
CUSTODIAN AFRICAN AMERICAN GRANDMOTHERS: REASONS FOR CAREGIVING AND ASSUMPTION OF THE CAREGIVER ROLE

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Introduction

Demographic and social trends have drastically influenced the structure of African American families. According to the United States Census reports (1992), slightly more than 3 percent of all children under 18 were living in a home maintained by a grandparent in 1970. This number had almost doubled by 1992. In 1997, 3.9 million children lived in a home maintained by a grandparent, constituting 5.5 percent of all children less than 18 years old (Bryson & Casper, 1999). African American grandmothers are more likely to be grandparent caregivers than White grandmothers. While 13% of White grandmothers are custodial grandmothers at some time during their lives, more than 25% of African American grandmothers serve in that role (Szinovacz, 1998).

Changes have also occurred in the role of grandmother caregivers (Ruiz & Carlton-LaNey, 1999). African American grandmothers have played a major role in the socialization of children and the stabilization of families. The strength and resilience of African American grandparenthood is imbedded in the ability of the grandmother to withstand the harshness of slavery and oppression, her ability to perform multiple roles, her love of family, and her strong religious beliefs (Ruiz, 2000).

Over the past 2 decades, researchers and policy makers have shown considerable interest in grandparent caregivers, an interest that has stimulated research on the grandparenting role. However, there has been very little research focusing on custodial African American grandmothers who may be confronted with different, if not more complicated, types of caregiving issues. This article examines some of these issues, particularly reasons for assuming and retaining the caregiver role, in a sample of African American custodial grandmothers. The concept of custodial grandparent refers to grandmothers who have primary responsibility for raising their grandchildren.

Methods

The study used a cross-sectional design to investigate the assumption of the caregiving role and responses to caregiving in a convenience sample of 99 African American custodial grandmothers. Five North Carolina counties were included in the study: Durham, Guilford, Mecklenburg, Orange, and Wake. Several organizations and

persons assisted in recruiting grandmothers, including the North Carolina Division on Aging, Durham County Social Services, Durham County Housing Authority, Orange County Housing Authority, senior centers support groups, community nurses, mental health centers, family social workers in public schools, and juvenile detention facilities. Local African American churches, cultural community organizations, and grandparent participants also assisted in recruiting. After a list of 108 grandmothers had been identified, approximately 90% of referrals expressed an interest in the study. Interested grandmothers were prescreened to determine their eligibility for inclusion. To be eligible for the study, grandmothers had to be the primary caregiver for one or more grandchildren under age 18.

Once the inclusion criteria were satisfied, the principal investigator set an appointment to interview the grandmother at a location of her choice. Most interviews (n=90) took place in the home of the grandmother with only a few (n=9) conducted at support group meetings or other locations designated by the participant. Interviews were conducted between June 1999 and October 2000, and took two to three hours to complete.

The questionnaire consisted of quantitative and qualitative questions. In this study, we focus on grandmothers' reports about demographic and social characteristics, economic resources, length of caregiving, religious denomination, reasons for providing care, and the assumption as well as retention of the caregiver role. Other aspects of the questionnaire, which are not included in this study, were household composition, physical health and chronic conditions, life satisfaction, depression, stress symptoms, social support, family competing demands, the nature and extent of interactions, and family values.

Social and demographic characteristics included age of grandmother, age of grandchild(ren), 1998 family income, education in years, marital status, sources of income, religious denomination and length of caregiving. Potential reasons for grandmothers' providing care were listed. Each respondent was asked to check all reasons that were relevant to her situation. Additionally, grandmothers were asked to respond to questions about their experience in assuming the caregiver role of their grandchildren. Open-ended questions about assumption and retention of the caregiver role included the following: What were the circumstances that caused you to assume primary responsibility for taking care of your grandchildren? What is your attitude about being a grandparent caregiver at this point in your life? What factors went into your decision to assume care of your grandchildren?

Results

Grandmothers averaged 58 years of age (range = 38-88 years) with an average educational attainment of 11.5 years. Almost three quarters of grandmothers (74%)

reported being unmarried; 26% reported being married and living with spouses. One third of grandmothers (33%) reported 1998 annual incomes at or below \$10,000. More than one third of grandmothers (39%) reported annual incomes over \$10,000 but under \$31,000; slightly more than one quarter (27%) reported annual incomes over \$31,000. Fifty-Four percent of the grandmothers received income from wages and salaries; 43% from Social Security; 38% from welfare payments; 23% from retirement pensions; 15% from disability payments; and 13% from Supplemental Social Security Income.

Grandmothers averaged seven years of caregiving to grandchildren. Nineteen percent of grandchildren were four years old or younger; 39% were between five and 10 years old; 37% were between 11 and 17 years old, with a much smaller percentage 18 years old or older (5%). With regard to religious denomination, more than half of grandmothers reported being Baptist (57%); 11% reported being Methodist; and 25% reported other religious affiliations including Catholic, Lutheran, Muslim, Pentecostal, Presbyterian, and Holiness. Only 8% of the sample reported not being affiliated with a denomination.

The primary reason indicated by grandmothers for assumption of care for grandchildren was drug and alcohol problems of grandchildren's parents (45%). Other reasons included parents' neglect of the grandchild's needs (38%), need of parents to work (23%), teenage pregnancy (18%), parent's emotional or mental problems (17%), parent deceased (10%), and parent incarcerated (12%). Sixteen percent indicated other potential reasons, including taking care of grandchildren because of divorce, parents needing a break, parent's illness (AIDS or physical disability), mental and sexual abuse of child by parent, and school. Almost one-third (30%) of the grandmothers reported taking care of their grandchildren for reasons other than those in the questionnaire. These other reasons included economic problems and housing (e.g., the biological mother being unable to afford a place to live).

Two patterns of caregiver role assumption emerged from open-ended qualitative results: *immediate assumption* and *gradual assumption*. Immediate assumption, which was observed in about 75% of the sample, was reflected in reports of grandmothers who were thrust suddenly into the custodial caregiving role without previous warning. Examples of immediate caregiving role assumption included the biological parent (typically the mother) leaving the child in the grandmother's care and failing to return, intervention by Social Services because the mother neglected the child's needs, discovery by the grandmother that the child was unattended for an unreasonable period of time, and incarceration of the parent. *Gradual assumption*, which was observed in about 25% of the sample, referred to grandmothers who had previous, and sometimes regular, experience caring for grandchildren. Examples included caring for grandchildren when at least one biological parent was living in

the grandparents' home sporadically and caring for grandchildren while a parent was receiving drug or alcohol treatment. These seemingly temporary situations could become permanent once a parent moved out and left children with grandparents or if the parent was unable to maintain sobriety.

Case examples illuminate these experiences. For example, Natalie, a 47 year-old grandmother, reported the circumstances that led to her daughter's incarceration, thus resulting in the immediate assumption of the care of her grandchildren:

"I've never taken care of my grandchildren full time. This is not the way I want to spend my time. My daughter left home to go to the 7-11 to get a pizza and ended up robbing the place with her cousin. I feel obligated to take care of my grandchildren."

Pamela, a 45 year-old grandmother, who has taken care of her granddaughter since birth, assumed immediate responsibility when the Office of Social Services alleged child neglect by the mother, who had drug and alcohol problems. The grandmother states:

"I did not want my granddaughter to go to foster care. I felt like it was my obligation to take her, but it's difficult. My problems are discipline, lack of transportation, not having enough money, and not having enough time for myself."

Custodial caregiving among African American grandmothers was observed to be a burden and a blessing. While approximately 60% of the grandmothers in this study reported they enjoyed caring for their grandchildren, grandmothers were nonetheless concerned about inadequate financial support, poor health, the need for respite care, being saddled with permanent childcare responsibilities, and inadequate housing. Twenty percent of grandmothers had mixed feelings about having responsibility for their grandchildren's care. Another 20% did not enjoy being a grandparent caregiver, felt trapped in the position, and felt angry about grandchildren's care being thrust onto them by either the children's parents or Social Services.

Although a majority of the grandmothers enjoyed caring for their grandchildren, some reported being overwhelmed by the burdens of childcare responsibilities. An example is Hazel, a 65 year-old grandmother, who states:

"If I had to do it all over again, I would not. I'm concerned about not being able to handle my granddaughter because I'm older. I can't take her places, and I'm not able to afford many things that I'd like. I'm also concerned about her education and discipline. She's getting suspended from school too much. She's very intelligent. She has been out of school

for 5 days now for threatening a girl. She needs to be in a big sister program. She needs discipline.”

In spite of their mixed feelings, however, grandmothers in the study generally assumed care and remained in the caregiving role for a number of reasons including (1) a deeply felt sense of obligation to their grandchildren, (2) the need to keep their grandchildren out of the system, (3) the need to control the “proper” upbringing of the child, and (4) the need to care for others. Further, many grandmothers felt that raising their grandchildren was special, and they enjoyed the time spent with them. Many took pride in continuing their traditional roles as guardian, caregiver, and conveyers of African American family values and felt blessed in many ways to have their grandchildren live with them. Mary, an 88 year-old grandmother, says, “*There is nothing difficult about raising children. When you love children, nothing is hard. I have raised 45 children and this is what I do best.*”

Discussion

Although placing a grandchild with the parents of the biological parent might seem to be the most likely alternative, many grandparents are old, frail, and ill prepared to care for their grandchildren. Consistent with prior studies, results of this study suggest custodial grandparenting for African American grandmothers was often unexpected and involved a long term commitment to caring for grandchildren (Fuller-Thomson, Minkler, & Driver, 1997; Pruchno, 1999). Fuller-Thomson and colleagues (1997) found that more than half of the caregiving grandparents in their study provided custodial care for three years or longer, and 20% took care of their grandchildren for more than 10 years. Pruchno (1999) reported that grandparents provided primary care for an average of 7 years. Consistent with these results, the current study found that grandmothers cared for their grandchildren for about 7 years. Not only are some grandparents caring for grandchildren for protracted periods of time, but they also are caring for grandchildren under circumstances we don’t fully understand. Longitudinal studies, comparing different levels of caregiving across ethnic and racial groups, are needed to determine the psychological and physical health effects on custodial grandmothers who occupy the caregiver role for long periods of time. These studies would be particularly useful in cases where grandmothers are dissatisfied with their roles as custodial grandmothers, experiencing stress or depression, and where their situations are aggravated by poverty, crack-cocaine use by the children’s mother, incarceration of the children’s parents, and AIDS among children and their parents.

Reports of providing care because of parents’ drug and alcohol problems are consistent with other research findings (Burton, 1992; Minkler & Roe, 1993; Minkler, Roe, & Price, 1992; Roe, Minkler, & Barnhill, 1994). In cases where grandmothers

are primary caregivers because of drug use, abandonment, AIDS, or incarceration of the parent, placements were more likely to be permanent. Many of the grandmothers had assumed care of grandchildren from birth or shortly thereafter.

In spite of financial hardships, these grandmothers have been the steady, supportive influence as well as the connecting link for grandchildren. Although the burdens are great, African American grandmothers' love for their grandchildren and devotion to family were the deciding factor for them in assuming care of their grandchildren. In spite of the lack of financial support, Francis, a grandmother says, "*I want to raise my grandchildren. They are my company. I would feel bad if they were not here. I enjoy family time, conversations with them, and taking them out.*" Another grandmother, Beth, said of her grandchildren, "*They are a burden as well as a blessing. I enjoy being there for them. They make me feel like I can do anything. I feel good about myself. I like the idea of getting parenting right this time.*"

Most of the grandmothers in the study have a weak support system and rely on their faith in God more than friends or family. Beth adds, "*I use the scriptures instead of punishment. Faith gives me patience and helps me to be a better person.*" Almost all grandmothers in the sample relied heavily on their spirituality to get them through the day. The strength of these grandmothers lies in their reliance on traditional values, such as love and devotion to children, strong commitment to family, and spirituality.

This study's findings must be considered in light of its limitations. Results are exploratory and descriptive. The sample is regional, small, and nonrandom. Consequently, findings may not generalize to other custodial grandparent caregivers. This sample included only grandmothers who were mobile and generally healthy; we do not know what differences there might be among custodial caregivers who are less mobile with more severe health conditions. The sample does not represent a broad range of income, education, and occupational differences. However, in spite of these limitations, there are specific characteristics in this sample that are similar to national data (Bryson & Casper, 1999; Fuller-Thomson, Minkler, & Driver, 1997; Szinovacz, 1998). Despite these limitations, study findings may serve as useful baseline data for further exploration into the experiences of custodial African American grandmothers. For example, the reasons that grandmothers reported for the assumption of their caregiving role may guide future explorations with a larger sample and a more rigorous study that seeks to predict as well as describe outcomes for custodial African American grandmothers. In addition, longitudinal studies are needed to get a closer look at the long-term effects of caregiving on African American grandmothers.

In conclusion, the role of African American grandmothers may not have changed as much as their involvement in the care responsibilities for grandchildren. Specifically, this study's results and those of prior studies suggest the circumstances under which

grandmothers provide care have changed from one involving a more voluntary role responsibility to one involving a more involuntary role responsibility. This study's findings, like prior studies, also indicate contemporary grandmothers are frequently thrust into the caregiving responsibility for grandchildren because of social problems (e.g., high rates of incarceration, AIDS, drug and alcohol use). Alleviating the caregiving burden of custodial grandparents will require not only support for them and their grandchildren but also efforts to ameliorate social problems.

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