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Grandfathers and The Impact of Raising Grandchildren

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Objectives. *As grandparents are continuing to take on the responsible of raising their grandchildren in the absence of parents much attention in the literature is given to women. Little is known about the adjustment that older men make in these families. This study explored the experiences of grandfathers raising grandchildren.*

Methods. *Data were gathered by semi-structured interviews in a rural community in southeastern North Carolina and analyzed using a qualitative content analysis mode. Twenty-six men, age 65+, who were responsible for the care of at least one grandchild, participated.*

Results. *Eighty-one percent (N = 21) reported that their perception of powerlessness occurred either in the role transition or in the activities of daily parenting. Many expected to continue experiencing powerlessness throughout the parenting of the child.*

Discussion. *Grandfathers experience powerlessness that has not been reported in the literature on grandmothers raising grandchildren. Results affirm the need for special attention to elderly men who take on the role of parent for their grandchildren.*

Key words: *grandparents, rural men, grandfathers, parenting, caregivers*

Grandparents have always played important roles in taking care of their children and grandchildren. However, in the United States, we are witnessing an unanticipated change in the role of the elderly. Increasingly, grandparents are raising grandchildren

in the absence of the child's parents. Growth in grandparent-headed households has not occurred in a vacuum. Rather, it has been accompanied by a large number of other demographic, social, economic, and political changes (AARP, 1998) that potentially have profound implications for the welfare of both the old and the young. During the past 30 years, grandparents have become full-time parents for grandchildren whose parents are unable to do so. The number of grandchildren living in grandparent-maintained households is increasing steadily, with over 4.5 million such families in 2000 (Bryson 2001), up from 2.2 million in 1970 (Casper & Bryson, 1998). Several studies have focused on grandmothers (Bullock, 2004b; Dowdell, 1995; Edwards, 2003; Goodman & Silverstein, 2002; Roe, Minkler, Saunders, & Thomson, 1996; Solomon, & Marx, 1995; Whitley, Kelley, & Sipe, 2001) and their particular risks of increased psychological stress, physical health problems, social isolation, and inadequate resources when raising grandchildren.

Grandfathers on the other hand have received less attention. Because women tend to provide the bulk of the care provided to family members, an easy oversight is the impact of raising grandchildren on older men. Much of what we do know about grandparents raising grandchildren has come from data on urban families. Far less is known about older men living in rural areas who assume these childcare responsibilities. Many rural communities have suffered depopulation and job loss as their economies have struggled in the changing national and global marketplace (Glasgow, et al, 1993). As these communities depopulate, the informal caregiving base for rural elders shrinks, leaving them with little availability of social support options (Bullock, 2004a) compared to elders living in urban communities (Burnette, 1999a).

It is especially important to focus on grandfathers as a resource in grandparent-maintained families in rural areas due to the fact that rural elders generally have access to fewer community-based health and social services (Stoller, & Lee, 1994). The present research seeks to fill a gap in the literature by offering insight into the experiences and adjustments that older men in rural areas make when they are responsible for the care of at least one grandchild. Most importantly, the present data highlight the

existence and concern of this increasingly vulnerable population, which is often overlooked in social welfare policies and practices.

Methods

Sample and Setting

The data for the present report was gathered from grandfathers that participated in a larger study, which focused on grandparents raising grandchildren (Bullock, 2004b) and a snowball technique was employed to increase the enrollment of men in the study. Recruitment took place in community-based organizations including churches. The participants in this qualitative research were age 65+, self-identified as having parental responsibility of at least one grandchild under age 18, and were able to understand and speak English or Spanish. These families lived in rural towns in the southeastern region of North Carolina.

Procedure

After receiving informed consent, the investigator assisted the elders with completing a brief set of structured demographic questions. Then, a tape recorder was started to capture the narratives of the participants and to ensure accuracy of the data. The face-to-face interviews were conducted in the respondents' home or a community setting (as preferred by the respondent for comfort and convenience) and lasted approximately 60 minutes.

Instrument

To collect cursory demographic and health information, the investigator created a 1 ½ page data form that included questions about income, education, household size, health status, and activities of daily parenting (ADPs). The semi-structured interviews were the primary data collection technique used (Strauss & Corbin, 1990). A guide was developed based on published literature pertaining to caregiving, grandparenting, related coping strategies, gender issues, and health and cultural issues. In addition, the investigator's empirical knowledge provided valuable input.

The semi-structured interview began with this opening question: "Some grandparents who are raising their grandchildren taken on the responsibility for many different reasons, what was

the main thing that lead up to your taking care of your grandchild(ren)?" Simple follow up probes such as "Can you tell me more?" and follow up questions to encourage elaboration on responses were crucial. Once the participant seemed to have exhausted the question, the investigator would say, "Maybe if I tell you about some of the things that other grandparents who raise grandchildren have said about their experiences, this might help you to think about whether or not you have had any of these experiences."

Based on previous research (Bullock, 2004b; Burnette, 1999a; Reitzes & Mutran, 2004), the investigator then asked a set of questions within each of the following potential areas of adjustment for older grandparents who assume caregiving responsibilities for grandchildren and allowed the participants the opportunity to respond after each: role transition; activities of daily parenting; capacity for long term care. Finally, grandfathers were asked the broad question of, "Do you have any needs or concerns that are the direct result of having taken on the care of your grandchild(ren)?"

Analysis

Data were analyzed concurrently with data collection. After the interviews were transcribed, they were checked for accuracy of transcription. Data reduction occurred as the research team identified, extracted, and coded text from the narrative transcriptions. A start list was developed by the team and the code structure was expanded and refined iteratively by additional transcripts were reviewed, and new concepts were apparent. In addition, with each additional transcript coded, recurrent themes were noted, and quotations were grouped within these themes using the constant comparative method (Glaser & Strauss, 1967; Patton, 2002), until the point of theoretical saturation, or until no new themes emerged. Line-by-line review of the coding of the transcripts was accomplished first independently and then in joint session by the principal investigator and two trained research assistants. Constant comparison within and across interviews allowed for the clustering of related themes and creating categories. For comprehensiveness and cogency, the research team

reviewed the final code structure. As a final step, all transcripts were reviewed a final time, at which point any discrepancies in codes were negotiated until consensus was reached. The software QSR NUD-IST 4.0 (Sage Publication Software, Thousand Oaks, California) was used to assist in the coding process, to identify textual illustrations of recurrent themes, and to make comparisons between the themes described by the older men.

As recommended by qualitative research experts (Miles, 1994; Mays, 2000), several methods to enhance the validity and reliability of the findings were employed. A consistent interview guide was used, audio taped interviews, and the transcribing of tapes occurred within eight hours of the interviews using independent transcribers. Also, multiple research staff with diverse backgrounds coded both independently and then in joint sessions to resolve disagreements and standardized coding and analysis techniques were used throughout the study.

Findings

Grandfathers as parents

Of the twenty-six grandfathers participated in this study, data for 21 are reported feelings of powerlessness. There was strong agreement among the men that they had no choice in the decision to become a parent at such late stage in life. Table 1 outlines their demographics. Their ages ranged from 65 to 89 (mean, 72.4; SD 5.0). Most of the men had little if any formal education. All were on fixed incomes with low monthly payments, 46% reported having had at least one chronic illness and 81% reported feeling powerless in their life circumstances. Although more than half of the men were African American (54%), White (35%) and Latino (12%) grandfathers completed interviews as well. The length of time that these grandparents had been parenting a grandchild ranged from one year to 7 or more years. Well over half (60%) claimed their health had declined since they began provide care for a grandchild.

Most striking was the feelings of powerlessness that occurred among these men during the role transition from grandparent to parent (12%), the caregiving [activities of daily parenting] for the grandchild (62%), and in the perceived ability to continue

providing long-term care for the grandchild (23%). Due to the pervasive reporting of powerlessness among these elderly grandfathers who were raising grandchildren, the results will focus on the powerlessness as they experienced it.

Power was characterized as the capacity to participate knowingly in the nature of change and to cause change in one's internal and external environment (Gallagher, 1997). The men in this study were asked to "think of power as the ability to be aware of what one chooses to do, feeling free to do it, and doing it intentionally."

Role Transition

Twelve percent of the participants felt powerless to choose an alternative living arrangement for the grandchild, in other words, there was no other place for the child to live. One man said, "I don't feel I'm ready to take care of a small child this late in life, but we didn't have any choice. My wife said, we [were] all the child had left. What in the world would have happen to the child if we didn't do?" Another commented, "I'd rather be fishing, but when my wife goes off to do shopping and other things, I have to take care of the child. I never had to do that when our own children were [growing] up. If it [were] up to me, I'd be fishing. Now, I'm back on a routine that didn't exist for many years because I have to raise [the grandchild]." Another grandfather commented, "A lot of the deacons from the church get together every week down at the meeting hall. I use to be able to go, but now that we got the [grand] children, I really don't get to go. I hardly get to go anywhere much anymore. I have to say I don't feel like I have any control over that"

This is one of the areas that can cause distress among caregiving grandparents, as they increasingly become isolated from their peers and activities that they enjoy (Burton, 1992; Kelley, 1993). Even though, most (96%) of these men were married or cohabitating and received help in their role transition, which came from women, they still reported feelings of isolation, loneliness, and powerlessness in the grandparent role. These grandfathers seemed to experience psychological distress, which has been reported in other studies on role transition from grandparent to parent in late life (Whitley, Kelly, & Sipe, 2001; Peterson, 1999). These grandparents expressed their feelings of loss associated

with giving up leisure time and activities to be a schedule that is more conducive for parenting young children. Because social isolation and stress from the demands of parenting have been found to be predictors of psychological distress (Abidin, 1990), these older grandfathers may be at risk.

Activities of Daily Parenting

Sixty-two percent of the subjects reported feeling helpless in the activities of daily parenting for the grandchild. More than half (58%) said they did not help with getting the child bathed, dressed, or fed [other than purchasing of the food]. On the whole, although the grandfathers were not involved in many (46%) of the activities of daily parenting, they expressed that they would like to be more involved. They reported feeling powerless because of the lack of control over their ability to function as a caregiver, including knowing how to cook, wash clothes, and attend to other daily needs of a child. This was a cohort of older men who had been socialized into gender roles that did not typically include such domestic tasks. A seventy-year-old White grandfather who had been caring for his granddaughter for 6 years spoke of his feelings about activities of daily parenting in these terms: "I would want to do more as a parent, but I never had to cook, clean, and never had to pick up after the children. So, now I can't just go in the kitchen and make a meal if she is hungry. I don't wash clothes either. Sometimes, I feel like helping more, but I don't really know what to do. Nobody is trying to help me figure how I could do this better. I mean the grandparenting."

Not surprisingly, the perception of having no control over the amount of financial support they receive (32%) caused feelings of powerlessness in caregiving. An African American grandfather remarked, "If it was up to me, I'd have more money to pay the bills, to buy food, and pay for the medicine. But, there is no way I can do all of that on my social security. I wish there was something I could do to change this, but I can't. You need money to be able to take care of a child." Traditionally, men have been socialized to see themselves as breadwinners (Googins, 1991). Therefore the provision of tangible family resources may well be a self-imposed expectation of the male caregiver. A Latino grandfather lamented: "Luckily, I have my son and his wife who works and gives us a

little bit of money each time they get paid. But, as a man I would like to be able to do it on my own. I hate having to take handouts to feed the family. When I was raising my children in Mexico, I worked everyday and the children were taken care of. Now that I am old, I don't have enough to do the same for the grandchild. That hurts me inside."

Long-term Care

Some grandfathers spoke of their concerns about the care of the grandchild long-term. Twenty-three percent of the subjects, felt powerless in their capacity to deal with events that they expected to occur during the childrearing over time. They were of the opinion that as they continue to age and their health continues to decline, there is great likelihood that they will not be able to continue providing the care that the grandchildren will need over time. The elderly participants did not expect much improvement in their health status and physical abilities. They saw these attributes as barriers to their being able to provide care long-term for the grandchildren. "My health has gotten a lot worse since he [the grandchild] came to live with us. He is kind of sickly and all that getting up in the middle of the night and running back and forth to the doctor is wearing on my health. I don't mind doing it, but I don't know how long I can keep it up." Deterioration in health status has been reported in previous research on grandparents raising grandchildren (Minkler & Roe, 1993) as well.

Across the racial groups, grandfathers expressed concerns about longevity and how much long they might be able to continue parenting. An African American grandfather emphatically commented, "I won't live long enough to see her grow up. I'm getting up there in age and she [the grandchild] is still just a baby. My wife might be around, but I probably won't be living to help her out. It worries me." A Latino respondent shared, "There is no one who can stay home to take care of [the child]. Our children all work long hours and they leave their children with us until they finish their workday. They come pick up their children, but it would be unfair to ask them to take this other one home with them. I worry that my health won't allow me to keep this up, but that there is no one else who can do what I am doing from day to day to help raise this grandchild."

Thinking about the future of his parenting role and abilities, an African American grandfather talked about feeling powerless to assist in activities of daily parenting long-term. Educating and assisting with homework was one of his greatest concerns. He said, "I don't have much schooling myself. I often feel helpless when the child comes to me with a question on his schoolwork. The teachers don't really send anything home to help the parents. What about those of us who didn't every really get much schooling. I wish I could help more, but I can't and there is no one that we know who can help because most of the people around here [in the community] is in the same situation. Not much schooling."

Eighty-one percent of all of the grandfathers in this study said they felt powerless in their ability to contribute to educating and assisting with homework. Grandparents of children in middle and high school had even greater concerns than those in elementary about the contribution they could make as grandparents to the child's educational experience. Additionally, there were feelings of powerless related to their ability to get help with parenting (23%). Others felt powerless to manage managing crises and emergencies (8%), while others reported they felt most powerless in dealing with the parent who might return for the child (19%). Also, there seems to be some link between being in isolated living conditions in rural areas, the small social support networks, and concerns about health status. "I really don't know anything about what kind of help is out there for older people who are raising a child like we are. We really don't talk to other people out what we are going through because we figure everybody is going through something, so why should we moan and groan about taking care of a grandchild. I suppose there are other people my age who have health problems and might be going through worse things than we [are]. Raising grandchildren is not the worse thing that can happen to an old person. So, I thank the Lord for what little bit of health and strength I do have," commented an African American grandfather.

Empowerment

Although most men reported strong feeling of powerlessness, some did not. Nineteen percent of the grandfathers in this study did not experience powerlessness. The main reason they

attributed to their lack of powerlessness was their social support network. They expressed the ease at which they were able to get emotional support from their family members or friends. For instance a respondent added, "My daughter helps me out on a regular basis and I really need that. I have people all around who help. We are well connected." Another said, "If it were not for my wife's family, I wouldn't be able to do the little bit that I do for him [grandson]. They are always helping us with something." An older grandfather expressed, "People from my church visit and my children all live right around here, so we are all doing just fine." The vast majority of the grandfathers did not have a support network in place. However, for those who did have social supports, there was a range of formal and informal helpers who provided various types of assistance including informational and emotional encouragement. For example, "The social worker told me the different ways that grandparents make a difference in the lives of grandchildren. I am showing the child that family does matter and that we will be here to help. That can mean a lot to a young child who has already lost one parent. I'm glad she helped me to think about it that way," and "I can call the nurse at the clinic when she [grandchild] gets sick and they tell me what to give her and what not to give her."

The grandfathers who did not report feelings of powerlessness were also less likely to report financial distress than those who did report feelings of powerlessness. Although most participants had incomes of a thousand dollars or less per month, some elders identified themselves as being frugal and felt they were able to manage their family needs with the incomes that they received monthly. Sufficient income seemed to be correlated with feelings of powerlessness and well being. "I feel I can change things if I choose to. We make do with what we have and besides having her [the grandchild] around is good for me. I feel a bit younger now. Since her daddy died she gets a check and we don't have any money problems."

Lastly, the respondents who did not report feelings of powerlessness had better self-reported physical health than those who experienced powerlessness. A grandfather commented, "Running after the children help to keep me feeling young" and "Because

I'm healthy, I feel good about my ability to keep on providing care for [my grandchild]."

Limitation of the Study

Given the potential for self-selection bias, a probability sample could have strengthened this study. However, given that older men are a hard-to-reach research population and that it is even more difficult to include African American and Latino men, a small non-probability sample was practical and appropriate. The potential for social desirability bias exists because of the large percentage of questionnaires read to participants and the possible perception that answers might influence the elder's reputation in the small rural community. To reduce the effect of this bias, only one person collected all data (the principal investigator), this person was clearly identified as not being affiliated with an social service agency, confidentiality and anonymity were assured, a permissive nonjudgmental atmosphere was established, and the interview guide was designed to include counterbalanced positive and negative questions.

Findings of this study are generalizable only to populations with characteristics similar to older men living in the rural community. This population is typically lower income and educational attainment. The underlying rural southeastern cultural influences of African American and historically migrant farm worker Latinos, which result in traditional role orientation, and mistrust of formal service providers may have affected the behavior and responses of this population. Findings may not be generalizable to female populations and especially those populations who tend to have higher level of education and greater financial resources. Nonetheless, the data from this research provide a much-needed perspective on grandparents who raise grandchildren in rural areas.

Discussion and Implications

The findings in this study indicate that grandfathers, who take on the responsibility of raising a grandchild late in life, seem to experience powerlessness that grandmothers do not experience. They feel powerlessness in the role transition, in the activities of

daily parenting, and in their ability to continue parenting long-term. Although grandfathers tend to co-parent in their responsibilities for raising a grandchild, they do experience caregiver stress. Consistent with other research reports, grandfathers are likely to be faced with financial worries, social isolation (Burton, 1992; Kelley, 1993), poor health (Bullock, 2004b; Whitley, Kelley, & Sipe, 2001), and stress associated with role restriction (Burnette, 1999b). Unlike grandmothers who parent (Pruchno, 1999), grandfathers are less likely to help with instrumental and hands-on activities of daily parenting.

One implication of these findings is that older men who tend to be less than prepared to take on the primary caregiving role are at a disadvantage because they are not able to provide the instrumental assistance that they once were able to in their earlier in life. Since men have been found to be limited in the amount and types of household care they provide to care recipients (Kramer, & Thompson, 2002), their role as parent to a grandchild may well be restricted to augmenting and supporting the primary efforts of women who provide the bulk of the care. This does not imply a lack of family feeling among grandfathers, but instead emphasizes gender-specific behaviors and attitudes in grandparenting. Grandfathers feel less than optimistic about a change in their abilities and actions in parenting over time. Therefore, the degree to which this age cohort is able to manage activities of daily parenting tasks (cooking, cleaning, bathing, helping with homework) of raising a grandchild may be contingent upon the availability of additional caregivers.

Even with the presence of an additional caregiver (100%), grandfathers experienced feeling of powerlessness in various aspects of their family lives. The themes of powerlessness revealed the importance of perceived affirmation and ability to perform tasks of parenting. These men face multiple new challenges and needs, which requires the attention of social and health care providers. The absence of research on grandfathers filling the role of parent for grandchildren has contributed to the lack of development of appropriate and acceptable social services and support programs. Future research needs to be conducted on the patterns and types of care that grandfathers provide when raising grandchildren. Knowledge of how grandfathers function

in their parenting role should be incorporated into the planning and development of services. Approaches to assisting grandfathers must take into consideration problem-solving strategies and communication styles that are gender specific (Powell, 1995; Kramer & Thompson, 2002).

Social service providers can assist grandfathers in their transition into the parenting role and to not feel inadequate as parents. Men have been known to function well as primary caregivers (Delgado & Tennstedt, 1997). However, it is clear from the present findings that grandfathers need help with certain parenting responsibilities, such as detecting and responding to emergencies; financial assistance and navigating the social service system; seeking and finding the social supports to meet their needs. A likely benefit would be to enlist the support of men to provide parenting skills and to serve as role models. The shortage of men in social work practice necessitates strategies for identifying ideal influences for men who feel disempowered. The men in this grandparent expressed feeling of awkwardness in talking about powerlessness given that men are socialized to be "head-of-household" and "the spiritual leader of the family."

Outreach must consider men's feelings of awkwardness associated with assuming a parenting role late in life when they are not able to perform in ways that they have been socialized. Historically, men have been conditioned to go out and work, but do little in the way of providing instrumental care for children inside the home. When they are retired and there is no job to go to nor any means for augmenting ones income, this can affect one's psychological well-being (Googins, 1991) and leave men feeling powerless. Male social workers can provide affirmation and a connection through gender identification that addresses the challenges inherent for grandfathers raising grandchildren.

The establishment of social support network is important and can serve many purposes, such as emotional and instrumental support. This can be done through a community organization, church, or a neighbor-to-neighbor connection. Social workers can assist in mobilizing and broking the support. Finally, social workers must advocate for social welfare policies to create better access for rural families. Homemaker services and respite are needed in these families as well as health and mental services. As suggested

by the findings in this study, grandfathers experience powerlessness that is associated with raising grandchildren. Social work intervention through policy, service, and research is crucial to the health and well-being of these families.

Conclusion

In conclusion, the implications of this study are to be taken seriously if we are to increase the likelihood that older men will get the support that they need to fulfill their role as grandparents raising grandchildren. This report does not imply a lack of affection and feeling among grandfathers, but instead emphasizes gender-specific behaviors and attitudes in grandparenting. These grandfathers in rural areas feel less than optimistic about a change in their abilities and actions in parenting over time. Therefore, the degree to which men in this age cohort are able to manage activities of daily parenting (cooking, cleaning, bathing and helping with homework) when raising a grandchild may be dependent upon their level of empowerment or the lack thereof. A number of recommendations are offered to empower grandfathers in their parenting roles.

Grandfathers can benefit from supportive relationships among their peers. There is a need for community services that create opportunities for these men to socialize within their peer group. This would help to decrease isolation that the grandfathers described. Parenting skills training and education would help to bring the grandfathers up to date on pop culture and help them to understand the social factors that impact grandchildren on a daily basis. Additionally, respite care could enable the grandfathers to take time away from their caregiving responsibilities to spend time with friends. Leisure time and companionship are important to the quality of life for older adults (Tennstedt, McKinlay, & Crawford, 1993). Practitioners should engage older men in the planning and implementation of such resources. This can contribute to the empowerment of the grandfathers. Macro practitioners must work with rural communities and organizations to open up these systems to be more elder friendly and inclusive of grandfathers as parents. Human services workers ought to be willing to push for opportunities to create greater access to

services for older adults and change the image of grandfathers as non-caregivers. Building supportive relationships and forceful coalitions within rural communities to help families to provide dependent care will decrease the worries that grandfathers have about long-term care for their grandchildren. The challenge is up to helping professional to provide services that are appropriately designed to support quality family life for grandfathers raising grandchildren.

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