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Addressing the Needs of African American Grandparents: An Intersectionality Perspective

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This study seeks to demonstrate the intersecting structural and compounding challenges African American custodial grandparents experience collectively, rather than as separate non-competing factors, which has been modeled in prior studies. Using a mixed-method research design, the study explored the challenges faced by African American and white custodial grandparents. These challenges included difficulties attaining different types of support, respite care, and programs for teens and special needs grandchildren. Results showed that caregiving challenges among African Americans were more pervasive than their White counterparts. These findings have significant implications for the development of intervention programs for custodial African American grandmothers and their grandchildren.

Keywords: Black Grandmothers, challenges, needs, support, health, financial impact

Introduction

The number of grandparents caring for their grandchildren has doubled over the last 50 years. This constitutes approximately 2.7 million grandparent caregivers of children under age 18. Some 10 percent of all children live with a grandparent (Ellis & Simmons, 2014). These grandparents are known as “custodial” as they assume primary caregiving responsibility, often in the absence of the child’s parents (Smith et al., 2008). Custodial grandparenting

has been associated with economic disadvantage, lack of access to health care, and increased psychological distress (Kelley et al., 2010). Policymakers have shown considerable interest in grandparent caregivers facing these challenges.

Most research on custodial grandparents in the last 30 years has centered on health and social support. There is a paucity of research that examines how grandparent caregiving is impacted by a number of complicated problems, such as the health of the grandparent, the special needs of grandchildren, and the lack of institutional support—specifically for African American grandmothers. There is even less known about needs for information and access to services for this group. For example, grandparents with chronic illness, or grandparents caring for children with chronic diseases or mental disabilities, face numerous challenges that stem from a lack of formal and informal support for everyday needs such as transportation, food security, and educational support. These experiences are further exacerbated by the structural consequences of poverty, racism, classism, sexism, and ableism, among other things.

The most prominent reasons for grandparent caregiving are drug abuse, teen pregnancy, child abuse and neglect, mental or emotional problems, female incarceration, HIV/AIDS, poor health, unemployment, and death (Hadfield, 2014; Minkler & Fuller-Thomson, 2005; Ruiz, 2004; Strom & Strom, 2011; Tang et al., 2015; Taylor et al., 2017). Although these reasons have not changed significantly over the years, their intensity exacerbated as a result of the Great Recession of 2007–2009, especially for African American and low-income families (U.S. Census Bureau, 2012). The Great Recession also led to a spike in the number of grandchildren in the care of grandparents (U.S. Department of Commerce, 2012).

Although grandparent caregiving cuts across income, ethnic, and racial lines, African American custodial grandparents are more likely to be poor and experience stress due to a lack of social support and stigma about their grandchildren (Oburu & Palméus, 2005) than their white counterparts. Previous research has demonstrated that African American families have greater caregiver burden when it comes to raising grandchildren due to lack of income, poorer health, and fewer resources than white caregivers (Whitley et al., 2016). Most research on custodial grandparent outcomes use a behavior or stress model (see Hayslip et al., 2019) as an examination

lens. However, these approaches often overlook the intersecting identities that African Americans embody which shape and structure their lives (Collins & Bilge, 2020; Crenshaw, 1991).

This study extends previous research by using an intersectional framework to examine how the consequential needs of African American grandparents are the result of the “structural roots of experiences of marginalization” (Ferrar et al., 2017, p. 12). An intersectional approach helps explain how experiences in grandparent caregiving are situated within larger systems of oppression (e.g., racism, ageism, classism, ableism) by connecting individual-level subjective experiences to social structures, thus illuminating how processes of differentiation shape lived experience. We explore the lived experiences of caregiving burden to identify the gaps African American grandparents have in meeting their needs, make sense of the challenges they face, and we recommend social supports, resources, and policies that can help alleviate their caregiver burden.

Intersectionality Framework

Kimberlé Crenshaw (1991) coined the term *intersectionality* to highlight the dual marginality of Black women and their lived experiences of oppression as both a result of gender and race. This study uses intersectionality, a Black feminist framework, to center Black women and explore racialized inequalities and their consequences for African American custodial grandparents—particularly grandmothers—to demonstrate how certain risks operate in distinct ways at the intersection of their race, gender, and class identities, thereby creating unique vulnerabilities for this group. An intersectional approach seeks to examine various socially and culturally constructed categories of oppression that interact on multiple, and often simultaneous, levels that result in systematic social inequality.

Intersectionality provides background and a framework for comprehending power and privilege and the linkages of numerous systems of exploitation and domination operating at the structural level and acknowledges how oppressive systems are mutually dependent in their reinforcement of inequality (Collins, 2000). This approach makes clear that the classical models of oppression within society determined by race, gender, or class do not operate

independently, but in cooperation, thus creating a system of oppression (Crenshaw, 1991; Knudsen, 2006).

Intersectionality acknowledges the duality of experiences, as it highlights the need to critique and challenge structural and systemic oppression and resulting social inequities (Cole, 2015). This framework assumes that discrete forms and expressions of oppression are shaped, and are shaped by, one another. For example, to fully understand the racialization of oppressed groups, it is necessary to explore the ways race, class, and gender influence structure, social processes, and social representations (Browne & Misra, 2003). Collins (2000) refers to the various intersections of social inequality as the “matrix of domination.” Various forms of domination, such as class, race, gender, religion, and other social traits, are interwoven, thus forming mutually reinforcing structures. These oppressive forces drastically influence the roles and experiences of African American families.

Changing Trends in Grandparenting Caregiving

In 1970, only about three percent of children lived in grandparent-maintained households; by 1990, this had increased to five percent and in 2011, seven percent of children lived in grandparent-maintained households (Ellis & Simmons, 2014; Fuller-Thomson et al., 1997; Landry-Myer et al., 2005; Roe & Minkler, 1999; Tang et al., 2015; Woods, 2015). Since 2007, approximately one-third of children who live with grandparents also have two parents present (Ellis & Simmons, 2014). Yet, about 45 percent of children in grandparent-maintained households lived with only a grandmother in 2012. African American children who lived with a grandparent were more likely to live with a grandmother. Seven percent of white and 14 percent of African American children lived with a grandparent. African American children are more likely to live in a household with a grandparent with no parent present than are white children (28% vs. 24 % respectively). Children living in grandparent-maintained households are more likely to be poor, in comparison to children who live in parent-maintained households of children who do not live with a grandparent (Ellis & Simmons, 2014). As discussed below, lack of finances increases the risk of challenges to grandparent health.

Challenges to Health

Many studies have addressed the relationship between grandparent caregiving and the burden associated with social, economic, and health problems (Haglund, 2000; Kelley et al., 2010; Roe & Minkler, 1998; Tang et al., 2015; Taylor, et al., 2017). Research shows that caregiver strain places a higher morbidity risk on family structures and environments. Grandparent caregivers that are single, female, financially unstable, less educated, and residing in low socioeconomic neighborhoods were more likely to experience higher morbidity risks (Bachman & Chase-Lansdale, 2005; Hadfield, 2014; Taylor et al., 2017).

Custodial grandparenting is also associated with an increased risk of obesity (Hadfield, 2014; Hayslip et al., 2015). In addition, high rates of depression, self-rating of health as poor, and the presence of multiple chronic health problems have been found in both national and smaller samples to have an impact on raising grandchildren (Fuller-Thomson et al., 1997; Roe & Minkler, 1998; Ruiz, 2004). Findings from Shore & Hayslip (1994) show that grandparents raising grandchildren with neurological, physical, emotional, or behavioral problems seem to reveal the highest levels of distress.

Kelley and associates (2010) found that caregiving negatively contributes to grandparents' health, especially with high-level responsibilities that restrict preventive health care measures. Additionally, the demands of parenting grandchildren with mental health problems, physical disparities, or developmental delays could exacerbate health problems. Other challenges to the health of grandmothers include the age of the grandparent (one-third of grandmothers were 60 years and older) and being unmarried (Kelley et al., 2010). Even so, African American grandmothers usually care for multiple generations in the household over a protracted period of time (Ruiz, 2004).

Challenges in Social Support

Social support is considered an important factor for coping with stress among grandparent caregivers. Social support can be formal or informal. Formal social support is "governed by contractual arrangements rather than affiliation and obligations norms" (Miller et al., 2001,

p. 250), and includes healthcare personnel, social service workers, and other members of formalized care partnerships. Informal supports include family members, fictive kin, friends, and associates.

A social network consists of the social connections that caregivers have to significant others. Social networks are typically weak among African American grandparents. Minkler and associates (1994) found that grandparent networks decreased by 50 percent after taking responsibility of their grandchildren. Research shows that African American grandparents do not generally receive consistent and reliable support (Burton, 1992; Ruiz, 2004). Some grandparents shun formal agencies, like social services, because they are uncertain or unsure of the services available or do not wish to seek welfare. African American grandparents often prefer not to receive support for themselves because they do not want the “government in their business” (Landry-Meyer, 1999a; Ruiz, 2004).

Numerous factors intersect to increase the likelihood of African American grandmothers receiving unstable social support in comparison to their white counterparts. Research shows that African American children are more likely to reside in a dwelling with a grandmother and a single parent or a grandmother and no parent in comparison to white families (Ellis & Simmons, 2014). Custodial African American grandparents in skipped-generation households are reported to be younger, less educated, and with limited economic resources in comparison to white grandparents (Minkler and Fuller-Thomson, 2005). Black grandmothers take on heavy caregiving responsibilities associated with incarceration, drug abuse, death of a parent, poor health, or sick grandchildren—with limited formal and informal support. Research has shown that caregiving under these conditions puts custodial African American grandmothers at a greater risk for emotional and mental health problems (Carr et al., 2012; Whitley et al., 2016; Whitley & Fuller-Thomson, 2017).

Although history has shown that custodial African American grandmothers are adaptable and resourceful, they are also more vulnerable as a group than their white counterparts who often have stronger and more reliable formal and informal support. These vulnerabilities are amplified by historical systematic racism and the intersection of race, class, gender, and age. Research findings report relationships between grandparent caregiving under adverse conditions and the onset of depressive and other mental health symptoms.

The relationship between social support and depression is documented (Musil et al., 2011; Simpson et al., 2017). Severely fragile grandmother-maintained households with strained family resources had the worst physical health, greater depressive symptoms, and problems in family functioning compared to households with custodial grandmothers who received emotional support from family members and friends (Musil et al., 2011). Social support may serve to prevent and treat the adverse influence of stress on physical and mental health (Carr et al., 2012; Simpson et al., 2017).

Lack of social support from family, friends, and the community is also well documented. Some studies have found that African American grandmothers receive little or no support from family members, despite their demanding childcare responsibilities (Burton, 1992; Carr et al., 2012; Ruiz, 2008). Research further shows that African American grandparents perceive social services as unreliable and unavailable to meet their caregiving needs (Carr et al., 2012; Simpson et al., 2017). A common finding is that informal, formal, and community support is inconsistent among custodial African American grandmothers.

Research has demonstrated that African American custodial grandparents have high social service needs. However, studies are not consistent in determining the effectiveness of service usage (Landry-Meyer, 1999b). Research shows inconsistent findings on informal networks. In a sample of 99 African American grandparents in the Piedmont area of Northern Carolina, Ruiz (2004) revealed that the vast majority of those caregiving (98%) received little or no support from their families. Similarly, Burton (1992) found that 97% of the grandparent caregivers in her study received little or no familial support.

In contrast, Minkler and colleagues (1994) found that the majority of grandmothers in their study received high levels of support. Woods (2015), in another study of grandmothers in North Carolina, had findings consistent with other studies that report challenges for this population, including chronic health conditions, lack of resources in rural communities, and limited social support. Grandmothers viewed their spirituality and the social support provided by their religious communities as primary survival coping strategies to replace their lack of formal support (Woods, 2015).

In order to strengthen the grandparenting family system, more research is needed to determine the effects of different types of social support resources on addressing the needs of caregiving grandparents. By providing a descriptive analysis of selected socio-demographic variables, caregiving needs and difficulties, and their childcare experiences in their own words, this study sheds light on the challenges that African American grandmothers face. The study was guided by the following research questions:

1. What are the prominent reasons for custodial caregiving?
2. What are the needs of custodial grandparents?
3. Where do custodial grandparents have the most difficulty in meeting their caregiving needs?
4. What are the unique social support challenges faced by custodial African American grandparents?

Data and Methods

Sample

A cross-sectional research design was used to examine a variety of characteristics of African American and white caregiving grandparents. These included demographic and social characteristics, household composition, reasons for caregiving, health self-report, needs assessment, difficulties in getting help and information, factors hindering getting information or support, and difficult aspects and experiences of being a caregiver. The study consisted of 22 custodial grandparents who resided in the Triangle (Raleigh, Durham, Cary, and Chapel Hill) and Piedmont areas (Charlotte, Greensboro, Winston-Salem, High Point) of North Carolina. Our analysis focused on the needs of African American grandmothers with comparisons to their white counterparts. Grandparents who were eligible for the study were required to meet the following criteria: (1) identified as the primary caregiver for one or more grandchild or great-grandchild under the age of 18; (2) was a non-institutionalized person; (3) resided in the Triangle or Piedmont areas of North Carolina; and (4) viewed themselves as being in a permanent grandparenting role with their grandchildren.

Data Collection

We were able to gather a robust sample with recruitment assistance from the North Carolina Division on Aging, Durham County Social Services, Durham County Housing Authority, Orange County Housing Authority, senior support groups, Wilson County Social Services, Mecklenburg County Social Services, Mecklenburg County Housing Authority, and grandparents support groups. Selected personnel, mostly program directors, were asked to identify custodial grandparent caregivers within their agencies. The study also used word-of-mouth recruitment from African American churches and community organizations. After a list of grandparents had been identified, those who expressed interest in the study were pre-screened to determine their eligibility for participation. The survey was administered by Author 1 and/or the local social services coordinator. The administer was present while the respondent completed the survey to provide detailed instruction, answer questions, or provide clarity as needed. The survey took approximately 30 minutes to one hour to complete. The self-written data was transcribed via computer by Authors 1 and 2 for clarity before analyzing the data. IRB was approved prior to data collection and the data was collected confidentially.

Measures

The data collection instrument consisted of more than 200 qualitative and quantitative questions. Here, we focus on demographic and social characteristics, reasons for custodial grandparent caregiving needs of custodial grandmothers, social support challenges, and experiences of custodial grandparents. *Demographic* and *Social Characteristics* included age, gender, marital status, race, employment status, family income, and household composition. *Household Composition* was determined by the number and age of grandchildren, full- or part- time care, and number of years providing care. *Reasons for Caregiving* consisted of one open-ended question for the respondent to list all reasons related to assuming the care of their grandchildren. The *Self-report of Health* included 3 questions pertaining to an overall self-rating of their health.

Needs Assessment consisted of a 33-item checklist of questions regarding the extent to which the needs of the grandparent and the grandchildren were being met. Examples of the types of questions included were financial, nutrition, counseling for self and children, legal advice, education, social services, medical, social and emotional support, and managing the health needs of both the grandchild as well as their own health needs.

Social Support included a 28-item checklist asking about the number of individuals and professionals that grandmothers could rely on for help and support for themselves and their grandchildren. This consisted of six major categories of different types of support, including health (physical, emotional, and mental), family, education, transportation, respite care, and lack of programs and services. *Childcare Experiences* consisted of two open-ended questions designed to elicit a wide range of childcare issues. However, the primary concern was centered on the primary difficulties faced by grandparents in raising their grandchildren. A follow-up question required discussion of the type of information help, services, or support needed to overcome any difficulties with taking care of their grandchildren.

Data Analysis

Quantitative Data. Statistical data was imputed and maintained in Microsoft Excel software. Descriptive analysis included analyzing frequency and contingency tables. These broad-category cross-tabulations allowed for analysis to depict a comparative, yet basic, distribution of the variables and demonstrate the relationship between them (Frankfort-Nachmias et al., 2016).

Qualitative Data. The qualitative analysis followed interpretive grounded theory methods (GTM) (Charmaz, 2014). The transcripts were subjected to line-by-line (open) coding to conceptually tag the data (Lofland & Lofland, 1995). These codes included "illness," "needs," "readiness," and "contradictions," for example. Then, using axial coding we created categories that linked data to general processes, conditions, and context. These included codes such as "social support options," "coping mechanisms," and "on my own." Reliability and validity of the data were maintained through a reiterative data analysis process, including comparative open and axial

coding between both authors. We identified similarities and differences in how the grandparents described their experiences. Together, we identified connections between themes and noted variation when it arose. We identified core concepts and ideas through a comparison of independent analyses then engaged in group consensus before we mapped our final analytic scheme.

Trustworthiness and Reflexivity

The authors engaged in several methods to ensure trustworthiness and reflexivity. In data collection, Author 1 designed the survey instrument to capture thick description of the data (Geertz, 1973) by asking a few very specific questions. The administrator had the opportunity to probe, answer clarifying questions, and reiterate back to the respondent to ensure accuracy of what was being shared in real-time. Both authors are skilled and experienced qualitative researchers with subject matter expertise. We both reviewed, coded, and analyzed all data independently, then shared and discussed our analytic process. When applicable, we discussed discrepancies in coding until we achieved consensus. Through this in-depth and collaborative process, we are confident in the credibility and confirmability of this study.

Findings

Demographic and Social Characteristics. The grandparents ranged in age from 27–74. Twenty-one (95.5%) were grandmothers and 1 (4.5%) was a grandfather. Four grandparents (18.2%) were single. Three grandparents (13.6%) were married and living with their spouses. Two were separated (9.1%); six were divorced (27.3 percent), and seven (31.8%) were widowed. The number of African Americans (63.6%) in the sample was twice the number of whites (31.8%). One subject (4.5%) did not respond to the race/ethnicity question. Twelve respondents (54.5%) were retired; 1 respondent (4.5 %) reported being retired and working part-time; one (4.5 %) reported working full-time; one was a volunteer (4.5 %); three (13.6%) were not working, and four (18.2%) did not respond to the question.

There is considerable variation in the grandparents' income levels. Thirty-six percent of the sample reported an income of between

\$10,001–\$20,000; 27% reported incomes less than \$10,000; almost 14% had reported incomes of \$20,000–\$50,000; and almost 14% did not respond to this question. Regarding the health status, 73% reported good or fair health; 9% reported excellent or very good, almost 14% had poor health, and one did not respond. The number of children cared for by grandparents ranged from one to four. Fifty-nine percent of grandparents cared for one grandchild; 18% cared for two; 9% were responsible for 3 children; 5% took care of 4, and 9% of the grandparents did not respond to the question.

Reasons for Caregiving. As expected, the reasons for caregiving reported were consistent with previous research. Common responses included multi-burdened reasons for assuming care for their grandchildren. Drug and alcohol abuse by the parents, in combination with negligence of the grandchild, were the primary reasons reported for grandmothers assuming care of their grandchildren. One grandmother stated, “my daughter is a drug addict. She was in women’s prison where she gave birth.” Another grandparent stated, “my daughter didn’t have anywhere to stay,” and another said that the grandchild’s “mom and dad died on the same day.” Death of either parent was infrequently reported by the grandmothers in our sample. However, it is important to note that these reasons overlap and none pertain exclusively to one grandparent. This list hardly exhausts the range of reasons for caregiving, but notes the most prominent for this sample, which again, are consistent with larger national studies.

Challenges Faced by African American Grandmothers

Most grandmothers in the study generally enjoyed the role of grandparent caregiving, yet some saw their role as a burden. It is common for African American grandmothers to put the needs of the grandchildren over their own, even in circumstances of financial or health challenges. African American grandmothers do not separate their own needs from those of the children or grandchildren. Their most basic challenges included housing (living in a homeless shelter), not having enough money to eat, and a lack of transportation. They also reported a lack of knowledge concerning how to take care of a grandchild with behavior problems. They needed help

with taking care of the grandchildren, help with homework, and daily preparation for school. Finally, they needed help with respite care, help with finding resources for handling children, and dealing with social services to make sure the child's medical and financial assistance (if received) arrived in a timely manner. Many of these basic issues are taken for granted by the average middle-class American family.

An intersectionality lens recognizes that the challenges these grandparents face are often multi-faceted and mutually dependent in their reinforcement of inequality. For example, one grandmother shared the following challenges she experienced taking care of her grandchildren:

The most difficulty I have in raising my grandchild is the ability to be active with my grandchild because of my severe health problems. I am waiting for a kidney. I am not sure of what I am entitled to. I need to know my benefits and eligibility. I receive \$31 per week from my grandson's father, but nothing from his mother. I pay out of pocket. I manage by the grace of God. My grandson has emotional and behavioral problems. He yells and screams, will not listen, will not eat at times. I have to read up on ADHD. His problems make me hurt inside. I hope he grows out of it.

She continues describing how her health and financial challenges make things harder:

I am on dialysis because of diabetes-related issues. I have no family help. My grandchild has a father living as well as an uncle, but I get no help with taking care of my grandchild. His mother is on drugs and is a prostitute. She also has three other children, but only one lives with her. I have a number of health problems: arthritis, glaucoma, problems breathing, high blood pressure, heart problems circulation problems, diabetes, stroke, and kidney disease. I also have cramping in my fingers and problems sleeping.

When this grandmother stated, "I am not sure what I am entitled to," she refers to the intersecting and compounding burden of poor health with a lack of access to healthcare and knowledge. Her situation is further complicated by a lack of family support and income. She is also burdened by her lack of understanding of her

grandchild's emotional and behavioral problems and the inability to gain educational resources to deal with this. Finally, she expresses there is essentially no resolution, so she "hopes he grows out of it." Her daughter is not a source of support and is burdensome as a drug addict and prostitute.

The only coping mechanism she demonstrated was her faith. Each of these situations (poverty, chronic illness, lack of educational support, etc.) are desperate circumstances, and social and community programs have responded to these issues, in part. However, most social and community services and organizations are issue-based, meaning they address one major societal issue, not a combination (i.e., a non-profit may address homelessness but lack resources to tackle educational readiness, those formerly incarcerated, and job placement). The scattering of programs and resources across the community also contributes to these grandparents' inability to identify and locate help and support.

Along with caring for their grandchildren, at least three grandparents were also navigating their own health and stress-related problems. Seventy-three percent of the sample reported "fair" health; 14% reported "poor" health and 10% reported "very good" health. One grandparent reported having problems being approved by Medicaid. She states: "I've applied 3 times for Medicaid and been turned down 3 times. I really need it so I can get my broken feet fixed. It has been 5 years. I really need to see a doctor for me."

Another grandmother had health problems related to her teeth. "I am having problems getting my teeth fixed. I need surgery on my teeth, but I cannot afford it. I have Medicare and they don't cover it. I don't go to the doctor like I should 'cause' I can't afford the co-payment." A third grandmother reported difficulties with utilities, food, transportation, and a job loss due to a cancer diagnosis. She adds:

I need help bad for me and my grandchild. Our lights are getting ready to be cut off. I don't have the money I used to have. They cut my SSI. I have problems with lights and food at the end of the month. I wish I had my own car and job. I am trying to get a job, but it's hard because I have been out of work since 2009 when I had cancer.

Again, we see how the challenges that these African American grandparents face reinforce each other and there is no identifiable direct causal relationship as the issues overlap and are intersectional.

Are the grandmothers in poor health due to their lack of income or because of institutional discrimination in healthcare, education, and housing? Is it one or more of these things? Taking an intersectional approach helps understand the answers to these questions by framing custodial grandmothers within these larger systems of oppression. These grandmothers navigate multiple identities and structural positions as they care for themselves and their grandchildren. They navigate their worlds as multiply-burdened older, poor, Black women with challenging health conditions, and as custodial grandparents who often lack resources and support to care for their grandchildren who need emotional, behavioral, and physical care. They are multiply stigmatized and their identities underscore well-documented race-gender inequities.

Needs of African American Grandmothers

Grandparents were asked what help would they need to overcome their caregiving challenges on a day-to-day basis. Their responses are categorized into five major needs assessment areas: financial; grandparent counseling; childcare and education; grandparent's health; and grandchild's health (See Table 1). However, the specific challenges incorporated under the different categories were related to medical needs, financial needs, transportation needs, food security needs, and childcare assistance. Additional unmet needs were: advocacy groups for relative caregivers, sex education programs for teens, academic tutoring, any help with grandchildren with ADHD, help with homework, and respite care needs. Table 1 shows how grandparents' primary needs were categorized based on their responses.

Table 1. Needs Assessment Categories

Financial Strain	Grandparent Counseling	Childcare & Education	Health (grandparent)	Health (grandchild)
Food	Legal	Respite	Self-care	Counseling
Transportation	Medical	Tutoring	Counseling	Immunizations
Bills	Parenting	Childcare	Insurance	ADHD/ADD
	Marriage	Afterschool	Legal	Sexuality
	Intergenerational	Leisure Activities	Medical	Learning
	Networking		Feelings & Health	Disability
	Internet			Depression
				Emotional & Behavioral Health Difficulties

Figure 2 displays the forms of help both Black and white grandparents would like to receive. The needs are great in all areas, as at least 40% of both groups needed help through meetings, support groups, resource directories, and newsletters. However, a higher percentage of Black grandparents needed more help than their white counter parts in all categories except one. The highest need for both groups was for grandparent support groups, which disperses different types of important caregiver information. Grandparents reported that they learn a lot from other grandparents who take care of their grandchildren. Studies on grandparents are consistent in their findings that this caregiving population receives little help and assistance from their family, friends, and the church. The need for weekly or monthly meetings was the only area that whites needed help in comparison to Black grandparents. We expected this to be the case, not because Black families are advantaged in this area, but because it is not identified as “needed,” as Black grandparents have less time to commit outside the home and fewer means of transportation.

Figure 2. Forms of Help White and Black Grandparents Would Like to Receive

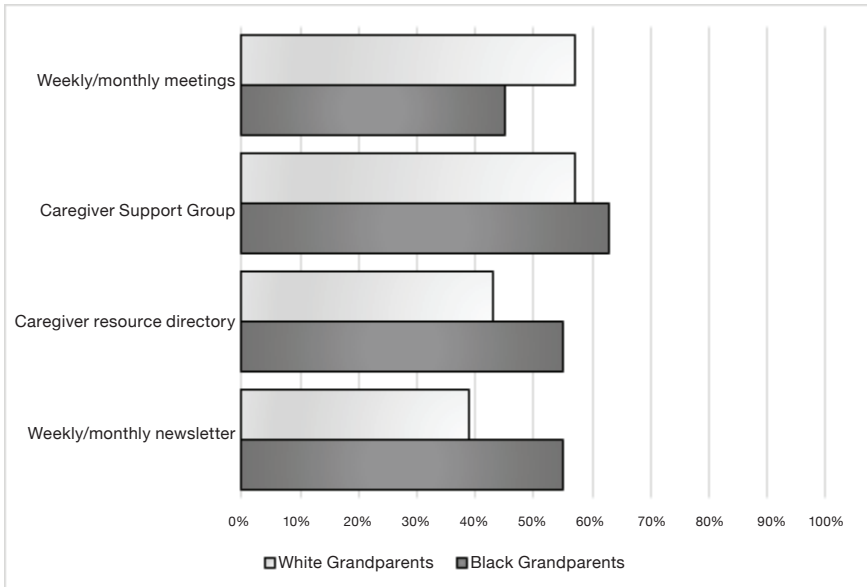


Figure 3 shows information and services that were difficult to access for Black and white grandparents. When considering their needs in aggregate, “help and support from others” and “materials on emotional and behavior problems” are high on the list. However, when the results are separated by race (Figure 4), we see that nearly 90% of Black grandparents have difficulty finding materials and over 70% have difficulty finding help from others, including family, friends, and church. Educational materials on raising a teenager, the grandchild’s feelings, the grandparent’s physical health, and respite care, were all reported by slightly under 60% of Black respondents, whereas white grandparents reported under 40% for those need factors.

Figure 3. Help & Information Difficult to Find: White and Black Grandparents

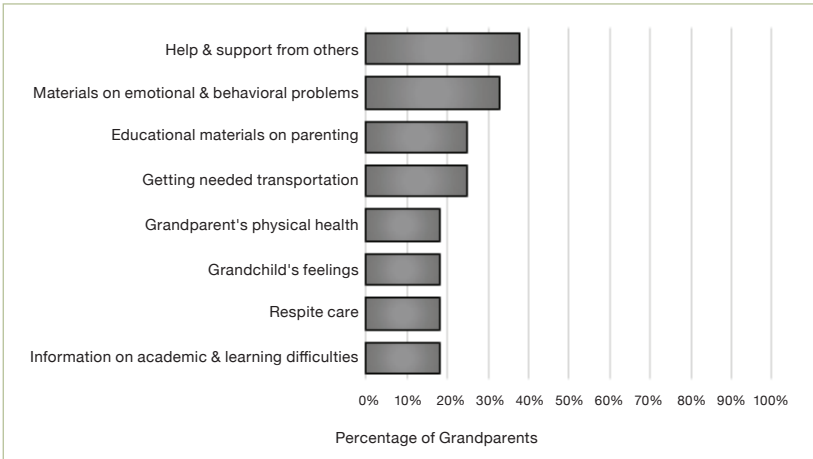
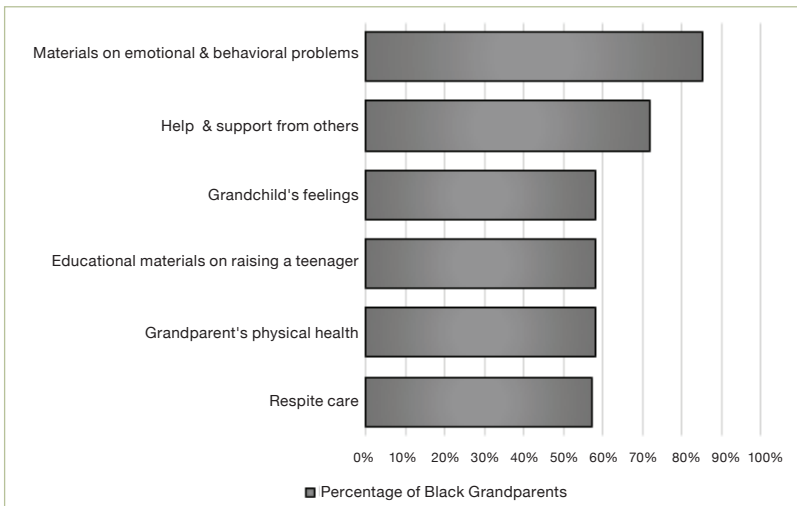


Figure 4. Help & Information Difficult to Find: Black Grandparents



Discussion

As African American grandparents continue to be the primary source of care for their grandchildren, it is imperative that social, political, and community responses shift their policies and practices to better support this vulnerable group that so many young children depend on for care. This shift requires the move away from issue-based solutions to solutions that address the multiplicative complexities of debilitating conditions such as poverty, chronic illness, and children's behavioral issues simultaneously. Additionally, it requires the acknowledgment that racism, sexism, classism, and other stigmas shape the life-chances and outcomes of both these grandparents and their grandchildren. Meaningful solutions must acknowledge and address historical racist institutional and discriminatory policies, as well as individual-level deficits.

Findings from this study contribute to existing research on the needs of custodial African American grandmothers and their caregiving experiences by promoting an intersectional analysis to better capture the complexities of their lived experiences. Not only do our findings correspond with those of national studies with larger sample sizes, but they also provide an increased understanding of African American grandmothers who have primary care of their grandchildren.

The analysis demonstrated that grandparent needs were very different by race. When comparing African American to white grandparents, the analysis showed only a slight difference in the types of needs reported, but a greater magnitude in reported need associated with each problem. For instance, white grandparents reported problems getting help with academic and learning disabilities, school adjustment, support from other grandparents, and support from others. Although the needs are similar to those of Black grandparents, the difficulty getting help for white grandparents was only 35% in comparison to a much higher need percentage for Black grandparents. In comparison to white grandparents (35%) the magnitude of need for African American grandparents ranged from 58% to more than 80% for all categories, with the highest percentages of need reported for access to materials on emotional and behavioral problems of the children, and the need for help and support from others. Despite the small sample size, one

may reasonably conclude that the experiences of African American grandparents are not only different from those of white grandparents, but their needs are not being met to the same degree.

Effects on grandparents. This study demonstrated Black grandmothers disproportionately deal with several issues, such as: not having enough money to buy basic things, the inability to be active with the child, health problems, little financial and social support from the child's parent, lack of knowledge of how to deal with emotional and behavioral problems of the grandchild, lack of support from family and friends, not enough time for themselves, need for afterschool and summer school programs, inability to discipline properly, no transportation, inability to negotiate school concerns, lack of cooperation and support from parents, and lack of parental involvement in the child's life, in comparison their white counterparts. Although grandmothers were very open about sharing their challenges and needs, they did not express that they had any regrets about caring for their grandchildren. Still, it is important to note that research has shown while some enjoy the challenge, many feel trapped and obligated, and others resent the role (Ruiz, 2004).

The sacrifices African American grandmothers make for their grandchildren are central to their cultural belief system about their roles as women and devotion to family and their children. The lack of social support was common among the grandmothers in this sample. However, well-known family studies have suggested that traditional family networks in Black communities are an important source of social support (Billingsley, 1992; Hill, 1997). The traditional meaning of the social support networks in African American families is no longer functioning for all Black families and communities, perhaps due to geography and other socio-economic factors.

Theoretical Implications. Using an intersectional approach, this study centered the lives of African American custodian grandmothers to highlight how the intersecting and interlocking systems of oppression condition the effect of health on grandchild caregiving. Older Black women have been found to experience higher levels of discrimination, which plays a critical role in their health, income, and access to social support services (Mays et al., 1996). Despite the health and income disadvantages that older Black women face, our study found that they take on additional responsibilities of caring for their grandchildren, even as they are not well-resourced

to provide care for themselves. We argue that greater attention and consideration of these intersectional race-gendered dynamics that older African American women face might enhance our understanding of African American custodial grandparent needs and shape a response for general relief.

Limitations. A number of limitations must be considered regarding this sample of custodial grandmother caregivers. Although the sample is small and nonrandom, it represents the needs and experiences of custodial African American caregivers in Black communities. A longitudinal study is needed to determine the long-term effects of caregiving, especially on health outcomes for the grandparent as well as the grandchild. The sample does not consist of a wide range of demographic differences, especially education, occupation, and income. Despite these limitations, however, there are unique characteristics in the sample that are consistent with national data, past and present (Dunifon et al., 2014; Hadfield, 2014; Hayslip et al., 2019; Szinovacz, 1998). This study also provides robust data to inform research and policy considerations by providing a clear assessment of experiences, needs assessment, and difficulty accessing needs for custodial African American grandmothers.

Recommendations: Program and policy recommendations and agendas must continue to address the needs of families headed by grandparents, especially those who are single with unique problems and special circumstances. African American grandmothers are asked to assume full-time care of their grandchildren at a period in their lives when they expected to have some free time of their own. They take on these roles in the face of poverty and little or no social and professional support. Researchers must continue to be a voice for grandparents who assume care for their grandchildren and are not receiving support. More community resources are needed to address the health concerns of custodial grandparents that complicate their efforts to provide care for their grandchildren. Support systems must extend services to address transportation needs and provide respite care. Further, more information is needed concerning the level of knowledge grandparents have on providing care at different stages of the grandchild's social and emotional development.

Programs and policymakers should also consider the short- and long-term effects of COVID-19 on this group. Older adults

are the most vulnerable to infection, increased chronic illness as a result of COVID-19 exposure, unemployment, and death (Morrissey & Ghilarducci, 2020). The effects of COVID-19 also disproportionately affect Black workers, women caregivers, and low-wage workers (Centers for Disease Control and Prevention, 2020; Spurk & Straub, 2020). Future research might examine the effects of the COVID-19 pandemic on the ability of custodial African American grandmothers to provide care for their grandchildren. There is still much to understand about the extent of the needs of grandmothers, the needs of children in their care, and how to effectively communicate these needs to formal support services.

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