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African American Grandmothers Providing Extensive Care to their Grandchildren: Socio-demographic and Health Determinants of Life Satisfaction

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The article explores the relationships between grandmothers' socio-economic and health characteristics in relation to life satisfaction. Reasons for caregiving, assumption of the caregiver role, and grandmothers' attitudes and experiences in custodial caregiving were discussed qualitatively from data gathered in detailed interviews of a convenience sample of 99 custodial African American grandmothers caring for one or more grandchildren younger than 18 in North Carolina. Most grandmothers in this sample reported mixed feelings toward custodial caregiving, both as a burden as well as a blessing. They also reported a weak support system and relied on their faith more than family and friends to continue in their caregiving roles.

Key words: grandparents, caregiving, surrogate parents, kinship care, grandchildren

Over the past few decades, the number of grandparents raising grandchildren in the U.S. has increased dramatically. The number of grandparents living with children under 18 was 2.3 million in 1980, 3.3 million in 1992, 3.9 million in 1997, and has increased to 6 million in 2000 (U.S. Bureau of the Census, 2000). This constitutes a 52% increase in the number of grandparents who are primary caregivers for their co-resident

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grandchildren (U.S. Bureau of the Census, 2001, CH-7). Of the coresident grandparents in 2000, 2.4 million (42%) had primary responsibility for raising grandchildren under 18 in the United States (U.S. Bureau of the Census, 2001, QT-2). It is estimated that one-third of these homes have neither parent present.

Since 1990, the most rapid increase has been in the "skipped generation" households (Bryson & Casper, 1999; Minkler & Fuller-Thomson, 2000; Fuller-Thomson & Minkler, 2001) in which grandparents are the primary caregivers. The majority of grandparents who live with grandchildren (62% in 1997) are grandmothers (Bryson & Casper, 1999). The trend toward grandparent maintained households began in the 1970s and has continued to be of interest to policymakers, researchers, and program developers.

A number of factors may help to explain the increase in grandparent-headed households, including teen pregnancy, substance abuse, AIDS, incarcerations, unemployment, and policy changes that prefer kinship care as opposed to other placements (Burnette, 1997). A growing body of research shows that African American grandmothers assume responsibility for the care of their grandchildren and great-grandchildren in the case of drug abuse (Burton, 1992; Minkler, Roe, & Robertson-Beckley, 1994; Roe, Minkler, & Barnwell, 1994; Ruiz, 2004a); incarcerations (Dressel & Barnhill, 1994); and HIV/AIDS (Burnette, 1997; Caliandro & Hughes, 1998; Honey, 1998). Changes in the family formation of African American families have also been correlated with an increase in poverty. Low-income families have a higher percentage of single-female-headed households, and an increase in non-marital childbearing (Nichols-Casebolt, 1988; Darity & Meyers, 1984; Wilson, 1987). The cocaine epidemic, incarcerations, and HIV/AIDS, along with poverty, are all interrelated. These factors will most likely continue to present serious problems for vulnerable populations, and for grandmothers, who must care for ever-increasing numbers of crack babies, children whose mothers are incarcerated, and both mothers and babies with AIDS. In spite of the increased research and policy focus on custodial caregiving, little attention has been given to the impact of caregiving on life satisfaction.

Although studies of custodial caregiving and life

satisfaction are scant, existing research reveals a strong relationship between caregiving, in general, and quality of life of the caregiver (Pruchno, Patrick, & Burant, 1997; Miltiades & Pruchno, 2002). In their study of 741 white and 100 African American women caring for adult children with chronic disabilities, Pruchno, Patrick, and Burant (1997) found that white respondents reported higher levels of caregiving burden and lower levels of caregiving satisfaction than did African American respondents.

Proctor (1995) theorized that religion helps African Americans accept burden, but not necessarily reduce it. Religious coping is often observed among African Americans as a positive uplift (Miltiades & Pruchno, 2002). Religion alone, however, is not enough to deal with the tangible financial and health burdens associated with caregiving. Caregiving demands, along with socioeconomic and structural factors, contribute to ongoing stress and burden. Religious coping reduces only the magnitude of burden. Examining the relationship between race, religion, coping, relationship quality, and caregiving appraisal in a sample of aging mothers who reside with adult children with mental retardation, Proctor (1995) found that African American women were more likely to employ religion as a coping strategy. Religious coping was associated with higher levels of caregiving satisfaction, but was not associated with lower caregiver burden. African Americans also experienced higher levels of caregiving burden because of poor health (Minkler & Roe, 1993; Whitley, Kelley, & Sipe, 2001; Kelley et al., 2000). Rosenthal (1986) offered a plausible explanation for the disconnect between religious coping and burden—caregiving demands outweigh cultural factors in reducing caregiver burden.

Life satisfaction among elderly African Americans has been correlated with: hope (Adams & Jackson, 2002); self-rated health; adequacy of income, gender, religiosity, and family involvement (Coke, 1992); socioeconomic status (Rao & Rao, 1981); and health and social support (Martin-Combs & Bayne-Smith, 2000). The research trend in life satisfaction literature is to emphasize resilience and adaptability (Jackson, Chatters, & Neighbors, 1982; Taylor, 1985). The role of social networks as a buffer remains one of the most important factors in reducing

stress during episodes of crisis among older African Americans (Adams & Jackson, 2002).

In spite of the growing number of grandchildren being cared for by grandparents, and increased research and policy interest, as well as evidence relating life satisfaction with caregiving, few studies have focused exclusively on the impact of caregiving experiences and life satisfaction among custodial African American grandmothers. Among the factors studied in this population are stress and psychological well-being (Bullock, 2004; Crowther & Rodriguez, 2003; Goodwin & Silverstein, 2001; Pruchno & McKenny, 2002; Sands & Goldberg-Glen, 2000; Waldrop & Weber, 2001). A few studies have explored the impact of health and socioeconomic status on quality of life (Minkler & Roe, 1993; Ruiz, 2004; Ruiz, Zhu, & Crowther, 2003; Kelley et al., 2001).

In their study of African American grandmothers raising grandchildren resulting from the crack-cocaine epidemic, Minkler and Fuller-Thomson (1999) found that their health worsened after assuming care of their grandchildren. The effect of health on life satisfaction has been observed in non-custodial elderly African Americans as well (Coke, 1992; Levin et al., 1995). Although research reveals that raising grandchildren increases financial problems, restricts role responsibilities, results in isolation, and causes depression—all contributing to lower life satisfaction—there are also aspects of caregiving that result in higher life satisfaction (Bullock, 2004; Ruiz, 2004a).

Many African American grandmothers welcome the role of grandparenthood, whereas others view it as an untimely burden. Surrogate parenting has presented economic, physical, emotional, and educational problems for African American grandparents. A small group of studies have investigated psychological, social and economic problems and needs of grandparents who are primary caregivers of their grandchildren (Burton & DeVries, 1993; Minkler & Roe, 1993; Ruiz, 2000; Ruiz, 2004a).

Burton and DeVries (1993), Ruiz (2000), and Ruiz (2004a) reported that African American grandparents see their role as necessary for the survival of the family. They take pride in providing a stable environment for their grandchildren, as well as teaching them important values for survival. Their role as

guardian, caregiver, and conveyer of traditional values reflects the strengths of grandmothers and the resiliency and adaptability of African American families (Ruiz, 2004a). Historically, a very important value in African American families was that of addressing the needs of the family and community. For example, it is not uncommon for African American mothers and grandmothers to put the needs of their family above their own; satisfying the needs of the family is consistent with the satisfaction of their own needs. In fact, the needs of the family are intricately connected to their own identity (Burton & DeVries, 1993; Ruiz, 2000; Ruiz, 2004a). Placing the needs of children above their own is a familiar theme in historical and contemporary African American literature. The strength and survival of African American families is dependent, in large part, on the commitment and unselfish acts of grandmothers.

Although grandmothers are committed to their grandchildren's happiness and well-being, their grandparenting roles were not always gratifying (Burton & DeVries, 1993, Ruiz, 2004a; Ruiz, 2004b). Some grandparents expressed dismay because of the vast array of problems associated with providing care for their grandchildren. Concerns involved the permanence of childcare, school suspensions, lack of financial support, respite care, the psychological health of the grandchild and their own physical health (Ruiz, 2004a; Ruiz, 2004b). Additional problems involved stress related to multiple childcare responsibilities and job-related issues for the employed grandmothers. It was also reported that grandmothers did not have time for themselves (Burton & DeVries, 1993; Ruiz, 2004a). The childcare demands placed on African American grandmothers have left many of them socially isolated and lacking in social support (Ruiz, 2004a).

Traditionally, African American families have been characterized as extended family networks with much cooperation and support, although some contemporary studies have shown that African American grandmothers are not receiving consistent and reliable support (Burton, 1992; Ruiz, 2000; Ruiz 2004a) from family members. Other studies show a rich support network (Minkler & Roe, 1993); however, social isolation is seen among some of the younger grandmothers who are experiencing role conflict caused by being employed and

having childcare responsibilities (Minkler & Roe, 1993; Ruiz, 2004a). Other psychosocial responses include feelings of guilt and shame because of drug or alcohol use of their children. Raising grandchildren with special needs, (U.S. Senate Special Committee on Grandparents, 1992; Burton, 1992; Minkler & Roe, 1993) as well as caring for adolescent children who have their own unique set of needs (Kee, 1997; Ruiz, 2004a), both present social and psychological discomfort for African American grandmothers.

In their studies of African American grandmothers, Minkler and Roe (1996) and Ruiz (2004a) have identified consequences of surrogate parenting in the areas of health problems, economic difficulties, and the lack of government support. A number of health problems, such as depression, insomnia, hypertension, back and stomach pain, and other problems associated with the physical and emotional demands of childcare have been reported (Minkler & Roe, 1996; Ruiz, 2004a). In their study of grandmothers raising grandchildren as a result of the crack-cocaine epidemic, Minkler and Roe (1993) also found that grandmothers tended to minimize the severity of their own health problems in an effort to show that they were capable of taking care of their grandchildren. Other studies have found changes in social behaviors, such as increases in cigarette smoking and alcohol consumption (Burton, 1992; Minkler & Roe, 1996; Ruiz 2000).

Demographic and social trends have significantly altered the structure and function of American families. Changes have occurred in the roles of grandparent caregivers as well. These changes have incited the interest of researchers and policy makers. However, in spite of the increased interest, there has been very little research focusing on custodial African American grandmothers who are confronted with difficult types of caregiving experiences and how they may be related to life satisfaction. The goal of this paper is to extend existing literature by exploring the factors influencing life satisfaction among custodial African American grandmothers. The analysis will: (1) examine demographic characteristics of custodial African American grandmothers; (2) determine the extent to which custodial grandmothers are satisfied with the quality of their lives; (3) measure the satisfaction grandmothers gain from

raising their grandchildren; and, (4) determine the predictors of life satisfaction associated with raising grandchildren.

Methodology

Sample

A cross-sectional research design was used to examine demographic characteristics, physical health, and psychological well-being among African American grandmothers who were primary caregivers for at least one grandchild. The study population consisted of grandmothers who resided in the Triangle and Piedmont areas of North Carolina. Grandmothers who were eligible for the study met the following criteria: (1) were the primary caregivers for one or more grandchildren or great-grandchildren under age 18 and non-institutionalized; (2) resided in the Triangle or Piedmont areas of North Carolina; and (3) viewed themselves as being in a permanent grandparenting relationship with the grandchild.

Data Collection

Five North Carolina counties were involved in the study. These included Durham, Guilford, Mecklenburg, Orange, and Wake counties. A number of organizations and persons provided assistance in identifying grandmothers who met the study criteria: North Carolina Division on Aging, Durham County Social Services, Durham County Housing Authority, Orange County Housing Authority, senior centers support groups, community nurses, mental health centers, family social workers in public schools, and juvenile detention facilities were among the agencies involved. The study also used word-of-mouth recruitment through local African American churches, cultural community organizations, and grandparent participants. After a list of grandmothers had been identified, those who expressed an interest in the study were pre-screened to determine their eligibility for inclusion. Once the inclusion criteria were satisfied, an appointment was made by the principal investigator to meet with the grandparent at a location convenient to the subject. Most of the interviews took place in the subjects' homes, with the exception of a few who were interviewed at support group meetings.

The data collection instrument was pre-tested using a focus group of 10 grandmother caregivers to eliminate any difficult questions and to make the protocol more understandable and relevant to this sample. All interviews were conducted by the author. Most interviews took 2 to 3 hours each to complete. In a few cases where the interview was interrupted or became too long, a follow-up interview was scheduled. These were instances where the grandchild may have returned from school and needed the attention of the grandmother or the grandchild's parent may have entered the interview setting and the grandmother did not wish to discuss her childcare burdens in their presence. The demanding schedules of some grandmothers made telephone interviews necessary.

The instrument consisted of approximately 350 questions, both quantitative and qualitative. All survey instruments were approved by the Institutional Review Board of Duke University Medical Center. The major issues in the questionnaire included the following 12 components: demographic characteristics; household composition; economic resources; family competing demands; reasons for providing care; church and social support; value orientation and family relationships; religiosity; physical health and chronic conditions; life satisfaction; depression; and stress symptoms. This analysis will focus primarily on the effects of caregiving, socioeconomic characteristics, and health on life satisfaction of custodial African American grandmothers.

Measures

Life Satisfaction. Life Satisfaction Index-version A (LSIA), originally constructed by Neugarten, Havighurst, and Tobin (1961), was administered to assess general morale and satisfaction with life among the grandmothers in this sample. The LSIA is a 20-item questionnaire that covers general feelings of well-being among older adults and has been widely used as an index of quality of life (Adams, 1969; Liang, 1984; Hoyt & Creech, 1983; McDowell & Newell, 1987) and has demonstrated validity in studies of stress, coping, and illness among older women (Haley et al., 1995; Lohr, Essex, & Klein, 1988). Each item was measured on a five-point Likert scale, with response categories of strongly agree, agree, not sure, disagree,

and strongly disagree. Twelve positively-worded items were coded as 1 for responses of strongly agree or agree and 0 otherwise; eight negatively-worded items were coded as 1 for responses of strongly disagree or disagree and 0 otherwise. The higher the score, the higher the degree of life satisfaction is assumed to be.

Demographic and social characteristics. Age, education, marital status, employment status, family income, home ownership, religiosity, social support, and grandmothers' caregiving situations were included in the analysis. Religiosity was measured by the number of times per month grandmothers usually went to a place of worship and whether she received any help from her place of worship for taking care of her grandchildren. Social support was measured by the number of people grandmothers reported they could rely on for help. Grandmothers' caregiving situation was measured by the number and age of grandchildren in care and years of care provision.

Physical Health. This measure consisted of the number of chronic conditions the grandmother might have. These included arthritis, cancer, stroke, diabetes, breathing problems, high blood pressure, circulation problems, heart problems, glaucoma, and kidney disease.

Sample characteristics

Detailed description of the sample characteristics is reported in Ruiz (2000a). The grandmothers ranged in age from 38 to 88, with an average age of 58. Seventy-four percent were younger than 65. The average grandmother in the sample had finished 11.5 years of schooling. Thirty-six percent were high school graduates and 38% did not finish high school. Almost three-quarters of the grandmothers (74%) were not married and were heads of household; the other 26% lived with their spouses. More than half of the grandmothers were retired. Twenty-nine percent of the sample was employed full-time and 9% were employed part-time. The average family income of this sample of African American grandmothers was \$21,100, with a median income at \$17,500. A third of the grandmothers in the sample had household incomes below \$10,000, 24% between \$10,001-20,000; 15% between \$20,001-30,000; 11% between \$30,001-40,000; and 16% greater than \$40,000.

Many grandmothers received their incomes from multiple sources. Fifty-four percent of the grandmothers received their incomes from wages and salaries, 43% from social security, 15% from disability payments, 23% from retirement pensions, 13% from Supplemental Security Income (SSI), and 38% from welfare payments/Work First. Six percent of their incomes came from relatives or other sources. Just over half of the grandmothers (57%) owned their own homes. Most of the homeowners lived in mobile homes in rural North Carolina. More than half of the sample were Baptist (56%), 11% were Methodist, 25% reported affiliation with other religions. Only a small number were not church members (8%). However, regardless of church membership, all grandmothers said that their spiritual beliefs were very important in providing care for their grandchildren.

Grandmothers reported an average of two chronic conditions. Almost two thirds of the grandmothers (62%) reported having high blood pressure, 44% reported having arthritis, and a quarter of grandmothers reported having problems with breathing, diabetes, or circulation. On average, they cared for 2 grandchildren for about 7 years. The average age of the custodial children was 8 (range 6 months to 25 years); almost half (46%) were between ages 6 and 11.

Analysis

The investigation examined life satisfaction of grandmothers by socio-demographic and physical health characteristics and tested differences between groups using analysis of variance (ANOVA). We then examined sources of satisfaction the grandparents reported. Variables that were significantly correlated with grandmothers' life satisfaction were entered in an ordinary-least-squared regression equation to examine the independent effects of each variable on grandmothers' life satisfaction. Variables that were no longer statistically significant at 5% were dropped from the final regression model. The Stata program was used for computations.

Results

The mean score of LSIA in this sample was 12.0 (s.d. = 3.5).

Bivariate analysis (Table 1) indicated life satisfaction was significantly positively associated with grandmother's age ($p=0.05$), education level ($p=0.01$), and family income ($p=0.02$). Life satisfaction was significantly negatively associated with the number of chronic conditions the grandmothers have ($p=0.01$) and number of grandchildren ($p=0.05$). There was a trend to significance between life satisfaction and home ownership ($p=0.09$), and years of care provision ($p=0.09$). Grandmothers' marital status, employment status, social network, frequency of attending church, and age of grandchildren were not associated with life satisfaction scores. Consistent with other studies, Chronbach's alpha was 0.81, suggesting satisfactory internal consistency of the scale (Wallace & Wheeler, 2002).

Table 1 reports grandmothers' sources of satisfaction. Almost all grandmothers (98%) believed that compared to other people her age she made a good appearance (Question 15). The great majority (95%) also reported that she expected some interesting and pleasant things to happen to her in the future (Question 8). The perception of life being better in the present than in the past has been associated with life satisfaction (Morris, 1988). Expecting great things is related to their strong religious beliefs. Typical responses included, "prayer keeps me going," and "without God, I don't know what I would do." They believed that their belief in God helped them to discipline their children better, and stated often that, "my spiritual beliefs give me more patience." Older African American women have traditionally played major roles in the African American church. Patience is among the important spiritual values accepted by older African American women. If one is not in a position to make one's life better, the only thing left is to wait until it gets better. More than 80% also reported that looking back on her life she was fairly well satisfied.

The most common sources of dissatisfaction included the fact that most of the things the grandmother did were boring or monotonous (80%) and that compared to other people she got down in the dumps too often (80%). Question 3, stating this is the dearest time of my life, received the lowest percentage (19%) of responses. This is consistent with their lack of satisfaction about taking care of their grandchildren at this point in their lives. Many grandmothers stated that they had not

anticipated being parents all over again in later life. Satisfaction with life as a custodial parent took on different meanings for this population. Dissatisfaction originated from a number of sources as seen in the responses below. One grandmother who cares for four young grandsons, stated:

There is never a free moment to do anything for myself. Both parents of the children are on drugs and are not married. They take no interest in their children. My health is not good. If I get sick, who will take care of them?

Another grandmother is dissatisfied with custodial caregiving for fear that she will have permanent responsibility for their care and well-being:

I truly love my grandchildren, but I never wanted to become a mother all over again. I feel that I have taken on more than I can bear. It's as if I have lost my life. If I had to make the choice to do it all over again, I don't think I would. This is not the way I planned my life at this point. I am very resentful that I am in this situation. I do not want to take care of my grandchildren. It has caused me to become depressed as well as put me in poverty. It's difficult to take care of a child on \$72 a month. I feel torn between letting them go into foster care and keeping them. I don't want to take care of them, but I think it's my obligation.

A 48-year-old grandmother, who has taken care of her granddaughter since birth, assumed immediate responsibility because of the consistent emotional problems and neglect by the child's mother. Although taking care of her grandchildren is an added responsibility for her, she takes pride in knowing that they are safe:

I feel good because I know they are being taken care of well. I know where they are and what they are doing. At first it was difficult, but I've gotten comfortable now. They still get on my nerves, but I am fine generally.

She continues to explain her dissatisfaction with caregiving by expounding on the difficulties, obstacles, and conflicts of being responsible for her grandchildren. She adds:

I have no social life and no desire to take care of myself. I have no freedom, and when I have to leave them, I feel guilty. I have to work too hard to take care of them. The demands of taking care of my 10-year-old granddaughter, who has cancer, conflict with my work. I am concerned that I cannot be at home when they come from school. I'm having problems keeping up with my own health. I don't like having to spend most of my money on them instead of myself.

A 54-year-old grandmother shares her small dwelling with four grandchildren. She assumed care of her grandchildren because their mother is using drugs and neglecting their needs. She, like the vast majority of grandmothers in this sample, did not want her grandchildren to go into foster care. The role of custodial caregiver has presented a number of problems and concerns for her. She states:

Two-hundred and seventy one dollars a month is not enough to take care of my grandchildren. I had different plans for my life. I am not able to do the things I want to do, after raising my own children. I have to put what I want to do on the back burner. I am concerned about the health of my two grandsons (ages 7 and 12) who have serious emotional problems. My seven-year old grandson weighs only 47 pounds. I have to dress him for school and he cries every morning. I have to tell him everything he has to do, and he bothers other kids constantly. He runs through the house constantly. He has had emotional problems since birth. Both boys have a bad temper. My health has gotten worse because of them. I feel helpless. I cannot get essentials for myself because of the expense for my grandchildren. I need a break.

Custodial caregiving among African American grandmothers was observed to be a burden as well as a blessing. While a majority of the grandmothers in this study (approximately

Table 1. Percent of Affirmative Answers on Sources of Satisfaction (n=99)

Question	Source	Percent
1	As I grow older things seem better than I thought they would be.	66.7
2	I have gotten more of the breaks in life than most of the people I know.	64.6
3	This is the dreariest time of my life.	19.2
4	I am just as happy as when I was younger.	55.6
5	My life could be happier than it is now.	28.3
6	These are the best years of my life.	58.6
7	Most of the things I do are boring or monotonous.	79.8
8	I expect some interesting and pleasant things to happen to me in the future.	94.9
9	The things I do are as interesting to me as they ever were.	70.7
10	I feel old and somewhat tired.	56.6
11	I feel my age but it does not bother me.	55.6
12	As I look back on my life I am fairly well satisfied.	80.8
13	I would not change my past life even if I could.	56.6
14	Compared to other people my age I've made a lot of foolish decisions in my life.	52.5
15	Compared to other people my age I make a good appearance.	98.0
16	I have made plans for things I'll be doing a month or a year from now.	49.5
17	When I think back over my life I didn't get most of the important things I wanted.	44.4
18	Compared to other people I get down in the dumps too often.	78.8
19	I've gotten pretty much what I expected out of life.	55.6
20	In spite of what people say the lot of the average man is getting worse, not better.	29.3

60%) reported they enjoyed caring for their grandchildren, grandmothers were nonetheless concerned about inadequate financial support, poor health, the need for respite care, being saddled with permanent childcare responsibilities, and inadequate housing. Twenty percent of grandmothers had mixed feelings about having responsibility for their grandchildren's care. Another 20% did not enjoy being a grandparent caregiver, felt trapped in the position, and felt angry about grandchildren's care being thrust onto them by either the children's parents or by Social Services (Ruiz, 2004b).

In spite of their mixed feelings and persistent problems, however, grandmothers in the study generally assumed care and remained in the role of caregiving for a number of reasons including: (1) a deeply felt sense of obligation to their grandchildren; (2) the need to keep their grandchildren out of the system; (3) the need to control the "proper" upbringing of the child; and (4) the need to care for others (Ruiz, 2004a; Ruiz, 2004b). Further, many grandmothers felt that raising their grandchildren was special, and they enjoyed the time spent with them. Many took pride in continuing their traditional roles as guardian, caregiver, and conveyers of African American family values and felt blessed in many ways to have their grandchildren live with them.

Table 2. Predictors of Life Satisfaction (LSIA) among African-American Caregiving Grandmothers (n=99)

Variables	Coefficient	Standard error
Age 65 or older = 1	2.06***	0.734
Less than high school education = 1	-1.51**	0.745
Income less than \$20,000 = 1	-1.83***	0.670
Number of chronic conditions	-0.53***	0.195
Years of providing care to grandchild	0.19***	0.067
Constant	13.35	0.783

Note. ** significant at 5% level, *** significant at 1% level.

An ordinary-least-squares (OLS) regression model was conducted to examine the independent effects of each variable on grandmothers' life satisfaction (Table 2). The results show that older age ($p=0.006$), higher education ($p=0.04$), higher income ($p=0.008$), fewer chronic conditions ($p=0.008$), and

more years of care provision ($p=0.006$) were associated with positive life satisfaction. Home ownership, number of grandchildren under grandmothers' care, and frequency of attending church were not statistically significant and were dropped from the model.

Discussion

This study explored the relationship between sociodemographic characteristics and life satisfaction in a sample of African American grandmothers who were mobile and generally healthy, with few debilitating problems. The primary reason indicated for assumption of care for grandchildren was drug and alcohol problems of grandchildren's parents (45%). Other reasons included parents' neglect of the grandchild's needs (38%), need of parents to work (23%), teenage pregnancy (18%), parent's emotional or mental problems (17%), parent deceased (10%), and parent incarcerated (12%). Sixteen percent indicated other potential reasons, including taking care of grandchildren because of divorce, parents needing a break, parent's illness (AIDS or physical disability), mental and sexual abuse of child by parent, and school. Almost one-third (30%) of the sample reported taking care of their grandchildren for reasons other than those in the questionnaire. These other reasons included economic problems and housing (Ruiz, 2004a; Ruiz, 2004b).

Two patterns of caregiver role assumption emerged from open-ended qualitative results: *immediate assumption* and *gradual assumption*. Immediate assumption, which was observed in about 75% of the sample, was reflected in reports of grandmothers who were thrust suddenly into the custodial caregiving role without previous warning. Examples included the biological parent (typically the mother) leaving the child in the grandmother's care and failing to return, intervention by Social Services because the mother neglected the child's needs, discovery by the grandmother that the child was unattended for an unreasonable period of time, and incarceration of the parent. *Gradual assumption*, which was observed in the remaining 25% of the sample, referred to grandmothers who had previous, and sometimes regular, experience caring for

grandchildren. Examples included caring for grandchildren when at least one biological parent was living in the grandparents' home sporadically, or caring for grandchildren while a parent was receiving drug or alcohol treatment. These seemingly temporary situations could become permanent once a parent moved out and left children with grandparents, or if the parent was unable to maintain sobriety (Ruiz, 2004b). Results show that grandparents considered custodial grandparenting a burden as well as a blessing, and were not consistently satisfied in the role of primary caregiver for their grandchildren.

The mean score of LSIA in this sample was 12.0, similar to those obtained from other populations using the 20-item scale and two-point responses (Adams, 1969; Neugarten et al., 1961; Neugarten et al., 1991). Consistent with other studies, low levels of income and education, and poor physical health (higher number of chronic conditions) are associated with lower levels of life satisfaction (Neighbors, 1986; Tran, Wright, & Chatters, 1991; Utsey et al., 2002).

In addition to these variables known to influence grandparents' life satisfaction, results in this study also found that years of providing care to grandchildren was positively associated with grandmothers' life satisfaction. This result is consistent with the notion that despite the multiple stresses that caregiving grandparents face, grandparenting has many rewards, yields greater life satisfaction, and provides a positive influence on other generations within the family. Grandparents with higher education and higher income had higher life satisfaction than grandparents with lower education and income. DeGenova (1992) found in a study of 122 elderly persons that education was the area they would change if they could live their lives over again. Hull (1990), in a literature review, found that health, income, education, and social support all contributed to life satisfaction. Morris (1988) found that good health, satisfactory income, and interaction with others were directly related to life satisfaction.

In addition to length of caregiving, education, and income, age of the grandmother was also a determinant of life satisfaction. Grandmothers in this study, aged 60 and over, reported higher life satisfaction than younger grandmothers. One 88-year-old grandmother states:

There is nothing difficult about raising children. When you love children, nothing is hard. I have raised 45 children and this is what I do best. I feel like a sparrow in a tree.

Another elderly grandmother states, "I am a sparrow in a tree. I watch over my grandchildren." Grandparents over age 60 were significantly more grounded in traditional values.

Although placing a grandchild with the parents of the biological parent might seem to be the most likely alternative, many grandparents are old, frail, and ill-prepared to care for grandchildren (Ruiz, 2004b). Consistent with prior studies, results of this study suggest custodial grandparenting for African American grandmothers was often unexpected and involved a long-term commitment (Fuller-Thomson, Minkler, & Driver, 1997; Pruchno, 1999). Fuller-Thomson and colleagues (1997) found that more than half of the caregiving grandparents in her study provided custodial care for three years or longer, and 20% took care of their grandchildren for more than 10 years. Pruchno (1999) reported that grandparents provided primary care for an average of seven years. Consistent with these results, the current study found that grandmothers cared for their grandchildren for about seven years (Ruiz, 2004b). Not only are some grandparents caring for grandchildren for protracted periods of time, they also are caring for grandchildren under circumstances which policy makers, program developers, and researchers do not fully understand. Longitudinal studies comparing different levels of caregiving across ethnic and racial groups are needed to determine the psychological and physical health effects on custodial grandmothers who occupy the caregiver role for long periods of time. These studies would be particularly useful in cases where grandmothers are dissatisfied with their roles as custodial grandmothers, experiencing stress or depression, and where their situations are aggravated by poverty, crack-cocaine use by the children's mother, incarceration of the children's parents, and AIDS among children and their parents.

Reports of providing care because of parents' drug and alcohol problems are consistent with other research findings

(Burton, 1992; Minkler & Roe, 1993; Roe, Dressel & Barnhill, 1994; Ruiz, 2004b). In cases where grandmothers are primary caregivers because of drug use, abandonment, AIDS, or incarceration of the parent, placements were more likely to be permanent. Many of the grandmothers had assumed care of grandchildren from birth or shortly thereafter.

In spite of financial hardships, these grandmothers have been the steady, supportive influence as well as the connecting link for grandchildren. Although the burdens are great, African American grandmothers' love for their grandchildren and devotion to family were the deciding factor for them in assuming care of their grandchildren. In spite of the lack of financial support, Francis, a grandmother, says, "I want to raise my grandchildren. They are my company. I would feel bad if they were not here. I enjoy family time, conversations with them, and taking them out." Another grandmother, Beth, said of her grandchildren, "They are a burden as well as a blessing. I enjoy being there for them. They make me feel like I can do anything. I feel good about myself. I like the idea of getting parenting right this time."

Most of the grandmothers in the study have a weak support system and rely on their faith in God more than friends or family (Ruiz, 2004b). Beth adds, "I use the scriptures instead of punishment. Faith gives me patience and helps me to be a better person." Almost all grandmothers in the sample relied heavily on their spirituality to get them through the day. The strengths of these grandmothers lie in their reliance on traditional values, such as love and devotion to children, strong commitment to family, and spirituality.

This study's findings must be considered in light of its limitations. Results are exploratory and descriptive. The sample is regional, small, and nonrandom. Consequently, findings may not generalize to other custodial grandparent caregivers. This sample included only grandmothers who were mobile and generally healthy; we do not know what differences there might be among custodial caregivers who are less mobile with more severe health conditions. The sample does not represent a broad range of income, education, and occupational differences. However, in spite of these limitations, there are specific characteristics in this sample which are similar to national data

(Bryson & Casper, 1999; Fuller-Thomson, Minkler, & Driver, 1997; Szinovacz, 1998). Despite these limitations, study findings may serve as useful baseline data for further exploration into the experiences of custodial African American grandmothers. For example, the reasons that grandmothers reported for the assumption of their caregiving role may guide future explorations with a larger sample and a more rigorous study that seeks to predict as well as describe outcomes for custodial African American grandmothers. In addition, longitudinal studies are needed to get a closer look at the long-term effects of caregiving on African American grandmothers.

In conclusion, the role of African American grandmothers may not have changed as much as their involvement in the care and responsibility for their grandchildren. This study's results suggest the circumstances under which grandmothers provide care have changed from one involving a more voluntary role responsibility to one involving a more involuntary role responsibility. This involuntary role responsibility may also have an impact on the level of satisfaction grandmothers receive from their grandparenting experience. This study's findings, like prior studies, also indicate that contemporary grandmothers are frequently thrust into the caregiving responsibility for grandchildren because of social problems (e.g., high rates of incarceration, AIDS, drug and alcohol use). Alleviating the caregiving burden of custodial grandparents will require not only informal support from families and community institutions, but also from legislation designed to protect vulnerable children and families.

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