



### Caregiving Roles of Co-Resident Grandmothers in Three Generational Households

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## Caregiving Roles of Co-Resident Grandmothers in Three Generational Households

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*Cray Mulder*

Despite the depth of research that exists on the risk factors and consequences associated with teen parenting and the growing research on outcomes of grandparent caregiving, research on the impact of three generational households has been limited to date. Given changing housing patterns and difficulties with accurate record keeping, the exact number of three generational households is not readily available (Gordon, 1999). Co-resident relationships involving grandparents and grandchildren often become long-term, lasting at least several years (Ruiz & Zhu, 2004). As a result of co-residence, mothers often receive important emotional and parenting support and assistance because grandparents in three generational households regularly assist in caring for their co-resident grandchildren (Musil & Standing, 2005). This research sought to better understand perceptions of grandmother caregiving roles, including the nature and consequences of caregiving.

### **Theoretical Framework: Role Theory**

Developmentally related caregiving, one category of caregiving referenced in the literature, includes adolescent mothers who are either unable or unwilling to live independently. These young women typically reside in three generational households, whereby they assume the role of mother and daughter simultaneously (Goodman, Potts, Pasztor & Scorzo, 2004). The adolescent mother assumes the responsibilities of motherhood, but typically depends on her mother for financial and emotional support (Krishnakumar & Black, 2003). Although research has examined developmental and behavioral outcomes in grandchildren raised by teen parents, grandmothers, and parents in three generational households have received less attention to date (Gordon, 1999).

Particularly with respect to three generational

households, this research sought in-depth descriptions and a deeper understanding of the caregiving experiences of grandmothers. Role theory served as a useful theoretical framework for this study in considering many of the caregiving aspects because family members typically adopt social roles within the family context, with related behaviors and expectations. Mothers of adolescent mothers within such three generational households simultaneously navigate the roles of mothers and grandmothers, and are expected to meet the demands of both roles. Similarly, adolescent mothers act as mothers and daughters within the same household context. These roles, however, may not mesh smoothly and may at times conflict with each other.

Role theory examines social relationships and roles individuals experience in different contexts (Davis, 1996). These roles ultimately create and maintain social structures beyond the micro-level. In addition, roles and their correlating behaviors and expectations often influence how individuals view and feel about themselves (Turner, 1979). Roles also inform how we view others in society, based upon the roles they hold and their performance in those roles (Kite, Stockdale, Whitley & Johnson, 2005). Given the diversity in American society, the experiences in assuming and fulfilling different roles are likely impacted by characteristics such as race, ethnicity, gender, and social class (Forte, 1998).

Individuals typically balance multiple roles in meeting their different responsibilities and demands. Difficulties with such multiple responsibilities frequently force individuals to make choices about their actions and lifestyles (Goode, 1960; Spencer-Dawe, 2005). With respect to caregiving, multi-tasking is a commonly employed strategy, but it may not be the most effective approach to balancing work and family re-

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sponsibilities (Tiedje, 2004). Caregivers also are likely to experience consequences of roles differently, depending on factors such as their individual characteristics, family and work demands, the strain they feel, and the salience they feel (Scharlach, 2001).

### ***Grandparent Caregiving Consequences***

In considering the meaning of the grandparent role, Neugarten & Weinstein (1964) found that acting as a grandparent enables positive feelings and enhancements for many, but presents strain and discomfort for others. Subsequent studies have confirmed both positive and negative impacts associated with grandparent caregiving, which may result partially from the considerable variations in caregiving involvement that grandparents have. Especially when grandparents, usually grandmothers, have assumed a custodial role of their grandchildren, the emotions surrounding the role change have often been complex and at times contradictory (Kolomer, 2008).

The strains of caregiving can be both physical and emotional. Strains are likely to be influenced by the family situation, availability of resources, the relationship between parents and grandparents, and any additional needs of the grandchildren (Engstrom, 2008). In a study of grandmothers, who ranged from minimal contact to co-resident status, findings indicated that grandmothers who provided more frequent care expressed higher associated stress levels (Musil & Standing, 2005). These grandmothers also felt that their caregiving impacted other aspects of their lives more significantly. Grandparents also may be at greater risk of negative consequences of caregiving as they age (Caputo, 1999). Older caregivers are more likely to experience depression and greater limitations on physical activities and mobility, including activities of daily living (Fitzgerald, 2001; Fuller-Thomson & Minkler, 2000; Grinstead, Leder, Jensen & Bond, 2003; Stetz & Brown, 2004; Takahashi, Tanaka & Miyaoka, 2005; Waldorp, 2003). Social opportunities also may be restricted, although caring for grandchildren may offer a form of camaraderie (Kropf & Burnette, 2003).

In terms of grandparents raising their grand-

children, the literature has highlighted three prominent risk factors for role strain: the timing of the role change, role ambiguity, and role conflict (Landry-Meyer & Newman, 2004). Role conflict defines the incongruities with prescribed role behaviors given the accompanying expectations of that role (Mui & Morrow-Howell, 1993). An unexpected transition usually hampered adjustment to the role of grandparent caregiver (Landry-Meyer & Newman, 2004). The authors found that a young grandparent age resulted in grandparent feelings of not being ready for grandparenthood. Women generally become grandmothers after their children are grown and reside independently. In past research on grandparent caregivers, off-time initiation into the grandmother role has been associated with higher levels of difficulties (Bachman & Chase-Lansdale, 2005).

Caregiving grandparents also may experience financial consequences in terms of providing uncompensated childcare. Because of their close familial ties, grandparents typically share a higher commitment to the children in care than non-familial hired childcare providers do. They often receive minimal compensation, but choose to provide care for their grandchildren to better support the parents or because they believe that they are the best caregiver for the children (Jendrek, 1994). While this sense of commitment may result in grandchildren spending more time with these grandmothers, the lack of adequate financial compensation may create additional stress (Culp, Noland & Anderson, 2006).

### **Research Questions and Design**

This research explored grandmother caregiving patterns, including role strains and enhancements, within three generational households using a cross sectional research design and qualitative method. The adolescent mothers in this study parented a child under the age three. Grandmothers were the co-resident mothers of the teen mother. As the grandmothers in this study cohabitated with their grandchildren, it was expected that they would interact regularly with their grandchildren, even if they did not provide considerable caregiving to the grandchild. Grandmothers' physical proximity implied a greater quantity of interac-

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tions, if not significant supervision and caregiving.

### Methods

Over the course of five months I interviewed 26 pairs of teen mothers and grandmothers from a mid-sized community in the Midwest. Twenty-six pairs were selected to offer diverse descriptions of the lives of mothers and grandmothers who reside together and navigate the social roles they inhabit. In three waves of data collection, recruitment flyers were posted in community settings oriented towards adolescent parents, such as local alternative schools, clinics, and support programs for teen parents. Upon initiation of contact by the mother or grandmother, I met with first the grandmother, then the mother. The grandmother consented to the interview and provided parental permission to interview her daughter. The mother then assented to the interview process before any data were collected. Only pairs where both members of the dyad agreed to participate were interviewed for this research. All participants completed one interview session, lasting one to two hours, and were paid \$20.00 following each interview. The semi-structured interviews addressed perceptions of family roles and dynamics, consequences of participants' family roles, and interviewees' parenting / grandparenting practices. This article focuses primarily on grandmother roles and experiences with caregiving, from the perspectives of mothers and grandmothers.

### Participants

Although a predominantly white community, the geographic area studied included notable African American and Hispanic populations. Of the nearly 9,000 grandparents in the county of study who reported living with a grandchild, minority groups were overrepresented (U.S. Census Bureau, 2005). These households also had a higher rate of living below the poverty line (23.4%) than other household types (U.S. Census Bureau, 2005). Clientele of the schools and community agencies used to recruit participants tended to be young women and families of low socioeconomic status.

Adolescent mothers' eligibility criteria to participate in this research included residence with

their mothers and that their oldest child was 3 years or younger. A maximum age requirement of 3 years meant that the children did not attend school full-time, although some attended daycare programs. Children under the age of 3 also require greater supervision and attention, meaning that if the adolescent resided with her mother they were both likely to spend significant amounts of time with the child. The eligibility criteria did not stipulate the number of children an adolescent mother may have parented; however, each of the mothers interviewed parented only a single child.

Participants of this study ranged in age from 15 to 19 years for mothers and 31 to 58 years for grandmothers. The mean age for mothers was 16.5 years and the grandmothers' mean age was 42.9 years. Most mothers gave birth at the age of 17 or younger, which means, of course, that they were minors. Seven of the grandmothers reported an age between 31 and 39, 15 were in their forties, and the 2 remaining were over 50 years of age. All of the mothers were parenting only a single child. The grandchildren ranged in age from newborn ( $n = 2$ ) to 2.5 years ( $n = 2$ ). The mean age of the grandchildren was 10 months. Ten of the grandchildren were over the age of 12 months, while 16 were under 12 months of age. For detailed demographics please see Table 1.

Nearly half ( $n = 12$ ) of the grandmothers had one grandchild; however, 4 of the grandmothers had five or more grandchildren. Each of the grandmothers lived with either one or two of her grandchildren. More than half of the grandmothers worked outside of the home in addition to their domestic responsibilities. Grandmothers' occupations included homemaker ( $n = 11$ ), childcare provider ( $n = 5$ ), nurse ( $n = 2$ ), other professional jobs, usually not requiring a college degree, ( $n = 6$ ), and the remaining 2 were unable to work for medical reasons.

Childcare arrangements varied for the 26 dyads. Eight of the mothers currently parented full-time, and 2 of these graduated from high school recently. Fifteen mothers attended high school, 2 mothers attended college, and 1 mother worked rather than attend school. In terms of childcare arrangements, the grandmother acted as the pri-

Table 1: Mothers' and Grandmothers' Demographics

Characteristic	Frequency	Percentage of Total Sample
<b>Race</b>		
African American	8	30.9
Caucasian	9	34.6
Latina	5	19.2
Native American	1	3.8
Bi/ multi-racial	3	11.5
<b>Mothers' Age</b>		
15	7	26.9
16	3	11.5
17	8	30.8
18	5	19.2
19	3	11.5
Mean Age	16.5	
<b>Grandmothers' Age</b>		
30-34	3	11.5
35-39	4	15.4
40-44	9	34.6
45-49	6	23.1
50 and over	2	7.7
Missing	2	7.7
Mean Age	42.9	
<b>Grandchildren's Age</b>		
Newborn- 3 months	4	15.4
3-6 months	6	23.1
7-12 months	6	23.1
1 year	4	15.4
1 year- 2 years	3	11.5
Over 2 years	3	11.5
Mean age	10.0 months	
<b>Grandmothers' Professional Status</b>		
Employed	4	15.4
Home full-time	11	42.3
Works & attends school	3	11.5
Provides childcare (grandchild)	5	19.2
Works and provides childcare	1	3.8

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mary babysitter in 7 dyads, the mother remained home full-time in 8 dyads, and the grandchild attended the mother's high school daycare in 7 cases. Other childcare providers babysat for the remaining mothers.

### Findings

Upon completion of the interviews, all audiotapes were transcribed verbatim. The transcripts allowed appropriate and accurate documentation of the verbal interview process (Flick, 1998). Strauss and Corbin's (1998) procedure of theoretical coding was utilized in the data analysis process. This first entailed open coding, which generated a set of codes relating to the transcript text. Upon completion of the open coding process, the codes were considered in relation to each other through axial coding. Given the sampling process, whereby participants varied in social-class positions, family compositions, and cultural backgrounds, the analyses sought to describe patterns within cases and mother-daughter dyads, as well as across cases and dyads (Miles & Huberman, 1994). The findings of this study explore grandparent caregiving roles and consequences.

### Grandmother Involvement

Although all grandmothers assumed some caregiving responsibilities, they clearly described variations within this role. Two factors that specifically seemed to impact caregiving experiences of the grandmothers were the number of other minor children residing in the household and whether the grandmother served as the primary childcare provider. The 5 grandmothers who provided childcare while the mother either attended work or school routinely spent the greatest quantity of time with their grandchildren. In contrast, some grandmothers provided mainly irregular, short-term respite care. Several grandmothers actively offered respite care for the grandchild in order for their daughters to experience some developmentally appropriate activities, such as enrollment in a traditional high school setting, time with a peer group, or possibly dating. In homes with other minor children, grandmothers frequently reported stress at financially and emotionally providing for all members of the

household. To ease this burden, these grandmothers tended to utilize other children in the household as childcare assistants. The mothers' siblings often provided respite care for the grandmothers, which was appreciated.

Most of the mothers wanted support and assistance from their mothers, but did not want this help to compromise their roles as mothers. Almost half of the mothers explicitly discussed the complex nature of three generational households in terms of familial relationships, including concern that their children might not fully know them as their mother. Grandmothers who provided childcare for their grandchildren were more likely than the mothers to be in constant close proximity to the children, and the grandchildren were more often less clear about the differences between mother and grandmother. Two mothers specifically identified role confusion among family members, including children entering their toddlerhood who recognized the grandmother as the head of household. The following 17-year-old's description of her relationship with her 30-month-old son illustrated one form of role confusion:

*When he was a baby, I always babied him, I always cuddled him. That was my little baby. But now that he's grown, he can talk back to me, I think we fight like we're brother and sister. I feel, I know I'm his mother and he knows I'm his mom, but we argue. We will literally argue like we're brother and sister. So, in some aspects he's like my little brother but others I know he's my son.*

Nonetheless, the mothers frequently recognized their children's closeness to the grandmothers. Most welcomed this relationship and valued the support. The most outspoken proponent of a three generational household, a 16-year-old single mother whose mother babysat while she attended a traditional high school, stated, "It's like she's got two mommies. She calls both of us mommy. It's really not... she knows who her real mom is. She calls both of us mommy." However, a couple of the mothers feared that their children would not be able to differentiate between a grandmother and a mother, and that their status as a mother would be compromised.

### *Perceptions of Grandmother Caregiving Roles*

In terms of caregiving roles, four common and possibly overlapping caregiving patterns emerged. First, grandmothers in some circumstances acted as equal or nearly equal caregivers, sharing many parenting tasks with the mothers. Second, and in contrast, some grandmothers adopted clear boundaries and assisted with caregiving only at their will and initiation. Third, grandmothers described their role as head of household and family matriarch. Finally, grandmothers and mothers recognized the role of grandmothers as teachers and role models.

The first type of grandmother caregiving role consisted of shared caregiving, whereby grandparents indicated that they assumed co-parenting status in their grandchildren's lives. In these cases grandmothers usually identified their daughters as a primary caregiver to the grandchild, but felt they also completed parenting tasks in terms of quality and quantity of interactions with the grandchild. For example, two grandmothers described scenarios in which they and their daughters each had specific duties as far as parenting. Another grandparent mentioned the desire to fulfill parenting obligations so that the daughter could focus on her senior year of high school and work towards long-term self-sufficiency and success. Some of these grandmothers described a bond with their grandchildren approaching that of a parent, and one grandmother stated that she viewed the infant as her child, not as a granddaughter. This grandmother articulated the closeness she felt to her granddaughter: "I see her as my daughter, even though she's not, that's how I see her. I can't believe that she could be my granddaughter. My mind won't believe it. I know she is though. It's very hard for me." This grandmother dreaded the day her 15-year-old daughter would become an adult and leave the family home.

The second distinct approach towards grandparent caregiving involved an independent stance. Eleven grandmothers asserted that they viewed the parenting of the grandchild as their daughter's job, and that they would not assume parental duties on their child's behalf. This was usually communicated to their daughters clearly and consistently, initially prior to the birth of the grandchild. The fol-

lowing grandmother specified her expectations that her daughter assume the role of primary caregiver, especially in light of the minimal involvement of her grandchild's father. As a result, the grandmother emphasized education with the hope that her 15-year-old daughter would ultimately become self-sufficient.

We let her know right up front, there's still things that I expect out of her, she has the responsibilities, this is her baby. Yes, she's young, but she has to learn that we have consequences for our choices and for our actions and whatnot. And this is the consequence of being a teenage mother, it's responsibility. Education is important. I want her to get that. That's why we take care of him while she's at school. Once she's out of school and she's home, the responsibility of him now rests on her. We're no longer responsible for him. His care and his needs, it's now her responsibility when she comes home from school.

As another rationale for this stance, a few of the grandmothers also stated that they wanted the difference between mother and grandmother to be clear for the grandchild, which can be challenging when they cohabitate. These grandmothers, for a variety of reasons including health, energy, and interest, did not want to be accountable for the daily care of their grandchild. The following 58-year-old grandmother, the oldest in this sample, very specifically articulated that she did not want to sacrifice her own plans on her daughter's behalf.

"Like I told her, I'm not going to be deprived because I just got her up to the age where I try to go and I don't have to worry about trying to get babysitters and all that kind of stuff, you know what I'm saying? But then for me to turn back around [with another child in the home], when am I going to have my time?"

These grandmothers tended to be the least affected by both the experience of grandparenting and living within three generational households, likely because they maintained clear and consistent boundaries with their roles and tended not to deviate from them. Here a grandmother described the relief, compared to her own single parenthood, which accompanied this stance in grandmotherhood.

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*I love it, I love it. I mean that's somebody else's baby.... So it's nice to not have the responsibility of their lives in your hands [as a mother]. You can love them. You don't have to worry if they're going to get an A in school. You do, but it's different than as a parent.*

*You've got their lives in your hand [as a parent]. But as a grandmother, it's like you add that little piece to their lives. You don't have to carry that whole burden of raising that child, making sure that they do what needs to be done in life. You can just be a grandma. That's freedom for me.*

The third role associated with caregiving of grandmothers in three generational households was that of the family matriarch. These grandmothers typically embraced the presence of their grandchildren and viewed their grandchildren as the youngest generation of the family line and a part of themselves. One grandmother, who had two grandchildren residing in her home, expressed the sentiment, "For my grandchildren, I don't know, they're my life. They're part of me. They're part of my dad. I've got four generations going on and I'd like to see a fifth." Several grandparents emphasized that grandchildren were an opportunity to view one's children as parents and to have additional children in the family. This often served as a form of role enhancement.

A final role and expectation of grandmothers, recognized by both grandmothers and mothers, was that of teacher. The daughters in particular tended to view the grandmothers as experts. More than half of the mothers gave specific examples of how their mothers taught them to parent, in ways ranging from encouragement and role modeling to active participation with the grandchild. Most of these mothers noted that their parenting practices had evolved from their mothers, and that they had watched and learned from their mothers' words and behaviors. Several mothers also noted that because they based their parenting skills upon their mothers' skills, their mothers should not be able to criticize their parenting. This provided confidence for the mothers. Seven grandmothers worked within various helping professions, including two in the nursing profession. These grandmothers tended to share their professional expertise with their daughters, such as facts and wisdom about child develop-

ment and nurturing behaviors.

Most of the grandmothers also described the advice and teaching they provide to their daughters, but several stated the effectiveness of this approach came when they offered suggestions, as opposed to issuing directives. Teaching, as expressed by the grandmothers, focused on two specific areas. First, and most commonly reported, grandmothers incorporated teaching by example in terms of childrearing and household duties. This frequently involved cooking and caring for the baby together, often with the grandmother as a role model. Grandmothers typically educated mothers about the physical care of the child and developmental milestones, such as teething and crawling. The second area entailed life skills and general strategies for self-sufficiency. For example, several grandmothers discussed their daughters' struggles with money management. Grandmothers described showing bills to their daughters and discussing money management regularly. Grandmothers frequently described their intention as preparation for their daughters' independence. A recurrent concern among grandmothers entailed their daughters' desire for telephone service and, as one grandmother described it, the fact that \$10 worth of minutes for a cellular phone cost the same as a package of diapers.

*She tries somewhat, but I don't think she really, really, really comprehends the true fact that she's a mother now and there's a lot of things that she ain't going to be able to do, you know? [sic].... She forgets sometimes that she's a mother. Can I get some minutes on my phone? Well, you got to realize, should you get minutes for your phone or pampers for your baby? See. Now you've got to make choices. I don't want to put her in the position neither where she's resenting the baby. Because she had to miss out on some things. But she has to realize that this is the choice you wanted to make. You laid down and got this baby. I don't want to say that too much.... But she does have to realize, like I said, that the minutes for phone are \$11, a box of pampers is \$9, \$11.*

*This grandmother had seen her daughter wrestle with this repeatedly, and she felt her daughter was learning to anticipate the baby's*



*needs and expenses, although this did not develop naturally.*

### ***Grandmother Responses to Caregiving and Role Strains***

The mothers in this sample relied heavily upon their mothers for material and emotional support. Grandmothers in turn facilitated their daughters' parenting with this support. More than half of the grandmothers expressed physical, financial, and/or emotional consequences as a result of caregiving within their three generational households. The greatest number of grandparents referred to emotional consequences of caregiving. Grandmothers' concerns included the complexities of three generational households and worries about the long-term challenges their daughters would face as teen mothers. Grandmothers expressed grief over the changes in their household, marital strains, and decreased time for themselves and their goals. Grandmothers also specifically referenced financial and material needs associated with raising a young child. Finally, grandmothers talked about the physical toll as a result of caregiving; a couple experienced health problems themselves that rendered them limited in their physical abilities to care for a grandchild. Grandmothers navigated many demands and worries, which tended to create additional stress.

Some grandmothers, especially those that felt overwhelmed, articulated a craving for space and quiet. These grandmothers wanted a reprieve, even temporarily. A couple of the grandmothers described their bedrooms as a quiet spot, where they sought solitude away from family members. The following is a description from one grandmother of her efforts to adjust to life with an infant: "With a baby, the baby comes with all this stuff, the swing and all this stuff and the bath and the changing table. So that does make more of a... my house is full. I mean it was full for five, but now a baby is like another three people with all their stuff." Another grandmother mentioned her daily workouts as an opportunity to seek time away from her family. Another grandmother specified that weekends were "her time." She provided childcare for her grandson while her 15-year-old daughter attended school during the week; in turn she spent most

weekends with her boyfriend and did not provide regular childcare for her daughter then. Another grandmother, who parented two toddlers herself, described her tendency to disappear when she needed a break, leaving her older children in charge of their younger siblings. Her youngest two children, aged 2 and 3, frequently played with her 1-year-old granddaughter and viewed her as a sibling.

### ***Role Enhancement***

When asked about the nature of being a grandmother, most of the grandmothers spoke of the meaning and value they associated with grandmotherhood. These meanings were universally framed in a positive manner, although 4 grandmothers, sometimes jokingly, stated that they were too young to grandparent. These grandmothers spoke enthusiastically about the unconditional love and joy in being a grandparent; to many that felt like a special bond. In terms of the benefits, by and large the grandmothers felt the greatest reward of three generational households was the ability to foster a close relationship with the grandchild. Overall, these grandmothers identified themselves as performing tasks similar to those of a mother but with the benefit of some emotional distance and the ability to return the child to her mother when they preferred. Several grandmothers described the excitement of sharing in infant and toddler development without all of the responsibility of daily care. When a young child resides in the home, new and exhilarating changes occur frequently. Several of the grandmothers embraced the opportunity to teach their daughters about motherhood and child development. Several grandmothers also conceded that their daughters had higher levels of support as mothers than they had experienced themselves as mothers.

Five of the grandmothers specifically discussed ways they had experienced role enhancements as grandmothers. Two of these noted advantages to becoming young grandmothers, specifically the ability to sustain physical activity with young children. Several grandmothers who were very involved with sports and physical activities with their children anticipated a similar

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role with their grandchildren.

*I'm blessed to be able to be home and not be working in a factory job or whatnot. I enjoy it.*

*And I'm glad that I'm young enough. I'm 44. I'm young enough where I'll see all these guys graduate hopefully, God willing. And then I can get out there and play ball with them, and do stuff like that. I run with [oldest grandson] a lot. I can't wait to teach him how to ski because my kids were all skiers. I want to do that with all these guys, really.*

The following excerpt from a grandmother reflects her pleasure at seeing her daughters parent their children.

*I'm happy to be a grandmother, you know. A lot of people say you're a mom at this age and now you're even a grandmother at this age. I'd rather, I don't really want to push, because they're so young, and yeah, it comes out of one's pocket because they're still minors, but I want to be around to hopefully see all of my kids have their kids. So at least I know, as they're raising them, I know I had something to do with it. And I know the fact that what I've done as a mom has rubbed off on them and they're doing pretty good as parents.*

Two of the grandmothers expressed how having their grandchildren in their homes helped them feel like a mother again. This also emerged as a tension for one grandmother, who viewed her granddaughter as her own child. Although her daughter was currently 15 and her granddaughter just a couple of months old, this grandmother felt herself bonding to the baby as a mother.

*It's a bad thing because when my daughter turns 18 and leaves the house it is going to be very hard for me. She's not going to leave the baby here. And it's going to be like losing two daughters instead of my daughter and my granddaughter. My relationship with my granddaughter should be different. I should just be doing babysitting, but it's so difficult. If my daughter decides to leave the baby with me when she leaves I would love it, but I don't think that is going to happen.*

A final grandmother discussed the joy she experiences when her granddaughter chooses her over anyone else, but she recognized that when she communicates about her granddaughter her possessive nature surfaces.

*I catch myself often, especially at work, talking to people about babies and whatnot, I catch myself sounding like I'm her mom. And then I'll have to stop and it's like "wait a minute, that's my grandbaby." But I know as I'm talking about her that's how it's coming across that I talk about her like she's mine. And there are times when I think I forget that she's not mine. But we have a good relationship. She's very, I would say, close with me, there are times where, often probably I think, where she chooses me over anybody but I'm like the "baby whisperer" or something.*

These women found their lives enriched by the experience of grandmotherhood and multi-generational living.

### Discussion

This study sought to provide in-depth descriptions of the caregiving roles of grandmothers living within three generational households. In their relationships with the mothers and grandchildren, the grandmothers frequently acted as teacher, mentor, provider, and respite childcare provider. They articulated different roles and experiences with caregiving, ranging from a co-parent approach to a more independent stance with clear boundaries. Nonetheless, by cohabitating, the grandmothers tended to maintain regular involvement with the grandchild. They also commonly viewed themselves as the family matriarch or head of household. This stance required grandmothers to create, implement, and monitor household rules, such as a regular schedule and supervision, intended to further the best interests of the grandchild. Despite strains they may have encountered as grandmothers, most identified a deep affection for and bonding with the grandchild and pleasure in grandparenting. This tended to moderate the stresses they often identified.

Shared living environments altered the mother-grandmother relationships, as well as how the grandmother interacted with her grandchild. Although the degree of grandmother involvement varied from co-parenting status to a more detached stance, by virtue of living within the same household grandmothers tended to connect, however briefly, with their grandchildren on a daily basis. Many of the mothers relied on their mothers to

meet their children's financial and material needs, which fostered a sense of dependence. Grandmothers typically provided financial support, education for the mothers, and in some cases assistance with physical care of the grandchild. Childcare support ranged from occasional respite care to acting as the regular babysitter while the mother either worked or attended school.

As noted earlier, grandparent caregiving has been studied increasingly, but not usually within the circumstance of three generational households. Instead much of the recent role strain research has focused on white, middle class, employed mothers wrestling with the balance of home life and employment (Scharlach, 2001; Spencer-Dawe, 2005; Tiedje, 2004). For half of the grandmothers in this sample, the grandchild in the study was their first grandchild, which means that many were adjusting to a new role as grandmother, in addition to sharing a household. This unexpected situation and the perception of being off-time impacted adjustment, similar to past research findings (Landry-Meyer & Newman, 2004; Minkler & Fuller-Thompson, 2000).

The grandmothers in this study at times had role conflicts or ambiguity in determining the closeness and intensity of their relationships with their grandchildren. Typically, according to developmental and role theories, parents commonly raise their children before the onset of grandparenthood. This allows smoother and clearer transitions between life stages, from early to middle adulthood, thus limiting role confusion and ambiguity. The mothers in this study entered motherhood before early adulthood, often without the presence of a committed partner. The grandmothers then assumed greater levels of responsibility in caring for their grandchildren. One factor that seemed to have made some difference in the responses regarding caring for their grandchildren involved the age of the grandmother. Seven of the grandmothers were under the age of 40, which means they were of childbearing age and remained in early to middle adulthood themselves (Zastrow & Kirst-Ashman, 2001). Not surprisingly, these grandmothers often indicated that although they loved their grandchild, the onset of grandmotherhood arrived too early, and their daughters' pregnancies

had been unexpected. In addition, several parent-ed young children themselves. As mentioned in the literature review (Bachman & Chase-Lansdale, 2005; Landry-Meyer & Newman, 2004), this reflects the notion of off-time entry into a role. The often unexpected and frequently unwelcome, at least initially, emergence of grandmotherhood hindered adjustment. Eventually some grandmothers appreciated their relative youth and agility, as it fostered the ability to physically interact and play with their grandchild.

Varying degrees of role strain and role enhancement were discerned in study interviews. Similar to past research (Gordon & Perrone, 2004; Skalski, DiGerolamo & Gigliotti, 2006), role strain appeared more pronounced when grandmothers failed to set firm boundaries with their daughters and grandchildren in terms of their intended involvement. Grandmothers who allowed themselves a physical space within the family home and who limited caregiving responsibilities generally fared better than other grandmothers. They likely either protected their time and self-interests better, or else were more skilled at decision-making, which allowed them to limit their involvements and responsibilities. Past research (Goode, 1960; Spencer-Dawe, 2005) also has found that a greater number of responsibilities often required more choices in the lives of caregivers. Too many stressors and obligations facilitated role strain (Gordon & Perrone, 2004; Skalski et al., 2006). Not surprisingly, the grandmothers who faced fewer stressors and were not the primary caregiver for the grandchild were more expressive of the positive aspects of grandmotherhood within three generational households. This finding also reverberated with past research (Sebern, 2005).

### Limitations

Although the participants in this study reflected diverse demographic traits, they were recruited through non-random channels, largely by word of mouth. Most participants were recruited through school systems, parenting classes, and local clinics, which catered to families of low socioeconomic status. The sample size of 26 pairs, adequate for a qualitative study, did not reach satura-

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tion for findings. This study intended to explore grandmother caregiving roles and patterns. Because the sample varied in terms of race and ethnicity, household structure, life circumstances, and socioeconomic status, the number of participants with any particular characteristic was limited. The resulting small subgroup sizes limited quantification and generalizations. This ultimately led me to produce initial conclusions and categorizations, rather than a more systematic quantification or typology of experiences within three generational households. This method provided a voice for and the inclusion of mothers and grandmothers in a manner that has not been done with the adolescent parenting research for this subject matter.

### Implications

The findings from this study suggest several directions for future research. The mothers' mean age of 16.5 years meant that most mothers did not realistically envision living independently in the immediate future. Their eventual departure holds implications for all three generations within the family and will significantly alter caregiving roles of both grandmothers and mothers. Future research could better assess how adolescent mothers transition to independence, as experienced by both mothers and grandmothers, in terms of their family roles and relationships. Related to household functioning, but not explicitly studied in this research, are the development and experiences of the grandchildren. The grandchildren involved – none of them more than 3 years old – will have little voice in determining where they will reside and which environment will best meet their needs. Longitudinal research could more clearly assess the psychosocial development of the grandchildren in these three generational households and attempt to identify factors associated with healthy development.

The grandmothers in this study frequently occupied many roles, including mother, grandmother, breadwinner, and childcare provider. In some cases, this generated role strain, especially for grandmothers who did not set clear boundaries for themselves. Beyond the tasks of caregiving, grandmothers reported a sense of feeling great responsibility in holding their families together. Single grandmothers especially acted in many roles, including

breadwinner, head of household, monitor, encourager, and supporter. These grandmothers shared accounts of fulfilling these roles, often with limited social support and with many stressors. This study offered initial descriptions, which could be further developed in subsequent research. Finally, for grandmothers who currently had a romantic partner, it would be ideal to interview their partners either separately or as a couple to contrast experiences with single parents and to assess the perspectives of male and female partners. Focusing on the mothers and grandmothers continued the precedent of feminizing parenting processes.

During the course of the interviews, grandmothers seemed willing and open to sharing their experiences. These grandmothers, however, tended to be quite burdened with responsibilities and some voiced a lack of opportunity to secure support services. Grandmothers who accessed mental health and family services often welcomed the emotional and parenting support these programs offered. Services would need to be flexible and feasible for their busy lives in order to be successful. For example, some grandmothers lacked the childcare, transportation, and economic resources required to access services. Home-based services may be an appropriate vehicle for this population. Home-based services allow flexibility for the grandmothers and do not require transportation, although grandmothers with responsibilities for young children may be distracted within the home setting. Grandmothers also may prefer a respite from the stressors of their home environment.

This research provided insights into caregiving experiences of grandmothers who live in multi-generational households with their adolescent daughter and her child. This descriptive research provided an understanding of the different roles grandmothers inhabit in co-resident, three generational households, from co-parent status to relationships with clear roles and boundaries. The grandmothers with more explicit and consistent boundaries experienced fewer role strains. Some grandmothers, especially those who were in good health and physically active, were more likely to report role enhancements and shared activities with their grandchildren.

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