

This article contrasts the experiences of 398 White and 319 Black grandmothers raising their grandchildren in the absence of the middle generation. Similarities include age, education, familial relationship to the grandchild, age of the grandchild being raised, reasons that grandmothers are raising their grandchildren, behaviors characteristic of the grandchildren, and impacts on the grandmother's work life. Differences include marital status, work status, and income. Black grandmothers are more likely than White grandmothers to have peers who also live with their grandchildren. Black grandmothers are also more likely to come from families in which multiple generations lived together and to be receiving support from formal sources. White grandmothers experienced more burden from their caregiving role than did Black grandmothers.

Key Words: Custodial grandparents, Race

Raising Grandchildren: The Experiences of Black and White Grandmothers

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A total of 2,444,000 households, or 3.5% of all households in the United States, include a grandparent and a grandchild under the age of 18 (Casper & Bryson, 1998). Between 1970 and 1994, the percentage of grandchildren living with a grandparent increased from 3.2% to 5.4% (Saluter, 1996). In 1997, 5.6% of children in the United States, or approximately 4.0 million children, were living with 3.7 million grandparents (Lugaila, 1998). Although Black households are more likely than White households to include both a grandparent and a grandchild (9.2% vs 2.3%; Bryson, 1998), the past decade has witnessed exponential growth in the number of both Black and White children living with a grandparent (increases of 24% and 54%, respectively, since 1980; Saluter, 1992). Analyzing data from Wave 2 of the National Survey of Families and Households (NSFH), Szinovacz (1998) concludes that when data are gathered from the perspective of grandparents, the prevalence of grandparents living with grandchildren is substantially higher than that represented in the Census data. According to Szinovacz's analysis, 8.3% of all grandparents (26.0% of Black grandmothers and 7.3% of White grandmothers) live in households with their grandchildren. Thus, coresidence among grandparents and grandchildren has become increasingly common, yet there is a dearth of information about how these living arrangements affect the mental and physical well-being of the grandparents.

The majority of households that include both a grandparent and a grandchild also include at least one of

the grandchild's parents. However, since 1990 the fastest growing type of household that includes both grandparent and grandchild is that in which grandchildren and their grandparents reside together with neither of the grandchild's parents present (Casper & Bryson, 1998). In 1997, 780,000 homes in the United States included a grandparent and grandchild and neither of the grandchild's parents. Close to half of these households (47.3%) were White; 35.9% were African American; and 15.1% were Hispanic (Bryson, 1998). Data from the NSFH (Fuller-Thomson, Minkler, & Driver, 1997) revealed that 10.9% of grandparents who have at least one grandchild report having had primary responsibility for raising a grandchild for a period of six months or more at some point in the child's life. As described by Fuller-Thomson and colleagues (1997), "a variety of factors, including substance abuse, teen pregnancy, AIDS, incarceration, emotional problems, and parental death" (p. 406) contribute to the significant number of grandparents who find themselves in the role of parent to their grandchildren. In many inner cities, hit hard by multiple social epidemics, health and social service providers estimate that between 30% and 50% of children younger than 18 years of age live in the care of their grandparents (Minkler & Roe, 1993).

In their review of the literature, Fuller-Thomson and colleagues (1997) find that the early to mid-1990s witnessed increasing research attention to the phenomenon of grandparent caregiving (Burton, 1992; Dowdell, 1995; Dressel & Barnhill, 1994; Jendrek, 1994; Joslin & Brouard, 1995; Minkler & Roe, 1993; Shore & Hayslip, 1994). Fuller-Thomson and colleagues suggest that "these studies provided useful information including initial explorations of the special problems and challenges faced by grandparents raising grandchildren of imprisoned mothers (Dressel & Barnhill, 1994) and of drug-involved parents (Burton, 1992; Minkler & Roe, 1993)" (p. 406). However, as they conclude, because

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most of the research to date has been based on small samples in particular geographic areas, their findings cannot be generalized to the growing national population of custodial grandparents. This article describes the experience of Black and White grandparents in the United States who are living with their grandchildren in households that do not include the grandchildren's parents.

Becoming a Custodial Grandparent

Numerous studies have shown that the most common reason children are in the care of their grandparents is child maltreatment, typically associated with substance abuse by one or both of their parents (Dowdell, 1995; Jendrek, 1994; Kelley, 1993; Kelley, Yorker, & Whitley, 1997). Other reasons for grandparents raising grandchildren, although much less common than child maltreatment, include parental death (Kelley & Yorker, 1997; Schable et al., 1995), incarceration (Dowdell, 1995; Dressel & Barnhill, 1994; Gaudin & Sutphen, 1993; Kelley, 1993), and mental illness (Dowdell, 1995; Kelley, 1993). Although custodial grandparenting cuts across gender, class, and ethnicity, analysis of the NSFH data by Fuller-Thomson and colleagues (1997) revealed that women, recently bereaved parents, and African Americans had approximately twice the odds of becoming caregiving grandparents. Furthermore, these data document the long-term, labor-intensive commitment involved in being a custodial grandparent. More than half (56%) of custodial grandparents had provided care to a grandchild for a period of at least three years; one in five grandparent caregivers took care of a grandchild for 10 or more years.

Although a great deal of attention has been paid to the pathways by which custodial grandparenting develops in families where the middle generation is addicted to cocaine, little is known about the pathways that emerge in other circumstances. For example, in their study of 71 African American custodial grandmothers of grandchildren whose parents were involved with crack cocaine, Minkler and Roe (1993) found several patterns emerged with respect to the assumption of care. The first involved a small minority of women for whom becoming a full-time caregiver happened quickly and without warning. In such families, the middle generation may have abandoned the children or become imprisoned. A second, more frequent pattern was for a grandmother to negotiate informally with her crack-involved daughter to have her children stay with the grandmother temporarily while the substance-abusing individual went into treatment. The third, and by far most prevalent, route to caregiving described by Minkler and Roe (1993) typically began with a

grandmother's growing awareness of and concern over the extent of an adult child's drug involvement and the toll it was taking on the grandchildren. For grandparents fitting this pattern, assumption of the caregiver role often came after a difficult and sometimes protracted period of trying in vain to help the crack-abusing child, checking up on the grandchildren, and providing more and increasingly lengthy informal care to ensure their well-being. This period usually came to a head when

the grandparent felt forced either to take the children directly or to call the police and have them removed from the parent's home. (p. 56)

The Lives of Custodial Grandparents

Studies of the ways in which becoming a custodial grandparent affects the lives of individuals have generally included either Blacks or Whites and have involved small samples. One of the first research studies to focus on the lives of custodial grandparents was that of Burton (1992). Data from two qualitative studies of 60 Black grandparents and great-grandparents who had assumed a surrogate parent role to their grandchildren as a result of drug addiction by the children's parents, identified three types of stressors. These included the contextual, familial, and individual. Contextual stressors involved dangers associated with the neighborhood drug trade. A majority of the respondents (93%) expressed concern and fear about burglaries, drive-by shootings, and drug trafficking in their neighborhoods. Familial stressors included having to provide care for multiple kin and to cope with the drains on family income related to the drug-addicted adult child's behavior. With regard to caring for grandchildren, grandparents were concerned about long-term and permanent child care responsibilities and their own ability to keep up with the school, social, and physical activities of their grandchildren. The individual stressors included balancing work and family life, and tremendous demands on personal time. The data also suggested that grandparents experienced both costs and rewards in their roles as surrogate parents. A majority of the grandparents (86%) reported feeling "depressed or anxious most of the time"; 61% said that they were smoking more than they ever had in their lives; and 36% complained of heightened medical problems, especially diabetes and arthritis. Yet, in spite of these health costs, the majority of grandparents indicated that they experienced tremendous rewards from raising their grandchildren.

In a related study of African American grandmothers raising their grandchildren as a result of the crack-cocaine involvement of the children's parents, Minkler and Roe (1993) found that for the majority of women, surrogate parenthood involved a major and abrupt disruption of mid- or late-life activities, as well as their plans and hopes for the future. Many working women had to quit their jobs in order to become full-time caregivers. For some of the elderly women who had long awaited leisure time and the prospects of economic security in later life, dreams were shattered by the demands of their child care responsibilities. For a small minority of women, the assumption of caregiving, although tragic in what it stood for in terms of an adult child's crack involvement, was nevertheless a very positive life change. However, even among grandmothers for whom the assumption of caregiving represented a positive life change, the long-term consequences of taking this step were overwhelming.

In her study of 36 White custodial grandparents, Jendrek (1993) reports that at least half experienced a decline in privacy, time for themselves, time with a

spouse, contact with friends, time spent doing things for fun, and money. The majority of grandparents reported increases in need to alter routines and plans, feeling physically tired, having a purpose for living, being emotionally drained, and worrying. In a similar study of 41 White, middle-class custodial grandparents, Kelley (1993) reports that respondents experienced greater psychological distress in terms of depression, interpersonal sensitivity, hostility, paranoia, obsessive-compulsiveness, and somatization than did grandparents in a normative group. When Jendrek contrasted custodial grandparents with noncustodial grandparents, she found that the former group reported significantly more disruptions to their lives. Similarly, Shore and Hayslip (1994) found that custodial grandparents had lower well-being scores, less satisfaction with the grandparent role, and poorer perception of the grandparent-grandchild relationship than did a contrast group of grandparents whose grandchildren were in the custody of their own parents.

Although these studies hint at the strains involved in the lives of custodial grandparents, the small sample sizes and tendency to include either Blacks or Whites limit generalizability. The analyses that follow describe the experiences of custodial grandparents for a sample of Black and White grandparents living in the United States. It is important to contrast the experience of White and Black grandparents for a number of reasons. First, Black and White grandparents historically have played different roles within families; older Black grandparents have traditionally played more pivotal roles in the family structure and in holding kin networks together (Burton & Dilworth-Anderson, 1991; Hagestad & Burton, 1986). Second, at all ages, Blacks are more likely than Whites to live in extended family households (Allen, 1979; Angel & Tienda, 1982; Hofferth, 1984; Tate, 1983; Taylor, 1988), yet it is unclear how this experience affects the grandparent experience. Third, research indicates that Black grandparents are less likely than White grandparents to embrace norms of noninterference, especially when the middle generation is comprised of single parents (Cherlin & Furstenberg, 1986; Kornhaber & Woodward, 1981). Finally, contrasts of the grandparent experience for custodial Black and White grandparents are intriguing because the broader caregiving literature, which has contrasted the experiences of Black and White people responsible for a variety of care recipients, is inconsistent regarding the effects of race on the caregiving experience.

Methods

Sample

Data for the analyses that follow are based on telephone interviews with 398 White and 319 Black grandmothers living in homes that included at least one of their grandchildren and neither of the grandchild's parents. Grandmothers were selected for study over grandfathers because women are more likely than men to assume the role of kin-keeper, either as parental replacement or parental supporter (Cohler & Grune-

baum, 1981; Hagestad & Smyer, 1982). Women facilitate contact and exchanges between generations, and serve as "family monitors," observing the course of relationships, and registering changes in them (Hagestad, 1985). Finally, these differences as well as differential life expectancies result in older women being more likely than older men to live with younger family members.

Participants learned about the study primarily through media press releases (70.0%). Additional referral sources included paid advertisements (2.6%), contact with social agencies (6.0%), schools (2.9%), word of mouth (5.0%), support groups (6.3%), and referral from others who had participated in the study (6.6%). Identical outreach efforts were made throughout the United States. The sample for the analyses that follow included grandmothers living in 42 states throughout the United States. Using Census definitions, respondents were distributed across the country as follows: 10.7% in the Northeast, 37.4% in the Midwest, 33.5% in the South, and 18.4% in the West. There were significant differences in where the Black and White respondents lived (chi square = 17.36, $df = 3$, $p < .01$), with Blacks more likely to be living in the South and Whites more likely to be living in the Midwest and West. Respondents lived primarily in urban areas (90.3%), with 9.7% living in rural areas.

Women were eligible to participate in the study if they had lived with at least one of their grandchildren in homes that did not include either the grandchild's mother or father for at least three months. For women living with more than one grandchild, a grandchild between the ages of 6 and 12 was selected as the "target" grandchild. If more than one grandchild fit this criteria, the "target" grandchild was randomly selected from those between the ages of 6 and 12. If none of the grandchildren was between the ages of 6 and 12, the grandchild closest to that age range was selected as the "target." Although the 6–12 age range was somewhat arbitrary, it was selected in order to reduce the variance in the experience as a function of the developmental stage of the grandchild and to ensure that the grandparents participating in the study would be involved in both the physical and social aspects of child rearing.

Interviews were conducted between July 1996 and July 1998. Details regarding the demographic characteristics of the complete sample as well as comparisons for the two subsamples (Black and White) may be found in Table 1. Grandmothers participating in the study ranged in age from 50 to 83 years. The majority of respondents (55.9%) were married; 25.2% were divorced, 14.1% were widowed, and 2.6% were never married. The women had an average of 13.4 years of education, with 11.4% having less than a high school education, 43.0% having a high school education, 37.9% having some college education, and 9.1% having four or more years of college. Approximately half of the sample (52.0%) was currently working. Among those respondents who were currently working, the mean number of work hours per week was 34.9. Respondents reported that they worked in a variety of positions, with 30.1% holding white-collar jobs, 26.1%

Table 1. Demographic Characteristics

	Total	White	Black	t test or χ^2 (df)
Characteristics of Grandparent				
Age (years)	57.66	57.55 (6.10)	57.80 (6.12)	-.54 (715)
Marital Status				
% Married	55.9	70.85 (.45)	42.01 (.49)	8.04** (654)
% Widowed	14.1	11.31 (.32)	17.55 (.38)	-2.35* (617)
% Divorced	25.2	17.1 (.38)	35.4 (.48)	-5.50** (594)
Religion				
% Protestant	66.4	60.6	73.7	44.95** (4) ^a
% Catholic	15.5	22.4	6.9	
% Jewish	1.1	1.8	.3	
% None	1.5	2.5	.3	
% Other	15.5	12.8	18.8	
Occupational Status				
% White collar	30.1	30.9	29.2	55.34** (5) ^a
% Secretarial	26.1	26.6	25.4	
% Service	14.5	9.3	21.0	
% Laborer	11.3	8.0	15.4	
% Technical/sales	8.6	10.6	6.3	
% Housewife	9.3	14.6	2.8	
Education	13.38	13.49 (2.10)	13.25 (2.46)	1.40 (628)
% Currently Working	52.00	48.00 (.50)	57.00 (.50)	-2.51* (684)
Per Capita Income (mean)	\$11,014	\$12,217	\$9,482	5.46** (691)
Characteristics of Grandchild				
Age	10.01	10.06 (3.86)	9.96 (3.71)	.34 (715)
Gender (% female)	50.9	50.0 (.50)	52.0 (.50)	-.69 (715)
Household Composition				
Years grandchild & grandmother lived together	6.49	6.36 (4.17)	6.66 (4.04)	-.95 (710)
No. of grandchildren in household	1.80	1.56 (.90)	2.09 (1.39)	-5.96** (521)
% Respondents with own children in household	17.0	16.0 (.36)	20.0 (.20)	-1.44 (651)
Relationship Between Grandparent and Grandchild				
% Maternal grandparent	67.2	64.3	70.8	3.42 (1) ^a
% Paternal grandparent	32.8	35.7	29.2	
% Grandparent-Grandchild Same Race	85.8	81.6	91.2	596.80** (2) ^a

^aChi square.

* $p < .05$; ** $p < .01$.

Note: Values are means (standard deviations) unless otherwise noted.

working in secretarial positions, 14.5% in service positions, and 19.9% in other blue-collar positions. A minority of the sample (9.3%) indicated that they had been housewives for most of their lives. The majority of the sample (66.4%) was Protestant, with 15.5% Catholic, 15.5% other (including nondenominational Christian, Jehovah's Witness, Mormon), 1.1% Jewish, and 1.5% reporting no religion.

The grandchildren ranged in age from 9 months to 18 years. Half of the grandchildren were male; half were female. Although the majority of the grandchildren were of the same race as the grandmother with whom they were living, 14.2% were of a different race. The majority of grandmothers (67.2%) were maternal grandmothers; 32.8% were paternal grandmothers.

The grandchildren had been living with their grandmothers for a mean of 6.5 years. The overwhelming majority of grandchildren moved into the grandmother's home (86.3%), whereas some had always lived with their grandmother (7.8%). A few grandmothers moved into the grandchild's home (1.3%) and sometimes the

grandmother and grandchild moved into a new home together (3.9%). Although 54.5% of the grandmothers had only one grandchild living in their houses, 25.7% had two grandchildren, 11.2% had three grandchildren, and 8.6% had four or more grandchildren. As indicated previously, none of the households included either of the grandchild's parents, although 17.0% of the respondents had at least one of their own adult children living at home.

The Interview Schedule

Each respondent participated in a confidential telephone interview that lasted an average of 2.5 hours (range 60 minutes to 4.6 hours). The interviews were conducted by a staff of 17 part-time interviewers who received extensive training on the interview protocol, which was primarily structured and quantitative. One exception to the quantitative format was information concerning how the grandparent and grandchild came to be living together. This information was elicited using a single open-ended question ("How did it

come about that you and your grandchild are living together?"). Interviewers were trained to probe for why the child was not living with his or her mother and father. Responses were audiotaped, transcribed, and coded by two research assistants with separate emphasis on why the grandchild was not living with his or her mother or with his or her father, why the grandchild was living with the respondent and not with anyone else, and, if the grandchild did not live with his or her grandmother, where he or she would live. Interrater reliability of .85 was established across the two raters. Multiple responses were coded.

The interview protocol inquired about the target grandchild's behavior and academic performance. Grandchild behaviors were assessed using a 36-item revision of the Achenbach Child Behavior Checklist (Achenbach, 1991). Items included in this revision were those identified by Achenbach as discriminating between children referred for clinical treatment and those who were not referred. Grandmothers rated each behavior as either "not true," "sometimes true," or "often true" of the target grandchild during the past six months. Academic performance was measured using the following questions: (1) "Is your grandchild in any remedial education classes or programs?" (2) "Compared with others in his or her class, how is your grandchild doing in school? Would you say excellent, above average, average, below average, or failing?" and (3) "Has your grandchild been suspended or expelled from school during the past year?"

In order to understand the extent to which grandmothers and other family members were helping the grandchild, respondents were asked to report on the number of hours per week the grandchild's father and mother provided help to the target child. Grandmothers also reported on the number of hours per week that they helped their grandchild. Respondents were asked to report whether they or someone else would be responsible for making medical decisions for their grandchild in an emergency. Finally, grandmothers reported on whether they were solely responsible for signing report cards, setting the rules for their grandchild, disciplining their grandchild, attending parent-teacher meetings, and attending school events.

Grandmothers were asked about the ways in which their responsibilities to their grandchild had affected various aspects of their work life. Those grandmothers who had quit work either just prior to or at any time subsequent to their grandchild coming to live with them were asked whether their child care responsibilities had led to their decision to quit their job. Respondents who continued to work after assuming responsibility for their grandchild were asked whether they had experienced the following because of their child care responsibilities: changes in job or employer; changes in hours worked, changes in shift worked; interruptions to work such as missing work, coming late to work, leaving work for doctor appointments for grandchild, and leaving work suddenly because of grandchild; interruptions at work from phone calls by or pertaining to grandchild. Respondents were also asked whether they had considered quitting their job because of their grandchild, and whether they had re-

fused a new position, promotion, or transfer because of their grandchild.

For respondents who were married, the effects of providing care to a grandchild on the marriage were assessed using responses to statements such as "My spouse feels that I spend too much time with my grandchild"; "I find the time to do the things my spouse wants us to do together even though I help my grandchild"; "Helping my grandchild causes problems in my marriage"; "I argue with my spouse about the help I give to my grandchild"; "My spouse is supportive of me in my helping role"; and "Where my grandchild is concerned, my spouse and I are really a team." Respondents indicated the extent to which they agreed or disagreed with these statements using a 5-point Likert scale. For ease of interpretation, responses were collapsed to reflect agreement versus disagreement.

The way in which respondent's experience of the grandparent role compared with that of their peers and with that of other generations of elders within their own families was addressed by asking respondents a series of five questions. The specific questions are listed in Table 7. Although each question was presented using a 7-point Likert scale (very strongly agree to very strongly disagree), responses were collapsed to reflect agreement versus disagreement.

Supports received by grandmothers and their grandchildren were assessed by asking grandmothers whether they were currently receiving the following services: legal assistance regarding the grandchild; Aid to Families with Dependent Children (AFDC); food stamps; Medicaid; supplemental food program for women, infants, and children (WIC); Supplemental Security Income (SSI); earned income tax credit; Head Start; and membership in a grandparent support group.

Finally, the extent to which caring for a grandchild affected the burdens and satisfactions experienced by grandmothers was measured using questions that were designed for other caregiving populations as developed by Lawton, Kleban, Moss, Rovine, and Glicksman (1989). Respondents rated each of 21 questions using a 5-point Likert scale that ranged from 1 (never) to 5 (nearly always). These questions measure the extent of caregiving burden (13 items) and caregiving satisfaction (8 items). For ease of interpretation, responses were collapsed such that "never" and "rarely" were combined and interpreted as not characterizing the respondent. Responses of "sometimes," "quite frequently," and "nearly always" were combined and interpreted as characterizing the respondent.

Results

Analytic Strategy

All analyses contrasting Black and White grandmothers were conducted using *t* tests. Preliminary analyses using Levene's test for equality of variances determined, for each analysis, whether equal variances across the two samples could be assumed. This and the fact that some respondents were not asked all of the questions because some could not apply to them (e.g., women who were not currently married were

not asked questions about marriage) resulted in different degrees of freedom being used for the various analyses.

Demographic Contrasts

As indicated in Table 1, there were many similarities between the Black and White respondents, including their age, level of education, age and gender of the target grandchild, length of time that grandmother and grandchild had lived together, and relationship between grandparent and grandchild (maternal vs paternal). There were also, however, important differences. White grandmothers were more likely than Black grandmothers to be married, Catholic, housewives, and living with a grandchild whose race was different than their own; Black grandmothers were more likely to be widowed or divorced, working, to have more grandchildren in their households, to be employed in service or laborer roles, and to be Protestant.

Reasons Why Grandmother and Grandchild Live Together

Table 2 details quantitative responses from the grandmothers to the question "How did it come about that you and your grandchild are living together?" Responses

to this question focus on the reason that the grandchild is not living with his or her parents. The primary reason given involved drug or alcohol addiction on the part of the grandchild's mother (50.9%) or father (36.9%). More than a third of the grandmothers reported that the child's mother had physically (35.1%) or emotionally (37.6%) neglected the grandchild; rates of physical (16.9%) and emotional (16.1%) neglect on the part of the grandchild's father were lower. Reports of physical and emotional abuse on the part of the middle generation were also higher for the grandchild's mother (11.5% and 21.3%, respectively) than for the grandchild's father (6.8% and 11.6%). The grandchild's mother was more likely to be dead (10.5%) than was the grandchild's father (4.8%); the grandchild's father was more likely to be in prison (9.4%) than was the grandchild's mother (6.2%). Grandmothers reported unknown whereabouts for grandchild's father (21.3%) more often than for grandchild's mother (2.5%).

Examination of the responses to why grandmothers and their grandchildren were living together by race (see Table 2) revealed that White grandmothers were more likely than Black grandmothers to indicate the following reasons: the child's mother was mentally ill, emotionally abusive, physically neglectful, or emotionally neglectful. Black grandmothers, on the other hand, were more likely than White grandmothers to indicate that the child's mother was addicted to drugs.

Table 2. Reason Grandchild Is Not Living With His or Her Parents^a

	% Giving Reason			t test (df)
	Total	White (SD)	Black (SD)	
Child's mother is				
Dead	10.5	9.8 (.30)	11.3 (.32)	-.65 (713)
In jail	6.2	4.8 (.21)	7.9 (.27)	-1.67 (593)
Mentally ill	6.2	8.3 (.28)	3.5 (.18)	2.79** (690)
Pregnant teenager	7.6	8.1 (.27)	6.9 (.25)	.57 (713)
Addicted to drugs	46.4	40.1 (.49)	54.2 (.50)	-3.81** (676)
Addicted to alcohol	21.9	23.7 (.43)	19.7 (.40)	1.27 (697)
Whereabouts unknown	2.5	2.8 (.16)	2.2 (.15)	.49 (712)
Financially unable to care for child	7.9	8.3 (.28)	7.3 (.26)	.53 (711)
Physically abusive	11.5	12.9 (.34)	9.7 (.30)	1.34 (707)
Emotionally abusive	21.3	25.5 (.44)	16.0 (.37)	3.17** (712)
Physically neglectful	35.1	40.9 (.49)	27.9 (.45)	3.69** (702)
Emotionally neglectful	37.6	42.4 (.49)	31.7 (.47)	2.99** (696)
Abandoned child	7.7	8.3 (.28)	6.9 (.25)	.70 (712)
Child's father is				
Dead	4.8	5.3 (.22)	4.1 (.20)	.73 (711)
In jail	9.4	8.1 (.27)	11.1 (.31)	-1.35 (626)
Mentally ill	1.7	2.5 (.16)	.6 (.08)	2.08* (612)
Teenage father	3.2	3.3 (.18)	3.2 (.18)	.10 (710)
Addicted to drugs	30.4	32.2 (.47)	28.1 (.45)	1.21 (712)
Addicted to alcohol	22.1	26.7 (.44)	16.4 (.37)	3.38** (710)
Financially unable to care for child	4.6	4.3 (.20)	5.1 (.22)	-.49 (711)
Whereabouts unknown	21.3	17.6 (.38)	25.8 (.44)	-2.62** (632)
Physically abusive	6.8	9.3 (.29)	3.8 (.19)	3.07** (687)
Emotionally abusive	11.6	16.6 (.37)	5.3 (.22)	5.01** (666)
Physically neglectful	16.9	22.9 (.42)	9.4 (.29)	5.06** (700)
Emotionally neglectful	16.1	21.9 (.41)	8.8 (.28)	5.02** (697)
Abandoned child	3.5	4.0 (.20)	2.8 (.17)	.85 (711)

^aMultiple responses were coded.

* $p < .05$; ** $p < .01$.

White grandmothers were more likely than Black grandmothers to indicate that the child's father was mentally ill, addicted to alcohol, physically abusive and neglectful, and emotionally abusive and neglectful. Black grandmothers were more likely than White grandmothers to report that the whereabouts of the child's father were unknown.

However, the pathways by which the grandchildren came to be living with their grandmothers were complex and most involved multiple problems on the part of the middle generation. Although some grandmothers pointed to a specific event as the cause for the shared living arrangement, the picture that emerges in most cases is that of families besieged by multiple problems that result in the gradual move of the child from the parent's home to the grandmother's home. For example, in more than one third of the families (33%), the grandchild's mother was addicted to either drugs or alcohol and she was either physically or emotionally abusive or neglectful of the child or had abandoned the child.

Typical responses to the question "How did it come about that you and your grandchild are living together?" included the following:

DCSF stepped in and removed S. from the home because my daughter has an alcohol problem and the man that she's married to has an alcohol and drug problem. (Respondent #141, Black grandmother)

I guess the final straw where someone said yes, these children need help was um, was on a Friday, our daughter had checked herself into a drug and alcohol rehab center and so the children were left in the care of their father and he went out drinking on Saturday night and left the children alone and he went out drinking again Sunday and left the children at which time he had been picked up by the police and he made his one obligatory call from jail to tell us, at 2:00 in the morning that the children were home alone. (Respondent #257, White grandmother)

She (daughter) started on drugs . . . she became pregnant . . . she became very abusive to the baby. She would go out and leave the baby all night, wouldn't feed her, wouldn't do anything. So I got temporary custody . . . she went into drug rehab and stayed in for about two years. I sent the baby to her in the drug rehab child center . . . I thought everything was going to work. . . . But then I got the most devastating news I could ever get. . . . My daughter told me she had AIDS. But what really killed me was when I found out the baby is HIV too . . . I developed sugar and from that I developed a heart attack. So I stayed in the hospital a while and then I finally got myself together and I said, the baby is not going into any institution. I am not going to let nobody adopt her . . . I'll do what I have to do. (Respondent #138, Black grandmother)

On a Christmas, right before Christmas, his mother just packed up and left with one of her drinking boyfriends, and um, didn't come back for, oh, I don't know, three or four days before we ever heard from her. And um, we just decided we'd try to get custody of him and did. (Respondent #687, White grandmother)

Her mother is a drug abuser. She has AIDS and she's been in and out of programs. She just doesn't stay clean.

Her father is in prison. (Respondent #135, Black grandmother)

His mother is on drugs and she never stays out of jail long enough to take care of him. His father also is on drugs. (Respondent #687, White grandmother)

Her mother abandoned her and her father took her and then he sexually abused her and then I took her. (Respondent #059, Black grandmother)

My daughter was trying to suffocate C. The first time she had a pillow over her face and she was starting to turn blue. The second time I walked in, she said the baby had been crying for a long time and she said finally she quit crying and I thought oh good, T. has picked the baby up and is going to take care of her and I walked in the room and she had her hand over her mouth and nose. (Respondent #692, White grandmother)

Her mother has a mental problem. She abused E. physically, hit him in the head with a bottle, didn't see anything wrong with it. And I called DCFS. That wasn't the first time that abuse had taken place with the children. (Respondent #042, Black grandmother)

Although the majority of the grandmothers reported that when they began living with their grandchild they thought it would be a temporary arrangement (48.3%) as opposed to a permanent one (35.7%), with 16.0% feeling unsure, most felt at the time of the interview that the living arrangements were permanent (85.4%) as opposed to temporary (7.4%), with 7.3% feeling unsure. A minority of grandmothers had legally adopted their grandchild (11.6%), yet most (74.8%) had legal custody or guardianship over the grandchild.

A Portrait of the Grandchildren

As indicated in Table 3, the grandchildren exhibited a wide range of behavior problems. More than 50% of the grandmothers said that their target grandchild had sudden changes in mood or feelings, was nervous or high strung, was argumentative, had trouble concentrating or paying attention, was impulsive, was hyperactive, was stubborn, demanded a lot of attention, or acted in a disobedient manner at home. Although White respondents were more likely than Black respondents to report that their grandchild was argumentative, was impulsive, felt worthless, was unhappy, was withdrawn, was too dependent on others, or acted too young for his or her age, Black respondents were more likely than White respondents to indicate that their grandchild lied or cheated, was disobedient at school, destroyed his or her things, and got into fights.

The grandchildren's difficult behavior also made itself evident at school, as 20.3% of the grandchildren were in remedial education classes, 12.3% had been suspended or expelled from school during the past year, and 12.4% of the grandmothers reported that their grandchild was performing below average in school. More of the Black grandmothers than the White grandmothers reported that their grandchild had been suspended or expelled from school (17.3% vs 8.2%). There

Table 3. Grandchild Behaviors

	% Agree				t test (df)
	Total	White (SD)	Black (SD)		
Sudden changes in mood or feelings	78.2	77.4 (.73)	79.3 (.65)	1.36	(706)
Feels or complains that no one loves him/her	29.2	29.7 (.63)	28.5 (.61)	.51	(714)
Nervous, high strung, or tense	56.2	56.0 (.78)	56.4 (.76)	.24	(715)
Lies or cheats	43.8	40.5 (.65)	48.0 (.68)	-1.99*	(715)
Fears he/she might think or do something bad	37.7	38.2 (.65)	37.2 (.62)	.50	(708)
Argues a lot	61.8	68.8 (.80)	53.0 (.81)	4.26**	(680)
Can't concentrate, can't pay attention for long	54.1	53.3 (.83)	55.2 (.79)	.31	(715)
Confused or seems to be in a fog	26.8	25.9 (.58)	27.9 (.55)	-.06	(714)
Cruel, bullies, or is mean to others	26.5	24.9 (.56)	28.5 (.56)	-.73	(715)
Disobedient at school	32.8	25.3 (.56)	42.0 (.68)	-4.70**	(613)
Doesn't seem to feel guilty after misbehaving	40.4	40.8 (.68)	40.1 (.69)	.11	(710)
Doesn't get along with other kids	27.8	28.7 (.59)	26.6 (.54)	1.03	(703)
Impulsive or acts without thinking	65.2	66.8 (.89)	63.3 (.77)	2.30*	(714)
Feels worthless or inferior	32.3	40.8 (.65)	21.7 (.49)	5.80**	(708)
Can't get his/her mind off certain thoughts	46.0	47.4 (.67)	44.3 (.65)	.94	(704)
Can't sit still, is restless, or hyperactive	51.7	51.8 (.79)	51.7 (.75)	.76	(715)
Stubborn, sullen, or irritable	64.0	65.1 (.72)	62.7 (.69)	1.23	(715)
Has temper tantrums or hot temper	48.5	50.3 (.72)	46.4 (.70)	1.07	(715)
Unhappy, sad, or depressed	39.2	44.0 (.62)	33.2 (.55)	3.21**	(708)
Withdrawn, doesn't get involved with others	17.6	20.4 (.53)	14.2 (.43)	2.45*	(714)
Destroys others' things	15.1	14.3 (.44)	16.0 (.51)	-1.08	(615)
Destroys his/her own things	21.1	17.6 (.51)	25.4 (.58)	-2.29*	(637)
Clings to adults	47.3	44.1 (.77)	51.3 (.77)	-1.51	(713)
Cries a lot	23.4	23.6 (.55)	23.2 (.56)	-.05	(715)
Demands a lot of attention	64.9	65.1 (.85)	64.6 (.78)	1.82	(701)
Too dependent on others	34.9	38.9 (.69)	29.8 (.66)	2.05*	(692)
Hangs around with others who get in trouble	19.7	18.1 (.53)	21.6 (.57)	-1.08	(714)
Secretive, keeps things to self	40.6	42.0 (.72)	39.0 (.67)	1.30	(698)
Acts too young for his/her age	30.5	34.6 (.69)	25.4 (.61)	2.72**	(707)
Feels others are out to get him/her	17.6	19.9 (.49)	14.7 (.48)	1.24	(687)
Gets in fights	27.2	23.4 (.51)	32.0 (.61)	-2.85**	(617)
Not liked by other children	17.6	18.9 (.51)	16.0 (.47)	1.05	(701)
Too fearful or anxious	35.8	38.2 (.63)	32.9 (.60)	1.43	(715)
Disobedient at home	52.3	52.5 (.67)	52.0 (.64)	.46	(715)
Poor school work	32.3	34.0 (.68)	30.1 (.65)	1.05	(711)
Sulks a lot	32.5	29.6 (.60)	36.1 (.62)	-1.54	(715)

p* < .05; *p* < .01.

were no significant differences as a function of race either for remedial education (*t* = 1.05) or overall school performance (*t* = -.62).

How Grandparents and Other Family Members are Helping Grandchildren

The extent to which respondents were solely responsible for their grandchildren is evident when examining both hours of care provided by grandmothers as well as the types of functions they are serving. As indicated in Table 4, mean hours of help from the children's fathers and mothers totaled less than 5 hours per week. Grandmothers, on the other hand, provided a mean of 26.8 hours of help per week. Further evidence of the extent of responsibility borne by these grandmothers lies in the extent to which they alone were responsible for grandchild in the event of an emergency (89.7%), for signing report cards (74.6%), setting the rules (83.8%), disciplining them (59.6%), attending parent-teacher meetings (60.0%), and attend-

ing school events (59.3%). Race contrasts indicated significant differences for the responsibilities of emergency care and attending school events, with White respondents being more likely to be solely responsible than Black respondents.

Effects on Grandmother's Work Life

Respondents indicated that the demands of living with and providing care for their grandchildren took a tremendous toll on their work lives. Of the grandparents who had stopped working since assuming child care responsibilities, 8.5% reportedly did so in order to care for a grandchild. As indicated in Table 5, of those grandmothers who continued to work after their grandchild came to live with them (*N* = 506), more than 40% indicated that because of their grandchild they had come late to work, missed work, left work suddenly because of grandchild, or left work for a grandchild's doctor's appointment. More than 20% of the currently working grandmothers had decreased

Table 4. Extent to Which Parents and Grandmother Help Grandchild

	Total	White (SD)	Black (SD)	t test (df)
Hours/week father helps	2.46	2.56 (8.18)	2.32 (7.24)	.37 (566)
Hours/week mother helps	2.26	1.90 (5.75)	2.73 (7.47)	-1.52 (502)
Hours/week grandmother helps	26.78	26.49 (23.25)	27.14 (25.97)	-0.35 (710)
% Grandmothers solely responsible for				
Emergency care	89.7	92.9 (.26)	85.6 (.35)	3.12** (565)
Signing report card	74.6	72.3 (.45)	77.6 (.42)	-1.64 (693)
Setting the rules	83.8	84.1 (.36)	83.4 (.37)	.27 (714)
Disciplining	59.6	61.5 (.49)	57.4 (.49)	1.11 (676)
Attending parent-teacher meetings	60.0	60.9 (.49)	58.9 (.49)	.54 (711)
Attending school events	59.3	66.2 (.47)	50.6 (.50)	4.24** (662)

* $p < .05$; ** $p < .01$.

the number of hours they were working in order to care for their grandchild, had changed the shift they worked in order to accommodate their grandchild, were interrupted frequently by phone calls regarding their grandchild, or had considered quitting their job because of the demands made by their grandchild. Effects on grandmother's work life were similar for Whites and Blacks. The only exception was that White grandmothers were more likely than Black grandmothers to change jobs, whereas Black grandmothers were more likely than White grandmothers to come late to work because of demands made by their caregiving role.

Effects on Grandmother's Marriage

For the most part, married respondents indicated that living with and raising grandchildren did not cause serious problems in their marriages. As indicated in Table 6, most respondents felt that their spouse was supportive of them in their caregiving role and that when it came to caring for their grandchild they and their spouse were a team, and most found time to do things with their spouse despite the demands of their caregiver role. Less than a quarter of the sample indicated that their spouse felt that they spend too much time with their grandchild, that helping their grandchild caused problems in their marriage, and that they argued with their spouse about the help they were currently providing to the grandchild. Comparing the

effects on marriage by race revealed that the experience was very similar for Black and White respondents. On only one item ("My spouse feels that I spend too much time with my grandchild") had more Black respondents agreed than White respondents.

Experiences With the Grandparent Role

For a significant number of respondents, parenting a grandchild is not a novel experience. As indicated in Table 7, at least one third of the sample indicated that many of their friends are living with one of their grandchildren, that it is not unusual in their family for multiple generations to be living together, that one of their grandparents lived with their family when they were young, that they themselves lived with a grandparent at some point in their lives, or that one of their grandparents helped raise them. Comparing the experiences of White and Black grandmothers revealed significant differences on all aspects except one statement ("One of my grandparents lived with my family when I was young"). On all other statements, Black respondents had significantly higher rates of agreement than did White respondents.

Supports Received by Families

These data suggest that there is evidence that respondents were receiving some support from the

Table 5. Effects on Work Life

	Total	White (SD)	Black (SD)	t test (df)
Change job or employers	15.4	18.7 (.39)	12.2 (.33)	2.01* (488)
Decrease the hours worked	31.6	34.9 (.48)	28.3 (.45)	1.59 (502)
Increase the hours worked	13.8	12.7 (.33)	15.0 (.36)	-.74 (504)
Change the shift worked	28.7	27.8 (.45)	59.5 (.46)	-.43 (504)
Come late to work	49.8	42.5 (.50)	57.1 (.50)	-3.32** (504)
Miss work	60.9	57.5 (.50)	64.2 (.48)	-1.53 (503)
Leave work for doctor appointment for grandchild	65.0	64.7 (.48)	65.4 (.48)	-.16 (504)
Interrupted frequently by phone calls from or pertaining to grandchild	27.9	28.6 (.45)	27.2 (.45)	.35 (504)
Leave work suddenly	46.4	47.2 (.50)	45.7 (.50)	.35 (504)
Consider quitting job	24.9	27.0 (.44)	22.8 (.42)	1.08 (502)
Refuse a new position, promotion, or transfer	17.2	16.0 (.37)	18.3 (.39)	-.69 (499)

* $p < .05$; ** $p < .01$.

Table 6. Effects on Marriage

	% Agree			t test (df)
	Total	White (SD)	Black (SD)	
My spouse feels that I spend too much time with my grandchild.	22.8	19.0 (.39)	31.1 (.46)	2.28* (170)
I find the time to do the things my spouse wants us to do together even though I help grandchild.	85.4	85.3 (.35)	85.5 (.35)	.03 (374)
Helping my grandchild causes problems in my marriage.	14.3	15.2 (.36)	12.3 (.33)	-.74 (375)
I argue with my spouse about the help I give to my grandchild.	11.3	11.9 (.32)	9.7 (.30)	-.61 (371)
My spouse is supportive of me in my helping role.	93.7	94.4 (.23)	92.0 (.27)	-.88 (380)
Where my grandchild is concerned, my spouse and I are really a team.	91.6	90.9 (.29)	93.0 (.26)	.65 (377)

p* < .05; *p* < .05.

Table 7. Experience with Grandparents

	% Agree			t test (df)
	Total	White (SD)	Black (SD)	
Many of my friends are living with a grandchild.	38.1	23.7 (.42)	56.1 (.50)	-9.02** (596)
It is not unusual in my family for multiple generations to live together.	33.7	20.5 (.40)	50.5 (.50)	-8.55** (580)
One of my grandparents lived with my family when I was young.	31.2	29.8 (.46)	33.1 (.47)	-.88 (629)
At some point in my life, I lived at one of my grandparents' houses.	33.1	29.5 (.46)	37.9 (.49)	-2.23* (574)
My grandparent helped to raise me.	39.7	30.8 (.46)	51.3 (.50)	-5.24** (556)

p* < .05; *p* < .01.

formal system. As detailed in Table 8, close to half of the respondents were receiving Medicaid benefits, and approximately one third were receiving AFDC or had availed themselves of the earned income tax benefit. Close to one fifth of respondents had received legal assistance regarding their grandchild, and as many had received SSI. Race contrasts revealed significant differences between Black and White respondents, with Black grandmothers being more likely to report receiving AFDC benefits, food stamps, Medicaid, WIC, and SSI, and to report that their grandchildren were participating in a Head Start program.

Burdens and Satisfactions Associated With Caregiving Role

As indicated in Table 9, many of the grandmothers indicated that living with a grandchild had a signifi-

cant effect on their lives, with at least 50% of the women indicating that their child care responsibilities affected the amount of time they had for themselves, their social life, their sense of privacy, and the extent to which they felt tired. Fewer women, yet at least 25% of study respondents, indicated that they felt isolated, had lost control of their life, felt trapped, and felt that caring for their grandchild had a negative effect on other family relationships. Comparisons of Black and White grandmothers revealed striking differences, all indicating that the Black grandmothers felt that their caregiving responsibilities had less of a negative impact on their mental health and social life than did White grandmothers. Black and White grandmothers reported similar effects on their physical health.

On the other hand, as detailed in Table 10, the overwhelming majority of grandmothers participating in the study felt a sense of satisfaction from helping

Table 8. Supports Received by Families

	% Receiving Support			t test (df)
	Total	White (SD)	Black (SD)	
Legal assistance regarding grandchild	18.2	16.2 (.37)	20.7 (.40)	-1.55 (650)
AFDC	35.0	26.6 (.44)	45.5 (.50)	-5.28** (641)
Food stamps	13.3	6.8 (.25)	21.3 (.41)	-5.55** (502)
Medicaid	47.5	37.9 (.49)	59.4 (.49)	-5.85** (714)
Supplemental food program for women, infants, and children (WIC)	5.2	3.0 (.17)	7.8 (.27)	-2.78** (514)
Supplemental Security Income (SSI)	22.5	18.8 (.39)	27.0 (.44)	-2.56* (639)
Earned income tax credit	28.1	27.5 (.45)	28.8 (.45)	-.39 (713)
Head start	5.6	3.8 (.19)	7.8 (.27)	-2.28* (553)
Grandparent support group	15.1	12.1 (.33)	18.8 (.39)	-2.44* (618)

p* < .05; *p* < .01.

Table 9. Burden Associated with Caregiving Role

	% Agree			<i>t</i> test (<i>df</i>)
	Total	White (<i>SD</i>)	Black (<i>SD</i>)	
I can fit in most of the things I need to do in spite of the time taken by caring for my grandchild.	90.1	89.2 (.31)	91.8 (.53)	-1.73 (713)
Taking care of my grandchild gives me a "trapped" feeling.	37.2	40.6 (.49)	33.0 (.47)	2.09* (691)
Because of the time I spend with my grandchild, I don't have enough time for myself.	57.8	61.7 (.49)	53.0 (.50)	2.35* (673)
My social life has suffered because I am caring for my grandchild.	54.7	63.5 (.48)	43.9 (.50)	5.31** (672)
I am very tired as a result of caring for my grandchild.	59.9	66.8 (.47)	51.4 (.50)	4.18** (663)
I feel isolated and alone as a result of caring for my grandchild.	31.0	36.4 (.48)	24.5 (.43)	3.49** (705)
I have lost control of my life because of caring for my grandchild.	25.4	30.7 (.46)	18.8 (.39)	3.74** (712)
Caring for my grandchild currently affects my relationships with other family members in a negative way.	34.2	42.8 (.49)	23.5 (.42)	5.61** (711)
My health has suffered because of the care I must give my grandchild.	15.9	17.4 (.38)	14.1 (.35)	1.20 (701)
I will be unable to care for my grandchild much longer.	17.3	15.4 (.72)	19.8 (.40)	.02 (713)
Caring for my grandchild doesn't allow me as much privacy as I would like.	56.4	63.2 (.48)	48.0 (.50)	4.12** (670)
Caring for my grandchild has interfered with the use of space in my home.	25.3	30.0 (.46)	19.4 (.40)	3.30** (710)
Other family members have had to do without because of my grandchild.	22.1	29.5 (.46)	12.9 (.33)	5.63** (707)

p* < .05; *p* < .01.

their grandchild, that helping their grandchild made them feel closer to him or her, reassured that their grandchild was getting proper care, that they enjoyed being with their grandchild, that taking responsibility for their grandchild gave their self-esteem a boost, that their grandchild's pleasure over some little thing gave them pleasure, that caring for their grandchild gave meaning to their life, and that their grandchild made them happy. Contrasts by race indicated that on only two variables were there significant differences. Black grandmothers were more likely than White grandmothers to feel that helping their grandchild made them feel closer to the grandchild and that taking responsibility for their grandchild gave their self-esteem a boost.

Discussion

Grandmothers who live with and are responsible for the care of their grandchildren provide society with a vital service. Were it not for these women, the majority of their grandchildren would most likely become wards of the state. These data, for the first time, provide the opportunity to describe the experiences of grandmothers living in the United States who are providing care for their grandchildren. It is also the first large-scale study to include both Black and White grandmothers.

The similarities of the caregiving experience for Black and White grandmothers are striking. Black and White grandmothers come to the role at similar times in their

Table 10. Satisfaction Associated with the Caregiving Role

	Agree			<i>t</i> test (<i>df</i>)
	Total	White (<i>SD</i>)	Black (<i>SD</i>)	
I get a sense of satisfaction from helping my grandchild.	99.0	99.5 (.07)	98.4 (.12)	1.36 (479)
Helping my grandchild has made me feel closer to him/her.	98.9	98.2 (.13)	99.7 (.06)	-1.98* (559)
Reassured knowing that as long as I am helping my grandchild he or she is getting proper care.	99.6	99.5 (.07)	99.7 (.05)	-.39 (713)
I really enjoy being with my grandchild.	99.4	99.2 (.08)	99.7 (.05)	-.79 (714)
Taking responsibility for my grandchild really gives my self-esteem a boost.	84.6	82.0 (.38)	87.7 (.56)	-2.32* (541)
My grandchild's pleasure over some little thing gives me pleasure.	99.4	99.7 (.05)	99.1 (.09)	1.15 (453)
Caring for my grandchild gives more meaning to my life.	95.4	96.7 (.18)	93.7 (.24)	1.84 (567)
My grandchild makes me happy.	99.6	99.5 (.07)	99.7 (.05)	-.39 (714)

p* < .05; *p* < .01.

lives, with similar levels of education, have similar familial relationships with their grandchildren, and are raising grandchildren whose ages are similar. Many of the reasons that Black and White grandmothers become responsible for their grandchildren (e.g., a middle generation lost to death, imprisonment, drug and alcohol addiction, and child abandonment) are similar. The grandchildren for whom these grandmothers provide care exhibit a number of very difficult behaviors, including sudden mood changes, nervous behavior, trouble paying attention, hyperactive behavior, stubbornness, and temper tantrums. The lack of support both Black and White grandmothers receive from the grandchild's parents is clear; the overwhelming majority of these grandmothers have little or no support from the grandchild's parents.

Black and White grandmothers who raise a grandchild and also work outside the home experience severe impacts on their work lives. Missing work, having to leave work for doctor appointments for their grandchild, coming to work late, and having to leave work suddenly because of a grandchild take a tremendous toll. These data suggest that educating employers to the needs of grandparents raising grandchildren must become a priority if these women are to be able to continue effectively in both their work and family roles.

On the positive side, both Black and White grandparents report high levels of satisfaction with themselves as a function of their grandparent role. Furthermore, the marriages of both Black and White grandmothers do not seem to be affected detrimentally by their caregiving roles. Of course, it is possible that married women who assume this role have strong, intact marriages and supportive husbands, although this study cannot directly disentangle these variables.

Equally striking are the differences in the experiences of Black and White grandmothers. According to these data, White grandmothers are more likely to be married than are Black grandmothers, whereas Black grandmothers are more likely to be widowed and divorced than are White grandmothers. Black grandmothers are more likely than their White counterparts to be employed outside the home and to have lower per capita incomes. They also tend to have more grandchildren in their households.

Black and White grandmothers differ from one another in terms of their experience with the grandparent role, both among their peers and within their own families. Black grandmothers are more likely to have friends who also live with their grandchildren, to report that it was not unusual for multiple generations to live together in their family, to have lived at one of their grandparent's homes when they themselves were young, and to report having a grandparent who helped raise them. The effects of this important experiential difference between Black and White grandmothers needs to be understood as it is likely that it will have an important impact on the way in which Black and White grandmothers embrace the role of custodial grandparent.

Likewise, the extent of help received from the formal system differs between Black and White grand-

mothers. Black grandmothers are more likely to be receiving AFDC, food stamps, Medicaid, WIC, and SSI, and their grandchildren are more likely to be participants in programs such as Head Start than are White grandmothers. Most likely this difference in service is a function of difference in income between Black and White grandmothers, yet the extent to which it affects the experience must be explored further.

Finally, the differences in degree of burden reported by Black and White grandparents are noteworthy. White grandmothers were more likely than Black to feel trapped in their role, tired, isolated, and alone, and to feel that they do not have enough time for themselves, that their social life has suffered because of their grandchild, that caring for their grandchild affects relationships with other family members in a negative way, that caring for their grandchild does not allow them as much privacy as they would like, that other family members have had to do without because of their grandchild, and that caring for their grandchild has interfered with use of space in their home. Although these findings are consistent with results reported in studies of caregivers of older people (Hinrichsen & Ramirez, 1992; Lawton, Rajagopal, Brody, & Kleban, 1992; Macera, Eaker, Jannarone, Davis, & Stoskopf, 1993; Mintzer & Macera, 1992; Mui, 1992; Young & Kahana, 1995) and in a study of women providing care to adult children with chronic disabilities (Pruchno, Patrick, & Burant, 1997), they beg for more complete explanation.

In summary, Black and White grandmothers who live with and have primary responsibility for their grandchildren have experiences that are both similar to and different from one another. Although identification of these similarities and differences is important, examination of the mechanisms linking race to the way in which the grandparent role is experienced represents the next important step. Unraveling the intricate relationship between race and the grandparent caregiving role will provide important knowledge about how the role of custodial grandparent is embraced and how it affects both individuals and families.

These findings have important limitations that must be acknowledged. Although the sample is large, diverse, and heterogeneous, with respondents from across the United States, it relied on individuals who volunteered to participate. As such, it is unclear how these people were like or different from the grandmothers who find themselves in the role of custodial grandparent but who did not come forward to participate in the study. In addition, the tendency for the Black and White respondents to live in different parts of the country and for respondents to be from primarily urban areas limits generalizability. Nonetheless, these findings provide important new information which, used carefully, should be useful to social policy makers, legislators, and educators.

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