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Complete Issue 4 (1): Global Phenomenon of GrandFamilies

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GrandFamilies:

*The Contemporary Journal of
Research, Practice and Policy*

Volume 4(1)

2017

*Special Issue:
The Global Phenomenon of
GrandFamilies*

Affiliated with the
National Research Center on
Grandparents Raising Grandchildren

GrandFamilies:
The Contemporary Journal of
Research, Practice, and Policy

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*GrandFamilies: The Contemporary Journal of Research,
Practice and Policy*

Submission Deadline: September 1, 2017

The National Research Center on Grandparents Raising has a new online, peer review journal dedicated to topics related to grandparents raising grandchildren. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy* provides a forum for quality, evidence-based research with sound scholarship, knowledge, skills and best practices from the field for scholars, clinicians, policymakers, educators, program administrators, and family advocates.

The editors of *GrandFamilies* invite authors to submit manuscripts that examine new or emerging theoretical conceptualization or applications, practice methodologies, program evaluation, and policy perspectives. International works that expand global knowledge and understanding about custodial grandparents are encouraged to submit. Types of manuscripts for the journal are:

Full articles (5,000 words)
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Send questions about manuscript submissions to Deborah Langosch, Co- managing editor of *GrandFamilies* at drlangosch@gmail.com.

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GrandFamilies:
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Table of Contents

2017

Page #	Volume 4, Issue 1
1.	Message from the Editors
2.	Guest Editors' Introduction <i>Bert Hayslip, Jr. and Carol Musil</i>
7.	Caregiving Among Community-dwelling Grandparents in Jamaica <i>Julian McKoy Davis, Douladel Willie-Tyndale, Kathryn Mitchell-Fearon, Desmalee Holder- Nevins, and Denise Eldemire-Shearer</i>
41.	Guardianship Planning Among Grandparents Raising Grandchildren Orphaned by HIV/AIDS in Northern Vietnam <i>Lesley M. Harris, Jordan Wilfong, Nguyen D. Thang, and Bum Jung Kim</i>

76. Parenting A Second Time Around: The Strengths and Challenges of Indigenous Grandparent Caregivers
Jessica Y. Hsieh, Kristen J. Mercer, and Sarah A. Costa
115. Grandparents of the Community: Lakota Elders' View of Intergenerational Care
Mary Kate Dennis, Nancy J. Kepple, and Joseph Brewer II
143. Grandparents as Foster Parents: Psychological Distress, Commitment, and Sensitivity to their Grandchildren
Karine Poitras, George M. Tarabulsky, Emmanuelle Valliamée, Sylvie Lapierre, and Marc Provost
173. Grandparenting in Selected West African Countries: Implications for Health and Hygiene Behaviors in the Household
Joshua Oyeniya Aransiola, Akanni Ibukun Akinyemi, Ambrose Akinlo, and Funmi Togonu-Bickesteeth
195. National Research Center on Grandparents Raising Grandchildren Mission Statement

Message from the editors...

The *GrandFamilies* editorial team extends our great appreciation to Drs. Bert Hayslip, Jr. and Carol Musil for guest editing this international issue, *The Global Phenomenon of GrandFamilies*. Carol and Bert's work has been widely encompassing, starting with early enthusiasm and support for our idea of an international issue, and continuing through the process of selecting and communicating with reviewers and shepherding manuscripts through the review process. Editing a journal is never a simple process; serving as guest editors is even more complex. Bert and Carol's experience with kinship care families, their high level of professionalism, and their unfailing positivity resulted in a successful and enjoyable collaboration. Their efforts are reflected throughout this issue. Our thanks to them both!

Sincerely,
Andrea B. Smith
Deborah M. Whitley
Co-Editors-in-Chief

Introduction to the Special Issue

The Global Phenomenon of GrandFamilies

Guest Editors

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University of North Texas

Carol Musil, Ph.D., RN, FAAN, FGSA,
Case Western Reserve University

This Special Issue of *GrandFamilies* brings together six articles speaking to the issue of culture and grandparent caregiving. The issue of culture's influence and importance in understanding grandparents who raise their grandchildren is highlighted by discussion of the diverse nature of middle-aged and older persons who take on the responsibility of protecting and guiding their grandchildren under oftentimes adverse circumstances. While previous issues of aging journals such as the *International Journal of Aging and Human Development* and the *Journal of Intergenerational Relationships* have been devoted to grandfamilies, none has had an emphasis on the international focus such as the articles in this Special Issue.

The qualitative study of Harris, Wilfong, Thang, Phong, and Kim provides us with insights into the experiences of grandparents, most of whom were single grandmothers raising their grandchildren who had been orphaned by HIV/AIDS in Vietnam with little assistance from their extended families. This paper focuses upon the "environmental and psychological determinants of guardianship planning," finding four main aspects of such planning, viewed as an anticipatory coping strategy where grandparents thought about a point in the future when they

would no longer be capable of enacting their caregiving role. These four themes were 1) making plans with extended family, 2) investing in education, 3) not having options for guardianship/future care, and 4) seeing the orphan village as a last option for care. The extent to which grandparents' planning reflected each theme varied across many parameters, and some grandparents were proactive in planning for the future. However, Harris and colleagues found that the majority of Vietnamese grandparents had not established a guardianship plan and "simply hoped for the best." The authors argue for the wisdom of normative planning rather than planning based upon the grandparent's health or older age.

Aransiola, Akinyemi, Akinio, and Togonu-Bicksteeth studied health and hygiene behaviors in four selected West African countries: Ghana, Liberia, Nigeria, and Sierra Leone, relying upon archival data based upon recent Demographic and Health Surveys (DHS), where poverty and a lack of education are commonplace. Among those health and hygiene issues studied were malaria and its prevention, diarrhea, and cholera. Among the preventative behaviors studied were 1) mosquito netting, where approximately 30% of households did not have such netting and even fewer slept under such netting at night, 2) handwashing to minimize the spread of preventable childhood diseases, where the availability of water and soap are critical, though they found some variability across countries in this respect. Though this paper's findings are straightforward, they are sobering, and they clearly underscore the health challenges faced by grandfamilies in West Africa, where surviving poverty and illness are daily struggles.

Complementing the papers that are international in focus, Dennis, Kepple, and Brewer II conducted a qualitative study employing indigenous methodologies to give them insight into the concepts of extended family and

kinship among Oglala Lakota elders on the Pine Ridge Indian reservation in South Dakota. The essence of kinship care and grandparenting behaviors related to such care is the notion of *community grandparenting*, in which elders extend the roles and responsibilities of grandparents to all youths in the community. They found three themes to characterize the commitment to caring for children: 1) providing parental guidance and resources, 2) offering cultural and spiritual guidance/teaching, and 3) modeling Lakota values. While this paper focuses on this sense of culturally-based commitment to the welfare of all children in the Lakota community, it helps us understand the importance of the dedication of those grandparent caregivers who are Caucasian, African American, and Latino, speaking to the universality of the challenges grandfamilies face and self-sacrifice expressed by grandparents in doing so.

Hsieh, Mercer, and Costa provide a systematic review that examines what we know about grandparent caregiving among indigenous peoples across the globe (United States, Canada, Australia, New Zealand, and Taiwan). Indigenous peoples have high rates of raising grandchildren as well as living in multigenerational homes, but their unique circumstances have received minimal attention in the literature. This review considers historical and contextual factors, including government policies that complicate, support, or challenge caregiving in these families both within and across the different cultures.

McKoy, Davis, and colleagues focus on grandparent caregivers, both those raising and helping in the care, of grandchildren in Jamaica, a country where many children are born to single women. These authors use role theory and an ecological approach to examine factors that influence Jamaican grandparents to initiate these important roles in the family.

In further considering the contexts of caregiving and their influence on outcomes, Poitras, Tarabulsky, Valliamee, Lapierre, and Provost break new ground as they compare grandparents who become foster grandparents with foster parents. Their analysis uncovers the impact of children's behavior on foster grandparents' depressive symptoms, and support the findings of many others about the longstanding impact on grandparents raising grandchildren on mental health.

While these papers are diverse in their focus and their methodologies (e.g. archival survey data, semi-structured ethnographic interviews), their contributions to our knowledge base pertinent to the tremendous diversity among grandparent caregivers are unique. Yet, they collectively underscore the resilience of grandfamilies and the importance of grandparents' personal commitment to the welfare of the children in the face of many personal, social, and financial challenges. In enlightening us regarding the experiences of international grandparents, they sensitize us to the limits of what we know about grandparents raising their grandchildren based upon findings from Western societies. Ultimately, they contribute to an understanding of the many mechanisms by which culture influences grandfamilies (see Cole, 2005) and reinforce the need to understand the contextual uniquenesses and globality of experiences among grandfamilies, as argued by Dolbin-MacNab and Yancura (in press).

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Research Article

**Caregiving Among Community-Dwelling
Grandparents in Jamaica**

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Abstract

Grandparents play invaluable caregiving roles in the general upbringing of grandchildren. The objective of the present study is to provide a profile of grandparents providing care to co-resident grandchildren younger than 18 years old in Jamaica. A subsample of 451 grandparents providing care to co-resident grandchildren under 18 years old was derived from a larger nationally-representative community-based study of 2943 older adults residing in Jamaica. Data pertaining to caregiving, demography, health, socioeconomic status, and social participation were analysed using bivariate and multivariate analyses. Seventy one percent of grandparents were involved in regular care of their grandchildren. Hypertension (65.9%), arthritis (39.5%) and diabetes (27.2%) were the most common non-communicable diseases among grandparents. Approximately 60% of grandparents relied on family

members for income and few reported other sources. Attendance at religious services was high at 78% while only about 40% were involved in voluntary activities. Only age was confirmed as a significant predictor of frequency of care in multivariate analyses with grandparents 80 years and older being 64% less likely to be involved in providing regular care compared to 60-69 year olds. In conclusion, grandparents are actively engaged in the provision of care to grandchildren. Specific health and social interventions are required to support and empower grandparents in their caregiving roles.

Key words: grandparents, grandparenting, grandchildren, caregiving, Jamaica

Population aging is one of the demographic successes of current times with increases in the number of older persons and especially the old-old, i.e. those over 80 (United Nations, 2002; United Nations, Department of Economic and Social Affairs, Population Division, 2015). With the advent of population aging has come the recognition of the challenge of keeping older persons healthy and integrated along the life-course after 60. Among the many questions raised is the question of the role of grandparenting in the process. One of the main determinants of healthy aging is full integration and participation of older persons in society. Social participation refers to the integration of older persons into the social networks of the family and community (Bassuk, Glass, & Berkman, 1999; Berkman & Syme, 1979; Gilmour, 2012; Hammel et al., 2008; Timonen, Kamiya, & Maty, 2011). Intergenerational relationships are an important means of social participation. They have been identified as crucial to healthy aging with steps taken to promoting them as a strategy to achieve that goal.

Intergenerational relationships are also an important contributor to older persons' wellbeing (United Nations Economic Commission for Europe, 2009).

In a study of 4378 persons 65 and older, Kang & Michael (2013) identified positive but non-parallel relationships between social contacts and self-rated health. Other studies also underscore this important contribution to health (Glei et al., 2005; Holt-Lunstad, Smith, & Layton, 2010; United Nations Economic Commission for Europe, 2009; Steptoe, Shankar, Demakakos, & Wardle, 2013). By providing varying forms and levels of care to grandchildren (grandparenting), older persons can play their social role yielding mutual benefits for themselves and their grandchildren (Zhou, Mao, Lee, & Chi, 2016). This occurs at an opportune time for many grandparents as social and demographic changes (including retirement and widowhood), as well as functional declines, have the potential to reduce their levels of social participation.

In recent times, there has been increasing awareness of the changing structure of families and the roles of family members. The caregiving responsibility for children has sometimes shifted from the biological parents to that of other relatives, in what is known as kinship care arrangements (Tremblay, Barber, & Kubin, 2014). Some authors have argued that primarily "maternal kin" and, in particular, grandmothers are often the main caregivers in these arrangements (Thomas-Hope, 1992; Roopnarine, 2004; Smith & Green, 2007; Gray & Samms-Vaghan, 2009). Grandparents are noted to play an important role in providing care for younger grandchildren (Gray, Misson, & Hayes, 2005; Ochiltree, 2006). According to Dunifon and Bajracharya (2012), the decrease in the number of children per family may potentially increase the time grandparents have to spend with children. They further identified the age of grandparents and grandchildren as an important variable affecting the relationship between grandparents and

children. Additionally, black grandparents were identified as being more engaged in the parenting of grandchildren (Dunifon & Bajracharya, 2012). Grandparent care has been identified as the preferred care for young children as grandparents can be trusted, are affectionate, are influential, are very protective of their grandchildren, are more flexible, and are generally a more inexpensive childcare option (Greenblat & Ochiltree, 1993; Gray et al., 2005; Ochiltree, 2006; Fogarty, 2007; Brhel, 2013; Geurts, van Tilburg, Poortman, & Dyskstra, 2015; Hicks Patrick, Stella Graf, Nardorff, & Hayslip, 2015).

Background on Jamaica

Jamaica is a small island state of 3 million people, with a GDP of US \$14.01 billion in 2015 (Trading Economics, 2016). Approximately 60% of Jamaica's GDP is derived from tourism and remittances (Index Mundi, 2016). The organization of the Jamaican family structure is complex and is constantly evolving. The Jamaican family life has been shaped by the country's African origins and more recently by European, Chinese, Indian, German, and Lebanese influences, although the population remains predominantly black (90.9 %) (Jamaica National Heritage Trust, 2016; Robinson, 2016). Family pluralism is evident given the gradual decline in the nuclear family that has been replaced by the sibling, common-law union, and single-parent households (Bailey, Branche, & Le Franc, 1998; Hill, 2011).

Approximately 80% of Jamaican children are born outside of wedlock, and this high statistic contributes to the large numbers of single-parent households (Henry, 2013; Robinson, 2014). Female-headed households (46.4%) have the larger proportion of children (30.4%) in comparison to male-headed households (53.6%) which have a larger proportion of working age adults (66.7%). Female-headed households also have a higher age dependency ratio

(63.4%) and lower consumption levels, as well as being involved in the care of more children and dependent adults in comparison to their male counterparts (Hill, 2011; Planning Institute of Jamaica, 2016).

The current generation of grandparents 60 years and older, belong to an era when an average family size was 6.2 persons. Average family size is now 3.1 as the fertility rate has fallen from a high of 5.42 in 1960 to 2.05 in 2014 (World Bank, 2016). The main parenting style in Jamaica has been traditionally authoritarian, with parental warmth being commonplace (Roopnarine, Bynoe, & Singh, 2004; Lipps et al., 2012). Households comprising extended families are not uncommon in Jamaica and provide invaluable social support, “*emotional expansiveness*,” and compensatory networks for both children and adults (Brodber, 1975). The situation is perhaps best described as one in which there are multiple caregivers, often including: one or both parents, grandparents, and other family members. Grandparents who are involved in the care of their grandchildren in Jamaica are either a part of these family units or have primary responsibility for grandchildren in the absence of parents. In the latter case, grandmothers more than grandfathers are the heads of these households (Barrow, 1996; Roopnarine, 2004; Roopnarine, Bynoe, Singh, & Simon 2005; Gray & Samms-Vaughan, 2009). A specially commissioned sub-report from the 2001 Population and Housing Census of Jamaica indicated that 24.5% of children 0 to 14 years old lived in households headed by a grandparent. A similar proportion (24.7%) lived in households with both parents, while 40% lived with one parent and 8.44% lived with other relatives (Caribbean Community, 2009).

The most common reasons put forward for grandparents bearing primary responsibility in the absence of parents are: abandonment, neglect, physical, emotional

and sexual abuse, incarceration¹, migration of parents (primarily as a means of attaining better socioeconomic and educational status for oneself and family), and the increasing numbers of females in the labor market (Plaza, 2000; Thomas-Hope, 2002; Jones, Sharpe, & Sogren, 2004; Planning Institute of Jamaica, 2005, Williams, Brown, & Roopnarine, 2006; Jokhan, 2007; Bakker, Elings-Pels, & Reis, 2009; The Gleaner, 2009a; The Gleaner, 2009b; Henry Lee & Henry, 2010 Thomese & Liefbroer, 2013). Approximately 17.6% (706,000) of immigrants in the United States of America are from Jamaica (U.S. Census Bureau, 2015). According to the 2011 Population and Housing Census, a total of 21, 146 Jamaicans migrated to reside overseas during the year 2010. Approximately 53.8% of these migrants are between 20-49 years (Statistical Institute of Jamaica, 2011). There is no information about whether families migrated together or whether certain family members, specifically children, are left behind. One can only assume that there is a strong possibility of children being left behind.

Grandparenting is sanctioned for specific scenarios in the Jamaican policy landscape. The Children (Guardianship and Custody) Act (1957) and the Maintenance Act (2005) of Jamaica facilitate the legal assumption of guardianship responsibility for unmarried grandchildren by grandparents if the parent(s) are unable to do so as a result of physical or mental infirmity or disability and death. When parents are alive, grandparents can also apply for legal guardianship provided that they have adequate justification. Anecdotally, grandparents typically assume responsibility through less formal arrangements.

¹ In a 2005 commissioned report by the Planning Institute of Jamaica, it was determined that 44% of incarcerated females were heads of households prior to their incarceration. The report also highlighted that female incarceration had negative emotional and behavioral impact on children.

The situation in other Caribbean countries is similar to that in Jamaica. For example, a 2005 Caribbean migration study revealed that a large number of school-aged children in Dominica (48% of primary school children and 36% of secondary school children) co-resided with their grandparents. Concerns were raised about the capacity of older grandparents to provide adequate health care, quality nutrition, and attention, as well as the impact of this on academic performance among grandchildren (Bakker et al., 2009). While several Caribbean studies have highlighted the caregiving roles of grandparents, they have not focused on examining facilitative features in relation to their health and socioeconomic status. An evidenced-based discourse on this is therefore needed. In recognition of population aging and the challenges related to financial wellbeing and health in old age, this research is important for proposed interventions to be effective.

The older adult population has long been described as heterogeneous (Grigsby, 1996). This heterogeneity occurs with respect to, *inter alia*, health, financial status, functionality, and levels of social participation (Seltzer & Yahirun, 2013). Despite this variability, older age increases one's risk of non-communicable diseases, financial vulnerability, and reduced functionality/increased disability (Wilks, Tulloch-Reid, McFarlane, & Francis, 2008; Chappell & Cooke, 2010). These conditions can hinder grandparents' ability to fulfill their caregiving roles and in so doing jeopardize the health and wellbeing of grandchildren and grandparents themselves. While better health may predict involvement in caregiving, some grandparents feel an obligation to provide care even in conditions of ill health.

Theoretical Framework

There are two main theoretical perspectives that inform this inquiry into grandparenting: role theory and

ecological models. According to role theory, a role is a structural position an individual holds within a social group, which impacts on the individual's behavior (Linton, 1945). This position in turn influences the behavior of the individual who is charged with the responsibility to carry out such roles. As a result, interaction with others may vary depending on one's role at a particular point in time. It has been shown that individuals carry out their roles with commitment, self-esteem, meaning, and self-identity (Thiele & Whelan, 2008). Mahne and Motel-Klingebiel (2012) found in a study in Germany that perceptions about the importance of grandparents' roles influenced relationships between grandparents and grandchildren.

Ecological models were initially developed to understand the dynamic interrelationships of families. The ecological model first described by Bronfenbrenner (1990) states that an individual's development is directly affected and influenced by his environment on three different levels: the microsystem, the mesosystem, and the exosystem. The microsystem is the level that is closest to the individual and in which there is active participation (family, school, and peer group setting). The mesosystem provides a connection between the structures of the mesosystem (for example, the connection between school teacher and parents of students) (Berk, 2000). In the exosystem, the individual may not be directly involved/engaged, however the changes at this level may affect the individual in one way or another (for example a child being affected by his parents' work schedule and having to spend more time with his grandparents instead of parents) (Paquette & Ryan, 2001). This model was later applied to grandparenting by Creasey looking at the broader family system to examine the relationship in families and the importance of grandparents in the development of grandchildren (Creasey, 1993). It also looks at other ecological factors including the wellbeing of grandparents (Attar-Schwartz, Tan, &

Buchanan, 2009). The World Health Organization (WHO), a lead advocate for active aging, also embraces the ecological role theory. The World Health Organization's (WHO) definition of active aging emphasizes the importance of the social and physical environments that shape the pattern of health and the response to it (Fielding, Teutsch, & Breslow, 2010). The Institute of Medicine (2003) also uses the ecological theory and defines it as a model of health that emphasizes the linkages and relationships between multiple determinants of health.

In view of the foregoing perspectives, we have sought to better understand the situation in the Jamaican grandparent population based on data from the 2012 study on the Health and Social Status of Older Adults in Jamaica. Although it has long been observed that grandparents in Jamaica play an important role in the lives of their co-resident grandchildren, a general profile of such grandparents has not been previously provided. Further, the capacity of grandparents to provide care has not been extensively studied. This paper therefore adds to the literature about grandparenting in Jamaica, a middle income developing country, and provides a context for further examination of these issues in countries of similar demographic, developmental, and cultural landscapes.

Method

Study population

In 2012, a nationally representative community-based study, "The Health and Social Status of Older Adults in Jamaica," was conducted, comprising 2,943 persons 60 years and older living in Jamaica. The cross-sectional study included four of the country's fourteen parishes which together account for 47% of the total population of Jamaica with sufficient socioeconomic and demographic variation to facilitate a study of this nature. A questionnaire comprised of 200 questions was interviewer-administered

over a six-month period. Survey communities were identified through a two-stage cluster sampling procedure. Beginning at a random point within each community, trained interviewers went house to house and interviewed one adult per household (of at least 60 years) who consented to participating in the study. In the event that an eligible individual could not provide reliable responses due to physical or cognitive impairment, a knowledgeable household member provided proxy responses. Questions addressed health and social status and captured information on, *inter alia*, medical diagnoses, physical and cognitive abilities, financial status, living arrangements, caregiving, and social participation. A more comprehensive description of the data collection and analysis methods has been documented by Mitchell-Fearon et al. (2015). The Ethics Committee of the Faculty of Medical Sciences of The University of the West Indies, Mona approved the study and permitted statistical analysis with de-identified data. Study participants were required to confirm their voluntary participation in writing with assurance of anonymity, no-harm to respondents, and confidentiality.

This paper represents a secondary analysis of data for a sub-sample of 451 respondents who reported providing help/care for co-resident grandchildren who were under 18 years. Figure 1 illustrates the identification of this sub-sample. Among the 2,469 participants who responded to the question on grandchildren, 91.9% or 2,268 were grandparents, while 192 (7.8%) respondents had no grandchildren and 9 (0.4%) did not know if they were grandparents. Of the respondents having grandchildren in Jamaica, 60.3% provided care. Among respondents providing care, 39.7% (n = 451) were involved in providing care to co-resident grandchildren younger than 18 years old.

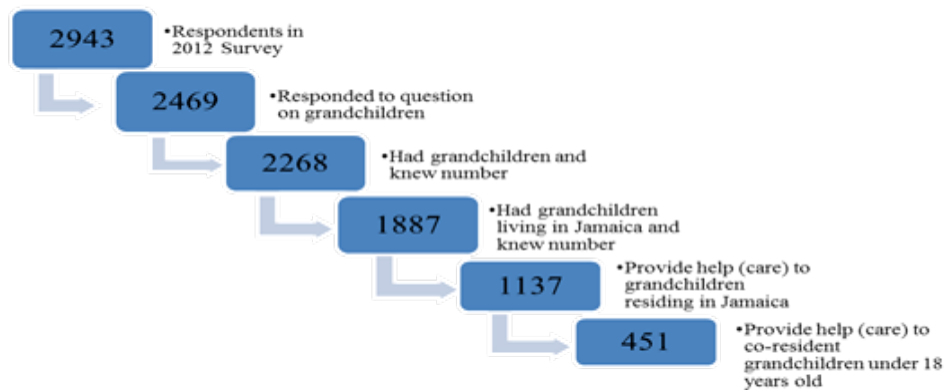


Figure 1. Process of respondent sub-sample selection

Operational Definitions and Variables

Caregiving functions were operationalized to focus on grandparents who self-identified as having responsibility in helping co-resident grandchildren who were younger than 18 years old. Respondents were asked “Do you help with the grandchildren,” followed by “If yes, how frequently do you give help?” The options “daily,” “weekly,” “monthly,” and “occasionally” were provided. Frequency of caregiving was dichotomized: grandparents who provided help occasionally or monthly were classified as providing irregular care, while those who indicated weekly or daily help were classified as providing regular care.

The co-variates of interest in the present analysis were basic socio-demographic variables such as age, sex, educational attainment, union status, and place of residence, as well as socioeconomic characteristics such as living arrangements and income, and social participation.

Self-reports of doctor-diagnosed conditions were also analyzed. The variables were selected in keeping with the key study objectives of describing the caregiving grandparent and the availability of data for this secondary analysis.

Respondents stated their ages and highest level of educational attainment. Sex was recorded based on observation by the interviewer, and place of residence was classified as urban or rural based on official designations from the Statistical Institute of Jamaica. Age was recoded in three categories: 60-69 years (young-old), 70-79 years (middle-old) and 80 years and older (old-old). Highest educational attainment was classified in three categories: primary and below, secondary, and post-secondary. Responses to union status were collapsed into two categories: in union (which included married and living as married) and not in union (which included widowed, divorced, separated, single).

Economic status was measured in two ways: i) respondents were asked “How many people living in the house receive a salary or income of any kind?” and ii) a “yes” or “no” answer was sought to the question “Do you get income from [named source]?” A response was obtained for each source. The sources analyzed in this paper were: family, Government of Jamaica Pension, savings/investments, livestock/farming, National Insurance Scheme (NIS) (a compulsory contributory funded social security scheme which pays out specific benefits depending on the status of the insured), the Programme of Advancement Through Health and Education (PATH – a conditional cash transfer programme which targets the poor), and wages.

Health status was determined by self-reports of doctor-diagnosed hypertension, diabetes, arthritis, stroke, coronary heart disease, and cancer (any site), and by results from screening instruments for cognitive impairment

(Folstein, Folstein, & McHugh, 1975), and depression (Zung, 1963). Respondents were asked “Has a doctor ever told you that you have [named condition]?” Functionality was also assessed based on responses to items in the Katz Index of Independence in Activities of Daily Living (Katz, Down, Cash, & Grotz, 1970). Social participation was measured by questions on volunteering, attendance at religious services, and visiting friends. For volunteering, respondents provided a yes/no response to the question “Are you involved in any voluntary activities?” For attendance at religious services and visiting friends, respondents were asked to indicate how often in the last 12 months they had done the activity. Options “Never,” “Once or twice per year,” “Once or twice per month,” “Once or twice per week,” and “Daily” were provided. Frequencies of at least once per month and more often were termed regular.

Data Analysis

Descriptive analyses were undertaken to provide a demographic, socioeconomic, social and health profile of grandparents with co-resident grandchildren under 18 years old. Chi square analyses were used to explore associations between caregiving frequencies (Regular versus Irregular) and the various socio-demographic, economic, health, and social variables measured. A p value of less than .05 denoted statistical significance. Only significant variables were used to develop a logistic regression model to identify variables independently associated with regular caregiving. Data were analyzed using SPSS software, version 21.

Results

Approximately 59.9% of grandparents with co-resident grandchildren under the age of 18 years reported providing regular care to their grandchildren. Table 1 shows the demographic, health, economic, and social

profile of grandparents broken down by caregiving frequency. The majority of grandparents were female (63.9%), in the 60-69 age group (57.1%), had primary or lower level education (80.5%), were not in union (61.4%), and resided in urban communities (71.0%). Nearly eight out of every 10 grandparents resided in households where at least one member was in receipt of a salary. Family was the most commonly reported income source for grandparents (59.6%). With the exception of hypertension, the majority of grandparents did not report any of the non-communicable diseases (NCDs) assessed. Regular attendance at religious services was commonly reported by grandparents (77.6%), while approximately four out of 10 grandparents were engaged in voluntary activities and visiting friends (41.4% and 40.7% respectively). Chi square analyses suggested that significantly larger proportions of persons of younger age, without diabetes, with no/mild cognitive impairment, and who were involved in voluntary activities were more likely to be regular caregivers than their counterparts.

Logistic Regression

The four significant variables from the Chi square analyses (age, diabetes, cognitive impairment, and volunteering) were entered into a regression model to identify independent predictors of frequency of care. The Hosmer-Lemeshow goodness-of-fit test confirmed that the model was appropriate for the data ($p = .612$). Table 2 shows that only age remained statistically significant after this adjustment, with persons 80 years and older being 64% less likely than 60-69 year olds to be involved in regular caregiving activities for their co-resident grandchildren ($p = .007$).

Table 1
*Demographic, Health and Social Involvement of
 Grandparents with Co-resident Grandchildren under 18
 years old, by Caregiving Frequency*

Variable	Caregiving Frequency		Total, n (%)	χ^2 , p value
	Regular (Daily, Weekly) n (%)	Irregular (Monthly, Occasional) n (%)		
Sex (n = 380)				
Male	91 (66.4)	46 (33.6)	137 (36.1)	2.32, 0.13
Female	179 (73.7)	64 (26.3)	243 (63.9)	
Age group (n = 378)				
60-69	167 (77.3)	49 (22.7)	216 (57.1)	14.24, 0.00*
70-79	80 (67.8)	38 (32.2)	118 (31.2)	
≥80	22 (50.0)	22 (50.0)	44 (11.6)	
Educational attainment (n = 380)				
Primary and below	217 (70.9)	89 (29.1)	306 (80.5)	0.56, 0.75
Secondary	33 (68.8)	15 (31.2)	48 (12.6)	
Post-secondary	20 (76.9)	6 (23.1)	26 (6.8)	
Union status (n = 378)				
In union	105 (71.9)	41 (28.1)	146 (38.6)	0.66, 0.80
Not in union	164 (70.7)	68 (29.3)	232 (61.4)	
Residence (n = 376)				
Rural	76 (69.7)	33 (30.3)	109 (29.0)	0.18, 0.67
Urban	192 (71.9)	75 (28.1)	267 (71.0)	
At least one household member has a salary (n = 350)				
Yes	192 (69.1)	86 (30.9)	278 (79.4)	0.0, 0.95

No	50 (69.4)	22 (30.6)	72 (20.6)	
Grandparents' income source				
Family (<i>n</i> = 369)				
Yes	58 (71.8)	62 (28.2)	220 (59.6)	0.08, 0.78
No	105 (70.5)	44 (29.5)	149 (40.4)	
GOJ pension (<i>n</i> = 366)				
Yes	33 (75.0)	11 (25.0)	44 (12.0)	0.33, 0.56
No	228 (70.8)	94 (29.2)	322 (88.0)	
Savings/Investments (<i>n</i> = 364)				
Yes	14 (77.8)	4 (22.2)	18 (4.9)	0.41, 0.52
No	245 (70.8)	101 (29.2)	346 (95.1)	
Livestock &/Farming (<i>n</i> = 365)				
Yes	13 (68.4)	6 (31.6)	19 (5.2)	0.08, 0.78
No	247 (71.4)	99 (28.6)	346 (94.8)	
NIS (<i>n</i> = 368)				
Yes	53 (63.9)	30 (36.1)	83 (22.6)	2.39, 0.12
No	207 (72.6)	78 (27.4)	285 (77.4)	
PATH (<i>n</i> = 365)				
Yes	32 (78.0)	9 (22.0)	41 (11.2)	1.13, 0.29
No	227 (70.1)	97 (29.9)	324 (88.8)	
Wage (<i>n</i> = 366)				
Yes	38 (74.5)	13 (25.5)	51 (13.9)	0.30, 0.59
No	223 (70.8)	92 (29.2)	315 (86.1)	
Hypertension (<i>n</i> = 378)				
Yes	177 (71.1)	72 (28.9)	249 (65.9)	00.01, 0.91
No	91 (70.5)	38 (29.5)	129 (34.1)	
Diabetes (<i>n</i> = 375)				
Yes	64 (62.7)	38 (37.3)	102 (27.2)	
No	202 (74.0)	71 (26.0)	273 (72.8)	4.56, .033*
Arthritis (<i>n</i> = 377)				
Yes	101 (67.8)	48 (32.2)	149 (39.5)	1.31, 0.25
No	167 (73.2)	61 (26.8)	228 (60.5)	
Cancer (<i>n</i> = 373)				
Yes	8 (88.9)	1 (11.1)	9 (2.4)	1.39, 0.24
No	258 (70.9)	106 (29.1)	364 (97.6)	
Heart Disease (<i>n</i> = 377)				
Yes	16 (69.6)	7 (30.4)	23 (6.1)	.03, 0.87
No	252 (71.2)	102 (28.8)	354 (93.9)	

Stroke (<i>n</i> = 376)				
Yes	18 (66.7)	9 (33.3)	27 (7.2)	0.27, 0.61
No	249 (71.3)	100 (28.7)	249 (92.8)	
Cognitive Impairment (<i>n</i> = 367)				
Severe	14 (45.2)	17 (54.8)	31 (8.4)	11.40, 0.00*
No to mild	248 (73.8)	88 (26.2)	336 (91.6)	
Activities of daily living (<i>n</i> = 377)				
Dependent	10 (71.4)	4 (28.6)	14 (3.7)	0.0, 0.96
Independent	257 (70.8)	106 (29.2)	363 (96.3)	
Depression (<i>n</i> = 334)				
Moderate to severe	35 (62.5)	21 (37.5)	56 (16.8)	2.52, 0.11
No to mild	203 (73.0)	75 (27.0)	278 (83.2)	
Attend religious services regularly (<i>n</i> = 339)				
Yes	194 (73.8)	69 (26.2)	263 (77.6)	1.86, 0.17
No	50 (65.8)	26 (34.2)	76 (22.4)	
Volunteer (<i>n</i> = 370)*				
Yes	121 (79.1)	32 (20.9)	153 (41.4)	5.78, 0.02
No	147 (67.7)	70 (32.3)	217 (58.6)	
Visit friends regularly (<i>n</i> = 290)				
Yes	86 (72.9)	32 (27.1)	118 (40.7)	0.40, 0.53
No	131(76.2)	41 (23.8)	172 (59.3)	

* Indicates statistically significant associations.

Table 2

Adjusted Odds Ratios for Likelihood of Providing Care to Co-resident Grandchildren under 18 years old

Variable	Odds Ratio (95% Confidence Interval)	<i>p</i> value
Age		
60-69	1.00	-
70-79	0.75 (0.43, 1.28)	0.29
≥80	0.36 (0.17, 0.76)	0.01*
No diabetes	1.00	-
Diabetes	0.66 (0.39, 1.11)	0.012
No/Mild Cognitive impairment	1.00	
Severe Cognitive impairment	0.49 (.21, 1.10)	0.09
Not involved in voluntary activities	1.00	-
Involved in voluntary activities	1.54 (0.92, 2.58)	0.10

* Indicates statistical significance

Discussion

This paper gives a profile of grandparents in Jamaica who provide care to their co-resident grandchildren who are under 18 years old. The majority of grandparents provided care on a regular (weekly/monthly) basis. This finding illustrates the emphasis grandparents placed on their caregiving role, the well-knit microsystem among grandchildren and grandparents, as well as the invaluable benefit that grandparents provide to both grandchildren and their parents. The intergenerational interactions/exchange confirm the high levels of

involvement of grandparents in the lives of their grandchildren in this setting as was previously described (Barrow, 1996; Roopnarine, 2004; Roopnarine et al., 2005). This is advantageous given the acknowledged importance of intergenerational activity in promoting healthy aging and the positive impact of grandparenting on self-esteem and resilience among older persons (Butts & Chana, 2007; World Health Organization, 2015). The characteristics of the grandparents generally mirror that of the wider population of older persons in Jamaica which reflect high levels of functionality (despite the high prevalence of non-communicable diseases) for the majority but vulnerable financial status and low levels of social participation, except for attendance at religious services (Eldemire-Shearer, James, Waldron, & Mitchell-Fearon, 2012; Mitchell-Fearon et al., 2015; Willie-Tyndale, et al., 2016). Age was the only factor that was significantly different between regular and irregular providers of care with the old-old being significantly less likely to provide regular care.

Although not stated, it can be inferred that the majority of the financial support from family is provided locally rather than from family overseas. Older adults represent the smallest cohort of remittance beneficiaries in Jamaica, a mere 7.7%. The primary beneficiaries are persons between the ages of 26-40 years old, who accounted for 44.4% of beneficiaries (Ramocan, 2010). While this data is instructive, it is limited in its presentation of the actual end-user/recipient of remittances. Although older adults are marginally represented as remittance beneficiaries, it is highly likely that they benefit from remittances received by other family members and vice versa (for example, a grandparent collects remittances for expenses related to the care and development of their grandchildren).

At the mesosystem level, a noted gap is apparent between grandparents in the microsystem and their limited access to financial resources. This inequity has resulted in a major strain on family resources, with more than 50% of grandparents relying on family members, and a large proportion without other income sources. The dyadic tension of work and retirement, as well as salary and pension plans (replacement income) is thus apparent. It is evident that grandparents who had made minimal personal preparations for retirement and old age, appeared to be more vested in their children/family members as their old-age pension coverage (Stewart, 2009 and Morris, James, & Eldemire-Shearer 2010). Indirect effects could also arise. It is often accepted as a cultural norm that many grandparents will sacrifice their needs, and in some instances anticipated retirement plans, for that of their grandchildren, especially if they have custodial responsibilities. Limited finances may affect their ability to take care of their own daily and basic needs including everyday expenses for food, clothing and shelter as well as health needs such as medications and doctor's visits (Nussbaum & Coupland, 2004; Stinson, 2010). This circumstance can result in an increase in household poverty as well as adverse health outcomes, including poorly managed NCDs, sickness, hospitalization, and death.

Another dimension to this discussion on grandparenting, though not a direct finding of this study, is brought to the fore. Long term care in the predominantly black communities of the Caribbean has traditionally been provided by families (Eldemire-Shearer, 2008; Rawlins, 2015). Approximately 50% (n=1137) of grandparents in the national survey on which this study is based were either not providing care for grandchildren and or did not have grandchildren residing in Jamaica. With so many persons having grandchildren who are potentially "unavailable" to provide care, juxtaposed with the high level of NCDs,

questions and concerns emerge about the availability of family caregivers for older persons when needed.

The limitations of this study are primarily those of data availability typically associated with secondary analyses. The available data did not allow us to distinguish between grandparents who had custodial responsibility for grandchildren and those who resided with their grandchildren in extended families where one or more parent may be present. This information would have clarified the specific roles of grandparents in caregiving and allowed for better interpretation of the implications of certain characteristics of the grandparents, such as their financial status. Our study focused on frequency of care among grandparents with co-resident grandchildren. We could not include grandparents without co-resident grandchildren (even though some would have been involved in providing care) because we confined our analyses to grandchildren who are minors (under 18 years), and the survey captured age and relationship only for household members.

Policy Implications

Appropriate policy interventions are required to support and encourage the current role of grandparents in providing care for grandchildren. Policies and programmes, which target children and parents, need to be more comprehensive in targeting grandparents as many have daily responsibilities for the care and wellbeing of grandchildren. The financial standing of the grandparents in the study is of major importance in so far as their health and wellbeing are concerned. The level of pension coverage provided by the National Insurance Scheme (social security) (22.6%) was equivalent to the national average of Jamaica which is 11% lower than other developing countries (Christie, 2013). As a result of the limited personal financial support among grandparents,

there is a high level of dependency on family members. National interventions are critical to boosting the pension coverage among the Jamaican populace to ensure a greater level of financial independence in old age. This can be achieved through public education programs, which address issues relating to financial health and financial literacy.

The presence of NCDs among grandparents indicates the need for regular access to health care and or services. Many of these health services including medication are costly and in some instances prohibitive for some older adults who neither have insurance nor are enrolled in the government drug subsidy programme. By enrolling in drug subsidy programs such as the Jamaica Drug for the Elderly Programme and the National Health Fund and also social health programs such as the insurance elements of the National Insurance Scheme, grandparents can significantly reduce their out-of-pocket health care costs and increase their disposable income. In other countries, similar drug subsidy programs may exist, which reduces the need for major out-of-pocket spending on the part of older adults, and by extension grandparents, for prescription drugs.

Health and wellness programs are also critical to ensure the functional capacities of grandparents are retained. As highlighted in the study, the young-old grandparents were the ones most involved in the provision of care while the old-old were least likely to be engaged in caregiving, which was associated with the presence of NCDs and a decline in functional capacities. While the policy directive of the Ministry of Health in Jamaica places value on health programmes which focuses on health promotion and prevention that impacts those who will be old soon, it requires additional monitoring and evaluation to determine its impact. Examples of this health promotion and prevention policy directive include: workplace

wellness programs, physical activity programs in schools, healthy eating campaigns, exercise programs in clinics to prevent complications of NCDs and promote control as well as the enactment of a smoking ban introduced in July 2013.

Older adults including grandparents are an invaluable resource which can significantly improve the country's level of productivity if they are effectively integrated into family networks. Specific actions are needed to facilitate them in their expanded roles of grandparenting. Additional research would be integral to: (i). gaining a better understanding of the various roles of grandparents especially by age cohorts of grandparents and grandchildren; (ii). elucidating the burden of care among grandparents with custodial vs. co-parenting responsibilities; and (iii). examining the economic value of grandparenting on the household.

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Research Article

**Guardianship Planning Among
Grandparents Raising Grandchildren
Orphaned by HIV/AIDS in Northern Vietnam**

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Abstract

Increasingly, grandparents are raising grandchildren because of the absence of the parental generation due to HIV/AIDS in Vietnam. However, few studies have explored the strategies and plans of grandparents for the future care of their grandchildren in case they can no longer provide care. In-depth qualitative interviews were conducted with a purposive sample of 21 grandparent caregivers and seven key informants in both urban and rural communities in Hanoi and Hai Phong, Vietnam. Five grandparents were selected from the sample to complete participant observations. ATLAS.ti was used as a

qualitative data analysis tool. Transcriptions from interviews and field notes were analyzed through constructivist-grounded theory coding techniques. The analysis led with a category of “anticipatory coping of guardianship planning.” Within this category, four properties illustrated grandparents’ stance on guardianship planning for their grandchildren. These four properties included: (1) making plans with extended family, (2) investing in education, (3) not having options for guardianship care, and (4) seeing the orphan village as a final option. Whether and how grandparents planned and dreamed for the future were affected by key contextual factors such as the HIV status of their grandchild(ren), their financial situation, their family network, their personal health status, and the extent of community resources. Practice recommendations made in partnership with local nongovernmental organizations are discussed, which include incorporating conversations about guardianship planning into existing casework and incorporating the extended family network into these conversations. Recommendations for policy makers and community leaders include extending government grants to provide adequate benefits including financial, health, and social services to low-income grandparents and extended family members who are fostering grandchildren due to HIV/AIDS.

Keywords: guardianship planning, HIV/AIDS, Vietnam, grandparent caregivers, qualitative study

The current HIV/AIDS crisis in Vietnam has resulted in a significant number of deaths among parents with young children, which has increased the number of grandparents raising their orphaned grandchildren. According to the Joint United Nations Programme on AIDS

[UNAIDS], an estimated 54,000 children in Vietnam are orphaned as a result of HIV/AIDS (UNAIDS, 2014). In 2014 alone, 11,000 people in Vietnam died of AIDS-related causes, and among the 250,000 Vietnamese citizens living with HIV/AIDS, 80% are in the key parenting age range of 20 to 39 years old (UNAIDS, 2014). In developing countries, such as Vietnam and across the globe, grandparents are frequently called upon to raise orphaned grandchildren. However, grandparents' advanced age and frailty can ultimately threaten the long-term stability of these caregiving arrangements (Nyasani, Sterberg, & Smith, 2009), and there is limited information available about guardianship planning for orphaned grandchildren in the case that grandparents can no longer provide care.

Several key contextual factors have led to high rates of HIV-related stigma in Vietnam, which can complicate caregiving arrangements. First, the HIV/AIDS epidemic in Vietnam is *concentrated*, meaning that there are elevated rates of HIV/AIDS among high risk populations, including injection drug users, men who have sex with men, and female sex workers (The Socialist Republic of Viet Nam, 2008; UNAIDS, 2014), and that HIV/AIDS is mostly confined to cities such as Ho Chi Minh City, Hanoi, An Giang, and Hai Phong (Nguyen, Nguyen, & Trinh, 2004; UNAIDS, 2007). Due to the connection between HIV and high risk populations, both grandparent caregivers and orphaned grandchildren are often socially and economically exiled from the community when revealing their status or the status of their family member. In Vietnam, HIV/AIDS is considered by some as a result of "social evils" that exist in society such as injection drug use, sex work, and men having sex with men (Harris, Boggiano, & Nguyen, 2016; Thuong, et al., 2007). In the case of grandparent caregivers, the discrimination faced by these marginalized populations carries over into their lives, even when their grandchildren are not HIV-positive (Orbach & HelpAge International,

2007; UNDP, 2006). Many grandparent caregivers in Vietnam would rather give informal care to orphaned children than provide information about their family to the local government in order to seek assistance (HelpAge International, 2008).

In studies of stigma in Vietnam, family members have reported that they are required to borrow money from family and friends to support their HIV-positive family members. In the process of borrowing money, they often do not reveal their family members' status to avoid stigma. If HIV status is known, caregivers may no longer be able to borrow money from community members and extended family. Instead, they may need to borrow from moneylenders at high rates of interest (Harris & Kim, 2014; UNDP, 2006). The regional and cultural aspects of stigma can greatly impact grandparents' future care plans for their grandchildren and decision-making around who to disclose their situation. Studies have shown that HIV-related stigma can perpetuate feelings of isolation and create difficulties connecting to other parents and grandparents (Erhle, 2001).

The emergence of grandparent caregivers has been studied in countries other than Vietnam. For example, a quantitative study conducted by Giarrusso, Silversten, and Feng (2000) asserted that, as a result of a new sense of purpose, raising a grandchild has positive effects for grandparents. However, research indicates that grandparent caregivers also experience physical and emotional problems (Hayslip & Kaminski, 2005; Minkler, Fuller-Thomson, Miller, & Driver, 2000), financial difficulties (Nelson, Gibson, & Bauer, 2010), role confusion and overload (Emick & Hayslip, 1999), isolation and detachment from peer groups (Jendrek, 1994), depression and stress (Dunne & Kettler, 2007; Musil, 1998), and low self-esteem (Giarrusso et al., 2000). In addition, within a sample of grandmothers in the United States, Crowther, Huang, and Allen (2014) found that raising grandchildren

was stressful and overwhelming, and subsequently resulted in an inability to recognize the necessity of guardianship planning.

HIV incidence in Vietnam peaked in the early 2000s (UNAIDS, 2014) and can be seen as a critical life event for the older generation, who often had limited information on the biomedical aspects of the disease (Harris et al., 2016) and the impact of HIV on a global scale. In addition, interventions to battle high incidence of HIV were not fully acted on with formal local and international support from the President's Emergency Plan for AIDS Relief (PEPFAR) until 2004 (USAID, 2015). In the meantime, grandparents who resided in Northern Vietnam often carried the double burden of caregiving for adult children impacted by injection drug use and HIV/AIDS. The intersection of these factors created a significant financial burden for grandparents as they were reaching older age and retirement. For instance, grandparents are often responsible for rejoining the workforce to compensate for the income their deceased adult child could have earned (Harris & Kim, 2014). Other financial challenges are related to not having formal custody of the children in their care (Adato et al, 2005).

Grandparent, kinship, or familial caregivers can be an invaluable asset to a child who has been orphaned by HIV (Hayslip & Kaminski, 2005), however there is a paucity of research that relates directly to guardianship planning in the context of grandparents raising grandchildren, particularly in Southeast Asia. In collectivist societies such as Vietnam, the importance of family and intergenerational connections is a central part of life, which can enhance the impact of the grandparent caregiver role. Despite the strengths of grandparent-headed households, many significant challenges confront such families in Vietnam.

HIV/AIDS can be destructive to traditional support structures that sustain many families in Southeast Asia, as multigenerational households remain common. In 2007, an estimated 73% of older people lived with children and/or grandchildren in Southeast Asia with the expectation that adult children would look after them as they became older (Orbach & HelpAge International, 2007). The traditional familial support structure is often reversed in the context of HIV/AIDS, because current or future assistance from the adult children has likely disappeared. In addition, older people are faced with the process of providing care as their adult children become sick, coping with their eventual death, and becoming the primary caregiver to young grandchildren (Orbach & HelpAge International, 2007).

Respect for the elderly is built into the social fabric of most Asian countries, including Vietnam. The emphasis on social relationships among Asians (Ho, 1982) and their awareness of hierarchy within these relationships (Limanonda, 1995) has traditionally resulted in a special deference paid to the older generation. The value of filial piety, which is understood as respect and care for parents and the aged, has deep roots in Asian culture. This value serves as a standard by which attitudes and behaviors toward the elderly are judged (Sung, 1990). The HIV crisis in Vietnam has challenged the traditional role of filial piety in society. Instead of increasing the focus on elder care, grandparents who are raising orphaned grandchildren must shift their attention to caregiving and potential guardianship planning in case they are unable to retain their grandchildren within their household. Despite the HIV rates in Vietnam and increased number of grandparents raising grandchildren, there are no studies on guardianship planning among grandparent caregivers in Vietnam, and limited studies worldwide.

Given this information, there is a need to examine the environmental and psychological determinants of

grandparents' guardianship planning in order to design successful interventions to support families in Vietnam. Within the context of this study, we define guardianship planning as the plans that grandparents communicate for the future care of their grandchildren should the grandparent become incapacitated or die. Therefore, the purpose of this qualitative study is to explore and describe how grandparents in Vietnam articulate guardianship plans for their grandchildren, and to understand what contextual factors contribute to their guardianship planning and options.

Methods

We conducted a qualitative field research project that was informed by ethnographic principles and methods. We engaged in the core principles of ethnography, undertaking observational fieldwork with grandparent caregivers and their families to understand their everyday lives, and we conducted in-depth interviews with members of this population (Agar, 1980). This research was part of a larger study that sought to understand the lived experiences of grandparent caregivers in terms of role, context, and coping strategies.

Study Participants

This study's subject group was the skipped generation caregivers of orphaned or vulnerable children (OVCs) who reside in Vietnam, aged 55 and older. This is an appropriate definition based on the precedent set by other studies, whose inclusion criterion range from age 50 to 60 (HelpAge International, 2004; Knodel, VanLandingham, Saengtienchai, & Wassana, 2001; Mall, 2005; Monasch & Boerma, 2004; Nyasani, Sterberg, & Smith, 2009). This criterion is also supported by the notion that people experience more age-related health deterioration in developing countries (World Health Organization, 2010) and the fact that people aged 50 and

above are largely unrepresented in the international data on HIV/AIDS (Mall, 2005; Nyasani et al., 2009).

The grandparents included in this study were engaged as primary caregivers for grandchildren, due to the HIV/AIDS-related death or absence of both parental adults. The study's secondary subject group consisted of key informants involved with the grandparent caregivers and included staff members at community organizations, government officials, and religious leaders. The primary purpose of interviewing key informants was to gather contextual information related to the lives of grandparent caregivers in Vietnam.

Due to the stigma surrounding HIV/AIDS in Vietnam, we employed a purposive "snowball" sampling strategy for the study. Purposive sampling requires the selection of information-rich cases to yield insights and understandings of the phenomenon under investigation (Patton, 1990; Silverman, 2000), and we relied heavily on community workers to suggest grandparents that might be interested in sharing their stories. To increase the variation in this sample and to capture grandparent caregivers in different settings, we recruited participants from both urban and rural locations in the northern cities of Hanoi and Hai Phong. We selected the locations of the study based on the high and concentrated rates of HIV/AIDS in those areas (Nguyen et al., 2004). In addition, we recruited participants who were involved in home-based care programs and support groups and those who were not involved in any social services. This method was used to ensure that the sample represented grandparents who experienced a range of support.

Procedure

After receiving approval from the University of California, Los Angeles Institutional Review Board, we conducted in-depth interviews and participant observations

between June and September of 2009, July and September of 2010, and between April and July of 2011, with 21 grandparent caregivers and seven key informants. We based the interviews on semi-structured interview guides (See Appendix). We conducted the unstructured participant observations with five grandparent caregivers and their families and used ethnographic field notes to gain a deeper understanding of the everyday lives of grandparent-headed households.

The length of the participant interviews ranged from 73 to 126 minutes. For each study participant, we arranged a time or series of times that were convenient for the participant to meet, either at their home or at another convenient location. The observation periods ranged from five hours to three days and included daily routines, such as caring for their grandchildren and preparing meals, and caregiving-related tasks outside the home, such as going to the market, making doctor's visits, and running errands.

All of the grandparent caregivers and several of the key informants did not speak English; therefore, an interpreter joined the research team for all of the interviews and observations. We used the interpreter as co-researcher approach (Harris, Boggiano, Thang, & Linh, 2013), so that the interpreter (Thang) was actively engaged in all aspects of the research process, including recruitment, co-interviewing, data analysis, and the dissemination of the final results.

After the data were collected from the participants, we conducted member checking (or respondent validation) with three grandparent participants and two key informants (Lincoln & Guba, 1985). These sessions enabled us to share our initial findings from the interviews and field notes, to confirm the results, and to obtain participant feedback on the preliminary findings. Participants for the member checking sessions were selected based on their prior consent and their ability to attend the sessions.

Data Analysis

We entered quantifiable data into a statistical software package (SPSS) to conduct basic analysis on age, income, and number of caregiving years for grandparent caregivers. Transcripts and field notes were uploaded to ATLAS.ti (Muhr, 2010), a qualitative software program that facilitates data organization. Using constructivist-grounded theory techniques (Charmaz, 2014), we conducted initial coding, followed by focused coding. Using the family network manager in ATLAS.ti, we clustered and sorted our initial codes into focused codes. The most frequent and significant focused codes were elevated to become code families, or major categories in our final analysis (Corbin & Strauss, 2008). We used memos, field notes, early hunches, and diagrams throughout the data analysis to conceptualize the data in various ways (Charmaz, 2014; Creswell, 2013). We then described and interpreted the data to identify similar and differing views among grandparent caregivers.

Issues of Trustworthiness

Issues of trustworthiness in this study were addressed through addressing credibility, dependability, and transferability (Guba & Lincoln, 1989; Lincoln & Guba, 1985). The criterion for credibility was determined by whether the findings are accurate and credible from the standpoint of the researcher, the participant, and the reader (Creswell, 2013; Creswell & Miller, 2000; Mason, 1996; Maxwell, 1996; Miles & Huberman, 1994). To enhance this study's methodological validity, the research team triangulated data sources as well as used two data collection methods (in-depth interviews and participant observation) and two study groups (skipped generation caregivers and key informants). To enhance the interpretive

validity of this study, as a research team, we clarified our assumptions, and the steps through which interpretations are made were charted through journaling or memo writing (Charmaz, 2014). Memo writing was used from the beginning of sampling through the entire analytic process to assist and record the conceptual development of the final results (Charmaz, 2014; Miles & Huberman, 1994; Morse & Richards, 2002; Strauss & Corbin, 1998).

In order to enhance dependability, inter-coder reliability (Miles and Huberman, 1994) was considered through the use of a coding partner for data analysis. In addition, the research team maintained an audit trail (Lincoln & Guba, 1985) that recorded the development of thoughts throughout the research process and documented the rationale for all of the choices and decisions made in the field and in the analysis.

Transferability means the extent to which the results of studying a particular phenomenon, such as skipped generation caregiving in Vietnam, can be transferred to another context (Lincoln & Guba, 1985). Patton (1990) promotes the term “context-bound extrapolations” which is defined as the assumption that the findings of the study can have applicability to other situations that have comparable, but not matching conditions. In the case of this research, the focus is on a particular culture at a particular historical juncture, of which there is great value. However, the depth and the richness of the description may also provide transferability of the findings to another context, such as different regions of Southeast Asia in which there are significant numbers of grandparents raising grandchildren due to HIV/AIDS.

Results

Characteristics of the Participants

The average age of the grandparent caregivers was 65 years ($SD = 6.83$, range: 55-78). The participants' mean

monthly household income was 1,328,235 Vietnam Dong (about \$63), which is considered low income in Vietnam. However, we observed a wide range in their income, from zero to 4,000,000 Vietnam Dong (\$0 to \$190.39). Regarding marital status, 41% were married, 35% were widowed, 12% were separated, and 11.8% had other situations, such as a missing husband due to alcoholism. The caregivers had spent an average of 9.24 years as caregivers ($SD = 4.99$), with a range of five months to 17 years. In terms of the self-reported HIV status of their grandchild(ren), 23.5% reported HIV+, 47.1% reported HIV-, and 29.4% reported that they did not know. Thirty-five percent of the caregivers lived in urban locations, whereas 65% lived in rural areas. The majority of the caregivers were paternal grandparents (58.8%), 29.4% were maternal grandparents, and 11.8% were non-biological relatives/adoptive grandparents. The sample included four couples and 17 single grandmothers. On average, the grandparents cared for 1.47 grandchildren ($SD = 0.8$).

The Anticipatory Coping Strategy of Guardianship Planning

Below, we describe the four main properties that emerged from the data analysis that related to the category of “the anticipatory coping strategy of guardianship planning.” Although this research was exploratory, we try to emphasize the frequent and significant views and experiences among the participants for each theme.

Due to their own advanced age and their grandchildren’s HIV status, grandparents enacted anticipatory coping strategies through thinking about the future, a time when they would no longer have the capability or requirement to continue their caregiving role. Grandparents’ resources dictated their future hopes and dreams for their grandchildren’s future. With the category of anticipatory coping strategies, four properties illustrated

grandparent's understandings of coping, and their stance on guardianship plans for their grandchildren. These four properties included: (1) making plans with extended family, (2) investing in education, (3) not having options for guardianship or future care, and (4) seeing the orphan village as the final option. Whether and how grandparents planned and dreamed was affected by key contextual factors such as the HIV status of the grandchild, their family's financial situation, their family network, their personal health status, and the extent of community resources.

Making Plans with Extended Family

Some grandparents had already devised a plan about who was going to take over the caregiving responsibilities when they could no longer raise their grandchildren (N = 5). Often grandparents planned to rely on their extended family networks but acknowledged that these arrangements were uncertain, not ideal, and could cause harm to the grandchildren.

Khuyen was a paternal grandparent raising a 9-year-old granddaughter and did not know her granddaughter's HIV status. She had developed a mutual agreement with the maternal grandparent of their grandchild:

I have always said that if I pass away, then I will send her back to her mother's mother and we have talked about this and have an agreement. Her maternal grandmother is 60 years old. She is still in good health and she has agreed to my proposal.
(Khuyen, 78)

However, even if grandparents had a plan in mind for the future care of their grandchildren, these plans were often complicated, less than ideal and were referenced by the grandparents as creating "burdens" for others. Hien

expressed doubts about future plans for her two grandsons, who were 13 and 18 and both living with HIV:

If I pass away, then I will ask their uncles to bring up the children, but it will put both the uncle's family and the children in a difficult situation. The partners of the children's uncles will find it difficult to accept and will talk badly to the children, like say--it is this way because of your drug-addicted father and now I have to take responsibility for you. (Hien, 63)

Grandparents who had solid and stable plans for the future were those who felt supported by their family networks, had family in close proximity, and were relatively financially stable.

Investing in Education

When there was not a solid plan in place for the guardianship of the grandchildren, grandparents often coped through relying on hopes and dreams for their grandchildren's future (N = 5). Often these dreams involved the hard work and money that the grandparents had invested in their grandchildren's education in hopes that these investments would be able to carry their grandchildren forward in life. Binh (60), a grandmother raising a 9-year-old HIV-positive granddaughter said, "I hope maybe in the future when my children grow up that they can make money for all of the debts that I have collected to pay for their school."

Hien hoped for the continued support from her eldest grandson's mentor/benefactor. This was a relationship arranged by his mother with a local doctor before she left her children to remarry after her first husband died of AIDS. The grandmother hoped that her grandson's mentor would continue to offer financial

support after her death so that he could continue his education. She said, “I hope my first child who is in 12th grade continues to be supported by his adopted grandfather and continues going to school through his support and encouragement.”

Not Having Options for Guardianship or Future Care

Grandparents, especially those with extremely limited resources, were not able to provide a plan of care for their grandchildren’s future (N = 7). These grandparents were limited by poverty, age, and capital, which prevented them from devising a plan for their grandchild’s future after they were gone. My and Huan, a caregiving couple, said, “We have no plans because we have no money. We just hope that we have enough money to maintain his study and bring him up until he is old enough.” My and Huan were a retired couple living in urban Hanoi and the paternal grandparents of a 12-year-HIV-negative grandson named Long. Their son died of AIDS seven years ago. My and Huan were taking care of Long without any financial assistance from the government. In addition, they did not have any support from their relatives, all of whom lived in the countryside. Long’s mother had abandoned him, and she remarried shortly after the death of her husband. His father was an injection drug user and married in 1997, became infected with HIV in 2003, and died in 2005. For several years, their son and his wife, both unemployed, lived with My and Huan and relied on their support and care. Throughout our time interviewing and observing My and Huan, they revealed that they had suffered numerous losses including the deaths of all four of their children to accidents and illnesses. The grandparents were also concerned about Long’s health problems, and described his physical condition as being “weak” and “having twitching eyes.” They also described his mental condition as being “retarded” and “not good in school.” Their view of Long’s

health and the numerous tragedies that they endured directly contributed the notion that they could not plan for the future.

For grandparents who were unable to provide a plan, they dreamed of future situations that would help carry their grandchild forward in life after they were gone. For Tam and Kien, this dream was a house. Tam was an adoptive grandmother who was living with HIV and caring for four HIV+ orphans (ages 3, 6, 8, and 12) who were previously living in the street. She also did not have any options for the future care of her grandchildren. Instead of devising a plan with no resources, she hoped to secure housing for her grandchildren.

Kien was also concerned about providing a residence for her 13-year-old grandson who was HIV-negative. She did not have resources to build the house, but she thought that being able to provide her grandson with a house would ensure a future that was different than his father's. She said:

If children don't have a solid foundation, then they will be dropped into social evils and they will destroy their lives. I just wish that I had some money to build just a little house so that we can stay there. That little house would be his foundation, and that way, he will only have to worry about finding a job but that little house will be his accommodation. That is the most important wish for me. (Kien, 74)

The concept of not having options for guardianship future care of their grandchildren violated normative roles of grandparents. In typical grandparenting situations, grandparents would not have to worry about the future of their grandchildren, knowing that the parental generation would provide care. In Vietnam, it is also the expectation that the parental generation will care for their aging parents

as well as provide for their children. With the elimination of the parental generation due to HIV/AIDS, the grandparents struggled to figure out ways in which their grandchildren could survive after their deaths. Above all, every grandparent hoped that they would be able to live long enough to see their grandchildren grow up and can support themselves.

Seeing Orphan Village as Final Option

Some of the grandparents tried not to expect too much for their grandchildren's future and would not allow themselves the freedom of dreaming about the future ($N = 4$). Bich (64), a grandmother raising a 9-year-old HIV-positive granddaughter recognized vulnerability in her caregiving situation: "There are no strengths in my family. My life is breakable like glass because I am old enough to pass away. So I do not think about the future." In situations where grandparents could not provide a desirable option for guardianship or future care, they relied on the orphan village, which was located in Ba Vi, a rural area outside of Hanoi. The orphan village was an institution founded in 1984 by the Department of Labour, Invalids and Social Affairs of Hanoi. It was known to the grandparents as a place that accepted "disabled" children and AIDS orphans. They also gave care to elders without family and homeless people. Grandparents considered the orphan village because of their grandchild's HIV positive status, along with their own age, poverty, and failing health. Poignantly, many grandparents simultaneously considered their own deaths and their grandchildren's deaths.

Hoa (78) was the oldest caregiver in the study and was deeply concerned about what would happen to her 5-year-old, HIV-positive grandson named An. She said, "I hope that he can grow up and he can take care of himself. That is all. I never dream of the day when he gets married, or has children. I am too old." Hoa expressed on several

occasions that she was very worried about the future of her grandson, so she prepared her grandson by testing his reaction to institutional care. She said, “I am now 80 years old. When I die, the child will be sent to an orphanage. This morning I pretended to frighten him that you are coming to take him to the orphanage. He was really scared, but it’s the only way when I die.” She also did not have a desirable plan in place, so she thought that the only alternative was to place him in an orphanage, which was deemed the least desirable caregiving situation by the grandparents.

As suggested, Hoa also used data-collecting visits and observations as opportunities to test her grandson’s reaction to other forms of care when he would be taken away by strangers. She included him in the conversations about future care, which may have seemed cruel, but Hoa justified this by wanting to prepare her grandson for the worst so that he would be strong in handling the inevitable. While Hoa’s actions were intentional with respect to considering the future, she did not allow herself to dream of a future for the two of them together, and saw the orphan village as their only option.

Cam was another grandparent who considered the orphan village as a worst-case scenario. She hoped that her son would be able to recover from his addiction to heroin and come home to care for his 9-year-old, who was HIV-positive, but she had her doubts. She said, “I am hoping that if the father comes back from the rehabilitation center, he can care for him after I am gone. Otherwise, I will bring him to the orphan village.”

Bich agreed that the orphan village was her last choice for her 9-year-old granddaughter who was living with HIV. She explained the options that she had considered:

My expectation is that I would love my grandchild to go to school and finish and complete her studies.

If I pass away, I am hoping that social support will come. When I am unable to care for the child, I will bring her to the orphan village.

Discussion

Grandparents expressed deep concern about the future care of their grandchildren after they passed away, but were limited by other guardianship options and caregiving resources. Anticipatory coping strategies described and enacted by the grandparents included: creating guardianship plans with extended family, and investing in the grandchildren's education with the hope of a brighter future. Grandparents agreed that having their grandchild reside in an institutionalized setting was the least desirable care option, but for some, it was the only option.

These findings matched the results of other studies. Harris and Kim's (2014) qualitative study of grandparent caregivers in Vietnam revealed that grandparents engaged in what is known as problem-focused coping, or a series of daily activities that led to their family's survival. These activities included borrowing money from multiple sources to invest in their grandchildren's future, while understanding the limitations of what they could provide due to poverty. At the same time, grandparents engaged in "balancing hope and realism" which included staying optimistic about their grandchild's skills and talents, while creating plans, and backup plans in case they could not support their grandchildren's educational and care needs.

Nyasani, Sterberg & Smith's (2009) qualitative study of grandparents raising grandchildren in the wake of HIV/AIDS in South Africa showed that, in a similar resource-deprived setting, grandparents assumed caregiving roles because they had no other options. Without alternatives, the South African grandparents also worried about the future and who would care for their grandchildren

after they died. Foster & Williamson (2000) found that there was a significant fear of grandchildren becoming “grand-orphans,” and awareness of this risk negatively affected the wellbeing of older caregivers with failing health.

Very few studies have asked questions about guardianship plans for children who could potentially be orphaned by AIDS. In a qualitative study of HIV-positive mothers living in Philadelphia, Marcenko & Samost, (1999) found that the degree to which women established future care plans for their children was dependent on the length of time of their HIV diagnosis. Women who had been diagnosed with HIV for a longer time were able to think about and establish future care plans, whereas women who had a shorter time since diagnoses thought that making such plans for their children would mark the end of their lives. Mothers in this study, similar to the grandparents in our study faced barriers and facilitators in three realms of their lives: individual and family, organizations and providers, and policy and community.

The majority of the Vietnamese grandparents had not established a guardianship plan and simply hoped for the best. One property that was especially salient in this study was “investing in education” which encompassed grandparents who had no plans due to a lack of contacts and resources, but dreamed that their grandchildren would one day survive based on the sacrifices that they made to keep their grandchildren enrolled in school. They focused on education in hopes that their grandchildren could become independent after they passed away. In contrast to the United States, education is not guaranteed in Vietnam. Without the financial support of the family, children cannot pay their school fees. Children will also drop out of school early to support their families through employment.

These findings were similar to findings from a South African study of parents affected by HIV (Drimie &

Casale, 2009). South African parents were unable to plan for the future because they were too focused on meeting immediate needs of survival on a daily basis. Despite the desire to make long term plans for their children's future, parents lacked the resources and options to do so (Casale et al., 2007). Similar to the Vietnamese grandparents, the parents in South Africa made investments in their children's education, knowing that this could potentially be the child's only option for future success or formal employment. Also similar to the Vietnamese grandparents, the South African parents acknowledged that they could not maintain their child's education unless their financial situation changed. Combined with financial vulnerability, the weakening of family networks in the wake of the HIV epidemic led to significant barriers for guardianship planning.

Grandparents in our study also shared that it was their responsibility alone to take on the caregiving role instead of others in their extended family network. This finding is shared in other countries in the region. For example, concerns about grandchildren's future were also mirrored in a qualitative study on grandparent caregiving in Thailand (Safman, 2004). This study revealed that grandparents were the preferred caregiving source for orphaned grandchildren in comparison to other members of the extended family, such as aunts and uncles. The logic behind the preference for grandparent caregivers was that grandparents viewed their grandchildren as competing for resources with the biological children of their aunts and uncles, and therefore they feared that their grandchildren would not be accepted due to resource scarcity.

The stigma confronting the grandparents in this study is also consistent with research from other countries (Erhle, 2001; Carr, Gray, & Hayslip, 2012). However, due to the unique context of the HIV epidemic in Northern Vietnam, which has been spread

through injection drug use, this created an extra element of stigma which grandparents anticipated would negatively impact others in their extended family network from offering care and support to their grandchildren. HIV prevalence in Vietnam has been and is currently concentrated among injection drug users (IDUs) (Go et al, 2011). This is different than other countries in the region (i.e. Thailand, Laos, and Cambodia) in which the virus is most frequently transmitted through sexual transmission. Families who have sustained AIDS-related losses may also be less resilient than community members who face other financial consequences, particularly among the population living in Vietnam. Other studies on grandparent caregivers have reported tremendous hardship related to the impact of having an injection drug user in the household living with HIV who often stole assets from the family in order purchase drugs (Harris et al., 2016).

Our analysis of grandparents' narratives around guardianship planning revealed similar anticipatory coping tactics regardless of the grandchild's HIV status. Other studies have examined the difference between caregiving for HIV-positive and HIV-negative grandchildren in terms of the depression and stress levels of the grandparents (Burnette, 2000; Joslin, 2002) and found significant differences, however these studies did not focus on guardianship planning. Our findings indicated that grandparents experienced intense fear surrounding guardianship planning for their grandchildren. It is possible that from the grandparent's perspective, having an HIV-positive grandchild die before them and being able to provide care for them during that challenging and painful time might be less worrisome than thinking about their grandchild having to survive on their own. Grandparents also expressed fear that their grandchildren could become

engaged in injection drug use, due to family history and the high rates of injection drug use in their region. Living on the street and struggling to survive would also increase the likelihood of their grandchildren becoming vulnerable to gang violence, human trafficking, sexual exploitation, and forced labor.

Practice Recommendations

Throughout the course of this study, the research team worked closely with a non-governmental organization (NGO) and studied the current literature around guardianship planning in order to create several practice recommendations.

Concerns about the ability to provide needed education for grandchildren were expressed by the custodial grandparents in this study. Global research suggests that school officials and educators often do not understand the complex needs of skipped generation caregivers and the context in which caregiving takes place, which impacts their ability to understand the needs of these families (Shakya, Usita, Eisenberg, Weston, & Liles, 2012). This effect may be even more pronounced in Vietnam, where there is significant stigma in the school system shown towards children impacted and living with HIV, along with resistance to integration into the school system (Boggiano, Katona, Longacre, Beach, & Rosen, 2014). There is a need for NGOs and social care workers to provide education about the unique needs of grandparents raising grandchildren in Vietnam at the school level in order to increase access to educational opportunities for grandchildren.

A third of the grandparents in this study did not see any options for guardianship or the future care of their grandchildren. There is a growing need for social care workers engaged in home visits and casework to address guardianship plans with grandparents who are raising

grandchildren. Therefore, we suggest guardianship planning and conversations with social care workers who operate services in partnership with NGOs. Assessment guidelines when working with custodial grandparents (Poehlmann, 2003) have been developed when working with grandparents who are raising grandchildren. Recommendations most relevant to the findings of our study within the Vietnamese cultural context include: taking into consideration the child's age and developmental capacities when discussing guardianship planning, and assessing the skipped generation family's current situation in terms of strengths and risk factors, along with perceived needs. In addition, it is important to understand what the grandparents have told their grandchildren about their current living situation to gain deeper insight into what the grandparent's unique view is of their current situation, needs, and future care plans. When working with a skipped generation family, it is important to take into consideration all perspectives, including the grandparents, grandchildren, and other family members involved.

Our recommendation is to focus on the normative act of planning, rather than express the need for planning based on the grandparent's failing health and older age, which may unnecessarily increase stress. Best practices for orphaned and vulnerable children programming, including guardianship care planning (PEPFAR, 2012) include: psychosocial care support in the form of family support, peer and mentorship programs, and community caregiver support. In addition, programming that includes economic strengthening is needed such as: money management and savings, as well as income promotion for households using low-risk strategies. Due to the finding that the orphan village or institutionalized care was seen as the least desirable option, we also recommend that social care workers engage with the family for activities such as family mapping and contacting the grandchildren's relatives at an

early stage to discuss alternative plans. In addition, NGO workers, social workers, and doctors should be highly sensitive when grandparents reveal that their grandchild's HIV status. This status can directly affect guardianship plans and potentially the ability for the child to be retained within the extended family unit.

Policy Recommendations

In terms of policy implications, grandparent caregivers should be encouraged to maintain their caregiving role in the family unit and should be supported with government assistance. Pension schemes in Vietnam are designed to support older adults after retirement but are not meant to sustain a household. Policy makers should be educated about the factors that influence economic wellbeing for grandparent caregivers who are suffering from financial strain. It is therefore important for policy makers and community leaders in Vietnam to consider extending government grants to provide adequate benefits including financial, health, and social services to low-income grandparent populations affected by HIV/AIDS-related illnesses. There is also need for the Vietnamese government to acknowledge that the care of orphans is the responsibility not only of family, but also of the state. Many of these families cannot survive without financial protection or a safety net from their government. New policies are needed that foster alternative models to institutionalization for children in orphan villages.

If there are no other caregivers available in the extended family network, then institutionalized care may be one of the only options in Vietnam. However, with technical support from NGOs, the Vietnamese Government has promoted a community/family-based Orphaned and Vulnerable Children (OVC) care model, and with limited financial support from the state (Decree 67 and more recently Decree 136). In Vietnam, Decision 65/2005/QĐ-

TTg, on the approval of community-based care for orphan, abandoned, disabled, and children infected and affected by HIV/AIDS, has allowed state funding to be channeled to support projects for communities with the goal of keeping orphaned children in family-centered care rather than institutions.

Since 2011, the government has raised the monthly allowance from 167,000 VND to 270,000 VND (Equivalent from moving to \$7.40 USD to \$12.00 USD). However, grandparents reported difficulties in accessing this decree due to the monthly income allowance being set so low that grandparents would have to be living in serious poverty to qualify or not make any income at all, and therefore many grandparents in our study struggled to meet this standard. In addition, many grandparents in our study were caregiving for grandchildren because their adult child disappeared after contracting HIV, however they were not deemed “missing” under Vietnamese law, which requires a formal search and investigation. Due to the high rates of injection drug use in the area, many of the grandparents’ adult children were living with HIV, but in prison or rehabilitation camps, and therefore not formally assessed as “missing” under the law. We recommend that policymakers work with grandparent-headed households to investigate more thoroughly each family’s unique situation in order to a) decrease the standards for income so that more families can reach eligibility and b) create guidelines that increase access for families who have adult children who have been missing for over a year, or are in prison or rehabilitation camps.

Research from across the globe has suggested that grandparents with informal caregiving relationships with their grandchildren have more difficulty in accessing formal services, such as health and social services (Gibson & Singh, 2010). Grandparents in this study struggled with accessing services due to a lack of legal custody over their

grandchildren, which resulted in struggling to access and gain eligibility for services. Beyond changes needed at the policy level, there is additional need for advocacy from social care workers and NGO workers to help custodial grandparents navigate legal custody (Shakya et al, 2012) to gain eligibility for public assistance (Cox, 2002).

Directions for Future Research

Future studies should include longitudinal data collection in order to gain a deeper understanding of where children were placed or what guardianship supports became available from the local government. For orphaned grandchildren who might be placed in institutional care in the future, it is critical to understand the role of the family in terms of visitation and ability to offer social and material support. In addition, because so many of the skipped generation families who participated in this study were at risk of losing their grandparent as a guardian, more research is needed on the psychological implications of losing a second guardian. Lastly, the height of the HIV epidemic in Vietnam was in the early 2000s, and many of the orphaned grandchildren in the region are now reaching early adulthood. Understanding the lived experience of young adults who survived the HIV crisis in Vietnam is key to understanding the impact of guardianship and guardianship planning on this younger generation.

Conclusion

The NGO culture in Vietnam has shifted significantly since the time that this study took place (2009-2011) and today (2016). International NGOs focused on HIV prevention and care are in the process of scaling down and withdrawing from Vietnam due to the end of PEPFAR funding. At the time of this research, there were several NGOs operating in Hai Phong, including Save the

Children, the American Red Cross, and Cooperation and Development (CESVI), but several of these organizations have lost PEPFAR funding in the past two years. However, we know that grandparents are continuing to care for their orphaned grandchildren, and will continue to do so in the wake of HIV/AIDS. This population continues to be in need of services and attention from the local and international community.

The results of this qualitative study provided insights into the depth and complexity of the problems the grandparents in our study were presented with, including poverty, age, and stress. This information has implications for future research and practice on the topic. Efforts should be made to support grandparent caregivers in creating succession plans if and when they can no longer care for their grandchild. NGOs should work in partnership with policymakers in order to increase access and eligibility for grandparent caregivers to access government decrees in order to support their orphaned grandchildren.

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Appendix

Qualitative Interview Guide for Skipped Generation Caregivers

1. Family

Let's start by talking about your family. Tell me about the grandchildren who live with you?

- i. How grandchildren came to live with you
- ii. Extended and immediate family structure
- iii. Status of the grandchildren's parents (HIV/mortality, etc.)
- iv. Role of other family members in care of children

2. Caregiving

Describe your daily routine with your grandchildren.

- i. Have them walk through a typical day, morning, noon, night
- ii. Compare this to a time prior to having these children.
- iii. Caregiving burdens or difficulties
- iv. Caregiving joys and pleasure

3. Contextual Factors

Tell me about your community.

- i. Relationship with neighbors and extended family ties
- ii. A time when people were helpful

- iii. A time when people were not helpful to you
- iv. Describe how people with HIV/AIDS are treated in your community.
- v. Relate this experience to what you have heard about other neighborhoods/communities, families

4. Social Support

Tell me about people that come and visit you and your family

- i. Kind of support
- ii. Formal support
- iii. Informal support
- iv. Usefulness of support
- v. Support that has not been useful

5. Stigma/Discrimination

When you tell people that your son/daughter had HIV/AIDS, what is their typical reaction?

- i. Can you tell me about a bad reaction, or a time when someone hurt your feelings?
- ii. Can you tell me about a positive reaction, or a supportive reaction
- iii. How about the ways that people treat your children?

6. Coping

How do you manage your new responsibilities?

- i. Sources of comfort
- ii. Worries and concerns
- iii. Ways to deal with stress or fatigue

- iv. Describe a time when you felt overwhelmed, what did you do?
- v. Who did you turn to?
- vi. How did the situation resolve?

7. Planning

Expectations for the future

- i. Future of family and children
- ii. Plans for where the children will live after (you) pass away?
- iii. Future hopes for the children

8. Strengths/Resilience

What makes being a part of your family special?

- i. What brings you happiness?
- ii. Tell me about a time when you faced a great challenge.
- iii. What happened?
- iv. How did you deal with it?

9. Transition to caregiver's ideas program support

If someone were to give you lots of money, then how would you help other families like yours?

Research Article

**Parenting a Second Time Around:
The Strengths and Challenges of Indigenous
Grandparent Caregivers**

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Abstract

Background: There is a lack of knowledge and research of Indigenous grandparents rearing grandchildren. A burgeoning area of research, the literature only includes studies conducted from the year 2002 and onwards. In order to minimize the burdens that Indigenous grandparents encounter when assuming this role, a greater understanding of this population is crucial. This scoping review was

undertaken to gain insight into and generate awareness of this population, specifically concerning their needs and experiences.

Methods: Sixteen databases were searched, including two medical databases and 14 social science databases. A total of 92 titles and abstracts were independently reviewed. Of these, 36 full-text articles were retrieved; 31 articles met the inclusion criteria and were reviewed.

Findings: Four major themes were identified: (1) The historical context of Indigenous peoples and how this has affected families; (2) The context of caregiving and government policies as they relate to Indigenous grandparents raising their grandchildren; (3) The physical and mental health of the grandparents; and (4) Informal social support.

Keywords: indigenous, grandchildren, grandparent, caregiving, child-rearing

As the global population continues to age, the grandparent population is increasing as well (Statistics Canada, 2003; United Nations, 2013). While children are typically raised by parents, one of the fastest growing family structures is grandparent-headed households (Hadfield, 2014). As of 2013, 2.7 million grandparents in the United States held primary responsibility for meeting the basic needs of one or more grandchildren living with them (Ellis & Simmons, 2014; U.S. Census Bureau, 2013). In Canada, 30,005 children (aged 14 and under) lived with one or both grandparents, with no parents present (Statistics Canada, 2013). Research suggests that grandparent caregiving is particularly prevalent in racialized and socioeconomically disadvantaged communities (Ellis & Simmons, 2014).

Emerging evidence has also shown that the prevalence of grandparents raising grandchildren is

disproportionately higher among Indigenous peoples (Chen, Weng, Hsu, & Lin, 2000; Fuller-Thomson, 2005a; Fuller-Thomson, 2005b; Simmons & Dye, 2003). While there has not been a formal definition of the concept of “Indigenous” put forth by the United Nations (2009), Wiessner (2011) offers a possible description, where Indigenous peoples are seen as “collectivities which are characterized by the desire and practice of sharing virtually all aspects of life together” (p. 126). Specifically, in Canada, there are three groups of Indigenous peoples that are recognized, including First Nations, Metis, and Inuit (Government of Canada, 2016), while Indigenous peoples living in the United States have identified as Native American and/or Alaska Native, as Maori in New Zealand, and as Aboriginal and/or Torres Strait Islander in Australia (International Work Group for Indigenous Affairs, 2016). As there are more than 370 million Indigenous peoples worldwide, living in approximately 90 countries (United Nations, 2009) and representing over 5000 distinct groups of peoples (International Work Group for Indigenous Affairs, 2016), it is imperative to understand the many issues these individuals experience.

The role of Indigenous grandparents rearing grandchildren requires further investigation to understand the context in which grandchildren are raised (Minkler & Fuller-Thomson, 2005). To address this gap in knowledge, this scoping review was undertaken to examine the needs of Indigenous grandparents raising grandchildren. There has been some research conducted on grandparent child-rearing in racialized communities, particularly African American (Lipscomb, 2005; Minkler & Fuller-Thomson, 2005; Ross & Aday, 2006) and Latin American (Burnette, 1999; Fuller-Thomson & Minkler, 2007). While the research on grandparents providing care for grandchildren within Indigenous communities has been scarce, it has been noted that the support that is offered by extended family members to parents in raising children is greatly valued in

this community (Lohoar, Butera, & Kennedy, 2014). Within the Indigenous community, grandparents and elders are seen as playing important roles in the functioning of families by helping provide “hands-on” care for children (Lohoar et al., 2014). Additionally, elders are highly regarded in Indigenous communities, as they aid children in understanding practical aspects of life, society, and Indigenous culture (Walker, 1993).

It is customary in many Indigenous cultures that grandparents assume some responsibility for raising grandchildren (Greer, 1995). This is commonly seen in three-generation households, where grandparents, parents, and grandchildren reside together (Scommegna, 2012). The number of grandparents acting as surrogate parents for their grandchildren in the absence of the parents continues to rise; this family structure is defined as a skipped-generation household (Burnette, 1997; Hadfield, 2014; Longoria, 2005; Statistics Canada, 2003). These forms of child-rearing differ because “surrogate” parenting infers that the grandparent(s) act as the primary caregivers (Longoria, 2005); this often occurs in families impacted by social issues including, but not limited to, the adult child’s substance abuse, domestic abuse, mental health issues and/or emotional difficulties, employment and/or financial struggles, teen pregnancy, child abuse or neglect, incarceration, or death (Burnette, 1997; Conway, 2004; McKenzie, Bourassa, Kubik, Strathy, & McKenna, 2010; Royal Commission on Aboriginal Peoples, 1996; Statistics Canada, 2003). Indigenous communities experience many of these issues disproportionately, as a result of the inequalities perpetuated by the rise and fall of colonialism (Muir & Bohr, 2014; Sinclair, 2004). The mode in which Indigenous grandparents become caregivers for their grandchildren may differ; while requests from child welfare workers in crisis situations are common, the parents themselves often approach the grandparents in times of need (McKenzie et al., 2010).

The history of Indigenous peoples has been negatively impacted by colonization and residential schools (Smith, Varcoe, & Edwards, 2005); the disenfranchisement of this population has also contributed to a significant number of fractured families (Sinclair, 2004). Ultimately, the historical forced separation of families continues to impact communal relations and the upbringing of children within Indigenous communities (Greer, 1995). To date, these historical events continue to impact the lives of many Indigenous peoples (Smith et al., 2005). With the proportion of Aboriginal children increasing (Australian Bureau of Statistics, 2013; National Congress of American Indians, 2010; Statistics Canada, 2013), it is imperative to focus attention on this growing and vulnerable population.

Approximately half (48.1%) of Canadian children in foster care are of Aboriginal descent (Statistics Canada, 2011). Aboriginal children are vastly overrepresented in foster care, not only in Canada, but also in the United States (Cross, Day, & Farrell, 2011), New Zealand (Worrall, 2006), and Australia (Australian Institute of Family Studies, 2015). Governments of these nations are seeking solutions, or have implemented measures, to decrease child welfare placement of Aboriginal children (The Truth and Reconciliation Commission of Canada, 2015; Tilbury & Thoburn, 2008; Walker, 1996).

Since there has been an immediate call for action, it is important that research on Indigenous grandparents raising grandchildren is also amalgamated to get a more complete picture of what their lives are like and what their needs are. The main purpose of this review is to enhance the understanding required to determine what services and support are needed for Indigenous grandparents raising grandchildren, a population that remains under-researched.

Methods

A computerized search of the literature was conducted in January 2016. A total of 16 databases were

searched, including two medical databases and 14 social science databases, as follows: Medline (1946-Jan Week 3 2016), Embase Classic+Embase (1947-2016 Jan Week 04), PsycINFO (2002-Jan Week 4 2016), Social Work Abstracts (1968-Dec 2015), Applied Social Science Index and Abstracts (ASSIA) (1987-Jan Week 4 2016), Social Service Abstracts (1979-Jan Week 4 2016), Sociological Abstracts (1952-Jan Week 4 2016), AgeLine (1978-Jan Week 4 2016), America: History & Life (1910-Jan Week 4 2016), Anthropology Plus, Bibliography of Native North Americans, Child Development & Adolescent Studies, FRANCIS (1972-Jan Week 4 2016), Humanities & Social Sciences Index Retrospective: 1907-1984 (H.W. Wilson), Humanities Abstracts (H.W. Wilson) (1984-Jan Week 4 2016), and Social Sciences Abstracts (H.W. Wilson) (1983-Jan Week 4 2016). Google Scholar was also searched for additional articles.

The following keywords were used:

("American Indian*" OR "Native*" OR Aborig* OR "First Nation*" OR Indigenous OR Maori* OR Metis OR Inuit*) AND ("child rear*" OR "kinship care" OR kincare OR "grandparent care*" OR "custodial care*" OR "grandparent* raising grand*") AND (grandm* OR grandf* OR grandp* OR grandd*). These search terms were approved by a social science librarian and a medical research librarian. Keywords were modified per the search parameters established by each database.

Inclusion and Exclusion Criteria

Quantitative studies were included to be reviewed if at least 5% of sample participants were Indigenous grandparents who were raising or had raised at least one grandchild. Qualitative studies were included for review if they contained information on Indigenous grandparents raising grandchildren and focused on skipped-generation households. Among the sources that were excluded were those that (1) discussed grandparents raising grandchildren,

but did not specifically focus on Indigenous grandparents; (2) did not distinguish data pertaining exclusively to Indigenous grandparents raising grandchildren; (3) focused solely on child-rearing information passed down to mothers by other family members (e.g. grandparents); and (4) focused on grandparents raising grandchildren collaboratively with middle-generation children involvement. Articles not available in English were excluded as well.

Data Extraction

As shown in Figure 1, the initial searches returned a combined total of 91 unique titles and abstracts. Each of these titles and abstracts was reviewed independently by two of the authors. This process resulted in a total of 39 articles identified for full text reviews, of which 36 articles were retrieved in full-text and were reviewed by all three authors. Despite multiple efforts to contact authors and publishers for copies, the remaining three articles were not found. After full text reviews, 30 articles met the inclusion criteria. One additional article was further provided to the authors by an expert in the field. Thus, a total of 31 full-text articles were reviewed.

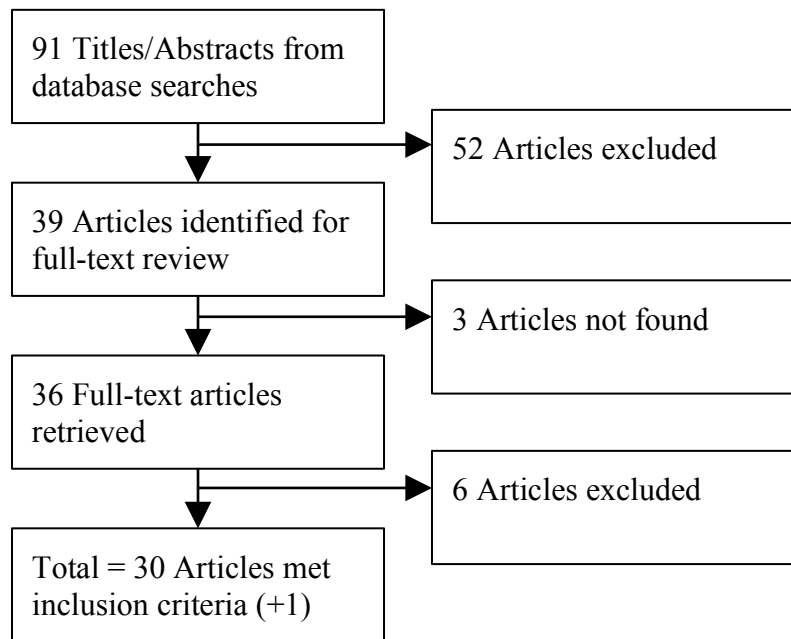


Figure 1. Identification of studies, inclusion and exclusion assessment

Results

A total of 31 academic literature articles were identified for review (see Appendix A - Table 1). Of these 31 articles, nine were quantitative cross-sectional surveys, eight were qualitative interviews, six were secondary data analyses, five were discussion papers, two were focus groups, and one utilized both quantitative cross-sectional surveys and focus groups.

The following four main themes were observed from the 31 articles:

1. The historical context of Indigenous peoples and how this has affected families
2. The context of caregiving and government policies as they relate to Indigenous grandparents raising their grandchildren (IGRG)
3. The physical and mental health of the grandparents

4. Informal social support

See Appendix B -Table 2 for a detailed representation of the themes and sub-themes that were identified across the articles.

Historical Context

The history of the Indigenous people and the effects that it has had on this group is one that has been well-documented in the literature. Sixteen of the articles included in this review discussed themes related to historical context, with a focus on two sub-themes: 1) cultural/traditional roles and beliefs among this population, and 2) past trauma experienced by Indigenous peoples.

Cultural/traditional roles and beliefs. Thirteen of the articles discussed aspects of culture and tradition among Indigenous peoples. While there are many reasons why grandparents may become caregivers for their grandchildren, a significant factor appears to be the cultural beliefs among many Indigenous elders towards grandparents' traditional roles in child-rearing. Grandparents, particularly grandmothers, are revered among the Indigenous population, and they are seen as playing a vital role in helping raise children (Byers, 2010; Kopera-Frye, 2009; McKenzie et al., 2010; Mignon & Holmes, 2013; Mooradian, Cross, & Stutzky, 2007).

In the Indigenous community, many grandparents take on the role as caregivers for their grandchildren in order to pass on traditional wisdom and values (Kilcullen, Swinbourne, & Cadet-James, 2012; Kiraly, James, & Humphreys, 2015; Yancura, 2013a). To aid in this process, grandparent caregivers often participate in cultural activities with their grandchildren, such as attending cultural events and imparting knowledge about family traditions, customs, and spirituality (Byers, 2010; Kopera-Frye, 2009). Thompson, Cameron, and Fuller-Thomson (2013) also noted a reluctance by some Indigenous

grandparents to allow their grandchildren to attend Christian Services, as they felt that it is antithetical to their own belief system. With an emphasis on culture among this community, grandparent caregivers noted the importance of a strong intergenerational relationship between grandchildren and other family members (Hill, 2014; Kiraly et al., 2015; Mooradian et al., 2007).

Past trauma experienced by indigenous peoples.

Ten of the articles discussed the traumatic history of the Indigenous population. The past traumatic experiences of this community also play an important role in their approach to caregiving. The negative treatment and policies from the past that were directed towards Indigenous peoples were cited in several articles. In Canada, many of the negative issues affecting Indigenous grandparents were impacted by the policies of residential schools and the “Sixties Scoop” practice, where many Indigenous children were placed in the child welfare system (McKenzie et al., 2010; Thompson et al., 2013). Similar to the policies of residential schools and the “Sixties Scoop” in Canada, the “Stolen Generations” was cited as having a significant impact in the lives of the Indigenous peoples of Australia (Kiraly et al., 2015), while in the United States, the U.S. Bureau of Indian Affairs’ Boarding School System resulted in traumatic experiences (Byers, 2010; Cross, Day, & Byers, 2010; Mooradian et al., 2007).

Having been forced to leave their own homes and give up their language, traditions, and cultural beliefs among other things, these practices have contributed to many negative issues, including substance abuse, domestic abuse, and a number of mental health issues (Kiraly et al., 2015; McKenzie et al., 2010; Thompson et al., 2013). While these practices are no longer in place, the intergenerational effects that they have had on this population is great, as Thompson, Cameron, and Fuller-Thomson (2013) noted that the majority of individuals who

are currently grandparents had attended residential schools when they were younger.

These traumatic experiences of many Indigenous grandparents have contributed to a strained relationship with mainstream culture, government and practitioners as well. The child welfare system is viewed by the Indigenous community with a great level of distrust or fear (Hill, 2014; McKenzie et al., 2010; Mooradian et al., 2007), which stem from their past experiences with mainstream government. These past traumatic experiences and resulting negative views contribute to grandparents opting to care for their own grandchildren instead of allowing non-Indigenous individuals or the child welfare system to do so (Cross et al., 2010; Mooradian et al., 2007).

Context of Caregiving and Government Policy

Government policies and services were a common theme, with 26 of the 31 articles discussing the implications of policy in the lives of Indigenous Grandparents Raising Grandchildren (IGRG). Sub-themes related to the context of caregiving and government policy that emerged including poverty and income-support programs, housing and relevant programs, barriers to seeking formal support, the child welfare system, and recommended policies and services needed.

Poverty and income-support programs. Twenty-two of the articles addressed the issue of poverty among IGRG and the fact that this population is often low-income. Mutchler, Lee, and Baker (2002) found that nearly one third of Native American GRG were living in poverty, while Letiecq, Bailey, and Kurtz (2008) reported that Indigenous grandparents' average annual household income was between \$10,000 and \$20,000 (US). IGRG were found to be in need of additional financial support (Center for Rural Health, 2003; Chang & Hayter, 2011; Mignon & Holmes, 2013; Mutchler, Baker & Lee, 2007;

Worrall, 2009; Yancura, 2013b) or in need of more information about the financial support that was already available to them (American Association of Retired People, 2003; Mutchler et al., 2007).

While the grandparents themselves experience financial struggles, a main concern of theirs was in regards to the difficulties they have in providing basic necessities for their grandchildren (McKenzie et al., 2010). A North Dakota-based study found that information on financial support was often requested by IGRG both on and off reservations because approximately 60% of families were receiving no financial support for the child (Center for Rural Health, 2003). There was also stigma associated with receiving support, as IGRG may feel ashamed of their biological children's inability to parent; this stigma resulted in IGRG being less likely to seek support (Worrall, 2009). This finding is in line with Fuller-Thomson and Minkler's (2005) finding that 75% grandparent caregivers living in poverty were not receiving public assistance.

IGRG in the Canadian province of British Columbia are eligible for a number of tax provisions in the form of tax credits, but those who are more disadvantaged or do not have taxable income cannot benefit from these (Callahan, Brown, MacKenzie, & Whittington, 2004). Callahan, Brown, MacKenzie, and Whittington (2004) reported that the "Child in the Home of a Relative" (CIHR) and "Guardianship Financial Assistance" (GFA) programs offered in British Columbia provided only modest monthly income assistance. Further, these programs provided far less income assistance per child than when the child welfare system was involved and foster home payments were granted (Callahan et al., 2004). This situation is in line with what occurred in New Zealand as well before 2005, where related caregivers were given less financial support than foster caregivers, despite the similar difficulties both face, including behavioural and physical problems due to past traumas (Worrall, 2006; Worrall,

2009). Since 2008, the New Zealand government gives related caregivers the same weekly board rates as foster caregivers; however, this payment does not include medical, educational, clothing, holiday, or other benefits that foster caregivers receive (Worrall, 2009).

Housing and relevant programs. Six of the articles discussed issues related to housing, or more specifically, issues associated with the lack of housing assistance. In a study by Conway, Boeckel, Shuster, and Wages (2010), housing assistance was found to be one of the least available resources, while Mignon and Holmes (2013) reported that IGRG identified a number of services needed, including improved access to housing. Yancura (2013b) also addressed unmet needs surrounding housing, and found that 17.5% of Hawaiian grandparents in her study reported needing housing services; further, there were 65.7% of grandparents reporting that their housing needs were not adequately met. Kiraly, James, and Humphreys (2015) noted concerns with overcrowding, as households tend to be larger among the Indigenous community. The ability for Indigenous grandparents to obtain adequate services, such as medical services, for their grandchildren, is also often negatively affected by where they live; many Indigenous grandparent caregivers live on reservations and/or in more rural areas, and this isolation can serve as a barrier (Fuller-Thomson & Minkler, 2005; Letiecq, Bailey, & Kurtz, 2008).

Barriers to seeking formal support. IGRG face a number of barriers when seeking formal support. These barriers include, but are not limited to, lack of transportation, lack of childcare, and a lack of information about the available services (American Association of Retired People, 2003; Cross & Day, 2008; McKenzie et al., 2010; Mutchler et al., 2007). Kiraly, James, and Humphreys (2015) also noted difficulties for the families in

obtaining cultural support to help maintain connection with traditions, perhaps due to an absence of a partnership between the child welfare system and Indigenous services. A general lack of service providers who are knowledgeable about tribal culture and Indigenous issues created a barrier to IGRG seeking services as well (Mignon & Holmes, 2013).

Three studies noted that past traumas inflicted by the government, which often resulted in feelings of distrust, could deter IGRG from accessing government-related services (Cross et al., 2010; Kilcullen et al., 2012; Mooradian et al., 2007). Kiraly, James, and Humphreys (2015) noted that a general suspiciousness to child welfare workers' suggestions served as an impediment. This is a point that Yancura and Greenwood (2012) also identified, as it was found that many Hawaiian IGRG feel minimal protection from the mainstream political and social systems.

Child welfare. The child welfare system was often involved in situations of IGRG because of neglect, child abuse, parental alcoholism or incarceration (Worrall, 2006). As previously mentioned, grandparents had a highly negative view of the child welfare system; many felt that it was untrustworthy and ineffective in terms of protecting their grandchildren (Callahan et al., 2004; Yancura & Greenwood, 2012). A high level of concern surrounding the issue of custody is also expressed by Indigenous grandparents due to their people's history with the government and child welfare system (Kopera-Frye, 2009); as a result of the past traumas inflicted by the government, many IGRG would do anything possible to keep their grandchildren out of the child welfare system (Cross et al., 2010; Mooradian et al., 2007).

The United States' Indian Child Welfare Act was legislation created to prevent the loss of cultural identity of Aboriginal children by requiring them to be first placed

with their extended family, other members of their tribe, an American Indian foster home or adoptive family, or an American Indian institution, prior to being placed with a non-American Indian family or institution (Cross & Day, 2008; Cross et al., 2011; Mooradian et al., 2007). Yet, American Indian/Alaskan Native and Canadian Indigenous children are still removed from their homes at rates disproportionately higher than non-American Indian/Alaskan Native children (Cross et al., 2011; Mooradian et al., 2007; Trocmé, Knoke, & Blackstock, 2004). This is not only an issue in the United States, but New Zealand as well, where Maori children are overrepresented in state care statistics (Worrall, 2006). However, with the implementation of the New Zealand Children Young Persons and Their Families Act in 1989, which mandated extended family placement, Maori children are now nearly twice as likely to be placed with extended family members, including grandparents, when compared to European children (Worrall, 2006).

Recommended policies and services. Worrall (2006) noted a number of policy changes that are needed: relative caregivers should be given the same financial support as foster caregivers, services such as counselling and educational assistance should be available for all relative caregivers and paid for by the government, respite care should be arranged at the time of placement, and entire extended family assessments should be conducted by social workers, since it is common for children to move around within the family. At the time of placement, it is suggested that social workers should also assist grandparents in appointing a guardian for when they can no longer care for the child, and finally, funding should be provided to non-government agencies to undertake support services (Worrall, 2006). Byers (2010) suggested that due to the intergenerational issues which are commonly present, services should be directed to entire

family units as opposed to one specific member, so that this member cannot withhold services or act as a gatekeeper; however, Byers (2010) also stated that grandmothers who are caregiving due to parental incarceration should receive specialized services due to their unique needs. Additionally, Byers (2010) concluded that tribal-administered programs fostered autonomy and allowed for more individualization.

There is a clear need for better support and services for IGRG (Mutchler, Lee, & Baker, 2002). One aforementioned support that many noted as necessary for IGRG was financial support (Center for Rural Health, 2003; Chang & Hayter, 2011; Mignon & Holmes, 2013; Mutchler et al., 2007; Worrall, 2009; Yancura, 2013b). Better housing or assistance with housing was also an area in which IGRG needed support (Mignon & Holmes, 2013; Yancura, 2013b). Caregiver respite was also noted as an important service for IGRG (Center for Rural Health, 2003; Cross & Day, 2008; Worrall, 2009), while a need for health support and services, such as visiting nurses, general health programs, and health care (Center for Rural Health, 2003; Mutchler et al., 2007; Mignon & Holmes, 2013; Yancura 2013b), was also identified. Kopera-Frye (2009) also discussed the benefits that could result from the development of support groups for this population, as it could help foster relationships and cohesion, as well as decrease the level of isolation.

Other needs of IGRG that were identified included cleaning services, assistance in accessing services, caregiver training, food stamps, legal assistance, transportation, and grandparents' rights information (Center for Rural Health, 2003; Cross & Day, 2008; Mignon & Holmes, 2013; Yancura, 2013b). Mignon and Holmes (2013) suggested that community-university partnerships could be used to develop some of the services needed by IGRG. In addition to these services, programs for children are also needed, with particular focus on education,

specifically in the areas of mentoring, tutoring, and scholarships (Center for Rural Health, 2003; Mignon & Holmes, 2013; Yancura, 2013b).

Physical and Mental Health

The physical and mental health of grandparent caregivers was discussed in 19 of the 31 articles. Prominent underlying themes related to grandparent health included both physical and mental health issues associated with caregiving, as well as factors impacting coping, resilience, and level of burden.

Coping. Relational and contextual factors were found to negatively impact the coping abilities of Indigenous grandparents rearing grandchildren. The reason that grandparents assume custody is often due to distressing circumstances in the adult child's life (e.g. incarceration, overdose, psychotic break) (Callahan et al., 2004; Fuller-Thomson, 2005a; Mignon & Holmes, 2013). Grandparents experience conflicting emotions when trying to protect their grandchildren during this time of parental turmoil (Chang & Hayter, 2011). According to Callahan et al. (2004), the moment of initiation of custodial grandparenting occurs during a "period of crisis and clarity, where grandchildren are taken into their homes because they are unsafe, or have no other options" (p. 66). Grandparents often experience loss and grief over their tumultuous relationship with their troubled adult children (Cross et al., 2010; Worrall, 2009). In addition, IGRG face uncertainty regarding whether their adult children will resume the primary caregiving role (Fuller-Thomson, 2005a).

Resilience of indigenous grandparents raising grandchildren. Despite the various challenges that grandparents encounter while providing sole care to their grandchildren, seven of the 31 articles found that assuming

the role of primary caregiver was strongly linked to the resilience of caregivers. IGRG often felt happiness, pride and satisfaction from the time spent raising their grandchildren (Chang & Hayter, 2011). Grandparents usually shared a strong emotional bond with their grandchildren, and felt they could not leave them (Chang & Hayter, 2011). Additionally, IGRG experienced personal satisfaction, feeling secure in the knowledge that they were able to provide their grandchildren a home where they were loved and felt a sense of belonging (Cross et al., 2011). Ultimately, IGRG accepted the caregiving role as an opportunity to love and support their grandchildren, as well as to make up for any possible parenting missteps from the past (Thompson et al., 2013). Known as keepers of cultural values and wisdom, IGRG often sought to ensure that grandchildren were connected to cultural traditions and heritage (Kilcullen et al., 2009; Kopera-Frye, 2009). IGRG exhibited resilience and leadership in their choice to undertake the role of rearing their grandchildren (Thompson et al., 2013). IGRG were found to have high levels of self-reliance and acceptance of life (Kilcullen et al., 2009). It was emphasized that grandparents were flexible, in that they often adjusted childcare methods according to their own level of energy or chronic health issues (Chang & Hayter, 2011; Thompson et al., 2013). Regardless of the positive factors linked to Indigenous grandparent caregivers, there are notable challenges which often arise as a result of assuming this role.

Stress and level of burden. The level of burden of IGRG was highly associated with the grandparents' personal experiences of stress and environmental stressors. The literature provided contrasting views regarding grandparents' perception of surrogate parenting. IGRG were often faced with inter-role conflict and role overload as a result of the demands associated with child-rearing (Fuller-Thomson, 2005a). It was suggested that inadequate

resources to meet these needs could contribute to poor self-perception of grandparents (Fuller-Thomson, 2005a).

While caregiver stress levels were higher among grandparents with lower social supports (Conway, 2004), there are several other factors influencing the grandparent caregiver's level of burden, including level of resources available, whether the grandchild had emotional and/or health issues, and the level of conflict in the relationship between the child's parent and the grandparent caregiver (Conway et al., 2010; Cross et al., 2010). Grandparents also tend to experience greater burden when they are in a conflictual relationship with their grandchild's parent (Conway et al., 2010).

It was highlighted that, as the duration of the primary caregiver's role increased, the grandparent's parental stress decreased; grandparents also seemed to feel more comfortable when parenting for the second time (Conway, 2004). Feelings of being overwhelmed were often mitigated by psychosocial factors that facilitated support (Kilcullen et al., 2009). Conway, Boeckel, Shuster, and Wages (2010) found a relationship between caregiver burden and the inaccessibility of government and community resources. It is imperative that IGRG are able to utilize health services in order to prevent worsening of health issues (Yancura, 2013b). Of significance, a failure to cope and high levels of burden were associated with negative mental health outcomes of IGRG (Conway, 2004). Grandparent stress was further established as the best predictor of coexisting depressive symptoms (Letiecq et al., 2008).

Mental health. The mental health and well-being of IGRG are gaining increased attention by health practitioners (Letiecq et al., 2008). Researchers found that depression experienced by IGRG was related to caregiver stress and lower household income (Conway, 2004; Letiecq et al., 2008). IGRG were found to have higher levels of

depressive symptoms than White GRG, and also to have had reared grandchildren for longer periods of time (Letiecq et al., 2008).

As was discussed above, the experience of the “Stolen Generations” had a profound influence on the lives of Indigenous families, and contributed to mental health issues, violence, difficulty parenting, and mistrust of government services (Kiraly et al., 2015). Substance abuse by adult children contributed to family violence, financial stress, and other issues for custodial grandparents (Mignon & Holmes, 2013); therefore, some grandparents felt they had to overcome their own past issues with substance abuse in order to grandparent effectively (Thompson et al., 2013). Studies emphasized that as the length of time in a caregiving role increased, the levels of depression among Indigenous grandparent caregivers decreased (Conway, 2004; Letiecq et al., 2008). Lower levels of depressive symptoms were also linked to available formal supports, which put IGRG living in rural communities, who often receive very little assistance, at greater risk (Letiecq et al., 2008).

Physical health issues. In many Indigenous cultures, kinship carers were found to be older and in poorer health than non-caregivers, due to higher levels of disability (Fuller-Thomson, 2005a; Kiraly et al., 2015; Mutchler et al., 2007; Worrall, 2009). Grandparents were notably discouraged by their energy levels and physical limitations (Cross & Day, 2008; Fuller-Thomson & Minkler, 2005; Worrall, 2009). Their own health may suffer when IGRG place their own needs second to those of their grandchildren; however, IGRG perceive this role as a lifelong obligation despite health limitations (Chang & Hayter, 2011; Cross & Day, 2008). The vulnerability of IGRG’s health is a crucial concern of grandparent child-rearing (Fuller-Thomson & Minkler, 2005).

The energetic nature of young children, with which IGRG were sometimes unable to keep up, often placed excessive physical demands on grandparents (Chang & Hayter, 2011; Worrall, 2006). IGRG were more likely to be living with a disability than grandparent caregivers of other ethnicities (Chang & Hayter, 2011; Fuller-Thomson, 2005a). These grandparents also reported having to do more hours of work and housework for their families (Chang & Hayter, 2011; Fuller-Thomson, 2005a). In studies conducted by Cross, Day, and Byers (2010), Fuller-Thomson and Minkler (2005), and Mignon and Holmes (2013) a significant number of grandparents cited major health issues, such as diabetes, heart disease, and arthritis. These health concerns are often coupled with hypertension, visual impairment, hearing problems, and limited functional mobility (Cross & Day, 2008; Fuller-Thomson & Minkler, 2005).

Informal Social Support

While the literature mainly focused on formal support, 10 of the 31 articles discussed informal social support for IGRG. The main areas of discussion included who was providing informal social support to the IGRG and the type of support that was offered; lack of informal social support was addressed in some of the articles as well. Perceived social support has also been found to improve IGRG's confidence in their parenting abilities (Conway, 2004).

Grandparents view social support as being of high importance, and that forming bonds with others in their own community was beneficial (Kilcullen et al., 2009), though the types and amount of informal support that IGRG received seemed to vary greatly. Chang and Hayter (2011) found that some IGRG received financial support from their adult children for child care; family members also commonly provided aid in the form of childcare and social support (Cross et al., 2011; Hill, 2014). Yancura's

(2010) study of Native Hawaiian grandparent caregivers found that IGRG received varying levels of support from family and friends; 33% received daily support, while another 33% received no support. The amount of support that was received by the other 33% in this study was not specified. Meanwhile, Mignon and Holmes (2013) found that IGRG received minimal financial support from family members. Many studies found that grandparents frequently reported a general lack of social support (Kiraly et al., 2015; Letiecq et al., 2008; Mignon & Holmes, 2013).

Those living on reservations reported receiving less support than those who did not (Center for Rural Health, 2003). Another caregiver lived in the household among 44.7% of those living on reservations compared to 67% living off reservations, and support was received from someone not living in the home by 31.2% of those living on reservations compared to 43.4% living off reservations (Center for Rural Health, 2003). While Chang and Hayter (2011) found that some IGRG received financial support, the payments were often minimal; it was also noted that many did not receive any support from their children. Letiecq, Bailey, and Kurtz (2008) indicated that the level of social support and depression were not necessarily related. Additionally, spiritual support has also been cited as a practice that aids grandparents in feeling connected with their culture (Kilcullen, Swinborne, & Cadet-James, 2009).

Gaps in the Literature

Despite the substantial needs of Indigenous grandparents rearing grandchildren, the literature identified in the search was all published in the year 2002 or later; as a result, little data and information is known about IGRG and their needs prior to this date. Much of the information relied on the same data (e.g. 2000 U.S. Census of Population), and the same literature was cited repeatedly.

Other gaps that remain within this area of study included investigations into child health outcomes, as well

as the impact that child welfare involvement has on the grandchild's wellbeing. Although grandchildren were reported as having a variety of psychological, behavioral, and learning disability challenges, the prevalence and cause of these health concerns remain unclear. Studies addressed grandchildren's ability to adjust to mainstream environments, but did not investigate the longitudinal impacts of grandparent childrearing on grandchildren. The cross-sectional nature of most of the studies prohibited determination of the cause or timing of the grandparents' health. The poor health may be a result of Indigenous peoples often living with significant health issues throughout their lives, and later developing multiple age-related illnesses, or it may have been as a result of child-rearing a second time; however, there has been no evidence in the literature to support either possibility.

It is important to note that many of the articles offered several different views of GRG among Indigenous communities; however, none of the articles looked at multiple Indigenous groups in different parts of the world. As well, none of the articles went so broadly as to define exactly what was meant by the term "Indigenous" or even to note the number of different Indigenous groups. Further, none of the articles compared any different Indigenous groups to provide a better picture of the similarities or differences among GRG in different Indigenous communities. Providing a definition or comparison would likely give readers a greater understanding of the needs, struggles, and strengths of these groups, as well as a better comprehension of who exactly is included in the term "Indigenous."

Very few articles focused on the strengths and resilience of Indigenous peoples, with the majority highlighting the deficits and systemic barriers with which IGRG face. This negative viewpoint can potentially perpetuate stereotypes against Indigenous people. Furthermore, the literature was constrained by studies with

small sample sizes and/or the limited number of studies conducted in this area.

Discussion

Implications for Research

There are many options for improving the current body of research on IGRG; however, it is important to note that these suggestions do come at a significant cost, may take much longer to complete, or come with other logistical barriers and difficulties. Notwithstanding, it is suggested that long-term goals in future research utilize larger sample sizes to obtain more accurate and complete results on this population. While there were a substantial number of articles meeting the inclusion criteria, the sample sizes in the 31 selected articles may not have been the most inclusive. Only eight articles (Chang & Hayter, 2011; Cross & Day, 2008; Cross et al., 2010; Kilcullen et al., 2012; Mignon & Holmes, 2013; Mooradian et al., 2007; Thompson et al., 2013; Yancura, 2010) had Indigenous peoples make up the entirety of their sample, and these sample sizes were also small, with the largest having a total of 50 participants. Other articles saw Indigenous peoples make up low percentages of the total sample size; for instance, in Hill's (2014) sample of 10 participants, there were only two from the Indigenous community. The authors are aware that researchers are often working with very limited resources; thus, incremental change to increase sample sizes and representativeness of participants is an important intermediate step. Additionally, as the majority of the articles' participants identified themselves as American Indian, Alaska Native, Native American, and Native Hawaiian, it is suggested that future research include Indigenous peoples from other groups.

Longitudinal studies would be beneficial not only for uncovering any long-term effects of being an IGRG, but also the effects of being an Indigenous child raised by one's grandparent(s). It is important to recognize the added costs

and time associated with longitudinal studies, as well as the fact that dropout rates increase with longitudinal studies (Hogan, Roy, & Korkontzelou, 2004). This would create significant challenges for researchers when coming to conclusions about their studies regarding IGRG. It may also increase the possibility that the outcome of longitudinal studies will be inconclusive and/or non-representative.

It is also recommended, when possible, for researchers to interview both the children, as well as the grandparents, to obtain information from both perspectives. Researchers conducting interviews with children must ensure that consent is received from the child's legal guardian, and that the child can understand and appreciate the content of the interview. Younger children may be more challenging to engage due to their perception of their environment and relationships being influenced by their age.

It may also be advantageous for a researcher to take a cross-cultural approach and study IGRG from different areas in the world. The published literature only covers five countries (Australia, Canada, New Zealand, the United States, and one article from Taiwan) to date. This approach would help highlight how different policies in different countries affect IGRG; subsequently, it can also serve as a catalyst in amending policies so that the outcomes for this population are enhanced.

In general, the articles were not explicit about their theoretical orientation; however, the theoretical underpinnings are consistent with an intersectionality framework. In intersectional theory, there are many different factors that may affect an individual's experiences, including individual identity, social locations, and macro forces (Hunting, Grace, & Hankivsky, 2015; Simpson, 2009). Additionally, the multiple systems of oppression facing women, older adults, and visible

minority members provide a triple jeopardy of vulnerability (King, 1988) to those such as Indigenous grandmothers who are disadvantaged due to their age, gender, and ethnicity. While King (1988) addressed the concept of triple jeopardy in relation to African-American women, the idea can be extended to apply to Indigenous women as well. Furthermore, Herk, Smith, and Andrew (2011) found that perceptions held by service providers towards Aboriginal women may affect therapeutic relationships and the accessing of health care. The majority of the selected articles also addressed the oppression and the historical colonialism that is, and was, experienced by the Indigenous population. It is imperative to first understand the impact that Indigenous peoples' history has had on this population overall, and only then can culture-focused approaches be applied effectively (Browne & Varcoe, 2006). In future research, it would be beneficial for authors to apply theoretical principles to address these concerns more explicitly and to further explore the issue of intersectionality with this population.

The lack of studies with service providers was a gap that had been noted; further research into this area would provide insight into what services are being used and by whom. Obtaining more demographic details, as well as additional information on the grandparenting context would be valuable when conducting studies; for instance, asking participants to clearly state whether they are engaging in solo grandparenting or co-parenting and to indicate where they are living (e.g. on reserves or urban settings) would help provide a more complete picture of the overall situation. Further, there is a need to conduct greater research in this area using a strengths-based approach; the majority of studies focused on the difficulties associated with being an Indigenous grandparent raising grandchildren, but neglected to address the positive aspects or strengths needed to take on this role.

Implications for Policy

There are many challenges facing Indigenous grandparents who are raising their grandchildren, and the literature reveals that a number of these issues are policy-related. Many Indigenous peoples harbor feelings of distrust and suspicion towards mainstream government and policies, and therefore, it is important to eliminate any barriers that hinder service use. Implementing policies that would aid in ensuring increased communication and a stronger relationship between child welfare organizations in Canada, the United States, New Zealand, Australia, Taiwan, as well as other countries around the world, are also strongly suggested in cases where child welfare is involved.

Individuals working with Indigenous grandparent caregivers, regardless in what capacity, should be provided with education on the history, culture, and other pertinent issues of this population. It is also recommended that Indigenous people, and particularly IGRG, be included in the policy-making process and be given the opportunity to provide input. Overall, there is a greater need for more funding for programs and services for Indigenous people. To help foster autonomy and allow for tribes to cater to their own specific needs, it is recommended that funding be allocated to tribes so that it can be individualized for the care that is needed. To prevent any unnecessary barriers to accessing these services, strict eligibility requirements for these services should be eliminated. For instance, if the eligible family member is incarcerated, the rest of the family unit should still be allowed to access the services in question.

Policies such as the one in New Zealand which mandates related caregivers be provided with the same weekly board rates as foster caregivers (Worrall, 2009) should be implemented worldwide. These policies can still be improved by including provisions such as providing related caregivers the other benefits that foster caregivers

receive (e.g., medical, educational, clothing, and holiday benefits). This can serve to not only help the many IGRG who are living in poverty, but also allow a country to develop a more equitable system.

Implications for Practice

There are several important factors that health practitioners should consider when working with IGRG. Many recommendations within the literature were found to be directed toward human service providers, as well as aimed at improving service provision for IGRG. A theme evident throughout research is the need for practitioners to be aware of the complex history of Indigenous peoples, including colonization, the implementation of residential schools, and their negative relationship with the child welfare system. This awareness would allow practitioners to develop cultural sensitivity and competence while working with this marginalized population. It is important to note that many of the implications for practice were directed toward the ways in which practitioners may better serve Indigenous communities. It is essential that health practitioners recognize the special and unique issues that IGRG encounter when raising their grandchildren, and have an awareness of the health risks that Indigenous grandmothers face (Chang & Hayter, 2011). Health practitioners should be instrumental in connecting IGRG to appropriate healthcare and community resources; however, it has been highlighted by available research that there is a general lack of health services and respite services available for IGRG. As a result, it is recommended that advocacy efforts include addressing systemic barriers, such as developing policy recommendations aimed at increasing accessibility of such services.

The development of cultural sensitivity was considered central to obtaining an increased understanding of IGRG. Specifically, social workers were mentioned

throughout the literature as needing to work towards developing better relations with Indigenous peoples. Cross, Day, and Byers (2010) urged that it should be a requirement of social workers as part of their training to acquire knowledge regarding the true history of Indigenous people, as well as direct practice experience in working with this population. Attending workshops and participating in sensitivity training sessions in order to improve cultural literacy of Indigenous people were also recommended as additional methods to help social workers gain competency (Cross et al., 2010). These methods have the potential to help social workers develop an acute awareness of the intergenerational trauma that many Indigenous people have experienced. In order to mend the fractured relationship with this population, which has stemmed from a difficult history with colonialism, social workers should look to engage in culturally sensitive outreach with Indigenous communities, as well as strive to be essential players in helping connect IGRG with appropriate and valuable services.

Throughout the literature, there was a general focus on services being provided for IGRG by individuals outside of the IGRG community. It would be ideal for individuals within the community to be able to become the service providers and developers as well. Preference should be given to community members when hiring professionals working directly with IGRG, as this could help with a higher level of understanding issues, lessened risk for continued distrust of the child welfare system, and lessened risk for continued colonialism and trauma. Social workers could play a role by providing assistance in designing programs and services. It would be beneficial to have social workers and other professionals working alongside individuals from the community, as this can aid in developing programs and services that will be seen as the most helpful and desirable.

Conclusion

This scoping review of surrogate grandparent caregiving within Indigenous communities identified the following four themes:

1. The historical context of Indigenous peoples and how this has affected families
2. The context of caregiving and government policies as they relate to Indigenous grandparents raising their grandchildren
3. The physical and mental health of the grandparents
4. Informal social support

As this review only considered peer-reviewed studies and dissertations that were conducted in English, studies conducted in languages other than English were not included. Furthermore, the Grey Literature databases were not searched in the undertaking of this review. Despite these limitations, this is the first scoping review that has been performed to help obtain a better understanding of surrogate grandparent caregiving within Indigenous communities.

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Appendix A

Table 1
Studies Included in the Scoping Review

Author	Country of Origin	Study Design
American Association of Retired People (2003)	United States	14 Focus Groups (8 of 14 with ethnic minorities - Native American, Hispanic, African American)
Byers (2010)	United States	Discussion Paper with Case Example
Callahan, Brown, MacKenzie, & Whittington (2004)	Canada	Qualitative Interviews N = 22
Center for Rural Health (2003)	United States	Cross-sectional Survey N = 383
Chang & Hayter (2011)	Taiwan	Qualitative Interviews N = 15
Conway (2004)	United States	Dissertation; Cross-sectional Survey N = 44
Conway, Boeckel, Shuster, & Wages (2010)	United States	Cross-sectional Survey N = 247
Cross & Day (2008)	United States	Cross-sectional Survey

		N = 8 dyads
Cross, Day, & Byers (2010)	United States	Qualitative Interviews N = 31
Cross, Day, & Farrell (2011)	United States	Discussion Paper
Fuller-Thomson (2005)	Canada	Secondary Data Analysis of the 1996 Canadian Census
Fuller-Thomson & Minkler (2005)	United States	Secondary Data Analysis of the American Community Survey/Census 2000 Supplementary Survey
Hill (2014)	United States	Qualitative Interviews N = 10 families
Hodge (2010)	Australia	Discussion Paper
Kilcullen, Swinbourne, & Cadet-James (2012)	Australia	Qualitative Interviews N = 7
Kiraly, James, & Humphreys (2015)	Australia	Cross-sectional Survey N = 57 (caregivers) & Focus Groups N = 13
Kopera-Frye (2009)	United States	Qualitative Interviews N = 24

Letiecq, Bailey, & Kurtz (2008)	United States	Cross-sectional Surveys N = 55
McHugh (2003)	Australia	Discussion Paper
McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010)	Canada	Discussion Paper
Mignon & Holmes (2013)	United States	Cross-sectional Surveys N = 50
Mooradian, Cross, & Stutzky (2007)	United States	Qualitative Interviews N = 31
Mutchler, Baker, & Lee (2007)	United States	Quantitative Secondary Data Analysis of the 2000 U.S. Census of Population
Mutchler, Lee, & Baker (2002)	United States	Secondary Data Analysis of the 2000 U.S. Census of Population
Thompson, Cameron, & Fuller-Thomson (2013)	Canada	Qualitative Interviews N = 15
Worrall (2006)	New Zealand	Secondary Data Analysis N = 790
Worrall (2009)	New Zealand	Secondary Data Analysis N = 790

Yancura (2010)	United States	Two Focus Groups N = 18
Yancura (2013a)	United States	Cross-sectional Survey N = 259
Yancura (2013b)	United States	Cross-sectional Survey N = 200
Yancura & Greenwood (2012)	United States	Book Chapter, Cross- sectional Survey N = 259

Appendix B

Table 2

Themes and Subthemes across Identified Articles

Themes	Subthemes	Articles that Address the Themes/Subthemes
Historical Context (n = 16)	Cultural/Traditional Roles and Beliefs (n = 13)	American Association of Retired People (2003) Hill (2014) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Mooradian, Cross, & Stutzky (2007) Mutchler, Baker, & Lee (2007) Thompson, Cameron, & Fuller-Thomson (2013) Yancura (2013a) Yancura & Greenwood (2012)
	Past Trauma Experienced by Indigenous Peoples (n = 10)	Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Fuller-Thomson & Minkler (2005) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mooradian, Cross, & Stutzky

		(2007) Thompson, Cameron, & Fuller-Thomson (2013) Yancura (2013a) Yancura & Greenwood (2012)
Context of Caregiving and Government Policy (n = 26)	Poverty and Income-Support Programs (n = 22)	American Association of Retired People (2003) Byers (2010) Callahan, Brown, MacKenzie, & Whittington (2004) Center for Rural Health (2003) Conway (2004) Conway, Boeckel, Shuster, & Wages (2010) Cross & Day (2008) Cross, Day, & Farrell (2011) Fuller-Thomson (2005) Fuller-Thomson & Minkler (2005) Hodge (2010) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Mutchler, Baker, & Lee (2007) Mutchler, Lee, & Baker (2002) Worrall (2006) Worrall (2009)
	Housing and Relevant Programs	Conway, Boeckel, Shuster, & Wages (2010) Fuller-Thomson & Minkler

	(n = 6)	(2005) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) Mignon & Holmes (2013) Yancura (2013b)
	Barriers to Seeking Formal Support (n = 19)	American Association of Retired People (2003) Callahan, Brown, MacKenzie, & Whittington (2004) Center for Rural Health (2003) Conway, Boeckel, Shuster, & Wages (2010) Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Hill (2014) Hodge (2010) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Mooradian, Cross, & Stutzky (2007) Mutchler, Baker, & Lee (2007) Yancura & Greenwood (2012)
	Child Welfare (n = 14)	Callahan, Brown, MacKenzie, & Whittington (2004) Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011)

		<p>Hill (2014) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mooradian, Cross, & Stutzky (2007) Mutchler, Lee, & Baker (2002) Worrall (2006) Yancura & Greenwood (2012)</p>
	Recommended Policies and Services (n = 14)	<p>Byers (2010) Cross & Day (2008) Fuller-Thomson (2005) Fuller-Thomson & Minkler (2005) Hodge (2010) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Worrall (2006) Worrall (2009) Yancura (2013b)</p>
Physical and Mental Health (n = 19)	Coping (n = 3)	<p>Chang & Hayter (2011) Conway (2004) Yancura & Greenwood (2012)</p>
	Resilience of Indigenous Grandparents	<p>Conway, Boeckel, Shuster, & Wages (2010) Cross, Day, & Byers (2010)</p>

	Raising Grandchildren (n = 5)	Fuller-Thomson (2005) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008)
	Stress and Level of Burden (n = 7)	Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Kilcullen, Swinbourne, & Cadet-James (2012) Letiecq, Bailey, & Kurtz (2008) Thompson, Cameron, & Fuller-Thomson (2013) Yancura & Greenwood (2012)
	Mental Health (n = 12)	Callahan, Brown, MacKenzie, & Whittington (2004) Chang & Hayter (2011) Conway (2004) Cross, Day, & Farrell (2011) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) Mignon & Holmes (2013) Thompson, Cameron, & Fuller-Thomson (2013) Worrall (2006) Worrall (2009) Yancura (2010) Yancura (2013b)
	Physical Health Issues (n = 10)	Chang & Hayter (2011) Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Fuller-Thomson (2005) Fuller-Thomson & Minkler (2005) Mignon & Holmes (2013)

		Mutchler, Lee, & Baker (2002) Worrall (2006) Worrall (2009)
Informal Social Support (n = 10)		Center for Rural Health (2003) Chang & Hayter (2011) Conway (2004) Cross, Day, & Farrell (2011) Hill (2014) Kilcullen, Swinbourne, & Cadet- James (2012) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) Mignon & Holmes (2013) Yancura (2010)

*Research Article***Grandparents of the Community: Lakota Elders' Views of Intergenerational Care**

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This exploratory, qualitative study provides insight into the traditional concept of *tiospaye* (extended family and kinship to these relations) by Oglala Lakota elders in the modern context of the Pine Ridge Indian reservation in South Dakota. The authors reframe the modern implementation of these traditional practices of kinship as *community grandparenting*, in which the elders extend the role and responsibilities of grandparenting behaviors to all youths in the community. This study employed Indigenous methodologies, which allowed the 25 elders to share their stories in a culturally tailored, relational manner. The study uses thematic analysis to identify three themes associated with community grandparenting: (a) providing parental guidance and resources, (b) offering cultural and spiritual teachings, and (c) modeling their Lakota values. The authors present implications for culturally relevant research and clinical practice.

Keywords: American Indians, elders, Lakota, community, Indigenous Methodologies

Background

Historically, the American Indian concept of *kinship* has been misunderstood. For elders specifically, constraining their role as a grandparent within a Western framing diminishes the wealth of strengths and resources of intergenerational caring that occurs in Indigenous communities. Red Horse (1980) provides a framework for American Indian families that he refers to as the extended system model, which spans three major developmental periods defined by familial and cultural roles based in mutual obligation to each other: (a) being cared for; (b) preparing to care for; and (c) assuming care for (see Figure 1). In this model, *care* is globally defined as cultural and spiritual maintenance in addition to provision of emotional and material needs. For this study, the authors focused on the third period (by elders) when individuals assume care for others in their family, clan, or tribe. Specifically, elders take on a responsibility to care for not only their blood-related kin but for the broader community (Red Horse, 1980; Schweitzer, 1999). Building on prior work that explores the many ways Lakota elders described their experiences of and views on custodial and noncustodial grandparents (Dennis & Brewer, 2016), this study provided an in-depth exploration of a particular theme on community grandparenting enacted by Lakota elders. Using the extended system model, the authors assert that Lakota elders act as grandparents of the community, as their stories demonstrate their investment, emotional closeness, and willingness care for all the youths in the Pine Ridge community.

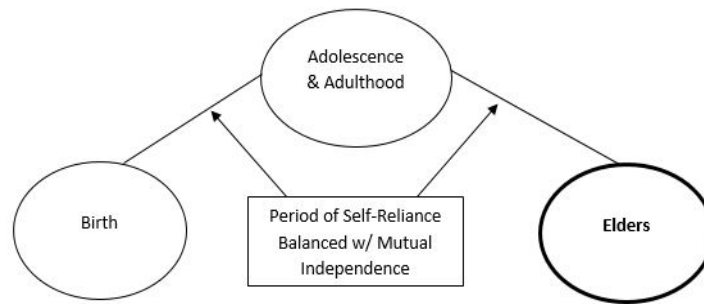


Figure 1. Extended system model (Red Horse, 1980) with emphasis on elders' role as caregivers for younger generations.

Highlighting the resource potential of community elders is critical, as the demand for intergenerational caregiving in Indigenous communities has increased. Modern forces have exposed these communities to stressors such as unemployment, interpersonal violence, child maltreatment, substance misuse, and adult morbidity and mortality, which in turn negatively affect the functioning of individuals, families, and social structures that support child wellbeing (Brennan & Cass, 2014; Fuller-Thomson, 2005; Fuller-Thompson & Minkler, 2005; Mutchler, Baker, & Lee, 2007). These issues are not unique to Indigenous elders (Brennan & Cass, 2014; Cross & Day, 2008); in fact, the reasons for taking on caregiving roles parallel those identified by grandparents raising grandchildren in mainstream Western and non-Western societies (Conway, Jones & Speakes-Lewis, 2011; Kelley, Whitley, & Sipe, 2007; Nyasani, Sterberg, & Smith, 2009).

Those prior studies have focused primarily on custodial grandparenting and/or the provision of resources to blood-related kin. This Western conceptualization of

intergenerational care may be too limiting when applied to Indigenous communities that have a tradition of collectivist kinship networks, defined by familial ties extending to members of the wider community who may or may not be biologically related to the person giving care (Yeo, 2003). Western frameworks often discuss families and communities as separate entities (Coleman, 1990; Tang, Jang, & Carr Copeland, 2015). For example, family processes (e.g., informal caregiving by grandparents) are often rooted in concepts of ties to blood relations, emotional intimacy, and cultural preservation (Tang et al., 2015). Although community concepts like social capital include intergenerational transactions between adults and nonrelated youths (i.e., intergenerational closure, child-centered social control), they view relational transactions as dependent on reciprocity, trust, and cooperation (Coleman, 1990; Sampson, Morenoff, & Earls, 1999). In other words, community concepts do not include an emphasis on the role of personal investment and responsibility of an elder toward a nonrelated youth. The application of Western frameworks may not be appropriate in light of traditional Lakota views of kinship, which view relational transactions between “family” and “community” as rooted in similar processes (Deloria, 1944).

The empirical literature on grandparenting in Indigenous communities is limited. The specific roles of Indigenous grandparents can vary between and within cultures worldwide, including but not limited to (a) provision of custodial care (Gaskins, 2006; Weibel-Orlando, 1997; Whyte, Alber, & Geissler, 2004), (b) leading and imparting the importance of cultural values through ritual and public ceremonial displays (Van der Geest, 2004; Weibel-Orlando, 1997), and (c) exposure of cultural ways of life for the purpose of intergenerational transmission of cultural values, beliefs, and practices

(Ofahengaue Vakalahi & Taiapa, 2013; Weibel-Orlando, 1997). Weibel-Orlando (1997) identified six grandparenting styles among American Indians, including the role of “fictive grandparents” among North American Indians, where elders who have no biological grandchildren take on the grandparent role for nonrelated children. However, these studies have focused predominantly on familial or custodial models and ignored the broader role of elders in these communities.

Definitions of kinship networks vary by geographic and tribal contexts, requiring researchers and practitioners to understand how and to what extent each tribe may embody the extended system model (Red Horse, 1980). For example, Lakota people have defined kinship by the immediate family, the extended family, and the *tiospaye*, described as the extended blood and nonblood relations within the same community (Deloria, 1944; Oswalt, 2009). However, there is a limited understanding of how traditional Lakota views of kinship persist in light of a long history of traumatic assaults (i.e., massacres, genocidal policies, and forced removal of children to White boarding schools) compounded with contemporary stressors facing the Lakota people residing on Pine Ridge reservation (Evans-Campbell, 2008). This modern landscape can be imagined without hope: the third-poorest county in the United States (U.S. Census Bureau, 2012), 89.5% unemployment, 53.2% living below the federal poverty line, and 60% of children under the age of 18 living below the poverty line (U.S. Census Bureau, 2012). To challenge this bleak image, this study explored the extent to which traditional collectivist kinship practices have persevered in modern times to provide insight into how Lakota elders’ role as “grandparents of the community” may counter or offset the compounded effects of historical trauma and modern stressors.

Method

This study used Indigenous methodologies, which are particularly important for populations such as the Lakota, who are often viewed through a non-Lakota lens (Kovach, 2009; Wilson, 2008). This study used these methods to be vigilant in letting the story of Lakota people emerge, allowing for diverse Lakota perspectives and a more contextually accurate portrayal of Lakota lives. This method emphasizes the everyday lifestyle choices and ways of being that show a strong obligation to the core values of a Lakota society that has matured over thousands of years on the Pine Ridge Indian Reservation and is interwoven within the experiences handed from elders to youths (Kawagley & Barnhardt, 1998).

Sample

Lakota elders living on the Pine Ridge Indian reservation participated in this qualitative, descriptive study approved by the tribal research review board and the university IRB. Purposive sampling was used, because the first author had established relationships with elders and community members over the course of five years (Creswell, 2013). This core group of elders referred their friends, family members, and acquaintances for participation in the study (Weiss, 1994). Additionally, elders were recruited directly from the senior center/elder congregate meal site in each of the nine districts on the reservation. The first author visited each site, building relationships with the elders and allowing the elders to vet the research. Snowball sampling was also used with elders who recommended others to the study (Sudman & Kalton, 1986).

Twenty-five Lakota elders who met the inclusion criteria of (a) age of 55 years and older; (b) enrolled in the Oglala Sioux Tribe; (c) having lived on the reservation; and (d) were English-speaking participated in research

conversations that were recorded and lasted between one-and-a-half to nine hours in length. The study sample was composed of 20 women (all widowed or divorced) and five men (three married, two single). All but three participants were over the age of 70 years, with ages ranging from 55 to 98. Each elder had been born on the reservation, attended day school or the reservation boarding school, and were currently living on or near the reservation at the time of the study.

Procedures

The elders participated in in-depth, face-to-face, individual conversations or interviews conducted in a private, quiet, and convenient space, usually in the elder's home. The interviews were open-ended and exploratory with questions regarding their life history (e.g., Where were you born? Where did you go to school? Do you have children?). All but two of the elders had provided custodial or material support to their blood-related grandchildren. They readily shared their experiences and relationships to grandchildren, as they often lived in multigenerational homes and wanted to convey the importance of grandchildren in their lives. Initially, the elders were not directly asked about their intergenerational relationships, but it became a predominant aspect of their lives that arose during the interviews. The significance of grandparenting underscored the value of this important element of their lives.

Indigenous Methodological Framework

Methodology and research design must respect the cultural and social position of the Lakota elders, whose status and societal roles may vary across cultures, to truly elicit culturally unique dimensions of grandparenting, such as collectivist kinship networks (Kovach, 2009; Wilson, 2008). Guided by Indigenous epistemology (Kovach,

2009), these research methodologies emphasize the importance of Indigenous relationships and involve sharing of knowledge through an informal and formal dissemination of oral history and storytelling that is co-created within a relational context to all living and nonliving things (Kovach, 2009; Wilson, 2008).

This study utilized the Indigenous Methodology known as the conversational method because this approach provides a cultural platform for an elder, similar to how they would share information and wisdom with younger generations (Kovach, 2010). The elders can then share stories directed towards the questions in a manner that is comfortable and familiar. The researcher and elders were able to question each other to gradually create a mutual understanding of the topic or idea. In sum, the conversational method offered the elders greater control over what they shared; thus the method acknowledged, incorporated, and operated within the parameters of their cultural norms (Kovach, 2010).

Data Analysis

The interviews were digitally recorded, transcribed verbatim, and then manually reviewed for reporting patterns or themes (Braun & Clarke, 2006). Thematic analysis was used to identify the themes related to community grandparenting experiences in Lakota elders. The first author verified the accuracy of the transcription and extracted pertinent data by identifying all interview data related to grandparenting, grandchildren, and the community's grandchildren.

Thematic analysis involves six phases: (a) Familiarizing yourself with the data. The authors reviewed the pertinent interview data and field notes related to community grandparenting. (b) Generating initial codes. We developed a list of initial codes separately and then met to generate an initial list of codes (e.g. *offering*

parental guidance, offering resources, and intergenerational cultural teachings) that were used to label the data and refined as analysis continued. (c) Searching for themes. Over a series of face-to-face meetings, we coded and discussed the data together, refining the codes, and creating new codes. (d) Reviewing themes. We sorted the codes into broader themes. For example, data segments labeled *non-familial grandparenting* and *concern for community grandchildren* comprised the theme *parental guidance and resources to community grandparenting*. We ensured that each theme and its description represented the full range of variation in the elders' experiences. In addition, we aimed to satisfy Patton's (1990) dual criteria for creating themes: internal homogeneity (i.e., data informing each theme cohere in a meaningful way) and external heterogeneity (i.e., clear differences between themes are evident). (e) Defining and naming themes. We discussed the "story" each theme told and how it fit into the overall "story" of grandparenting in the community.

Throughout the analytic process, dependability and confirmability were two points of interest in the overall consideration of rigor (Lincoln & Guba, 1985). Each author was given ample time and space to analyze the data, and varying opinions among the authors were shared and discussed in order to enhance as well as test the validity of the story emerging from the data. All data were stored in a single file to support the accessibility and continuity of the research. (f) Producing the report. This report highlights one theme—grandparents of the community and subthemes—that arose from the process and defined the caring role of elders in a unique way.

Findings

Woven throughout the elders' life stories was a dominant theme of caring for the community's grandchildren as their own. In a traditional Lakota sense, grandchildren comprised blood and nonblood children. Grandparents, or any member of the community, for that matter, had a responsibility to the child's wellbeing. The elders in this study are dedicated to teaching the children in their *tiospaye* about their culture, history, and traditional spiritual teachings. In contemporary times, the elders bring forward these traditional ideas to their lives, and they spoke of their role as grandparents of the community in the following ways: (a) directly offering parental guidance and resources to community children, which is offering guidance to children who are in the community through informal care, emotional support, and mentoring as a way to support children in need of parenting, (b) offering cultural and spiritual teachings, which is sharing knowledge of their traditional culture and history to children and youths in their community, and (c) through leadership community, modeling the practice of their Lakota values and showing love and understanding for the children and youths of the community as they make mistakes through their behavior, thus reinforcing and imparting the cultural lessons.

Parental Guidance and Resources to Community Children

One elder woman described valuing the tight-knit community, offering assistance through informal care and emotional support by directing the children in her community in the absence of parental monitoring. She shared:

...We all know each other, and we all take care of each other. That's what I like about here. I know everybody that lives

here, and if I lived in the town, I probably wouldn't know my neighbors; I probably wouldn't know who lives next to me. But I know who these people are, and we're not, when anything happens, I make sure I go over there and check up on them. Even when I live here and I hear something next door, I go and holler around see what's going on. Then, I see kids running around at nights, I tell them to go home and go to bed. When you are in a place like this where there isn't much money, you can't do much anyway... (E09)

It is understood that social and economic conditions on the reservation are dire. One elder whose house was broken into was considering solutions to some of the break-ins in her home and other crimes that were occurring in their community. She told how an elder utilizes public media to provide guidance to parents and offered an example of a family in need of parental influence:

And then these older boys are going around putting sugar in gas tanks. See? How can you stop that? And then [Name of a respected elder] talk and somebody can, and when she goes to KILI. She talks on KILI and tells these young parents to sit down and maybe they are looking for attention, and this one woman had like nine kids and she died of lung cancer and her kids are out there and trying to live and they aren't doing it the right way. Terrible! (E22)

Noticing the absence of parental guidance, the community of elders stepped in to provide the informal care and understanding needed to help the children and youths address the grief around the loss of a primary caregiver. The prior example demonstrates how the community engaged one of the most respected elders on the reservation to speak on the radio station and offer some Lakota teachings so that the entire community can benefit, which can potentially influence community-level change.

Similarly, another elder stepped into the emotionally supportive role of a non-familial community member in the absence of a biological parent. Among the Lakota, familial titles and terms such as “nephew” and “uncle” were used when describing these relationships, despite not being blood relatives. He stated:

These are some of the things that I learned as an elder. Now I counsel young men who don't have fathers or were brought into this world by a dad who is drinking and drugging. My nephew came here and my cousin [Name]. They always look at me as a close uncle and the other day...he said, "You are the only one that listens and helps me. You know my other two uncles never do. Is it ok when I have a hard time that I come and talk to you?" I said, "Yeah!" He's an orphan now working in Rapid [City], his mom died. That's what being an elder is—being there for others.
(E17)

Among these elders, the role of providing informal caregiving to one's grandchildren often extended beyond one's blood relations and residential home. We see the ideology of *tiospaye* come full circle in this elder's

interpretation of his responsibilities to this young man and to further the community where he lives. The elder's focus was on helping to counsel young men who lacked parental guidance; the quote simultaneously recognizes the young man's need for counsel or advice and the elder's action that helped to address this need.

Offering Cultural and Spiritual Teachings

The elders expressed a need to create the space for the exchange of information, which can be challenging in the fast-paced modern world. The most respected elder on the reservation placed a high value on the Lakota language and encouraged the younger generations to learn and speak their language. Additionally, this elder provides teachings about tribal history and culture. He said:

... So like yesterday I was at Manderson and I talked to their 5th, 6th, 7th, 8th grade children on our treaties, what our treaties with the federal government mean and what their role is going to be in it after they get past high school. It's a little early [yet]. They're at the age where, uh, uh, I couldn't care less who the President of the United States is...(E02)

Not only does this elder value the language but is committed to teaching the history of the tribe in a way that demonstrates how it is a part of the student experience and a learning tool in relation to future opportunities for the tribe. One elder also wanted the younger generation to know the laws in association with the treaties and Lakota culture because "...We have to teach our young ones to step up to the plate—not only to learn the culture but all the laws and stay ahead of the game and that's why I'm on the [tribal] college board." Both elders seemed to feel a

common draw to share or transmit knowledge in a way that is central to the survival of the tribe as a distinct nation with its roots in the very landscape where they live. In other efforts to instill confidence and self-esteem in younger people, he also described offering the younger generations reminders of who they are and where they come from. He shared:

... And it made me more aware of our traditional belief system and whenever I talk to younger people and if they want to talk about traditional stuff. I just remind them who they are and they like to hear that, when we do this historical trauma grief recover work and if we do it here or with any other Indian nation – [I tell them] don't forget what runs through your blood, you are all warriors every one of you and you are also medicine people, you are also healers and whatever you need to do you can do because you have that power. You don't know where it is at yet, it just comes to you. (E21)

Similarly, a highly respected elder formally taught the community's children and believed in the children and their ability to overcome adversities. This elder described her belief that through cultural knowledge and living their values, the youths can live a good life. The elder said:

I think we need to teach the younger generation. That's what I'm trying to teach here. I have a room [in the school], I have all the elderly pictures and so forth and then they [ask], "Grandma, what is that picture? What is going on in the

picture?” and I sit them down and I tell them, “You know grandmothers had a really hard life, just like me, you know that massacre and the takeover and all they went through it was hard. You know to see that happen to my people and they had a hard time taking care of you so you can be happy in this way so you respect,” and let that respect build back up....In Lakota way they understand and I just went to a Sundance² ...and they were passing out t-shirts and they gave me one, with the four colors and said, “Be the change.” I wish I could make some t-shirts for the school. The change—the change for better, for something you can do and be proud of. That’s what when they come in, I say you just need to respect and honor yourself and honor others to make a better life for yourself. (E22)

Although elders recognized the importance of history both colonial and cultural, each elder acknowledged and elaborated on the tribe’s and tribal member’s ability to begin a communal healing of themselves through community outreach. She encouraged other elders to participate in the same program where they can work in the school classrooms, called colloquially the “foster grandparent” program. Several of the elder women in this study worked in the program as they are Lakota speakers and assisted the children with language and school lessons.

² The Sundance is a sacred ceremony that takes place in the summer months, and the community can attend and support those participating in the ceremony.

Modeling Lakota Values

The elders discussed the importance of transmitting their values to younger generations in ways that went beyond the traditional extended family model and beyond teaching through words and stories but by showing how to put these values into action through their interactions with members of their community. A male elder served the broader community based on his Lakota values. He stated:

The most important part of being an elder is being a roving angel. Do you know what a roving angel is? . . . you help people, you feed people, you take care of children and elders and when you see a down and out person you give them a couple dollars. Once that money leaves your hand, it's not yours and it doesn't matter if they eat or drink it but you are doing your share of what you are supposed to do under god. That's how I teach people now. I have [a nonprofit organization] that I feed people here on the rez³ and all the elders give out turkeys and feed people because I didn't have much growing up and we were very poor and we were never given anything from the government and never did accept anything. (E17)

For this elder, putting his teachings into practice by being generous to others shows the youths how to enact the Lakota values in their community. Speaking at the dedication of a newly built senior center, the tribal

³ Rez is a colloquial term used for the word reservation.

president gave a speech that was directed towards the elders:

She went to a meeting in Rapid City and the youth from Pine Ridge were there said that they don't feel respected by the elders, so they don't respect them. She said that the elders have a lot of wisdom that needs to be shared, and that they need to teach us right from wrong; the wisdom and knowledge is probably the most important aspects of kids' lives. We need to get kids away from being adults when they are really small. The parents aren't around and the kids need support and we need to bring them back to the positive. She said that it's up to the elders to start building that bridge. (Fieldnotes 6/17/09)

The children have asked to be cared for by the elders, and the tribal president was reminding the elders to reach out the children and offer them their Lakota values of respect and love through their actions. One elder does this by honoring the youths and allowing them to earn a few dollars. She does so despite the warnings of her community members. She said:

... I have a lot of respect...some of those boys [in the community] —there was one here who was asking what he can do. I said, "I have some tall weeds that need to be cut" and I gave him a little [money]. It's my daughter that always pays them, "Thanks for helping Mom [or] Grandma." You know and they come back and they [ask] "Can we do something for Grandma?" so you can teach them that

they have to do a little of something good to get paid, you know and other children some children why do you accept them in your home they are naughty they might break in your house. I said no my daughter pays them a little of what they can, you know. (E21)

She modeled and received respect and love through her interactions with the youths, defying stereotypes of delinquency and trusting the youths would not abuse her or her home as they helped with chores. This example serves as a counter-narrative to a common non-Lakota conception of child delinquency and other deviant social labels placed on children growing up within this context. Not to ignore the fact that serious social issues exist in Pine Ridge, but this quote exemplifies how elders can use a cultural model of inclusion that works with the child's interests while simultaneously modeling essential values of Lakota life ways. It is a model that has been tried and tested over millennia, a Lakota model.

Discussion

In this study, Lakota elders told how they transcended the challenges of the modern social and economic context of the Pine Ridge reservation through cultural values focused on grandparenting the community's youths (Evans-Campbell, 2008). Our findings build upon the extended system model (Red Horse, 1980) by demonstrating how the Lakota elders practice traditional values of the *tiospaye* in modern times, speaking to a broader conceptualization of grandparenting (Deloria, 1944; Oswalt, 2009). Many of the elders reflected these values, speaking about the youths living on Pine Ridge with the same sense of closeness and responsibility for their wellbeing as their own

grandchildren. It is an example of how the human spirit and connection with others can provide opportunities to heal and to keep traditional culture and values alive. Beyond that, it is also important to recognize, acknowledge, and honor the ongoing commitment elders maintain to Lakota teachings and how these teachings are being adapted and reshaped to fit the contemporary issues they face.

The elders' stories demonstrated how concepts of family and community are interwoven in an Indigenous context. Lakota elders described interactions that parallel community processes, such as child-centered social control (e.g., provision of parental guidance) and intergenerational closure (e.g., community outreach activities); however, many of the elders' descriptions convey a concern about the need to provide guidance, monitoring, and resources to the community's children and youths in ways beyond transactional processes of reciprocity, trust, and cooperation. In fact, these quotes often reflected language conveying responsibility, closeness, and commitment that parallel how Western views of grandparenting frame their responsibility to their blood-related kin (Rankin, 2002; Tang et al., 2015). Contrary to prior findings by Weibel-Orlando (1997), we also observed these behaviors being directed towards nonkin youths by elders even with the presence of biological grandchildren. This finding may be due to the different contexts of the elders interviewed in each study. Specifically, Weibel-Orlando (1997) interviewed individuals who identified as Sioux or Muskegean (some of whom were originally from Pine Ridge); however, they had all relocated to West Coast urban centers or rural areas over 500 miles from their home reservation. In contrast, our study focused on only Lakota elders who have resided on or proximal to Pine Ridge reservation for the vast majority of their lives.

This study's theme focused on offering cultural and spiritual teachings among the Lakota mirrored prior work with the Maori that discussed the transmission of cultural life ways but extended the concept from a focus on family-based intergenerational relationships to community-based intergenerational relationships (Ofahengau et al., 2013). In addition, the elders' discussion of modeling Lakota values highlighted the importance of a bidirectional relationship (or mutual caring) between elders and youths that is built on respect, love, and trust, which we often attribute to familial ties (Ofahengaue et al., 2013; Rankin, 2002). Yet, within the Lakota context, these moments of mutual caring may be necessary to sustain the community as a whole, suggesting the existence of a broader social network that can provide support for Lakota children and families.

The current study also demonstrated how Indigenous research methodologies helped provide the space for unique cultural and social perspectives of the Lakota grandparents and elders to emerge (Kovach, 2009). The Lakota elders consistently described their investment in youths in the larger community in ways that parallel the extended system model, which the authors' describe as *community grandparenting*. These life ways suggest there are other tested ways to define the role of grandparent. For some communities, we should not assume traditional Western perspectives that treat families and communities as separate entities. Specifically, the social distance indicated in community-based theories of intergenerational closure or child-centered social control does not make sense within a Lakota context (Sampson et al., 1999). For the Lakota elders in this study, traditional collectivist views that extend the concept of family to community members persists. In other words, family and community are the same; there is only separation between the two within recent social, economic, and capitalist structures

that try to establish themselves in the communities. Lakota elders were not acting as “fictive kin” as described by prior work on American Indian/Alaskan Native populations (Weibel-Orlando, 1997) but rather felt and viewed themselves as “kin” regardless of blood ties. This philosophy is how they see their life ways surviving in the modern world.

Limitations

This study is not without limitations. First, it was conducted with tribal participants from one reservation in South Dakota, and results are not transferable to other Indigenous contexts and should not be attributed beyond this group. However, the findings can inform the practices and future research on reservations that are geographically close and have similar social and cultural contexts. Second, the elders were not asked directly about raising grandchildren; the information they shared emerged indirectly, which speaks to the importance of the relational Indigenous methodologies that facilitated this important cultural and social dynamic in this American Indian community. Third, this study used convenience and snowball sampling, and elders may have passed along the opportunity to participate to others who were similar to them in terms of life experiences. As with all non-randomly selected samples, we cannot conclude that the elders who shared their stories in this study are representative of the broader reservation community.

Implications for Practice, Policy, and Research

When conducting research with Indigenous and/or non-Western communities, methods should incorporate stages to understand and explore how the community conceptualizes key concepts, such as *grandparent* and *intergenerational caring* (Kovach, 2009). Indigenous research methodologies discussed in this article provide

one example of approaches that help us capture the richness and diversity of how elders contribute to the well-being of their children, families, and communities. Our findings also indicate that Western theories may not fully apply to non-Western populations when conducting research with Indigenous and potentially international populations. Overall, more work highlighting these alternative life ways is necessary to modify prevailing theories guiding research, practice, and policy.

In addition, our findings suggest theories focused on adult-child interactions and their applications may need to be modified to reflect cultural-specific understanding and practices. The Lakota context would benefit from a theory that builds upon the extended system model and blends family and community theories, such as a theory integrating intergenerational closure and care. For example, elders are responsive to needs of community youths through provision of care (defined by parental guidance, emotional support, and material aid) and community outreach activities. This obligation to the broader community is based in transactional processes of investment in and emotional closeness to these youths.

When working with many Indigenous communities, the consideration of the wellbeing of the community from multiple community perspectives is imperative. In the Lakota language and prayer, they say *Mitakuye Oyasin*, which in translation means “we are all related.” Kinship is central to Lakota culture and is part of their identity as it relates to interconnectedness of the tribe, their family, and all living and nonliving things. The elders consider the children and youths in the community as their own—they mourn their losses and celebrate their accomplishments. Western notions of kinship and nuclear family relationships need to be expanded and considered when working with Indigenous people as they are affected by events occurring in the community.

Practitioners should also be mindful of the stress and strain that elders may be shouldering when they live in impoverished community contexts. Elders often sacrifice their own needs for the benefit of the younger generations and may overlook their own need for support. When deaths or traumatic events occur in communities, outreach to elders is a key component for their own wellbeing as well as incorporating them more holistically in emotional and psychological interventions. Community-level interventions are essential for Indigenous communities, and innovative, culturally centered yet multifaceted approaches (such as incorporation of local cultural and spiritual practices and ceremonies) are necessary for addressing the complex issues in tribal or Indigenous communities (Evans-Campbell, 2008). As evidenced by the speech from the tribal president, the elders also live in a changing cultural context and may need to be reminded of the importance and gravity of their role in their communities.

Furthermore, developing policies and programs that integrate intergenerational relationships and offer cultural transmission may support the well-being of both the young and the older adults. For example, three of the elders or grandparents in this tribal community participated in the “foster grandparent” program, which is the Senior Community Service Employment Program (SCSEP) funded through the federal government that allows low-income elders to work 20 hours a week and supplement their incomes (U.S. Department of Labor, 2016). On the Pine Ridge Indian reservation, the elder women in this program worked in the schools with the children, assisting with homework and speaking the Lakota language.

In sum, the findings from this study speak to a need to rethink how practitioners and policymakers describe kinship in Indigenous communities and possibly

even in other communities of color. Although there are benefits of understanding general models, the diversity in these communities suggests the importance of specific knowledge around family and cultural norms attributed to distinct geographic and tribal contexts. With the changing social and economic context over time, it is apparent that the cultural norms of the elders filling the role as grandparent to the community is ever present and serves as a major resource for children in these communities. Narrowing the concept of *grandparent* will limit the resources available to members of the community who are caring for children and youths. Human services practitioners can provide more holistic care and supportive interventions to Indigenous families by including elders—the community grandparents.

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Research Article

**Grandparents as Foster Parents:
Psychological Distress, Commitment, and
Sensitivity to their Grandchildren**

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Abstract

Grandparents are increasingly solicited to become foster parents. This study aims to describe the psychological distress, parental sensitivity, and parental commitment of a group of Quebec foster grandparents. Forty-eight foster parents were assessed in this study, including 12 grandparents. Psychological distress was assessed using the Symptom Checklist-90-R (SCL-90-R®) parental sensitivity using the short version of the Maternal Behavior Q-Sort and commitment using a semi-structured interview. Results indicate no difference between foster parents and grandparents as a function of parental characteristics, sensitivity, and commitment. However, results show an association between grandparent status and depressive symptoms even after controlling for family income and child externalization. Challenges faced by foster grandparents are discussed, as well as their need of support from child welfare protection.

Keywords: grandparents, foster parents, psychological distress, commitment, sensitivity

Grandparents can play a major role in child development (Harnett, Dawe, & Russell, 2014), and they often provide invaluable social support to parents (Zinn, 2012). Thus, when the home environment compromises a child's development and security, grandparents might be the first to be designated to care for a child through a placement order. Indeed, in the United States and Canada, the law favors placement within the extended family (Kolomer, 2000). In the United States, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) was designed to promote placement measures that ensure greater stability for children through this type of foster placement. In the province of Quebec, legislative amendments in 2007 underscore the importance of the extended family to help provide stable relationships for the child (Youth Protection Act, 2007). Consequently, placement within the extended family is the first option, and grandparents are among the family members considered in this regard. However, despite the legal context that favors calling on grandparents as alternate caregivers, Quebec seems to lag behind in the implementation of this social policy. In 2010, of the 4.9 million American children in foster care, over half were placed with their grandparents (U.S. Census Bureau, 2010). In comparison, of the 11,022 Quebec children placed in foster care from 2013 to 2014, less than 25% were fostered by a member of their extended family, mainly grandparents (ACJQ, 2014).

Although Quebec foster placement has increasingly favored kinship placement, levels of kinship placement have remained well below those observed in the United States. Placement within the extended family helps children maintain continuity in their relationships with the family of origin and contributes to their wellbeing and behavior

(Harnett et al., 2014; Holtan, Rønning, Handegård, & Sourander 2005). In addition, grandparents can provide a source of relationship support and stability for their grandchildren (Goodman, 2012), since children who live with their grandparents are more likely to be reunited with their parents, rather than being placed in a subsequent foster home (Zinn, 2012). Nevertheless, placement with grandparents raises issues of concern, particularly when the quality of foster care is not assessed. Grandparents may be living in precarious socioeconomic conditions, receiving limited assistance from child protection agencies or help in dealing with family conflict (Callahan, Brown, Mackenzie, & Wittington, 2004; Geen, 2003; Wilson, Sinclair, Taylor, Pithouse, & Sellick, 2004). It is important to state that although legally, kinship placement remains a form of foster placement in Quebec, prior to 2015, fewer resources were allocated to this form of placement in comparison to other forms. Kinship parents were not paid at the same level as regular foster parents and received much lower intervention support from child protection agencies. Further, they received no training prior to their accepting a child. Although this situation changed in 2015, the current report focuses on the situation that prevailed prior to that date. After 2015, a greater emphasis will be placed on kinship placement for children. In this perspective, gaining greater insight into the kinds of environments that are provided by foster grandparents appears to be highly pertinent.

Children who experience foster placement are known to be highly vulnerable. While specific circumstances vary, these children are more likely to have been exposed to a combination of risk factors that affect development, such as abusive treatment at very early age (Cicchetti & Carlson, 1989), exposure to alcohol and/or drug use (Singer et al., 2002; Testa, Quigley, & Eiden, 2003), and gross neglect (Norman et al., 2012).

Consequently, these children are more likely to show cognitive delays as well as emotional and behavioral problems (Leslie et al, 2005; Stahmer et al., 2005).

The behavior of foster parents has been identified as a critical factor that can help promote attachment security and reduce developmental delays as well as emotional and behavioral problems (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008; Dubois-Comtois et al., 2015; Ponciano, 2010). However, little is known about the parenting behaviors of grandparents who foster their own grandchildren.

Parental Sensitivity and Commitment

Parental sensitivity and commitment are key factors that influence parenting behaviors. Maternal interactive sensitivity refers to the ability to adequately perceive and interpret a child's signals and to respond in a prompt, appropriate, and warm manner. Research has frequently confirmed the positive associations between parental sensitivity and the development of attachment security and other indices of socioemotional development in both high and low risk circumstances (Ainsworth, Blehar, Waters, & Wall, 1978; Atkinson et al., 2005; Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010; Madigan, Atkinson, Laurin, & Benoit, 2013; Nievar & Becker, 2008; Tarabulsky et al., 2005). Sensitivity has also been examined in foster parents where similar relations have been found with different indices of child socioemotional development (Dozier et al., 2008; Ponciano, 2010). This research, however, has not involved foster grandparents.

Parental commitment refers to the parent's motivation to maintain a stable relationship with the child over time (Bates & Dozier, 1998). Parental commitment may be weakened in the foster care context. Foster parents do not have the biological imperatives of pregnancy,

delivery, and breast-feeding, all important moments that contribute to building the initial relationship, to prepare for parenthood. Furthermore, foster children accumulate adverse experiences linked to negligence and abuse prior to being taken from their biological parents and placed in foster care. Such developmental histories may make the normal challenges of parenting greater still (Dozier & Lindhiem, 2006). However, foster parent commitment remains a critical aspect of foster child experience and outcome. Foster parent commitment has been linked to different aspects of child adjustment and socioemotional development (Ackerman & Dozier, 2005; Dubois-Comtois et al., 2015; Lindhiem & Dozier, 2007). However, to our knowledge, no studies have addressed parental commitment in foster grandparents. Given their family ties, foster grandparents would be expected to show higher commitment compared to unrelated foster parents.

Psychological Distress in Foster Grandparents

Clearly, a number of challenges await grandparents who foster their own grandchildren. Some foster grandparents assume their new role with a positive attitude, whereas others cannot cope with this major life change. They may have to modify their daily routine, their social life, and their plans for the future when caring for a foster grandchild at a time when the adjustments that are called for may be made more complex because of financial or health-related issues (Backhouse & Graham, 2013; Marken & Howard, 2014). In addition, grandparents may find it stressful to have to raise small children once again, leading to different kinds of psychological distress (Janicki, McCallion, Grant-Griffin, & Kolomer, 2000; Kelley, Whitley, Sipe, & Yorker, 2000; Musil, Warner, Zauszniewski, Wykle, & Standing, 2009). Caring for a grandchild under a protective custody order may be linked

to negative, psychological effects such as anxiety and depression (Musil et al., 2009).

Foster placement with grandparents implies important changes for all three family generations. The new role entrusted to the grandparents requires them to adjust their relationship with both their child and their grandchild. Studies have revealed that grandparents who take care of their grandchildren may express uncertainty about how to deal with the children entrusted to them (Backhouse & Graham, 2013), as well as feelings of concerns or resentment toward their own children (Crowther, Huang, & Allen, 2015; Janicki et al., 2000), and concern that their ability as parents might be viewed as inadequate because their own children have failed in their parenting role (Janicki et al., 2000).

Other studies have found opposite results, whereby grandparents benefit personally from caring for their grandchildren. Some grandparents find the experience to be positive, as it gives them a chance to make up for mistakes they feel they have made with their own children, and it gives them the opportunity to educate their grandchildren and spend more time with them (Crowther et al., 2015). This major life change may serve to give them new opportunities to solve problems and improve their parenting style (Backhouse & Graham, 2013; Crowther et al., 2015; Marken & Howard, 2014).

To the same extent that parental adjustment is an important predictor of child developmental outcome, it can be expected that grandparent adjustment to the task of foster-parenting their own grandchildren is critical to foster child developmental outcome, and indeed, Goodman (2012) has found that grandparent wellbeing is linked to more favorable grandchildren behavior. However, this issue has yet to be examined in the case of foster grandparents looking after their own grandchildren.

Parenting Behaviors and Psychological Distress in Foster Grandparents: Potential Confounding Variables

Different variables may be linked to the quality of parenting behaviors and the presence of psychological distress in foster grandparents. Sociodemographic circumstances are often linked to parenting in general (McLoyd, 1997) and may affect grandparent wellbeing as well as their parenting behaviors (Cheung, Goodman, Leckie, & Jenkins, 2011). Grandparents who foster grandchildren tend to be women who are already living in precarious socioeconomic conditions (Crowther et al., 2015). Their financial situation usually worsens when they take on the added responsibility of caring for a child (Backhouse & Graham, 2013). Since these environmental factors can influence psychological status and parenting behaviors, we felt it critical to investigate them in foster grandparents (Kelley et al., 2000).

Child characteristics may also influence parenting behaviors, as may the child's level of psychological distress. For example, a child in placement is at risk for disruptive behaviors that may make it difficult for him/her to interact positively with foster parents (Tarren-Sweeney, & Hazell, 2006; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Robberechts, 2013). Externalizing behaviors, which are characterized by a diversity of overt and disruptive behaviors, may be linked to severe psychological distress for the foster parent, in the form of anxiety and depression (Chamberlain et al., 2008; Greeno et al., 2015). In addition, externalizing behaviors are inversely linked to parental sensitivity and the quality of parent-child interactions, linked to later child outcome (Vanschoonlandt et al., 2013; Wang, Christ, Mills-Koonce, Garrett-Peters, & Cox, 2013). Moreover, externalizing behaviors have been found to contribute to unstable placement trajectories in foster care as well as problems reuniting with the family of origin (DeGarmo, Reid,

Fetrow, Fisher, & Antoine, 2013; Newton, Litrownik, & Landsverk, 2000).

Purpose of the Study

The purpose of this study is two-fold. First, we describe and compare foster grandparents to non-grandparent foster parents with respect to psychological distress, interactive sensitivity, and parental commitment. Second, we examined whether the grandparent vs non-grandparent distinction was associated with these characteristics when controlling for potentially confounding factors related to socioeconomic status and child externalizing behaviors.

We expected that grandparents would report greater levels of commitment toward the child that was placed with them. However, in light of the greater vulnerability attributed to grandparents who act as foster caregivers, we expected to observe less interactive sensitivity and greater levels of psychological distress in this group, even after controlling for family income and child externalization.

Method

Procedure

Participants were recruited with the collaboration of three regional child protection centers in the Province of Québec. Case workers identified children aged 12 to 42 months who had been placed in a foster home by court order and had lived there for more than two months. Preschool-aged children were selected in order to ensure the coherence of all child measures used. All children placed in foster homes were eligible for this study. Written informed consent was obtained from the foster parents during individual interviews held at their home. After collecting socioeconomic data, foster parents completed questionnaires reporting on their psychological distress and the child's externalizing behavior. They also took part in an

interview assessing their commitment to the child. Finally, parenting behaviors (sensitivity) were observed during a play activity, later coded by trained research assistants. Home visits lasted two hours and a financial compensation of \$20 was given to participants.

Participants

We met with 48 foster parents individually at their home. Of this initial group, 11 were grandmothers and one was a grandfather. Children were placed with their grandparents (250%), with a foster family (45.8%), or with foster parents in an “intent to adopt” program (29.2%). This latter group was composed of foster parents who were actively looking to adopt a child from the welfare system, fully aware that the legal status of the child that was placed with them was not fully determined.

Foster parent age ranged from 29 to 64 years. The average age of the grandparents was 49.33 years ($SD = 6.07$), and 42.42 years for the other foster parents ($SD = 8.74$) ($t(46) = 2.54, p < 0.05$). Grandparents report a lower family income on a 8-points Likert scale with a mean score of 4.92 ($SD = 1.98$), which is lower than non-grandparents foster parents’ family income ($M = 6.49, SD = 1.52; t(46) = -2.85, p < 0.01$). Grandparents did not differ from the other group in terms of years of education; a majority of both family groups have 11 years of schooling (respectively 58.33% and 66.67%). Child age ranged from 12.13 to 45.73 months ($M = 30.56; SD = 10.14$). No difference was found between groups as to child age.

Measures

Grandparent status. The variable “grandparent” is a dichotomous variable that takes the value zero (non-grandparent) or 1 (grandparent).

Parental sensitivity. Foster parents were asked to play with their child with toys (seven minutes) and without toys (three minutes). The sessions were videotaped and coded by a coder blind to all other information. The short version of the Maternal Behavior Q-Sort (MBQS) (Tarabulsky et al., 2009; Pederson & Moran, 1995) contains 25 items that assess the quality of parenting behaviors during interactions with the child. The items describing possible parenting behaviors are first sorted into three piles according to whether they are representative of the observed parent, less representative, or neutral. The items are then sorted into five piles to obtain a score from 1 to 5 according to whether they are not characteristic of the parent (scored 1) or highly characteristic (scored 5). Correlations were computed between the raw scores and the criterion scores for each item, corresponding to a typically sensitive parent. Thus, scores could vary from -1 (the least sensitive) to 1 (the most sensitive). The short version of the MBQS has been validated, and various studies have confirmed that the obtained scores correlated with the long version (Pederson & Moran, 1995; Tarabulsky et al., 2009), child cognitive development and attachment security (Tarabulsky et al., 2009), and maternal attachment state of mind (Lindhiem et al., 2011).

Foster parent commitment. Parental commitment was measured using the “This is My Baby” interview (Bates & Dozier, 1998). This 12-minute interview assesses whether caregivers perceive the foster child as they would their own child. It contains three scales addressing 1) their *acceptance* of the child, 2) their *commitment*, and 3) their *awareness* of influence. The recordings were transcribed and coded using a 5-point Likert scale, 5 for high commitment and 1 for low commitment. *Acceptance* scale is coded in respect of positive feelings expressed toward the child, congruence of the child’s description, as well as

elaboration of the answer. Ultimately, the score assigned is based on the rater's judgment on the mother's overall level of acceptance. *Commitment* is rated considering the degree to which the mother views the child as her own. Finally, the *awareness of the influence* is rated regarding the parent's perception regarding how the relationship with the foster child may affect his or her psychological, emotional and relational development. This instrument has demonstrated good psychometric properties (Bernard & Dozier, 2011; Lindhiem & Dozier, 2007). Interviews were coded by a trained and highly experienced doctoral student in psychology. Given the high correlations between the three scales (> 0.85), we used the mean as global score.

Psychological distress. Psychological distress was assessed with the Symptom Checklist-90-R (SCL-90-R®) (Derogatis & Lazarus, 1994), a 90-item questionnaire assessing nine symptomatic scales including depression and the anxiety. This easily administered self-report questionnaire has good psychometric qualities and is widely used in both research and clinical settings. The depression (13 items) and anxiety subscales (10 items) were used in this study and our results reveal good consistency (Cronbach alpha = 0.87 and 0.82 respectively). Clinical cutoff scores for depression and anxiety was 27 and 16 respectively.

Externalizing behavior. The Child Behavior Checklist (CBCL, Achenbach & Rescorla, 2000) is a parent-report questionnaire containing 100 items assessing child behavior. Foster parents were asked to rate the frequency of various behaviors on a three-point scale: Not True (as far as you know) (0); Somewhat or Sometimes True (1); or Very True or Often True (2). In the present study, only the responses on the Externalizing scale (24 items) were analyzed. This scale is calculated from items

concerning temper tantrums, lying, stealing, defiance, disobedience, and destructiveness. Clinical threshold is reached when the T score is 63 or more, and scores at slightly below threshold (60–63) are deemed worrisome. Results of the present study confirm that the internal consistency of the Externalizing scale is very good (Cronbach alpha = 0.93).

Results

Data analysis

Analyses proceeded in the following order: Descriptive statistics were obtained. Preliminary analyses were then conducted to examine whether parental commitment, sensitivity, and anxious and depressive symptoms varied as a function of the type of foster family. No differences were found between regular and “intent to adopt” foster parents. These two groups were therefore combined. Univariate analyses were then conducted to identify dependent variables that differed as a function of grandparent status. Correlational analyses were finally conducted to identify potential confounding variables to include them in linear multiple regression analyses.

Descriptive analysis. Scores on commitment, parental sensitivity, and anxious and depressive symptoms are presented in Table 1. It is notable that no significant differences were found between grandparents and non-grandparents foster parents except for depressive symptoms, which are greater for foster grandparents ($t(46) = 2.47; p < 0.05$). Depression symptoms remain above the clinical cut-off for every participating grandparent.

Child externalizing behavior ranged from 28 to 82 ($M = 52.5, SD = 11.51$), with 12.5% of the children reaching clinical threshold. Child externalization did not vary as a function of grandparent foster placement.

Table 1
Sociodemographic, Psychological Distress and Parental Characteristics

	Grandparents (n=12)			Non-grandparents (n=36)			<i>t</i>
	<i>N (%)</i>	<i>M</i>	<i>SD</i>	<i>N (%)</i>	<i>M</i>	<i>SD</i>	
Years of education							
10 years	0 (0%)			7 (19.44%)			
11 years	8 (66.67%)			21 (58.33%)			
12 years	2 (16.67%)			2 (5.56%)			
13 years	1 (8.33%)			2 (5.56%)			
13 years or more	1 (8.33%)			4 (11.11%)			
Age		49.33	6.07		42.42	8.74	2.54*
Sensitivity		0.28	0.28		0.28	0.46	0.30
Commitment		8.91	1.89		9.03	2.39	-0.16
Anxious symptoms		3.58	4.50		2.08	2.70	1.40
Depressive symptoms		9.75	9.08		5.00	4.22	2.47*

Note: * $p < 0.05$

Correlational analyses. Bivariate correlations are presented in Table 2. The results revealed that grandparent status was not associated with either parental commitment or sensitivity. However, an association was found between grandparent status and depressive symptoms ($r_{pb} = 0.34, p < 0.05$). We examined this association further using hierarchical regression analysis.

Several potentially confounding factors were considered. The results revealed a significant correlation between depressive symptoms and child externalizing behaviors ($r = 0.33, p < 0.05$). Together with family income, child externalizing symptoms will be considered as a potential confounding variable in the regression model.

Table 2

Correlations between Grandparent Status, Socioeconomic, Psychological Distress and Parental Characteristics

	2.	3.	4.	5.	6.	7.	8.	9.
1. Grandparent status ^a	0.35*	-0.39**	-0.13	0.00	0.00	-0.03	0.20	0.34*
2. Foster parents' age		-0.46**	0.26	0.25	-0.11	-0.03	0.15	0.18
3. Income			-0.17	-0.16	-0.03	0.25	-0.05	-0.19
4. Child's age				0.08	0.26 [†]	-0.22	-0.25 [†]	-0.27 [†]
5. Externalizing behavior					-0.37*	-0.14	0.37*	0.35*
6. Sensitivity						-0.07	-0.18	-0.11
7. Commitment							0.11	0.00
8. Anxious symptoms								0.83
9. Depressive symptoms								

^a biserial point of correlation are performed in relation to the dichotomous variable grandparent.

Note: * $p < 0.05$; [†] $p < 0.10$

Hierarchical regression analysis. Bivariate correlations revealed that depressive symptoms are linked with grandparent status. A hierarchical regression analysis was carried out to examine whether grandparent status was associated with depressive symptoms over and above the potential associations with foster parent income and child externalization.

Requirements for conducting hierarchical regressions were verified. Residual plots were examined to confirm the linearity and multivariate normality of the relationships between variables. The hierarchical regression model specifies that depressive symptoms in foster parents are predicted by child's externalization and grandparent

status. As described in Table 3, foster parent income and child externalization are entered in step 1, and in step 2, grandparent status. Results showed that both steps accounted for a significant portion of depressive symptoms variance with grandparent status yielding a small effect size ($f^2=0.11$).

Table 3

Hierarchical Linear Regressions to Predict the Depressive Symptoms from Family Income, Child Externalization and Grandparent Status

Variables	B	R ² (%)	F change
Step 1		0.14	3.50*
Foster parent income	-0.13		
<i>Externalizing behavior</i>	0.33*		
Step 2		0.24	5.43*
Foster parent's income	0.00		
<i>Externalizing behavior</i>	0.35*		
Grandparent status	0.34*		

Note: * $p < 0.05$

Discussion

This study addresses an important issue for child protection agencies: the characteristics of grandparents who care for their grandchildren under a foster placement system. Results indicated that there were no differences between non-grandparents and grandparents foster parents on parental sensitivity and commitment. Therefore, a family relationship between foster parent and foster child does not appear to influence parenting behaviors. Consequently, the present data do not provide support for

the accepted notion that the family environment provided by a grandparent is more favorable for positive child development (Crowther et al., 2015), or, as others have suggested, less favorable (Fergusson, Maughan, & Golding, 2008; Leder, Grinstead, Jensen, & Bond, 2003). In effect, the present results suggest that if there are factors that drive developmental process in different kinds of foster families, they do not involve the quality of foster-parent interactive sensitivity or commitment to the foster child.

Results also show that parental sensitivity varies considerably across foster parents. Foster grandparents would most probably make up a heterogeneous sample in which parental sensitivity would be related to individual characteristics, such as perhaps their own attachment experiences. It should also be mentioned that the mean sensitivity score for both foster parent groups was comparable to those obtained in studies investigating parenting behaviors in parents with high psychosocial risk (Moss et al., 2011), perhaps a reflection of the more problematic home environments that children are placed in, as well as a possible reflection of the behavioral characteristics of children placed in foster homes who may render sensitive parenting more complex. Foster placement involves substantial parenting challenges, and as such, the present results argue in favor of improving the training and preparedness of potential foster parents whether they be regular or kin.

Foster grandparents were expected to show higher commitment due to previously established emotional and physical ties with the child (Kolomer, 2000; Zinn, 2012). However, our results reveal no differences in commitment between grandparents and non-grandparent suggesting that intragroup differences related to individual characteristics may be more important than kinship status. Neither were “intent to adopt” foster parents more committed to in their foster parenting role than were regular foster parents,

suggesting that other factors may be driving variations in foster parent commitment. Given the importance of foster parent commitment for the development of foster children, it is important to tease out those factors that are at the base of individual differences in this concept (Ballen, Bernier, Moss, Tarabulsky, & St- Laurent., 2010). A good understanding of the factors that are linked to commitment may help select and train potential foster parents.

The regression analysis indicated a significant association between grandparent status and depressive symptoms, even after controlling for the variance explained by family income and child externalization. The fact of being a foster grandparent was associated with higher levels of depressive symptoms than being a non-grandparent foster parent. Several possibilities may underlie this finding. First, it is possible, as some have suggested, that depressive symptoms are more frequent with older adults, grandparent or not (Brown, Richman, & Rospenda, 2016). Thus, apart from the basic issue under investigation, unstudied, confounding factors linked to age may be involved. This may not be a “grandparent” issue, but rather an issue related to the age of the foster parents involved. Further work in this area will need to involve greater numbers of foster parents, including foster grandparents, to parse out this potential confound.

The association between foster grandparenting and depressive symptoms exceeds the variance explained by family income alone, an important issue as adults advance in age, as well as child externalizing symptoms. Thus, a second possible explanation, and one that we favor, is that in the specific context of foster parenting, being a foster grandparent appears to be meaningfully linked to increased levels of depression symptoms, above and beyond what might be accounted for by socioeconomic or child behavioral characteristics. This finding concurs with other studies showing that grandparents who bring up their

grandchildren report greater levels of psychological distress (Bunch, Eastman, & Griffin, 2007; Crowther et al., 2015; Cuddeback, 2004; Harnett et al., 2014). This greater distress may be linked to the major changes that foster grandparenting may bring to grandparents' lives, and that may mediate this link. Specifically, accepting a foster child, for all parents, potentially involves changes to personal projects, a reduction of leisure time, changes in daily routines, and a reduction of available finances (Backhouse & Graham, 2013; Marken & Howard, 2014). Other factors may also be at play: grandparent depressive symptoms may be related to feelings of failure or shame with respect to their own children (Bunch et al., 2007; Cole & Eamon, 2007). The role of grandparents in supporting their adult child, who is experiencing important parenting difficulties, and in helping them maintain contact between that child and their grandchild is well documented in the literature and poses a number of important challenges (Bunch et al., 2007; Cole & Eamon, 2007).

Our results also confirm the known association between child externalizing behavior and foster parent depressive symptoms. Although our study does not allow us to draw definitive conclusions about the direction of the relation, we may hypothesize a bidirectional relationship. This has been shown in other studies where a reciprocal relationship between parents' depressive symptoms and child externalization was documented (Gross, Shaw, Moilanen, Dishion, & Wilson, 2008). Further work is needed to articulate the causal processes in this association, namely by using more prospective research which investigates symptoms of grandparent foster depression prior to the arrival of foster children in their home, and examines trajectories in comparison to matched grandparents who do not take on foster children. Other possibilities involve the use of intervention procedures that support foster grandparents to see if changes in depression

symptoms may be attributable to such changes. In light of the often documented link between foster parent depressive symptoms and child externalization, and the possibility that causal processes may be bidirectional, the development of effective intervention and support strategies would seem to be an important part of future work in this area. This proposal is supported by research that has shown the importance of parental characteristics for promoting development in foster children (Dubois-Comtois et al., 2015; Moss et al., 2011) and of effective intervention targeting kin foster families (Garcia et al., 2015). Moreover, support and intervention are needs that have been expressed by foster grandparents in previous research, especially with respect to the specific challenges posed by more difficult children (Musil et al., 2009; Strong, Bean, & Feinauer, 2010).

Study Limitations, Directions for Future Research and Implication for Social Policy

The results of this study suggest that foster grandparents may be at greater risk of reporting depressive symptoms than other foster parents, especially when considering levels of foster child externalized behavior. Among the strengths of this study are the use of interview and observational data and the comparison of foster grandparents with non-grandparents.

Among the limitations to this study are that some measures, such as externalization and depressive symptoms, rely on parental reports. It is possible that some of the observed association between these two constructs are related to shared method variance, and it will be helpful in future work to obtain independent assessments.

Results also point towards the need for more work in this area with this difficult, yet prevalent and highly vulnerable population, to gain a greater understanding of developmental processes, and to devise intervention

strategies that address the specific concerns and needs of foster grandparents. Such interventions are absent in Canada and the United States. Moreover, a more detailed assessment of grandparent individual characteristics may advance knowledge about the specific needs of grandparents who become responsible for the education and the material and psychological well-being of their grandchildren. Among the parenting factors that are emerging as important in this regard are those related to trauma. Past experiences of abuse, neglect and abandonment have been linked to highly problematic parenting behaviors, related to transgenerational transmission of developmental problems (Bailey, Tarabulsky, Moran, Pederson, & Bento, in press). More accurate assessments of trauma may indeed prove to be an important moderator in the connection between foster grandparenting, interactive sensitivity and parental and child outcome.

The small sample size precludes drawing major conclusions and rather emphasizes the need for further work and replication in this area. Moreover, as foster grandparent experience is no-doubt quite varied, results call for an indepth examination of potential moderating factors that may influence the effects that are presently documented. Another limitation of the current study is that this was not a “Grandparent” study per se. Rather, grandparent participation was voluntary and part of a larger study on foster parents in general. It is possible that this type of procedure may have created some type of sampling bias.

Finally, as previously mentioned, the research design precludes the drawing of a causal relationship between grandparent status and depressive symptoms. Both prospective and intervention studies would be helpful in attaining a greater understanding of the different ways in which becoming foster grandparent may lead to greater

levels of psychological distress. Clearly, as local and national child welfare agencies increase the recourse to extended family, including grandparents, in their search for appropriate foster placements for children, it will become highly pertinent that such practice be accompanied by the social research that can inform policy makers and practitioners as to developmental process, both for the children and grandparents who are involved.

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*Research Brief***Grandparenting in Selected West African Countries:
Implications for Health and Hygiene Behaviors
in the Household**

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Funmi Togonu-Bickesteeth
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Ile Ife, Nigeria**Abstract**

This is a descriptive study of the health and hygiene behaviors of grandparents who are the primary caregivers of their grandchildren in four West African countries, Ghana, Liberia, Nigeria, and Sierra Leone. The article utilizes data from each country's most recent Demographic and Health Survey (DHS). The study identified 20,841 households where grandparents were primary caregivers. As expected, most of these households are in Nigeria given their population exceeds the collective population of the other three West African countries. However, the number of grandfamilies in Ghana, Sierra Leone and Liberia is still worrisome for their population size. In each country, over half of the children in the care of their grandparents are preschool age or younger, suggesting the type of services in early child care that may be required. Regarding health and hygiene behaviors, over 60% of grandparent households have access to mosquito bed nets, but over 50% of the grandparents report not using, with

Nigeria report the largest non- usage rate of 78.6%. Although the available of data is limited in scope, the descriptive analysis provides a foundation upon which more rigorous research can be built to address the health risks and needs confronting grandfamilies in African countries.

Keywords: grandparenting, West Africa, grandparent households, health and hygiene behaviors

Background

The elderly occupy special positions and play important roles in traditional African Societies (Diop, 1989; Oppong, 2006). They are regarded as the custodian of traditional knowledge including customs, norms, and spirituality, while the younger generation are expected to reverence and consult them for important traditional issues (Apt, 1997; Cohen, 1994; Diop, 1989). The younger generation, especially their children, are also expected to provide adequate care and look after their general wellbeing at old age when they can no longer work to support themselves. This is well codified in a Yoruba adage “*Bi Okete ba dagba tan, omu omo re ni o maa nmu,*” meaning when *okete* (a nocturnal rodent) becomes very old, it depends on the breastmilk of her own children for survival.

Evidence from the literature, however suggests that there have been changes in this traditional arrangement over the years (Bongaarts & Zimmer, 2002; Hashimoto, Coppard, & Kendig, 1992; Shetty, 2012). Principal factors bringing about these changes include the economic depression ravaging many African societies (Barrientos, Gorman, & Heslop, 2003; Edmonds, Mammen, & Miller, 2005; Mokomane, 2013; Zimmer & Das, 2014), the transformation from agrarian to industrial economy, as well as rapid urbanisation, globalisation, and migration becoming more pronounced (Buffel & Phillipson, 2012). The traditional extended family

system arrangement for caring for the aged thus has been disrupted due to labor migration of the economically active population. In many instances, the aged are left behind either in the rural areas or in urban centers away from their adult children. Additionally economic problems are creating difficulties for the adult children to provide adequate care and necessary supports for their elderly parents (Aboderin, 2004a, 2004b). Instead, they often put an additional burden of day-to-day care for their own children (i.e., the grandchildren to the aged) on the grandparents. Even in situations where the aged co-reside with their adult children, evidence suggests that the former become primary caregivers for their grandchildren as necessary supports for the adult children who may need to multitask in order to meet family demands (Izuhara, 2010).

Furthermore, the problem cannot be totally divorced from the challenges of HIV/AIDS, communal conflicts, and insurgencies ravaging many African countries with the consequence of depleting economically active families. Literature is replete on the burden of HIV/AIDS across many African countries including the West African region (Akinsola, 2016; Schatz & Ogunmefun, 2007). Evidence has revealed that grandparents are taking over the responsibilities of caring for AIDS orphans (Apata, Rahji, Apata, Ogunrewo, & Igbalajobi, 2010; Demmer, 2011; Nsagha et al., 2012; Oduaran & Oduaran, 2010; Schatz & Gilbert, 2012; Scholten et al., 2011; Seeley, Dercon, & Barnett, 2010; Zagheni, 2011). The increasing incidence of communal conflicts and civil wars in many African societies has also contributed immensely to the burden of caring for children by the elderly. Evidence from the literature affirms the increase in orphan children as a consequence of war and communal crisis leaving behind the aging grandparents to care for their grandchildren (Arber & Timonen, 2012; Shetts y, 2012). In the past few decades, many societies in Africa have witnessed a series of communal conflicts and civil war (Blattman & Miguel, 2010; Butler & Gates, 2012; Fearon & Laitin, 2011). Added to this is the

problem of insurgences because of religious fundamentalism in many African countries. According to Annan (2014), “countries such as Liberia, Sierra Leone, Côte d’Ivoire, and Guinea-Bissau were crippled by conflicts and civil strife in which violence and incessant killings were prevalent.” (pg. 1) The recent insurgencies in the Sahel region, including Mali, Niger, and Mauritania in West African region as well as the case of Boko Haram in Nigeria, have contributed to an increase in orphans and burden of care by the aged.

A survey of living arrangements in West Africa revealed that 13% of old adults live with at least one grandchild but without adult children, i.e., birth parents (Zimmer & Dayton, 2005). Grandfamilies consist of grandparents and grandchildren without the presence of the middle generation or direct biological parents, or where grandparents assume parenting responsibilities, or become caregivers to their grandchildren with occasional presence of the direct parents. The consequences of grandfamilies on both the grandparents and the grandchildren are numerous and have been explored widely in the literature. This article is therefore anchored on structural models of family social health theory. The theory was adapted from the works of Zeitlin and colleagues at the United Nations University (Zeitlin et al., 1995), and it posits that family resources have direct influence on family management, beliefs, and caring behaviours, including emotional climate and child-care quality within the home. These factors in turn influence the development of the children. In this article, we hypothesize that the grandfamilies as a form of family structure will influence the available resources for the households which will in turn influence the family management, beliefs, and caring behaviours and consequently the development of the children raised in the households, as well as the general health and wellbeing of the grandparents. The grandparents’ health is often frail due to aging, and because of that, they may be incapable of raising social and material resources needed for the smooth running

of the family. The availability of material resources such as housing and income may affect the hygiene practice within the households while social resources such as literacy, media and residential location will influence grandparents' level of hygiene practices, the affection and attention given to the children, and the level of academic stimulation. These factors will have either positive or negative influences on the child growth and development, as well as the general health and wellbeing of the grandparents.

Adapting the perspective of Zeitlin et al (1995) model on influence of family structure on child and grandparents' health and wellbeing as illustrated by other studies in western societies, involvement in grandfamilies by older people is related to stress, physical, and emotional problems, as well as inadequate social supports, and poor health conditions (Hidaka, 2012; Kautz, Bendavid, Bhattacharya, & Miller, 2010; Komjakraphan & Chansawang, 2015; Letiecq, Bailey, & Kurtz, 2008; McKinnon, Harper, & Moore, 2013; Mills, Gomez-Smith, & De Leon, 2005; Velkoff, 2001; Woodbridge, 2010). Older persons already face challenges related to aging such as increase in chances of functional disability or limitations, non-communicable diseases, chronic diseases, income insufficiency, among others. Bearing sole responsibility for caring for grandchildren in the absence of parents or becoming primary caregivers for the grandchildren may be additional burdens further compromising their wellbeing. Reports in the literature revealed that when grandparents raise grandchildren in the absence of biological parents, there are consequences, some positive, but the majority of which have grave potentials for compromising the wellbeing of the two generations (the grandparents and the grandchildren) in the household (Arber & Timonen, 2012; Chen, Liu, & Mair, 2011; Kelley, Whitley, & Campos, 2010; Musil et al., 2011).

In addition, studies have documented that educational outcomes for the majority of children raised in grandfamilies

(i.e., households where grandparents are the primary caregivers) are problematic and issues such as teen pregnancy, cultism, poor school attendance, and child labor are common among them (Kelley, Whitley, & Campos, 2010; Musil et al., 2011). Evidence abounds to show that grandparenting is associated with psychological maladjustment in children (Smith & Palmieri, 2007), and various behavioral problems including drug abuse and truancy (Kelley, Whitley, & Campos, 2011). Studies among teachers also affirmed the impacts of grandparenting on emotional instability and behavioral maladjustment in schoolchildren (Edwards, 2006).

Despite all the evidence on the impact of grandparents caring for grandchildren in Western societies and the evidence of the magnitudes of these forms of households in West Africa, the implications for health and hygiene behaviours in the households (i.e., grandfamilies where grandparents are the primary caregivers) are not yet understood in the West African region. This article specifically explores the implications of grandfamilies on the spread of some preventable diseases such as malaria, diarrhea, and cholera. Malaria is the leading cause of death among children in Sub-Saharan Africa (Okafor & Amzat, 2007; Tambo et al., 2012). In response to this problem, the governments in various countries have initiated programs to address the spread of malaria especially through the distribution of insecticide-treated nets at an affordable cost and sometimes free to vulnerable households. Evidence however abounds that distribution of insecticide-treated nets does not guarantee its use and that many households do not either use them or they use them incorrectly (Afolabi et al., 2009; Rugemalila, Wanga, & Kilama, 2006), thereby defeating the essence of malaria prevention programs.

Similarly, diarrhea (Brennan & Nandy, 2001; Mekasha & Tesfahun, 2003), cholera (Akoto & Tambashe, 2002) and other diseases that thrive in environment with poor hygiene have been found to contribute significantly to childhood

morbidity and mortality in Sub-Saharan Africa. The governments across African countries have also initiated programs, especially handwashing programs, to address these health problems. But in spite of these actions, these health problems continue to remain major causes of morbidity and mortality (Nsona et al., 2012). Therefore, it becomes important to ask in what ways the household structure (in this case, grandparenting) can contribute to poor health and hygiene behaviors in the selected West African countries.

To date, there is no empirical work that provides some basic statistics and patterns of grandfamilies' households in West Africa. This article seeks to fill that gap. The main focus is to provide some health and hygiene behavior patterns of this family group in selected West African countries. Specifically, the paper seeks to describe the health characteristics and behaviors of grandfamilies where grandparents are the primary caregivers for their grandchildren in selected West African countries, and to provide a preliminary rationale for the results.

Methods

The study utilized secondary data obtained from the most recent Demographic and Health Surveys (DHS) for four West African countries: Ghana (2014), Liberia (2013), Nigeria (2013), and Sierra Leone (2013). The choice of the countries was predicated on the fact that they were Anglophone ECOWAS countries with very similar sociocultural and linguistic inclination. Also all four countries have recent data. The DHS contains nationally representative surveys of households and individuals of reproductive age in over 90 developing countries. These surveys were conducted with the technical support of ICF International, USA in conjunction with designated authorities of the respective countries. The surveys used a multi-stage, stratified cluster sampling technique. The individual datasets (Female Individual Recode and Male Recode) contain information on

only respondents of reproductive ages who were successfully interviewed and the children of interviewed women. This study is however based on the analysis of the Persons Recode (PR) datasets in each of the countries. The PR dataset contains information on *all* persons living in a selected household, thus ensuring that information is collected on individuals previously not eligible for individual interview surveys, including grandparents above reproductive age, children whose mothers were not interviewed, and orphans.

This study is limited only to households headed by a grandparent (grandfamilies), and the analysis is descriptive with no inferential statistical tests. All tabulations were however weighted to reduce sampling variability and non-response bias. This is secondary data based on family interviews. The organizations responsible for its collection have obtained necessary ethical approvals prior to fieldwork as stated on the DHS Program's website (DHS, Macro International). Formal approval to use the data was however obtained from ICF International, the USAID-funded agency responsible for the Demographic and Health Surveys.

Results

A total of 20,841 households were identified as headed by a grandparent who also served as breadwinner across households in the four West African countries, with the highest number in Nigeria (35.1%) and lowest in Ghana (12.0%). See Table 1. The wealth status of households with grandparents as primary caregivers reveal 45% of such households in Ghana, 43% in Liberia, 35% in Nigeria, and 40% in Sierra Leone were in the poorer or poorest wealth categories. Only 11% of grandparent-headed households in Ghana, 15% in Liberia, 14% in Nigeria, and 17% in Sierra Leone were in the upper wealth quintile as shown in Table 1. The only available data on grandchildren across all four countries is grade level.

Table 1
Sample Distribution and Wealth Status of Grandparents as Primary Caregivers in Four West African Countries by (n = 20,841)

West African Countries	Number (%) of Grandparents as Primary Caregivers
Ghana	2,507 (12.0%)
Liberia	4,472 (21.5%)
Nigeria	7,317 (35.1%)
Sierra Leone	6,545 (31.4%)
Total	20,841 (100%)

Wealth Status of Households with Grandparents as Primary Caregivers by Country								
Variables	GHANA		LIBERIA		NIGERIA		SIERRA LEONE	
Wealth Index	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Poorest	459	18.3	853	19.1	1072	14.7	1284	19.6
Poorer	663	26.4	1060	23.7	1448	19.8	1316	20.1
Middle	589	23.5	1113	24.9	2080	28.4	1262	19.3
Richer	509	20.3	737	16.5	1679	23.0	1523	23.3
Richest	287	11.4	709	15.9	1038	14.2	1160	17.7

Table 2 presents the education level of the grandchildren in the households at the time of the survey. A clear majority of the grandchildren are in preschool across the selected countries, with the highest proportion (75.8%) in Liberia. Ghana has the highest proportion of grandchildren in primary grades (39.4%) followed by Sierra Leone (36.8%), Nigeria (34.9%), and Liberia (22.1%). Nigeria has the highest proportion (13.5%) of grandchildren in secondary grades.

Table 2

Distribution of Grandchildren in Household by Grade Level

Grade Level	Ghana		Liberia		Nigeria		Sierra Leone	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Preschool	1,262	51.3	3,012	75.8	3,288	51.5	3,282	56.6
Primary	968	39.4	881	22.1	2,254	34.9	2,147	36.8
Secondary	230	9.3	81	2.0	874	13.5	383	6.6

Health and Hygiene Behaviors in Households

The health and hygiene behaviors considered here are prevention methods against malaria, diarrhea, and cholera. Malaria is a common and highly prevalent disease in Sub-Saharan countries with its attendant consequences on high infant and child morbidity. A major intervention in the prevention of malaria in the sub-region is through the provision of mosquito nets at an affordable cost (sometimes free of charge). The findings, as shown in Table 3, suggest 39.9% of households in Nigeria with grandparents as primary caregivers had no mosquito nets in the household, followed by Sierra Leone (37.4%), Liberia, (37.1%) , and Ghana (22.6%). More than half of the grandchildren across the four West African countries with access to bed nets did not sleep under mosquito nets the night previous to the survey being conducted.

As reported by a portion of the total respondents who indicated they have bed nets in their households, both Ghana (37%) and Sierra Leon (36%) had similar response rates showing the proportion of grandchildren who slept under a bed net the night before the survey. Liberia and Nigeria had much smaller results with 29% and 16%, respectively. This is a major public health issue as children in households with grandparents as primary caregivers may be more vulnerable to malaria exposure. Two reasons may be responsible for this finding. First, households with very limited financial

resources may not consider mosquito nets as a priority in terms of their hierarchy of needs. Also, knowledge and information on the effectiveness of mosquito bed nets may not be fully understood by the grandparents who could have less formal education.

Table 3

Frequency of Presence and Use of Mosquito Nets Against Malaria in Grandparent Households by Country

Health/Hygiene Behaviors	GHANA (n=2507)		LIBERIA (n=4472)		NIGERIA (n=7317)		SIERRA LEONE (n=6545)	
<i>Has mosquito net for sleeping</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
No	566	22.6	1660	37.1	2922	39.9	2448	37.4
Yes	1941	77.4	2813	62.9	4394	60.1	4098	62.6
Frequency of Grandchildren Who Slept Under Bed Net Night Preceding Survey								
<i>Number of Respondents</i>	GHANA n=1410	%	LIBERIA n=3375	%	NIGERIA n=4562	%	SIERRA LEONE n=5037	%
No	794	56.3	1909	56.6	3585	78.6	2666	52.9
All children	521	36.9	983	29.1	710	15.6	1791	35.6
Some children	95	6.8	483	14.3	267	5.9	580	11.5

Home hygiene, such as hand washing, has been identified as a major preventive measure against certain medical conditions. The findings showed that 53% of grandparent-headed households in Ghana, 34% in Nigeria, and 23% in Sierra Leone observed the practice, compared with only 2% in Liberia. The proportion of households that actually observed hand washing practices and had water available on the home site varied across the countries. In Liberia, 75.5% of the grandparents reported they had available water for hand washing, followed by Ghana (58.1%), Nigeria (44.0%) and Sierra Leone (42.2%). Grandparents also reported the availability of soap or hand detergent for hand washing.

Approximately 1/5 of such households in Ghana had soap in a designated place for handwashing, approximately 8% in Nigeria and Sierra Leone, while only 1% in Liberia. The findings suggest that hygiene practices among households with grandparents as the primary caregivers in Liberia are very poor, while they are relatively fair in Nigeria and Sierra Leone, and far better in Ghana.

Table 4
Distribution of Selected Hygiene Indicators in Household in Grandparent Households

Hygiene Indicators	GHANA		LIBERIA		NIGERIA		SIERRA LEONE	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Handwashing								
Observed Handwashing	1318	52.6	106	2.4	2479	33.9	1515	23.1
Not observed; not in dwelling	876	34.9	1118	25.0	2733	37.4	4286	65.5
Not observed; not able to see	29	1.2	238	5.3	295	4.0	253	3.9
Not observed; other reasons	285	11.4	3011	67.3	1809	24.7	491	7.5
Presence of water	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Water not available	552	41.9	26	24.6	1388	56.0	875	57.8
Water is available	766	58.1	80	75.5	1091	44.0	639	42.2
Hygiene Items: Soap/ detergent	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
No	1992	79.4	4423	98.9	6699	91.6	6044	92.4
Yes	516	20.6	50	1.1	618	8.4	501	7.7

Discussion and Conclusion

The study suggests that the health and hygiene behavior of grandfamilies varies across the selected West African countries. The absolute number of this family group is highest in Nigeria, which aligns with the country's general population. However, there are concerns about such

household types in Sierra Leone and Liberia. This finding is particularly important because of the evidence of the devastating effect of civil war experienced in these countries in less than two decades ago (Blattman & Miguel, 2010; Butler & Gates, 2012). Nigeria has also witnessed the problem of the Boko Haram insurgency since 2009 and is the country with the second highest HIV/AIDS burden in the world (Adebajo, Bamgbala, & Oyediran, 2003; Alubo, Zwandor, Jolayemi, & Omudu, 2002; Chaplin et al., 2015; Charurat et al., 2015). These problems may have also contributed to the number of grandparents caring for grandchildren in these four countries, but evidence from the data available is not suggesting these as prime factors since the majority of the households do not have orphans and vulnerable children. Therefore, more research is needed to determine the causes of this type of household in the selected countries.

The prevalence of grandchildren who are preschool age or younger calls for special attention to grandparents raising very young children. Children less than 5 years and even those in preschool age need special care and are highly susceptible to childhood illnesses and diseases that predispose them to high mortality rates. Leaving such children to the care of the grandparents who may be physically fragile and economically weak may make them (the children) more vulnerable to diseases and dropping out of school even if they have an opportunity to attend. Therefore, there is a need to explore the prevalence of young grandchildren raised by grandparents in West African countries and to strategically target these households for specialized services. Any intervention may also require targeting grandparents' households with OVCs for special support.

The prevalence of households where grandparents are primary caregivers across the different wealth quintiles also presents interesting data. The distribution followed a similar pattern across the selected countries (i.e., the population rose from poorest to middle class and fell from that point to the

richest class) and showed that this type of household is not limited to any socioeconomic category. Therefore, it is important to stratify the households in any intervention program to demonstrate how needs may vary across these different socioeconomic statuses.

Malaria is one of the leading causes of death among children (Liu et al., 2015; Walker et al., 2015). Although the proportion of households where grandparents are primary caregivers who have mosquito nets to prevent malaria is good in Liberia, Nigeria, and Sierra Leone, and highest in Ghana, quite a number of the families who have the nets are not using them. The case appears worst in Nigeria, while it should raise concerns in all the described countries including Ghana where more than three-quarter of the households have access to mosquito nets.

The practice of handwashing to prevent diseases has been affirmed in the literature (Ejemot-Nwadiaro, Ehiri, Arikpo, Meremikwu, & Critchley, 2015; Medeiros et al., 2015). This practice is however poorest in Liberia despite the fact that a majority of the households in the country are between the middle wealth to richest quintile and more than three quarters of the households have water within their households. This issue is very important, particularly considering its implications for communicable diseases and other preventable diseases including diarrhea.

It is important to note that the DHS data in this article is limited in scope to the type of households explored here and therefore could not permit more detailed and rigorous analysis. However, it does thus far provide a preliminary understanding of health and hygiene behaviors as well as some social context within the households where grandparents are the primary caregivers. Significantly it helps to lay the foundation for more rigorous future research in this area.

In conclusion, there is a need for more proactive and pragmatic efforts to provide better supports for grandfamilies' households' positive health and hygiene behaviors aimed at

improving the conditions of both grandchildren and grandparents in the families.

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National Research Center on Grandparents Raising Grandchildren

Mission

Our mission is to improve the well-being of grandparent-headed families by promoting best practices in community-based service delivery, and advancing the work of practitioners and scholars in the development, implementation and evaluation of new knowledge in the field.

Core Beliefs

Grandparents contribute to the preservation of whole family systems when taking on the responsibility of raising their grandchildren.

Grandchildren, as well as all children, deserve to be loved and cherished in safe and nurturing families.

Parents should have primary responsibility for their children, but when they are unable/unwilling to assume that role, grandparents should be given the resources and support to assume parental responsibilities.

Communities are better served by grandparents taking on the custodial care of their grandchildren, when needed.