

January 2016

Wellbeing Among Rural Grandfamilies in Two Multigenerational Household Structures

Melissa A. Barnett

University of Arizona, barnettm@arizona.edu

Lorien Yancura

University of Hawaii at Manoa, loriena@hawaii.edu

Joe Wilmoth

Mississippi State University, jwilmoth@humansci.msstate.edu

Yoshie Sano

Washington State University, yoshie_sano@wsu.edu

Follow this and additional works at: <https://scholarworks.wmich.edu/grandfamilies>



Part of the Family, Life Course, and Society Commons, and the Rural Sociology Commons

Recommended Citation

Barnett, M. A., Yancura, L., Wilmoth, J., Sano, Y. (2016). Wellbeing Among Rural Grandfamilies in Two Multigenerational Household Structures. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 3 (1).

Available at: <https://scholarworks.wmich.edu/grandfamilies/vol3/iss1/4>

This Research Article is brought to you for free and open access by the National Research Center on Grandparents Raising Grandchildren at ScholarWorks at WMU. It has been accepted for inclusion in GrandFamilies: The Contemporary Journal of Research, Practice and Policy by an authorized editor of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



Wellbeing Among Rural Grandfamilies in Two Multigenerational Household Structures

Cover Page Footnote

Data were collected in conjunction with the cooperative multi-state research project NC1171 Interactions of Individual, Family, Community, and Policy Contexts on the Mental and Physical Health of Diverse Rural Low Income Families (commonly known as “Rural Families Speak about Health”). Cooperating states are California, Hawaii, Illinois, Iowa, Kentucky, Massachusetts, Minnesota, Mississippi, Nebraska, New Hampshire, North Carolina, South Dakota, Tennessee, Texas, Washington, and Wyoming.

Research Article

**Well-Being Among Rural Grandfamilies in Two
Multigenerational Household Structures**

Melissa A. Barnett
University of Arizona
Tucson, AZ

Loriena Yancura
University of Hawai'i at Manoa
Honolulu, HI

Joe Wilmoth
Mississippi State University
Mississippi State, MS

Yoshie Sano
Washington State University
Vancouver, WA

Abstract

Multigenerational households are an understudied type of grandfamily. In rural communities, these households are likely to be economically disadvantaged and underserved. Drawing from a subset ($N = 63$) of low-income multigenerational households in a multistate research study, *Rural Families Speak About Health*, the present study compares demographic characteristics, parent and child well-being, and family processes in two types of multigenerational household structures: one-parent/grandparent families and two-parent/grandparent

families. Research on these multigenerational household configurations is rare despite the potential for different needs, strengths, and services. Results indicate no differences in economic hardship or disadvantage by household type. Children in one-parent/grandparent households were older, and mothers reported providing more elder care than in two-parent/grandparent homes. There were no statistically significant differences in mother or child well-being across these family structures. Differences in family processes emerged. Specifically, mothers' reports of parenting alliances and family routines varied by household type such that mothers in one-parent/grandparent households reported stronger parenting alliances and more stable family routines than those in two-parent/grandparent families. Implications of the findings for service professionals seeking to design and implement family support and prevention programs for grandfamilies, particularly in rural areas, are discussed.

Keywords: grandparents, household structure, multigenerational, rural families well-being.

Introduction

A burgeoning area of research examines the needs and characteristics of families in which grandparents are the primary caregivers and the parent generation is absent from the household (e.g., Hayslip & Kaminski, 2005; Hayslip & Smith, 2013). However, we know relatively little about the well-being of children and adults in another type of increasingly common nontraditional household—multigenerational households (Juelfs-Swanson, 2013; Kochhar & Cohen, 2011). Families who live in these households are disproportionately economically

disadvantaged (Dunifon, Ziol-Guest, & Kopko, 2014; Ellis & Simmons, 2014). Approximately 10% of all children in the United States live in the 4.2 million multigenerational households that include grandparents, parents, and grandchildren (Ellis & Simmons, 2014).

These households may take two forms. The first includes a single parent and one or two grandparents where mothers and grandmothers typically co-parent children. In the present study, we refer to these families as *one-parent multigenerational families*. The second, what we refer to as *two-parent multigenerational families*, includes two parents and one or more grandparents. According to U.S. Census Bureau data, nearly a third of all children living with grandparents also live with two parents, and this rate has increased since the recession (Ellis & Simmons, 2014). Despite this growing trend, differences between multigenerational household structures often are overlooked. In fact, in general, research on multigenerational families tends to make distinctions between families with and without a parent (i.e., skipped generation households), with very little focus on whether there are one or two parents, thus often combining these two household types, and potentially obscuring key differences between families with a grandparent and one or two parents.

The purpose of this paper is to draw data from a subsample of a multistate study of low-income rural families in order to examine grandfamily well-being, conceptualized as mothers' reports of economic well-being, mother's and children's well-being, and two forms of family processes (co-parenting quality and family routines) in both types of low-income multigenerational households. We focus on economic hardship, mother and child well-being, and family processes given significant evidence, including among rural families, that economic hardship undermines mother and child well-being and family

processes (e.g., Conger, Conger, & Martin, 2010). By comparing these two multigenerational household types, we seek to call attention to these households and to inform the design and targeting of service delivery programs to meet the strengths and needs of these two types of grandfamilies.

Formation of multigenerational households may be an important adaptation for child and elder care in rural areas, where access to adequate housing and support services is limited (Blalock, Tiller, & Monroe, 2004; Cook, Alford, & Conway, 2012; Gjesfjeld, Weaver, & Shommer, 2012) and reliance on kinship social networks, including grandmother support, is common (Elder, Rudkin, & Conger, 1995; Nelson, 2006). Limited research has examined multigenerational families, including grandparent caregivers, in rural areas, despite recent calls for research to inform services to meet the needs of low-income rural families (Cook et al., 2012). Bigbee, Musil, and Kenski (2011) noted that seniors living in rural areas are more likely to experience economic hardship than those in metropolitan areas. Recent trends leading to depopulation in rural areas and greater job losses (Economic Research Service, 2013), coupled with slower recovery from the Great Recession, have led to weakened formal and informal support networks that may leave individual family members vulnerable to risks to health and well-being. While multigenerational households tend to be relatively short-lived in general (Pilkauskas, 2012), economic circumstances may make it more likely for these arrangements to become permanent and thus have greater long-term impact in rural areas.

Theoretical Foundation

All multigenerational households involve complex relationships that require balance and negotiation across intergenerational roles and responsibilities. However, the

nature of these negotiations, and thus the implications for family functioning and the well-being of individual family members likely vary by household type. According to family systems theory, each dyadic family relationship is embedded within a system of relationships such that each relationship influences and is influenced by every other (Cox & Paley, 1997). Thus grandparent/grandchild relationships are embedded within multigenerational family systems and are contingent upon grandparent/parent relationships (Mueller & Elder, 2003). In multigenerational households with two parents, this also means that the mother/father and each parent/child relationship is impacted by and impacts the grandparent/parent relationship. The implicit rules that shape boundaries within and across subsystems (Kerig, 1995) in multigenerational families may be ambiguous or ambivalent. In some multigenerational families, adult children may be acting as parent to the youngest generation and caregiver to the oldest generation. In one-parent multigenerational families, mothers are fulfilling both child and parent roles while grandmothers are fulfilling both parent and grandparent roles. In two-parent multigenerational families, parents are fulfilling spouse/partner, child, and parent roles. These different family systems may impact family processes that involve family members working together, such as co-parenting alliances and family routines, the focus of the present study.

Types of Multigenerational Families

One-parent multigenerational families. The majority of research on households in which mothers and grandmothers are raising a child together has focused on either child or grandparent outcomes, with little focus on parents (other than adolescent mothers) or family processes (Barnett, Mills-Koonce, Gustafsson, & Cox, 2012). In

general, research on these family types presents mixed findings on risks to well-being for children and adults. In many cases, the extent to which living in these households presents different risks depends on the comparison group. For example, drawing from nationally representative data, Foster and Kalil (2007) report that children in households with a single mother and grandmother generally fare better than children in single-mother-only households but not as well as those in two-parent households. Similarly, the well-being of grandparents in multigenerational households also is mixed, often depending on the comparison group. In general, grandmothers who live with a single parent are mentally and physically healthier than those who live in skipped generation households, but not as healthy as those grandmothers who are involved with their grandchildren but do not live with them (Hughes, Waite, LaPierre, & Luo, 2007; Musil, 2000). Very little of this comparative work has focused on rural families, and comparisons have not focused on two-parent multigenerational households.

Two-parent multigenerational families. In contrast to the work on mother-grandmother families that focuses on children or grandparents, research on two-parent multigenerational households is largely found in the family caregiver literature, which focuses on families that provide care to older adults. These studies examine the well-being of parents in the so-called “sandwich generation.” The general assumption in this work is that mothers are simultaneously caring for children and grandparents. The focus has been on individual coping strategies and the balance between work and home responsibilities of dual-earner couples. However, Juelfs-Swanson’s (2013) analysis of census data documents that recent trends in multigenerational household formation have moved away from grandparents moving in with parents (i.e., typical elder caregiving pattern) towards parents and grandchildren

moving into grandparent-headed households. This trend may have been amplified during the recent Great Recession (Kochhar & Cohen, 2011), from which rural communities are recovering slowly (Hertz, Kusmin, Marré, & Parker, 2014). This work on “sandwich generation” families often overlooks general family processes implicated in the well-being of children and adults. This body of work rests on the assumption that older adults in multigenerational families are the recipients of care, when they may in fact provide care to grandchildren.

Family Members’ Well-Being

Mothers’ well-being. Research on parental well-being in multigenerational households has focused on adolescent mothers. These mothers are at greater risk for experiencing depressive symptoms than older mothers, even when controlling for socioeconomic status (e.g., Caldwell, Antonucci, & Jackson, 1998; Schweingruber & Kalil, 2000), given normative adolescent development, mother-grandmother conflict, and parenting stress. The extent to which some of these same stressors undermine maternal well-being among adult mothers living with their mothers is largely unexplored (Piontak, 2014). Multigenerational households might form to compensate for mothers’ challenges, such as mental health deficits (Pittman & Boswell, 2008), but also may introduce new forms of conflict that undermine well-being (Barnett et al., 2012).

Most work on variations in maternal well-being by household structure compares single and married mothers, finding in general that married mothers experience better physical and mental health (Acock & Demo, 1994; Sigle-Rushton & McLanahan, 2002). This work often fails to consider household members other than mothers’ romantic partners (Piontak, 2014). In a rare study to consider maternal depression in multigenerational households,

Piontak (2014) reported that mothers of infants in multigenerational households in an urban low-income population experienced more depressive symptoms than those in single-generation households. Yet this study failed to distinguish between types of multigenerational families. Research on maternal health and well-being among two-parent/grandmother families has focused primarily on differences in physical and mental health between mothers and fathers who fulfill dual caregiving roles (Hammer & Neal, 2008).

Children's well-being. Children's well-being also varies by family structure. In general, children raised in single-mother households face greater risks to well-being than children raised in two-parent households (McLanahan, 2004; Manning & Brown, 2006). As noted earlier, the findings linking grandfamily residence to children's well-being are varied, often depending on the comparison group. For example, research on older children and adolescents has found that, controlling for socioeconomic status, psychological well-being among individuals living with a single mother and grandmother was similar to those living with two married parents and better than those with single mothers (DeLeire & Kalil, 2002; Simons, Chen, Simons, Brody, & Cutrona, 2006) and custodial grandmothers (Pittman, 2007). Drawing from this mixed research, it seems likely that, in comparison to children living in one-parent/grandmother households, children living in two-parent/grandmother households may experience better physical and mental health.

Family Processes

Parenting alliance. In this study, we consider two kinds of family processes, co-parenting and family routines, that may vary according to the two types of grandfamilies. First, we consider co-parenting quality. In

well-functioning two-parent families, parents form an alliance to present a cohesive and united front in their interactions with children, but under stress the family alliance may break down, leading to negative implications for all family members (e.g., Kerig, 1995). Therefore, the parenting alliance is an important indicator of family functioning. The co-parenting relationship has been identified as an effective intervention target to improve adult and child well-being and overall family functioning among two-parent (i.e., mother-father) families (see Holmes, Cowan, Cowan, & Hawkins, 2013).

There is growing research focusing on co-parenting in non-traditional family forms (McHale & Irace, 2011), including a limited number of studies on mothers and grandmothers (e.g., Barnett, Scaramella, McGoron, & Callahan, 2012; Oberlander, Black, & Starr, 2007). The balance of power in one-parent multigenerational households is likely not equal, thus creating the potential for mother-grandmother conflict that disrupts productive parenting alliances, including alliances between mothers and grandmothers and mothers and non-residential co-parents such as fathers. However, this work rarely has considered co-parenting in the two family forms that are the focus of the present study. The parenting alliance may in fact be more balanced or easier to attain in a household with two caregivers than in a household with three caregivers (i.e., two parents and a grandmother), as the caregiving triad must balance multiple sets of beliefs and relationship goals. Thus parenting alliances may be weaker in two-parent multigenerational households than in one-parent multigenerational households.

Family routines. Second, when families engage in predictable and stable family routines, children fare better across a range of health and psychological well-being outcomes (Fiese et al., 2002; Vernon-Feagans, Garrett-

Peters, Willoughby, Mills-Koonce, & Family Life Product Key Investigators, 2012). Predictable family routines also are linked positively to maternal mental and physical health (Denham, 2003) and resilient family functioning (Black & Lobo, 2008). Economically disadvantaged families, like those in the present sample, often face the most challenges in engaging in predictable family routines (Evans, Gonnella, Marcynyszyn, Gentile, & Salpekar, 2005; Fiese et al., 2002). In comparison to single-parent households, two-parent households may experience more regular family routines (Potter, 2010). For example, when two parents are available, activities like bedtime routines and regular, organized meals may be possible even when one parent is working an irregular schedule or juggling multiple household responsibilities. However, the findings comparing family routines across single and two-parent family structures often are confounded with socioeconomic status (Hale, Berger, LeBourgeois, & Brooks-Gunn, 2009). To date, no research has considered family routines in multigenerational households. Drawing from the research on single versus two-parent families, if having more caregivers facilitates more stable family routines, then multigenerational households with two parents and a grandmother likely will experience more regular routines than those households with a single-parent/grandmother structure.

Economic well-being and household demographics. Multigenerational households often form to pool resources, including financial resources, to support all family members. Given higher rates of poverty in female-headed households in general, including in rural areas (Economic Research Service, 2015), one-parent multigenerational families may be more economically disadvantaged than two-parent multigenerational families. The two-parent multigenerational households may benefit

from the potential income of more household members. Moreover, more adults may provide additional child care that in turn allows parents to work more hours, especially given the lack of access to quality child care for the flexible schedules demanded by many low-paying jobs available to women in rural areas (Blalock, Tiller, & Monroe, 2004; National Association of Child Care Resource & Referral Agencies, 2010).

In terms of household characteristics, it seems likely that the age structures of the two types of multigenerational households may vary. First, mothers in one-parent/grandparent households may be younger and have younger children because adolescent mothers and single mothers who are transitioning to parenthood may be likely to live with their own mothers temporarily (Pilkaukas, 2012). Further, if the two-parent/grandparent households were formed to care for aging grandparents, then the mothers may themselves be older and be typical members of the “sandwich generation” who report providing elder care.

The Present Study

The sample for the present study is drawn from *Rural Families Speak About Health (RFSH)*, a collaborative multistate project that examines interactions of individual, family, community, and policy contexts on the mental and physical health of rural, low-income families. Multigenerational families were not the original focus of the larger study. However, consistent with the census data cited above, there were many multigenerational families in this study. The primary goal of the present analysis is to explore differences among household characteristics, maternal and child well-being, and family processes between one- and two-parent multigenerational families.

Based on the scant amount of literature on family well-being in different multigenerational households, we propose tentative hypotheses grouped by four categories of outcomes. For demographic variables, participants in one-parent multigenerational households will experience greater financial distress and hardship and be younger than those in two-parent multigenerational households. For maternal outcomes, participants in one-parent multigenerational households are expected to have lower scores on physical health and higher scores on depressive symptoms than their counterparts in two-parent multigenerational households. For child outcomes, children in two-parent multigenerational households will have better health than those in one-parent multigenerational households. For family processes, two-parent multigenerational households are predicted to have weaker parenting alliance scores and more predictable family routines than one-parent multigenerational households.

Method

Sample

Data used in this study were collected as part of the larger *RFSH* project. In order to participate in the *RFSH* study, participants met the following criteria: 1) 18+ years of age; 2) providing care to at least one child under the age of 13; 3) having a household income at or below 185% of the Federal Poverty Line (FPL); and 4) living in a rural area. For this project, rural counties were identified by the USDA Economic Research Service's (ERS, 2007) Urban Influence Codes (UIC) of at least code 6, which describes residential areas that are "noncore adjacent to small metro area" with a minimum population of 2,500 individuals. Data from the states of Hawaii and Massachusetts were collected from rural areas (as identified by zip code census tracts) in more populous counties because there are no accessible counties with code 6 and higher in these states.

During the screening procedure, study participants listed all of the children within the target age range for whom they were providing care, and a randomized procedure was used to identify the target child.

Researchers in 13 states recruited participants through flyers placed in public areas and word of mouth. The recruitment method, mixed purposive sampling, was a hybrid that combines the strengths of both purposive sampling and chain-referral sampling (Mammen & Sano, 2012). Complete data from 416 participants were included in the data set. Note that multigenerational households were not a target of the larger study, and thus the participants included in the present study represent a naturally occurring subsample. All together, 63 participants reported that a parent or parent-in-law lived in their household and were identified as living in multigenerational households. Participants in single- and multigenerational households did not significantly differ from each other on any model or demographic characteristics except for age. Those who lived in multigenerational households were significantly younger ($M = 29$ years) than those who did not ($M = 32.5$ years; $t(438) = -3.054$). Within the multigenerational households, 11 were single-parent households (i.e., participant and grandparent), and 54 were two-parent households (i.e., participant, partner, and grandparent). Participant's ages ranged from 18-45 with an average of 29 years ($SD = 7.39$). The majority self-identified their race as White (59.4%), although the sample did include women who identified as Hispanic/Latina (18.8%), Black (9.4%), more than one race (9.4%), Asian/Pacific Islander (1.6%), or American Indian/Alaskan Native (1.6%). Target children's ages ranged from 0 to 12, with an average of 5.12 years ($SD = 3.64$).

Measures

Demographic variables. Mothers reported on a number of family characteristics, including mother and child age. *Caregiving Status* was assessed by a single question asking participants to list the other adults in their household and answer the question, “Are you a caregiver for any of these adults?”

Economic well-being. Data on participant economic well-being were collected with standardized scales and questions. *Financial Distress* was measured with The PTW(TM) scale (formerly known as the InCharge Financial Distress/Financial Well-Being Scale), an 8-item scale that measures the level of stress associated with financial situations on a 5-point scale with 1 being “low” and 5 being “very high.” Cronbach’s alpha in this study was .73 for the eight-item scale. Higher scores mean more financial distress (Prawitz et al., 2006). Having a hard time paying for basic needs was assessed with a yes/no answer to the question, “In the past year, have you had a hard time paying for basic needs of your family?” Mothers also reported on whether they currently received any public assistance.

Maternal well-being. Several aspects of maternal health were assessed with standardized measures. *General Health* was assessed with a single-item measure asking participants to rate their health on a 5-point scale with 1 being “excellent” and 5 being “poor.” Depressive symptoms were measured with the short form of the Center for Epidemiologic Studies Depression Scale (CESD-10), a 10-item scale with demonstrated reliability ($\alpha = 0.84 - 0.90$; Andresen, Malmgren, Carter, & Patrick, 1994). *Life Satisfaction* was measured by the answers to the question, “How satisfied are you with your life?” on a 5-point scale with 1 being “never” and 5 being “always.”

Child well-being. Child health was assessed with a modified version of the Child Health Survey (Richards et al., 2000). Participants responded to two questions about their child's health on a 5-point scale with 1 being "excellent" and 5 being "very poor." These questions were "How is your child's health in general?" and "How would you describe the condition of your child's teeth?" The scale also included a list of 11 other disorders to which parents responded "yes" or "no" to whether their child had them (e.g., allergies, developmental delay). All items were summed in a composite scale; higher scores indicate poorer child health.

Family Process variables. Family-process variables were assessed with two measures. The first was the *Parenting Alliance Measure* (PAM; Abidin & Bruner, 1995), a highly reliable instrument ($\alpha = 0.97$) with 20 items that measure two discrete factors, *Respect* ($\alpha = 0.76$ in this sample) and *Communication* ($\alpha = 0.94$ in this sample). All items were assessed on a 5-point Likert scale (strongly agree to strongly disagree); higher scores meant stronger alliance (Abidin & Konold, 1999). Participants were asked to respond to the PAM items with regard to the other "primary caregiver for the child, spouse, partner, or grandparent." Pointing to the complexity of caregiving configurations in multigenerational households, 62% of mothers in two-parent households identified their partners as the primary co-parent, while 32% identified their own parent. Further, in one-parent multigenerational households, 67% of mothers identified their own parent as the primary co-parent, while the others identified the child's father. Importantly, there were no statistically significant mean differences across co-parent configurations within one-parent or two-parent multigenerational households on either subscale. The

second measure was the *Family Routines Inventory* (FRI), an 18-item scale that measures the extent of predictability in the daily life of a family. Higher scores mean greater predictability (Jensen, James, Boyce, & Hartnett, 1983).

Procedure and Analysis Plan

Standardized, face-to-face interviews at participants' homes or convenient public places were used to collect data. The present study will use independent sample *t* tests to examine differences between one-parent and two-parent families in multigenerational households on demographic variables, as well as maternal, child, and family-level outcomes.

Results

Household Demographic Variables and Economic Well-Being. Descriptive statistics for demographic characteristics for one- and two-parent multigenerational households are shown in Table 1. The groups did not differ significantly on financial variables (i.e., receipt of public assistance, financial distress, material hardship, difficulty in paying for basic needs). There were also no between-group differences on race. However, there were group differences on age: children were significantly ($p < .05$) older, and the mothers were marginally ($p < .10$) older in one- than two-parent households. Mothers in two-parent households were significantly ($p < .05$) more likely to state that they were providing care for an older adult than mothers in one-parent households.

Table 1

Comparisons of Demographic Characteristics and Economic Well-being Between One- and Two-parent Multigenerational Grandfamilies

Variables	One- Parent (<i>n</i> = 11)	Two- Parent (<i>n</i> = 54)	<i>t</i>	<i>df</i>	<i>p</i>
<u>Continuous Variables</u>					
Mothers' Age	32.36	28.31	1.68	63	0.098
Child's Age	7.55	4.63	2.51	63	0.014
Public Assistance Scale	0.26	0.24	0.48	63	0.634
Financial Distress	25.36	25.87	-0.33	63	0.759
Material Hardship	0.22	0.36	-1.25	63	0.215
Food Security	1.54	1.75	-0.31	63	0.754
Housing Stress	2.90	2.79	1.23	63	0.224
Number of other adults in household	1.00	2.72	-2.21	63	0.001
<u>Categorical Variables (% Yes)</u>			X²	<i>df</i>	<i>p</i>
Are you a Caregiver?	18.5%	45.5%	3.74	1	0.05
High School Diploma or Above?	76.0%	64.0%	6.15	7	0.52
Hard time paying for basic needs?	63.0%	50.0%	0.59	1	0.44

Maternal and Child Well-Being. Contrary to expectations, there were no significant between-group differences on mental and physical health or life satisfaction (see Table 2). There were no differences in health between target children living in the two types of households. Data are omitted for the sake of parsimony.

Table 2

Comparisons of Maternal Well-being Between One- and Two-Parent Multigenerational Grandfamilies

Variable	One-Parent (<i>n</i> = 11)	Two-Parent (<i>n</i> = 54)			
Continuous Variables			<i>t</i>	<i>df</i>	<i>p</i>
General Health	3.18	2.98	0.64	63	0.53
Depression	9.09	8.66	0.24	63	0.81
Life Satisfaction	3.64	3.91	-0.81	63	0.42

Family Processes. Participants in one-parent multigenerational households reported significantly more communication with co-parents than in two-parent multigenerational households. One-parent multigenerational families also reported more stable family routines than those in two-parent multigenerational households, although marginally so (see Table 3).

Table 3

Comparisons of Family Processes Between One- and Two-Parent Multigenerational Grandfamilies

Variable	One-Parent (<i>n</i> = 11)	Two-Parent (<i>n</i> = 54)	<i>t</i>	<i>df</i>	<i>p</i>
PAM					
Communication	3.18	2.98	2.22	24.47	0.04
PAM Respect	42.08	48.66	1.11	54.00	0.27
Family Tradition and Routine Inventory	4.00	3.94	-1.86	63.00	0.08

Discussion

The goal of this study was to examine economic well-being, mother and child well-being, and family processes across two different multigenerational household structures: one- and two-parent multigenerational families. Although grandfamilies in general may be more at risk for compromised health and well-being in rural communities, very little research has distinguished between these two family forms. We begin by reviewing our findings and then discuss the implications for practitioners working with grandfamilies, especially in rural areas. We conclude by pointing to future directions for research.

Perhaps the most striking findings in our study were the differences in co-parenting alliance measures between one- and two-parent multigenerational households in this low-income rural sample. These differences cannot be attributed to maternal or child well-being because the two groups did not differ on these outcomes. In support of our hypothesis, we found that on average co-parenting alliances, specifically communication and teamwork, were stronger in one-parent multigenerational families than in two-parent multigenerational families. Perhaps the efforts to balance coordination among three caregivers, including across families in which mothers identified the father or the grandmother as the primary co-parent, is more challenging than in a household with only a mother and a grandmother, even if the primary co-parent is non-residential. Moreover, despite generational differences between grandmothers and mothers, they likely share similar parenting beliefs and values that may facilitate better cooperation when they live together. In fact, drawing for work on intergenerational solidarity (e.g., Silverstein & Bengtson, 1997), the co-parenting alliances between mothers and grandmothers in one-parent multigenerational families may reflect the consensus dimension when parents and grandmothers are parenting together, as these families are also likely to be

high on the association dimension of intergenerational solidarity. Interestingly, we found no differences in the respect domain of the parenting alliance, suggesting that very specific aspects of co-parenting, particularly those related to the everyday tasks of caregiving rather than more general attitudes, may vary in multigenerational households, and thus services can be tailored for these specific needs.

Contrary to our hypothesis, the results reveal that, on average, mothers in one-parent multigenerational households reported more regular family routines than mothers in two-parent multigenerational households. Again, this finding may stem from differences in family routine expectations between mothers and fathers versus mothers and grandmothers. Alternatively, if the two-parent multigenerational households include elder care in addition to child care, then these multiple demands and tasks may undermine the ability of adults to maintain regular family routines. For example, research on mothers who are simultaneously caring for children and aging parents points to the stressors that come from juggling multiple roles and responsibilities (Hammer & Neal, 2008) as mothers struggle to meet the sometimes competing needs of both generations.

In fact, the findings suggest that two-parent multigenerational families were more likely than one-parent families to include an older adult that needed care. Perhaps having an older adult that needs care in the household interferes with family functioning. Moreover, the combination of caring for young children and an aging grandparent may jointly undermine family routines. In support of this supposition, in contrast to our expectations, target children in two-parent multigenerational households also were significantly younger than those in one-parent multigenerational households.

Another striking finding from our study is that, contrary to our hypotheses drawn from family systems theory and the thin extant research on diverse multigenerational family structures, there were no differences in measures of mother and child well-being across the two household types. It is important to note that there were very few sociodemographic differences across family structure, including among indicators of economic disadvantage such as financial distress and economic hardship that are often implicated in maternal well-being (e.g., Conger, Conger, & Martin, 2010). In this rural sample, limited housing, child care, and elder care options may be more influential on household residence patterns than other sociodemographic indicators. Notably, our sample is all low income and rural, and thus poverty may adversely impact health and well-being of adults and children in similar ways regardless of family structure (Conger & Donellan, 2007; Vernon-Feagans & Cox, 2013). Our findings point to the need to conduct future work on rural grandfamilies that includes a focus on models linking disadvantage to family processes and individual well-being (Barnett, 2008).

Implications for Service Providers

Our study has implications for both service providers and policymakers. Delivering effective social services in rural areas presents unique challenges when compared to urban areas, where most efforts are concentrated (National Rural Assembly, 2007). Inadequate infrastructure, limited access to suitable child care and elder care, transportation difficulties, rural culture, and lack of sustainable employment can exacerbate needs, create resistance to seeking services, and impede access to rural families such as those in our study. The need for these services may be particularly acute in rural areas given the lack of available and accessible family support services and

limited housing, child care, and elder care options that may lead to the formation of multigenerational households (Cook et al., 2012; Gjesfjeld et al., 2012). This study's findings underscore the need for service providers to be aware of the different types of multigenerational households and the different needs and resources that may characterize these diverse grandfamilies in order to make service delivery as efficient and effective as possible. Many custodial grandparents do not seek services because they do not think that service providers can meet their specific needs (Yancura, 2013); this also may be true for multigenerational grandfamilies. Addressing needs identified in our study can make the services more relevant and meaningful.

The findings suggest that all grandfamilies, especially two-parent multigenerational households that are often overlooked by service providers, can benefit from addressing parenting alliances and family routines. This is vital because programs targeting multigenerational families often are focused on only one generation, rather than considering whole family processes like co-parenting and family routines that are linked to the well-being of all family members. Further, when family processes in two-parent families are targeted for interventions and services, the presence of other adults in the household often is ignored. The present findings, however, suggest that families may benefit when grandparents in two-parent multigenerational households are included in family intervention and support activities and/or when mothers are supported with strategies that help them balance simultaneously caring for young children and aging parents. The findings also point to the need to take a whole-family approach to services that may be provided for one member of the household, such as children or mothers, by considering family processes such as co-parenting. Specifically, service providers could benefit from training

in family processes through the lens of family systems theory.

More generally, the co-parenting configurations across the two household types highlight the complexity of multigenerational family and caregiving arrangements that extend within and beyond households, as well as the related need for researchers and service providers to broaden approaches to identifying family members. Although rural and nonmetropolitan residents make up about 20% of families receiving government assistance, these people often are ignored in policy discussions in the shadow of the urban poor. Also, though often facing disproportionate material hardships (Baker & Mutchler, 2010), multigenerational households generally are absent in policy discussions at all levels of government. This study helps to call attention to the unique circumstances and processes within these family forms and provides additional information for formulating policy.

Limitations of this Study and Suggestions for Future Research

This study considers important yet understudied variations in multigenerational household types among economically disadvantaged and typically underserved rural families. At the same time, it includes a number of limitations that should be addressed in future work. First, our data are drawn from a small sample of rural families, thus limiting generalizability and the ability to test more complex statistical models. Second, we relied on mothers' reports for all measures; future work should consider reports from all household members and co-parents, specifically grandparents, especially given that the primary co-parent, as identified by mothers, was not consistent across or within household types. Third, in focusing on two understudied types of multigenerational families, we left out another important grandfamily structure. Future

research should compare outcome variables among multigenerational and custodial grandparent-headed households. Considering these other family types is critical in future research to identify the needs of rural grandfamilies. Despite these limitations, this study makes an important contribution to the research literature on these understudied types of grandfamilies. A critical next step for research is to study samples large enough to disentangle these two forms of multigenerational households that are often combined. The finding of different family processes between two different types of multigenerational families suggests ways in which service providers can meet unique needs of these different grandfamilies.

Correspondence concerning this article should be addressed to: Melissa Barnett, PhD, Family Studies and Human Development 650 N. Park Avenue, University of Arizona, Tucson, AZ 85721-0078. E-mail: barnettm@arizona.edu

References

- Abidin R. & Brunner J. (1995). Development of a parenting alliance inventory. *Journal of Clinical Child and Adolescent Psychology*, 24(1), 31-40.
- Abidin, R. R., & Konold, T. R. (1999). *Parenting Alliance Measure: Professional Manual*. Lutz, FL: PAR, Inc.
- Acock, A. C., & Demo, D. H. (1994). *Family Diversity and Well-Being*. Thousand Oaks, CA: Sage.
- Andresen, E. M., Malmgren, J. A., Carter, W. B., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. *American Journal of Preventive Medicine*, 10(2), 77-84.
- Baker, L. A., & Mutchler, J. E. (2010). Poverty and material hardship in grandparent-headed households. *Journal of Marriage and Family*, 72(4),

974-962.

- Barnett, M. A. (2008). Economic disadvantage in complex family systems: Expansion of family stress models. *Clinical Child and Family Psychology Review, 11*(3), 145-161.
- Barnett, M. A., Mills-Koonce, W. R., Gustafsson, H., & Cox, M. (2012). Mother-grandmother conflict, negative parenting, and young children's social development in multigenerational families. *Family Relations, 61*, 864-877.
- Barnett, M. A., Scaramella, L. V., McGoron, L., & Callahan, K. C. (2012). Coparenting cooperation and child adjustment in low-income mother-grandmother and mother-father families. *Family Science, 2*, 159-170.
- Bigbee, J. L., Musil, C., & Kenski, D. (2011). The health of caregiving grandmothers: A rural-urban comparison. *The Journal of Rural Health, 27*(3), 289-296.
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing, 14*(1), 33-55.
- Blalock, L. L., Tiller, V. R., & Monroe, P. A. (2004). "They get you out of courage:" Persistent deep poverty among former welfare-reliant women. *Family Relations, 53*(2), 127-137.
- Caldwell, C. H., Antonucci, T. C., & Jackson, J. S. (1998). Supportive/conflictual family relations and depressive symptomatology: Teenage mother and grandmother perspectives. *Family Relations, 47*(4), 395-402.
- Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic status, family processes, and individual development. *Journal of Marriage and Family, 72*(3), 685-704.
- Conger, R. D., & Donnellan, M. B. (2007). An

- interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58, 175-199.
- Cook, J. F., Alford, K. A., & Conway, P. (2012). Introduction to rural families and reshaping human services. *Journal of Family Social Work*, 15(5), 351-358.
- Cox, M. J., & Paley, B. (1997). Families as systems. *Annual Review of Psychology*, 48(1), 243-267.
- DeLeire, T., & Kalil, A. (2002). Good things come in threes: Single-parent multigenerational family structure and adolescent adjustment. *Demography*, 39(2), 393-413.
- Denham, S. A. (2003). Relationships between family rituals, family routines, and health. *Journal of Family Nursing*, 9(3), 305-330.
- Dunifon, R. (2013). The influence of grandparents on the lives of children and adolescents. *Child Development Perspectives*, 7(1), 55-60.
- Dunifon, R. E., Ziolo-Guest, K. M., & Kopko, K. (2014). Grandparent coresidence and family well-being: Implications for research and policy. *The ANNALS of the American Academy of Political and Social Science*, 654(1), 110-126.
- Economic Research Service (2015). *Rural poverty & well-being*. United States Department of Agriculture. Retrieved from <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/poverty-demographics.aspx>.
- Economic Research Service (2013). *Rural America at a Glance*. United States Department of Agriculture. Retrieved from http://www.ers.usda.gov/media/1216457/eb-24_single-pages.pdf

- Elder, G. H., Rudkin, L., & Conger, R. D. (1995). Intergenerational continuity and change in rural America. In K. W. Schaie, V. Bengtson, & L. Burton (Eds.), *Societal impact on aging: Intergenerational perspectives*. New York: Springer.
- Ellis, R. R. & Simmons, T. (2014). *Coresident grandparents and their grandchildren: 2012*. United States Census Bureau (P20-576).
- Evans, G. W., Gonnella, C., Marcynyszyn, L. A., Gentile, L., & Salpekar, N. (2005). The role of chaos in poverty and children's socioemotional adjustment. *Psychological Science, 16*(7), 560-565.
- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology, 16*(4), 381.
- Foster, E. M., & Kalil, A. (2007). Living arrangements and children's development in low-income white, black, and Latino families. *Child Development, 78*(6), 1657-1674.
- Gjesfjeld, C. D., Weaver, A., & Schommer, K. (2012). Rural women's transitions to motherhood: Understanding social support in a rural community. *Journal of Family Social Work, 15*(5), 435-448.
- Goodman, C. C. (2007). Family dynamics in three-generation grandfamilies. *Journal of Family Issues, 28*(3), 355-379.
- Hale, L., Berger, L. M., LeBourgeois, M. K., & Brooks-Gunn, J. (2009). Social and demographic predictors of preschoolers' bedtime routines. *Journal of Developmental and Behavioral Pediatrics, 30*(5), 394-402.
- Hammer, L. B., & Neal, M. B. (2008). Working

- sandwiched-generation caregivers: Prevalence, characteristics, and outcomes. *The Psychologist-Manager Journal*, 11(1), 93-112.
- Hayslip B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *Gerontologist*, 45(2), 262-269.
- Hayslip, B., & Smith, G. C. (2013). *Resilient grandparent caregivers: A strengths-based perspective*. New York: Routledge.
- Hertz, T., Kusmin, L., Marré, A., & Parker, T. (2014). *Rural employment trends in recession and recovery*. Economic Research Service, United States Department of Agriculture. Retrieved on July 15, 2015 from <http://www.ers.usda.gov/media/1551844/err172.pdf>
- Holmes, E. K., Cowan, P. A., Cowan, C. P., & Hawkins, A. J. (2013). Marriage, fatherhood, and parenting programming. *Handbook of Father Involvement: Multidisciplinary Perspectives*, 438-454.
- Hughes, M. E., Waite, L. J., LaPierre, T. A., & Luo, Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 62(2), S108-S119.
- Jensen, E. W., James, S. A., Boyce, W. T., & Hartnett, S. A. (1983). The family routines inventory: Development and validation. *Social Science and Medicine*, 17(4), 201-211.
- Juelfs-Swanson, M. (2013). *Changing Dynamics of Multigenerational Households, 1960-2010*. University of Virginia Demographics Research Group. Retrieved from <http://statchatva.org/2013/10/16/multigenerational-households/>
- Kerig, P. K. (1995). Triangles in the family circle: Effects

- of family structure on marriage, parenting, and child adjustment. *Journal of Family Psychology*, 9(1), 28-37.
- Kochhar, R., & Cohen, D. (2011). *Fighting Poverty in a Tough Economy, Americans Move in with Their Relatives*. Pew Research Center. Retrieved from <http://www.pewsocialtrends.org/files/2011/10/Multi-generational-Households-Final1.pdf>
- Mammen, S., & Sano, Y. (2012). Gaining access to economically marginalized rural populations: Lessons learned from nonprobability sampling. *Rural Sociology*, 77(3), 462-482.
- Manning, W. D., & Brown, S. (2006). Children's economic well-being in married and cohabiting parent families. *Journal of Marriage and Family*, 68(2), 345-362.
- McHale, J. P., & Irace, K. (2011). Coparenting in diverse family systems. In J. P. McHale & K. M. Lindahl (Eds.). *Coparenting: A conceptual and clinical examination of family systems* (pp. 15-37). Washington, DC: American Psychological Association.
- McLanahan, S. (2004). Diverging destinies: How children are faring under the second demographic transition. *Demography*, 41(4), 607-627.
- Mueller, M. M., & Elder, G. H. (2003). Family contingencies across the generations: Grandparent-grandchild relationships in holistic perspective. *Journal of Marriage and Family*, 65(2), 404-417.
- Musil, C. M. (2000). Health of grandmothers as caregivers: A ten month follow-up. *Journal of Women & Aging*, 12(1-2), 129-145.
- National Association of Child Care Resource & Referral Agencies (2010). *Child Care in Rural Areas: Top Challenges*. Retrieved from http://www.naccrra.org/sites/default/files/default_sit

- e_pages/2012/rural_top_concerns_070910.pdf
National Rural Assembly (2007). Meeting the challenge of social service delivery in rural areas. W. K. Kellogg Foundation. Retrieved from <http://www.wkkf.org/news-and-media/article/2004/02/meeting-the-challenge-of-social-service-delivery-in-rural-areas>
- Nelson, M. K. (2006). Single mothers “do” family. *Journal of Marriage and Family*, 68(4), 781-795.
- Oberlander, S. E., Black, M. M., & Starr Jr., R. H. (2007). African American adolescent mothers and grandmothers: A multigenerational approach to parenting. *American Journal of Community Psychology*, 39(1-2), 37-46.
- Pilkauskas, N. V. (2012). Three-generation family households: Differences by family structure at birth. *Journal of Marriage and Family*, 74(5), 931-943.
- Piontak, J. R. (2014). Household composition and maternal depression examining the role of multigenerational households. *Journal of Family Issues*, 37(7), 947-969.
- Pittman, L. D. (2007). Grandmothers' involvement among young adolescents growing up in poverty. *Journal of Research on Adolescence*, 17(1), 89-116.
- Pittman, L. D., & Boswell, M. K. (2008). The role of grandmothers in the lives of preschoolers growing up in urban poverty. *Applied Developmental Science*, 11(1), 20-42.
- Potter, D. (2010). Psychosocial well-being and the relationship between divorce and children's academic achievement. *Journal of Marriage and Family*, 72(4), 933-946.
- Prawitz, A. D., Garman, E. T., Sorhaindo, B., O'Neill, B., Kim, J., & Drentea, P. (2006). In charge financial distress/financial well-being scale: Development,

- administration, and score interpretation. *Financial Counseling and Planning*, 17(1), 34-50.
- Richards, L. N., Merrill, M., Corson, C., Sano, Y., Graham, N., & Weber, P. (2000). *After we say goodbye: A follow-up of Oregon's Even Start families*. Technical report prepared for the Office of Community Colleges and Work Force Development, Oregon Department of Education. Corvallis, OR: College of Home Economics and Education, Oregon State University.
- Schweingruber, H. A., & Kalil, A. (2000). Decision making and depressive symptoms in black and white multigenerational teen-parent families. *Journal of Family Psychology*, 14(4), 556.
- Sigle-Rushton, W., & McLanahan, S. (2002). The living arrangements of new unmarried mothers. *Demography*, 39(3), 415-433.
- Silverstein, M., & Bengtson, V. L. (1997). Intergenerational Solidarity and the Structure of Adult Child-Parent Relationships in American Families. *American Journal of Sociology*, 103(2), 429-60.
- Simons, L. G., Chen, Y. F., Simons, R. L., Brody, G., & Cutrona, C. (2006). Parenting practices and child adjustment in different types of households: A study of African American families. *Journal of Family Issues*, 27(6), 803-825.
- Vernon-Feagans, L., & Cox, M. J. (Eds.). (2013). *The Family Life Project: An epidemiological and developmental study of young children living in poor rural communities*. Monographs of the Society for Research in Child Development.
- Vernon-Feagans, L., Garrett-Peters, P., Willoughby, M., Mills-Koonce, R., & Family Life Project Key Investigators. (2012). Chaos, poverty, and parenting: Predictors of early language

development. *Early Childhood Research Quarterly*, 27(3), 339-351.

Yancura, L. A. (2013). Service use and unmet service needs in grandparents raising grandchildren. *Journal of Gerontological Social Work*, 56(6), 473-486.