them as something they could not live without. Mary* said, “I’m very fortunate to have a supportive husband, especially when it comes to dealing with something with our grandchild. When our grandson was little and got colicky in the middle of the night, I was fortunate because my husband had
no problem waking up and changing his poopy diapers. Now that our grandson has grown up, he handles him better than I do. He gets right in and clears it all up.”

Susan* spoke of the support she received from her extended family, from her mother-in-law in particular. When she felt everything was falling apart, she continued, “to be honest, if it wasn’t for my mother-in-law, I don’t know how we would have made it because she’s helped support us. She’s made house payments, and all kinds of stuff to help support us because we wouldn’t have made it really without her help.” Tracy* praises her husband. “My husband,” she said, “always stepped in when my son would use ugly language and tried to use his hand on me and told him not to do your mamma like that.” She spoke of her husband and she never regretting the day they decided to take their grandson in and raise him, because “life is too short. Every moment counts and we must try and make all good memories.” Mary* went on to say, “I thank God my husband has been so supportive.” George* also spoke of the support of his wife, and went on to say that she works and wishes that she could spend more time with their grandson. Support from family as is evidenced by the participants’ words help lift and make the burden of the stressors of raising grandchildren as primary caregivers easier to handle and cope with.

Summary

The study makes contributions to the existing literature as the major themes that give meaning to the experiences of the grandparents raising grandchildren as primary caregivers. The reasons for taking on this role despite the life-altering change in their
lives points to the lifelong commitment to being a parent, a positive role-model for all children in their family. The participants experienced stressors, and yet they were able to bond with their grandchildren and experience the joys of parenting. The grandparents used coping strategies the grandparents to make a positive impact on their grandchildren and help build a nurturing environment for their development. They were also able to receive support to protect the child and preserve the values of their family.

The study will help advance future research of grandparents raising grandchildren as primary caregivers using the ecological model. As the ecological model was used in this research, we were able to explore how the different areas interact to gain a better understanding of their significance as grandparents raise their grandchildren as primary caregivers. The experience of these participating grandparents will be useful for family counselors, as they study this new family structure of grandparents raising grandchildren as primary caregivers.
FINDINGS, IMPLICATIONS, RECOMMENDATIONS

Introduction

The interview responses of the participants have been analyzed. This chapter begins with a summary of the findings, followed by the limitations, and the recommended implications further research.

Summary of Major Findings

Grandparents have always been there to help support and nurture their grandchildren. Grandparenthood has always been that magical time to spoil the grandchild and then at the end of the day send him/her back home. Today, however, grandparenting roles have changed. Some grandparents face a life-altering change in their lifestyle. Because there is an increasing number of children being reared by their grandparents as primary caregivers, many studies are being conducted to evaluate the reasons for grandparents taking on the role of primary caregivers. Some of the reasons are substance abuse and maltreatment (Dowdell, 1995; Jendrek, 1994; Pruchno, 1999), parental death (Pruchno, 1999; Schorble, et al., 1995), incarceration (Dowdell, 1995; Pruchno, 1999), mental illness (Dowdell, 1995; Pruchno, 1999; Kelley, 1993), and abandonment (Pruchno, 1999). The participants in the study became primary caregivers
for these particular reasons --- firstly, for substance abuse which led to the child being
abused and maltreated, secondly, because the parents became drug and substance abusers,
and thirdly, because of a teenage pregnancy and the father of the child disappeared.

As grandparents assume this new role as primary caregivers, their responsibilities
increase and include primary contact person in case of an emergency, discipline, rule
setting, academic progress, homework, parent teacher meetings and other school events
(Pruchno, 1999). Studies have concluded that depression and chronic health problems
result from grandparents being primary caregivers of their grandchildren over an
extended time-period. (Burton, 1992; Dowdell, 1995; Minkler & Roe, 1993; Minkler,
Driver, Roe, & Bedian, 1993). However, in this study, the researcher noted that the
grandparents’ emotional, physical and mental health was not related to the presence of
the grandchild in the home. One of the grandparents took Paxil daily and another took a
high blood pressure medicine every morning. The grandparent who took the blood
pressure medication told the researcher that it was not because of the grandchild living
with them, but it was a normal process of getting old.

The grandparents’ financial stress was consistent with the literature. The findings
of this study did show that the participating grandparents did have to make adjustments
financially. Two of the grandparents took on extra work and a second job to make ends
meet. One grandparent had to move to a bigger home, and her mother-in-law supported
her by making her mortgage payments.

Doing things together at the library and zoo, going camping and reading are some
of the recreations that could be afforded by the participating grandparents. No vacations
could be afforded. The financial situation of the grandparents would not allow that. However, the findings of the study were consistent with the literature that found higher levels of grandparents’ emotional well-being that related to higher levels of social support (Burnett, 1999; Kelley, 1993), caring for a grandchild longer (Minkler, et al., 1997), and higher levels of self-reported physical health (Burnett, 1999; Minkler, et al., 1997; Pruchno & McKenney, 2002; Szinovac, et al., 1999). The responses of the participants in this study were consistent with these findings. Each participant encountered tremendous support in this role they had undertaken from family, church and school. The future of their grandchild was of importance to them, therefore the grandparents built strong relationships with school and church. None of the participating grandparents suffered from any major health problem and took part in activities that people their age would rarely do.

Though the long-term results of raising grandchildren can be overwhelming with studies reporting lower well-being scores, less satisfaction with the grandparent role and poorer perceptions of the relationship between grandparent and grandchild (Minkler & Roe, 1993; Shore & Hayslip, 1994), grandparents also report positive experiences and happy memories. The findings from this study showed that despite the many stressors that grandparents experienced of financial stress and being overwhelmed, grandparents were still able to experience the joys of being a parent. Grandparents used coping strategies that helped build a lasting bond of love and respect between grandparent and grandchild. The support they received from family, school and church was also vital to decrease the strain on the grandparents, therefore enabling them to enjoy the “me time”
they so badly needed as they took on this role of raising their grandchildren as primary caregivers.

Because of the growing number of grandparent headed households, there has been a growth in the supportive interventions to help these grandparent families (Minkler, 1999). Counseling, transportation, child care and support groups are common (Minkler, 2001). The findings from the study were consistent with this literature. A grandchild who has anger management problems was able to get counseling services at the school. Also, the church and school provide childcare for the children so the grandparents can get some free-time. One grandparent had every Friday and Saturday evenings free while a church family cared for her grandchild. Some of the grandparents have learned the internet and Facebook and therefore are able to check the homework of their grandchild. However, one grandparent did feel that the government should do more to help this growing family structure. Local and state governments should favor the grandchild being placed with the grandparent over foster families, and therefore may enact legislative policies related to the well-being of this new family structure (Pecora, Whittaker, Maluccio, & Barth, 2000). The study, therefore, has important findings of raising awareness about the meaning of the experiences of this new family system --grandparents raising their grandchildren as primary caregivers.
Implications for Practice

As the number of grandparents raising grandchildren as primary caregivers increases, local and state government administration, community leaders, school administrators, family counselors and social workers cannot overemphasize the need for support services for this new family system. To help grandparents bridge the generational gap, educational training activities could be held in schools to help grandparents develop new skills and acquire new knowledge. Further, the reasons for an increasing number of grandparents undertaking this role as primary caregivers are substance abuse, violence and teenage pregnancy. Therefore, programs with information on sexually transmitted diseases, drug abuse, school violence and peer influences on their grandchildren could be arranged. Academic problems, materialism and mentoring could also be topics for discussion. It would be preferable for every local government to do needs assessment so that the discussions and sessions can be focused on the needs of grandparents. Training sessions that build on their unique strengths would enable them to develop self-efficacy and their own problem-solving skills. Many grandparents may not have transportation to the training sessions, and therefore transportation assistance could possibly be provided (Chenoweth, 2000).

Schools could provide tutoring and after-school programs to help with the stress of homework. Another recommendation could be for grandparents to be made aware of all the assistance they are entitled to, such as medical, dental, food, school supplies and housing set-up if available. Navigating these systems may be challenging, therefore support systems are necessary to aid grandparents in this arrangement. Policies must be enacted to help grandparents as primary caregivers receive adequate income support that
is reflective of the particular needs of the children under their care. Daycares, after-school care, tutoring, free medical care and free counseling should be provided to grandparents as primary caregivers as they undertake this responsibility of raising their grandchildren.

Implications for Early Childhood Education

Understanding this family structure is critical for the early childhood professional as the number of families of grandparent raising grandchildren keeps increasing. Today, over 5.4 million children live in homes where grandparents are the primary caregivers (U.S. Census Bureau, 2000). This family structure is seen across all cultural and ethnic groups as well as all social and economic levels. Thirty percent of the grandparents as primary caregiver families have not received a high-school diploma (Smith & Dannison, 2007). Early childhood educators must have an understanding of the reasons that led to the birth of this family structure. Teachers will then be able to comprehend the difficult and sometimes traumatic circumstances that caused the child to move in with their grandparents. Teachers must be sensitive to the possible vulnerability of children from this family structure and provide the support the grandparent needs to enable the child to be successful (Amatea, et al. 2009). Further, sensitivity must be shown during assignments and discussions regarding family as the child may feel a sense of embarrassment that he/she is not living with parents but with grandparents. When discussing diverse families, early childhood professionals must include a discussion of this growing family structure, so as to make the child, who belongs to this structure, feel
comfortable and strengthen that sense of belonging to the classroom community. Understanding this family structure by providing the necessary support the child and the grandparent need, will strengthen the partnership that is critical for the success of the child as grandparents raise their grandchildren as primary caregivers.

Limitations

The study is not without limitations. The first limitation was that the primary and only source of data was the interview with the grandparents. The grandparents did not keep journals, and the researcher was not permitted to observe the children or use any photographs the grandparents may have had as the grandchildren were all minors. The researcher however felt truly honored with the open and honest responses from the participating grandparents. Secondly, the research was conducted within a short period of time. A third limitation was that the study explored and described only the grandparents’ experiences and perspectives. The researcher did not have permission to interview or talk to other members of the family or teachers on their perspective of the interaction between the primary caregiver grandparent and the grandchild. The researcher felt that she would have had a deeper insight and understanding of the relationship between the grandparent and the grandchild if she had the permission to speak to relatives, teachers and most especially to the grandchild. However, this was not permitted as the grandchildren were all minors and their privacy had to be protected.
Recommendations for Future Research

There is not much literature about grandparents raising their grandchildren as primary caregivers who experience high levels of positive affect (Minkler, et al. 1997). There is extant literature on predictions of distress and psychological and psychosocial stress (Fuller-Thomson et al., 1997; Dowdell, 1995; Burton, 1992; Jendrek, 2004). Future research into the factors that promote and encourage a high level of emotional well-being can prove to be invaluable to help reduce both the psychological and psychosocial stress grandparents feel as they raise their grandchildren as primary caregivers. This study has explored and described the strategies and support systems that have enabled the participating grandparents experience a positive affect despite the stressors they face as they raise their grandchildren as primary caregivers. Future studies need also to examine the relationship between the neighborhood conditions and the well-being of the children and grandparents. The research could also shed light on how the neighborhood conditions, if changed could affect the well-being of grandparents as they raise their grandchildren as primary caregivers. Future research should also study grandfathers who assume the role as primary caregiver for a grandchild (Fuller-Thomson, et al. 1997, Szinovacz, et al. 1999). The usual role of raising grandchildren as primary caregivers is seen as a female job (Thomson & Kramer, 2002). This study will help give us a better understanding on gender differences as grandparents raise their grandchildren. Finally future research on the differences that the age of the grandchild can make in the experience of the grandparents from child developmental theories would give us greater understanding of the experiences of grandparents as they rear their grandchildren as primary caregivers. It is hoped that research will continue on this growing family
structure to give us an even greater and deeper understanding of this increasing yet unknown group of individuals—grandparents raising their grandchildren as primary caregivers.

Lessons Learned

The main goal of this research study was to bridge the gap in the literature about the experiences faced by grandparents who are rearing their grandchildren as primary caregivers from their early childhood years. After interviewing the participating grandparents, it was evident that their experiences were not consistent with what the current literature states regarding the health of grandparents rearing their grandchildren as primary caregivers. According to the participating grandparents, their health was not affected in any major way, rather they felt rejuvenated and full of more energy since taking over the responsibility of being primary caregivers for their grandchildren.

This research study focused on grandparents who became primary caregivers for their grandchildren specifically during the early childhood years. Other research studies mention young children, but do not specify the age group. However, the participating grandparents in this study cultivated a nurturing and caring environment for their grandchildren from the early childhood years, which is specified throughout the interviews with the participating grandparents.

Contrary to the current perception that only grandmothers can be caring and nurturing, this research study stressed how vital the support of grandfathers was when rearing grandchildren as primary caregivers. The participating grandparents emphasized
the active role that grandfathers took in creating the nurturing environment for the 
grandchild. Current research focuses solely on the role of grandmothers, but throughout 
this study it is evident that without the partnership between grandmother and grandfather, 
it would be much more difficult for the grandparents to be successful when rearing their 
grandchildren as primary caregivers.

The support of a local church is vital to the well-being and success of 
grandparents rearing grandchildren as primary caregivers. As they take on this role, the 
grandparents may feel isolated and abandoned. The participating grandparents 
emphasized that were it not for the support they found within their church, they would 
not be able to successful at rearing their grandchildren. Current research does not 
mention the support grandparents found within their local church, but the necessity of 
that support was echoed throughout the interviews with the participating grandparents in 
this study.

Summary

This qualitative study explored and described the experiences of grandparents as 
they raise their grandchildren as primary caregivers. The contribution of this research 
was to explore a better understanding and meaning of the experiences of grandparents as 
primary caregivers through the five themes that emerged and were analyzed.

Today, the definition of family has taken a diverse definition. No longer can we 
define family as just a mother, father and children living together. This qualitative 
research study seeks to bring meaning and understanding to a new and growing family
structure of grandparents raising grandchildren as primary caregivers. The researcher feels that this study will positively help family therapists and social service workers as they develop programs that will nurture, support, guide and motivate this growing family structure.

Stewart (1998) wrote that qualitative researchers “cannot aspire to generalizability or external validity, but they can aspire to perspicacity --- the capacity to produce applicable insights.” As the researcher, I do hope that this study, as it unfolds the meaning of the experience that the participating grandparents had as they raise their grandchildren, will be as educative, enriching and enlightening for you the reader as it was for me. This study is just one little step to try and understand this big and increasing family phenomenon of the meaning of the experiences of grandparents as they raise their grandchildren as primary caregivers.
REFERENCES


Washington, DC. U.S. Census Bureau Brief.


APPENDICES
Appendix A
Informed Consent Document

**TITLE OF RESEARCH:** What it Means for Grandparents to Raise Grandchildren as Primary Caregivers: A Multiple Case Study

**IRB PROTOCOL:** X100310002

**INVESTIGATOR:** Annette I. Mohan

**SPONSOR:** The University of Alabama at Birmingham Department of Curriculum and Instruction

**Explanation of Procedures**

You are being invited to participate in a multiple case study which is part of a Ph.D. dissertation. The purpose of this multiple case study is to understand the experiences of grandparents as primary caregivers raising grandchildren. You are invited to take part in two 60 minute, face-to-face, audio recorded interviews, as well as two (60 minute each) observations of verbal and non-verbal communication, interaction of grandparent in daily activities, including physical, mental and emotional stressors exhibited by grandparents. You may be asked to clarify statements made in the interview in a follow-up interview that may last up to 60 minutes. The time-frame for this project is June 2010 through December 2010. After obtaining informed consent from you, I will provide you with an outline of questions I want to ask you in order to give you time to think about your responses. Throughout the interview you might also be asked some clarifying questions to elicit additional details and examples from your responses. I will take all precautions to ensure your confidentiality. You will have the option to withdraw from the study at any time should you choose to do so. The data from this research will be used in fulfillment of the investigators Ph.D. dissertation. For the multiple case study, the total number of participants will be five grandparents.

**Risks and Discomforts**

The risks and discomforts involved in this study are no greater than the risks and discomforts of day-to-day living.

**Benefits**

You may not benefit directly from taking part in this study. However, this study may help us better understand the experiences and coping strategies used by grandparents raising grandchildren.

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Page 1 of 3
Version Date: Date: 5/17/2010
Consent Form Approval 5/25/10
Expiration Date 4/27/11
Participants initials: 

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Confidentiality

Information obtained about you for this study will be kept private to the extent allowed by law. Data will be stored in a locked metal cabinet in the investigator’s school office and audio tapes will be destroyed three years after the completion of the project. Electronic data will be stored on password protected computers. The data from this research will be used in partial fulfillment of doctoral level course, EPR 696 – Qualitative Research Methods. You should, however, be aware that we might choose to publish the findings of this study at a later date. The Investigator will take precautions to ensure confidentially, using a pseudonym. Research information that identifies you may be shared with the UAB Institutional Review Board (IRB) and others who are responsible for ensuring compliance with laws and regulations related to research, including the Office for Human Research Protections (OHRP).

Refusal or Withdrawal without Penalty

Your taking part in this study is your choice. There will be no penalty if you decide not to be in the study. If you decide not to be in the study, you will not lose any benefits you are otherwise owed. You are free to withdraw from this research study at any time. Your choice to leave the study will not affect your relationship with this institution.

Cost of Participation

There will be no cost to you from taking part in this study.

Payment for Participation in Research

Your participation in this study is on a volunteer basis. However, because it will require you to complete an interview and observation, I am offering you a $25.00 gift card to a restaurant of your choice in appreciation for your time.

Alternatives

Your alternative is to not participate in this study.

Questions

If you have any questions, concerns, or complaints about the research please contact Annette I. Mohan. She will be glad to answer any of your questions. Her number is 205-276-8443.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact Ms. Sheila Moore. Ms. Moore is the Director of the Office of the Institutional Review Board for Human Use (OIRB) at the University of Alabama at Birmingham (UAB). Ms. Moore may be reached at (205) 934-3789 or 1-800-822-8816. If calling the toll-free number, press the option for “all other calls” or for an operator/attendant and ask for extension 4-3789. Regular hours for the Office of the IRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event the research staff cannot be reached or you wish to talk to someone else.
**Legal Rights**

You are not waiving any of your legal rights by signing this informed consent document.

**Signatures**

Your signature below indicates that you agree to participate in this study. You will receive a copy of this signed document.

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Appendix B
What it Means for Grandparents to Raise Grandchildren as Primary Caregivers

Interview Protocol

Time of the Interview: ________________________________

Date: ________________________________

Place: ________________________________

Interviewer: ________________________________

Interviewee: ________________________________

Introduction:

I want to thank you for taking the time to talk with me today. I will be recording and transcribing what we say today. I may ask you to review the transcript to verify if I recorded correctly what we say.

What I am interested in finding out in this study are your experiences and the strategies you use to cope as a grandparent raising your grandchildren. You have had a chance to review the questions and give them thought. I would like to know your thoughts, so feel free to discuss your views and include specific examples. I may ask some additional questions that you have not reviewed as we go along in order for me to clearly understand what you mean. Are you ready to begin?

- Tell me about yourself.
- How long have you been a primary caregiver for your grandchild/grandchildren?
- Tell me the favorite or unforgettable moments you have had with your grandchild/grandchildren.
- Tell me about the positive experiences you've had as you raise your grandchild/grandchildren. What specifically makes this experience positive?
- Tell me about the negative experiences you've had as you raise your grandchild/grandchildren. What specifically makes this experience negative?
- Tell me about any stresses that you feel as you care for your grandchild/grandchildren.
- How do you cope with these experiences? What strategies do you use?
- What is your support system?
- Do you follow any daily schedule?
- Is there anything else you would like to talk about?
Appendix C
Federal regulations require IRB approval before implementing proposed changes. Change means any change, in content or form, to the protocol, consent form, or any supportive materials (such as the Investigator's Brochure, questionnaires, surveys, advertisements, etc.). Complete this form and attach the changed research documents.

Today's Date: May 17, 2010

1. Contact Information
   Principal Investigator's Name: Annette I. Mohan BlazerID: amohan E-mail: amohan@uab.edu
   Contact Person's Name: Annette I. Mohan BlazerID: amohan E-mail: amohan@uab.edu
   Telephone: (205) 276-8443 Fax: 
   Campus Address: 1057 Mountain Oaks Drive, Hoover, AL 35226

2. Protocol Identification
   Protocol Title: What it Means for Grandparents to Raise Grandchildren as Primary Caregivers: A Phenomenological Study
   IRB Protocol Number: X100310002

   Current Status of Project (check only one):
   ☑ Currently in Progress (Number of participants entered: 5)
   ☐ Study has not yet begun (No participants entered)
   ☐ Closed to participant enrollment (remains active)—
     Number of participants on therapy/intervention: 
     Number of participants in long-term follow-up only: 
   ☐ Closed to participant enrollment (data analysis only)—
     Total number of participants enrolled: 

   This submission changes the status of this study in the following manner (check all that apply):
   ☑ Protocol Revision
   ☑ Protocol Amendment
   ☑ Study Closed to participant entry
   ☑ Study Closure
   ☐ Revised Consent Form
   ☐ Addendum (new) consent form
   ☐ Enrollment temporarily suspended by sponsor
   ☐ Change in protocol personnel

3. Reason for change
   Briefly describe, and explain the reason for, the change. If normal, healthy controls are included, describe in detail how this change will affect those participants.
   Include a copy of the protocol and any other documents affected by this change (e.g., consent form, questionnaire) with all the changes highlighted.
   This project was part of my classroom requirements for EPR 696, Qualitative Research: Inquiry and Analysis. The supervising teacher was Dr. Natalya Ivankova. This classroom project was a pilot study done in preparation for the dissertation to be completed later. I would like to have this study amended as a multiple case study for my Ph.D. dissertation. The questions for the phenomenological study, which ask the participants what their experiences were, will be changed to ask the participants how they would describe their experiences as grandparents raising grandchildren as primary caregivers. This amendment was advised by Dr. Lois Christensen, the chairperson of my Ph.D. committee. Dr. Lois Christensen will now be the supervisor of this dissertation project.

4. Does this change revise or add a genetic or storage of samples component? ☐ Yes ☑ No
   If yes, please see the Guidebook to assist you in revising or preparing your submission, or call the IRB office at 934-3789.

5. Does the change affect subject participation (e.g., procedures, risks, costs, location of services, etc.)? ☐ Yes ☑ No
   If yes, Fiscal Approval Process (FAP)-designated units complete a FAP submission and send to fap@uab.edu. For more on the UAB FAP, see www.uab.edu/ohr.

224 - IRB_Amendment[1]
10/15/08
6. Does the change affect the consent document(s)?

Yes [x] No

If yes, briefly discuss the changes. There are a few changes that will be made to the informed consent document. The title will no longer include a Phenomenological Study. It will be changed to a Multiple Case Study. The sponsor will no longer be the Department of Human Studies. The sponsor will now be the Department of Curriculum and Instruction. Under the Explanation of Procedures, the first sentence about participating in a pilot study will be replaced with participation in a study for the completion of a Ph.D. dissertation. The next item to be changed will be the purpose. It will be changed from a qualitative phenomenology to a multiple case study. The next item to be changed will be the date of the study. It will be changed from March through May of 2010 to June through December of 2010. Since this is no longer the pilot study, the data will not be used to fulfill the requirements for a doctoral level course. This sentence will be will be replaced in order to inform the participants that the information will be used to fulfill the requirements of a Ph.D. dissertation. The last sentence will be changed to state that this is no longer a pilot study, but rather a multiple case study. I am including a copy of the revised Informed Consent Document.

Include the revised consent document with the changes highlighted.

Will any participants need to be reconsented as a result of the changes? [x] Yes [ ] No

If yes, when will participants be reconsented? 

Signature of Principal Investigator: Amrita Mohan Date: 5/17/10

DOL: 4/21/10

APPROVED

Marilyn Doss, M.A.
Vice Chair – IRB

Date: 5-25-10

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